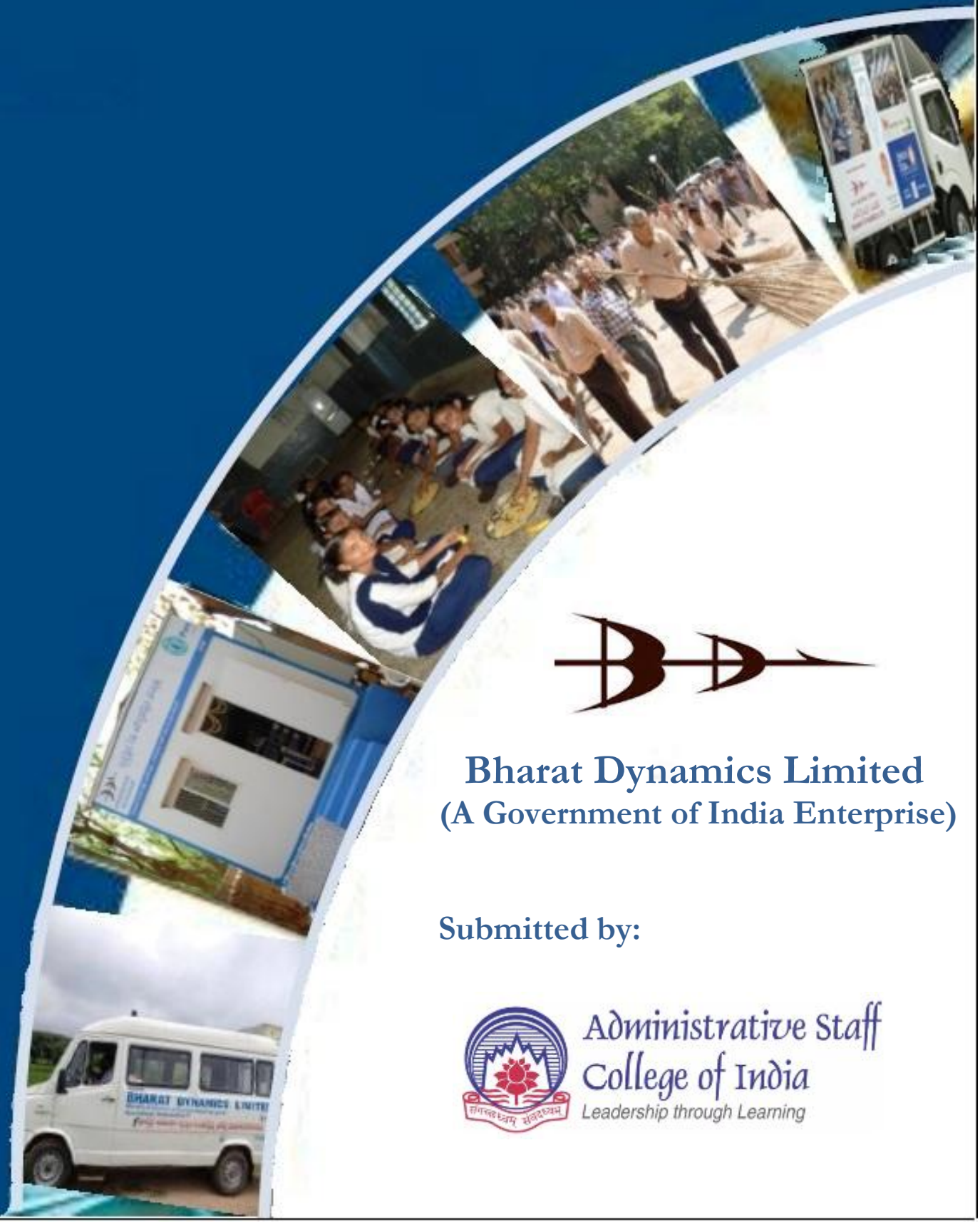
Annual Report 2015-16

Corporate Social Responsibility and Sustainable Initiatives



Bharat Dynamics Limited
(A Government of India Enterprise)

Submitted by:

Administrative Staff College of India
Leadership through Learning

About ASCI

Administrative Staff College of India (ASCI) is an institution of national importance established in Hyderabad in 1956 at the initiative of the government of India and Indian Industry. ASCI has pioneered post-experience management training in India. ASCI's research activities commenced in 1973 with support from Ford Foundation. Over the years ASCI has carved a niche for itself on the strength of its domain expertise, well-researched inputs and management expertise. ASCI regularly assists corporates in several management and sectoral areas through research and consulting activities.

About BDL

BDL was established in 1970. A high technology multi-disciplinary industry employing about 3200 employees in different categories is having three units : one at Kanchanbagh, Hyderabad, the other at Bhanur village in Patancheru Mandal of Medak District in Telangana State and the third at Visakhapatnam in Andhra Pradesh. The Company is establishing two more new Units at Ibrahimpatnam in Ranga Reddy District in Telangana and the other at Amravati in Maharashtra. BDL is the prime production agency for the guided missiles requirement of the Country, apart from producing other vital and strategic equipment for defence requirement of the Nation.

Investigators

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Acknowledgements

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Board Level CSR & Sustainability Committee

Shri J Rama Krishna Rao, IAS Joint Secretary (ES), MoD	**-**	**Chairman**
AVM N B Singh, AVSM, VSM (Retd) Director (Technical)	**-**	**Member**
Shri S. Piramanayagam Director (Finance)	**-**	**Member**
Dr. N. K. Raju Executive Director (P&A)	**-**	**Member Secretary**

Below Board Level CSR& Sustainability Committee

Dr. N. K Raju Executive Director (P&A)	**-**	**Chairman**
Shri K.Venkateswar Rao General Manager (Technical Services)	**-**	**Member**
Shri Anil Verma AGM (Civil & Infra)	**-**	**Member**
Shri L Kishan AGM (CP-BU)	**-**	**Member**
Shri C Vijaya Bhaskar Rao DGM (System Audit)	**-**	**Member**
Shri V Murali Krishna DGM (Finance) SG-1	**-**	**Member**
Smt. Anju Chowdary Manager (Corp. P&A)	**-**	**Member Secretary**

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I. INTRODUCTION

1. CORPORATE SOCIAL RESPONSIBILITY: CONCEPT AND OBJECTIVES

1.1 The notion of Corporate Social Responsibility (hereafter CSR) had its origin in USA in 1950s; however, gained prominence in the early 1970s. While the traditional roots of CSR lie in philanthropic activities (such as donations, charities, relief work etc.) of organisations, globally the concept of CSR has evolved and encompasses a range of concepts such as corporate philanthropy, shared value, corporate citizenship, corporate sustainability and business responsibility. The principle objective of CSR is to address the concerns of the stakeholders and create higher standards of living for them while preserving the profitability of the corporation. Although there is no single definition of CSR but each definition which currently exists underscores the impact business have on societies at large and the expectations societies have from them. A widely definition of CSR is being provided by EU. According to EU, CSR involves continued commitment by business to behave fairly and responsibly, and contribute to economic development while improving the quality of life of the work force and their families as well as of the local community and society at large.[1] The United Nations Industrial Development Organisations (UNIDO) defines CSR as:

"a management concept whereby companies integrate social and environmental concerns in their business operations and interactions with their stakeholders. CSR is generally understood as being the way through which a company achieves a balance of economic, environmental and social imperatives ("Triple-Bottom-Line- Approach"), while at the same time addressing the expectations of shareholders and stakeholders."[2]

1.2 It is evident from the above definitions that approach of CSR is holistic and integrated with the core business strategy to address the societal and environmental impact of business. Further, CSR needs to address the well-being of all stakeholders, not just the shareholders of the company.

[1] http://ec.europa.eu/growth/industry/corporate-social-responsibility_en
[2] http://www.unido.org/en/what-we-do/advancing-economic-competitiveness/competitive-trade-capacities-and-corporate-responsibility/csr/what-is-csr.html

1.3 As is evident from the various definition of CSR, another perceptible trend globally, is the convergence between the notion of CSR and sustainable development. This convergence is also reflected in the current Guidelines on Corporate Social Responsibility and Sustainability for Central Public Sector Enterprises in India issued by the Department of Public Enterprise (DPE) in 2013. The current Guidelines which have replaced two separate guidelines on CSR and sustainable development published in 2010 and 2011; clearly mentions that CSR and sustainable development are closely intertwined and hence CSR signifies a company's commitment to its stakeholders to conduct business in manner which is economically, socially and environmentally sustainable, ethical and transparent.[3]

1.4 The current landscape of CSR initiatives are diverse in terms of their objectives, origin, areas covered and implementation mechanisms. There are now hundreds of such initiatives which provide guidance on social and environment issues. Even in this complex landscape of CSR, there are three key international instruments – ILO Declaration, OECD Guidelines and the UN Global Compact (UNGC) which are universal and provide detailed recommendations on responsible conduct of business.

2. CORPORATE SOCIAL RESPONSIBILITY: INDIAN SCENARIO

2.1 Since the last decade CSR has gained a lot of prominence and significance among deliberations, research and business organisations. In India, CSR was traditionally perceived as philanthropic activity. According to some scholars, in our country, even today CSR continues to be a philanthropic activity but also have moved beyond institutional building (educational, research or cultural) to community development through various projects. According to the Handbook on Corporate Social Responsibility in India developed by PwC, due to global influences and the community becoming more aware of their rights and entitlements, over the years the approach of Indian companies to CSR have been more strategic in nature (getting linked to business) and have gone beyond philanthropy. Moreover, more companies

[3] https://www.pwc.in/assets/pdfs/publications/2013/handbook-on-corporate-social-responsibility-in-india.pdf

are reporting their CSR activities on website, annual reports and sustainability reports.[4]

2.2 The new Companies Act 2013 has brought CSR to the forefront and also pushes for greater transparency and disclosure. The Ministry of Corporate Affairs enforced the Companies Act 2013 and the Rules for CSR from April 2014. The new Companies Act states that companies with a net worth of Rs. 500 crore or more or a turnover of Rs.1000 crore or more or a net profit of Rs. 5 crore or more in a given fiscal year are required to comply with the provisions of the Act and CSR Rules. Schedule VII of the Act lists out the revised guidelines for the CSR activities and suggests that community should be the focal point.[5] By integrating CSR into the core operations of the company, the Companies Act, also suggest that CSR should go beyond the community and the concept of philanthropy.

2.3 Indian corporate sector both government funded and private has a rich tradition of philanthropy and the corporate sector has attempted to bridge the gap in many social areas to uplift the general well-being of society. The Ministry of Corporate Affairs proposed a groundbreaking law in 2009, "Voluntary Guidelines for CSR". The CSR guidelines attempt to move beyond a philanthropic model to a more expansive view that encompasses the integration of social and environmental issues into businesses' decisions, goals and operations and also the integrations between corporations and their stakeholders. According to the Companies Bill 2011, passed by Lok Sabha in December 2012, two per cent spending on CSR is not mandatory but reporting about it is mandatory. In case, a company is unable to spend the required amount, then it has

[4] https://www.pwc.in/assets/pdfs/publications/2013/handbook-on-corporate-social-responsibility-in-india.pdf

[5] As per Schedule VII activities which can be included in a company's CSR activities are as follows – a) Eradicating hunger, poverty, malnutrition, promoting healthcare; b) Promoting education, including special education, and employment enhancing vocation skills, especially among children, women, elderly and the differently abled, along with livelihood enhancement projects; c) Promoting gender equality, empowering women and adopting measures for reducing inequalities faced by socially and economically backward groups; d) Ensuring environmental sustainability, ecological balance, protection of flora and fauna, animal welfare, agroforestry, conservation of natural resources etc; e) Protecting national heritage, arts and culture; f) Measures for the benefit of armed forces veteran, war widows and their dependents; g) Training to promote rural sports, nationally recognised sports and Olympics; h) Contribution to the Prime Minister's national relief fund or any other fund set up by the central government for socio-economic development, relief and welfare of SC, ST, OBC, minorities and women; i) Contributions or funds provided to technology incubators located within academic institutions, approved by central government; j) rural development and slum development.

to give an explanation for the same. There is a heightened need for organizations to focus on evolving a strong CSR policy and ensure implementation of the same.

3. BHARAT DYNAMICS LIMITED: BRIEF PROFILE

3.1 Bharat Dynamics Limited (BDL), a Miniratna – Cateory I Public Sector Enterprise, began its journey in Hyderabad in 1970. It was established the vision to be a **'world-class enterprise producing international standard quality products for the defence industry'. In sync with this vision the mission of the organisation has been to 'establish itself as a leading manufacturer in the aerospace and underwater weapons industry and emerge as a world class sophisticated, State-of-the-art, global enterprise, providing solutions to the security system needs of the country'.** [6]

3.2 BDL has three manufacturing units – a) at Kanchanbagh, Hyderabad, b) Bhanur, Medak district, Telangana and c) Visakhapatnam, A.P. As part of its expansion plan, BDL is setting up two more units - one at Amravati District in Maharashtra and another one at Ibrahimpatnam in Telangana state. BDL is amongst a few industries in the world which has the capability to produce state-of-the-art guided weapon systems. The Company is poised to enter new avenues of manufacturing, covering a wide range of weapon systems such as Surface-to-Air Missiles, Air Defence Systems, Heavy Weight Torpedoes, Air-to-Air Missiles etc., making it a world-class defence equipment manufacturer. BDL has also entered into the area of refurbishment and life extension of missiles. The organisation has won several accolades for its outstanding work and supply of quality products.

The zeal of the organisation to contribute meaningfully to the peace, security and betterment of the society is also reflected in the philosophy underpinning its Corporate Social Responsibility and Sustainable Development activities.

[6] http://bdl.gov.in/?q=mission-and-vision

4. CSR AND SUSTAINABLE DEVLOPMENT (SD): OBJECTIVES AND APPROACH OF BHARAT DYNAMICS LIMITED

4.1 The CSR and Sustainability Policy of BDL is in consonance with the *Mission* of the organisation. The organisation believes in growth with a humane face and therefore has always focused on people-centered development. BDL is a socially committed organization and socially responsible corporate citizen. The underpinning philosophy of the organisation is to be an integral part of nation building by ensuring overall development and bringing about perceptible change in the lives of its stakeholders. BDL has been performing CSR activities since 1999. Prior to DPE guidelines 2010, activities were predominantly philanthropic in nature. After the implementation of guidelines, activities are taken up in a more structured way.

4.2 Over the years the philosophy and policy of CSR at BDL has been significantly shaped up by various practices such as baseline surveys, capacity building of key managers, orientation and awareness generation among employees, participation in various forums and dialogue with different stakeholders, NGOs, academic institutions.

4.3 BDL through its CSR and Sustainability Activities strives to make a positive contribution to the underprivileged communities. The organisation supports a wide range of health, socioeconomic, educational, skill building and infrastructural initiatives to improve overall quality of life of the disadvantaged section of the society. The broader objectives of the organisation are as follows –

Figure 1 : CSR and Sustainable Development - Objectives of BDL

4.4 The Corporate Social Responsibility and Sustainability strategies of BDL have been developed as Corporate Social Responsibility and Sustainability Action Plan (Long-term, medium-term and short-term), which has project based approach. The business plan under CSR & SD is integrated with the social and environment concerns related to the business of the company. The long-term Corporate Social Responsibility and Sustainability Plan is in sync with the long term business plan of the company. According to BDL, the corporate social agenda must be responsive to its stakeholders however at the same time it also needs to be strategic in selecting CSR agenda to pursue.

4.5 Priority is accorded to activities pertaining to –

4.5.1 Inclusive growth of society, with special attention to the development of weaker sections backward districts of the country.

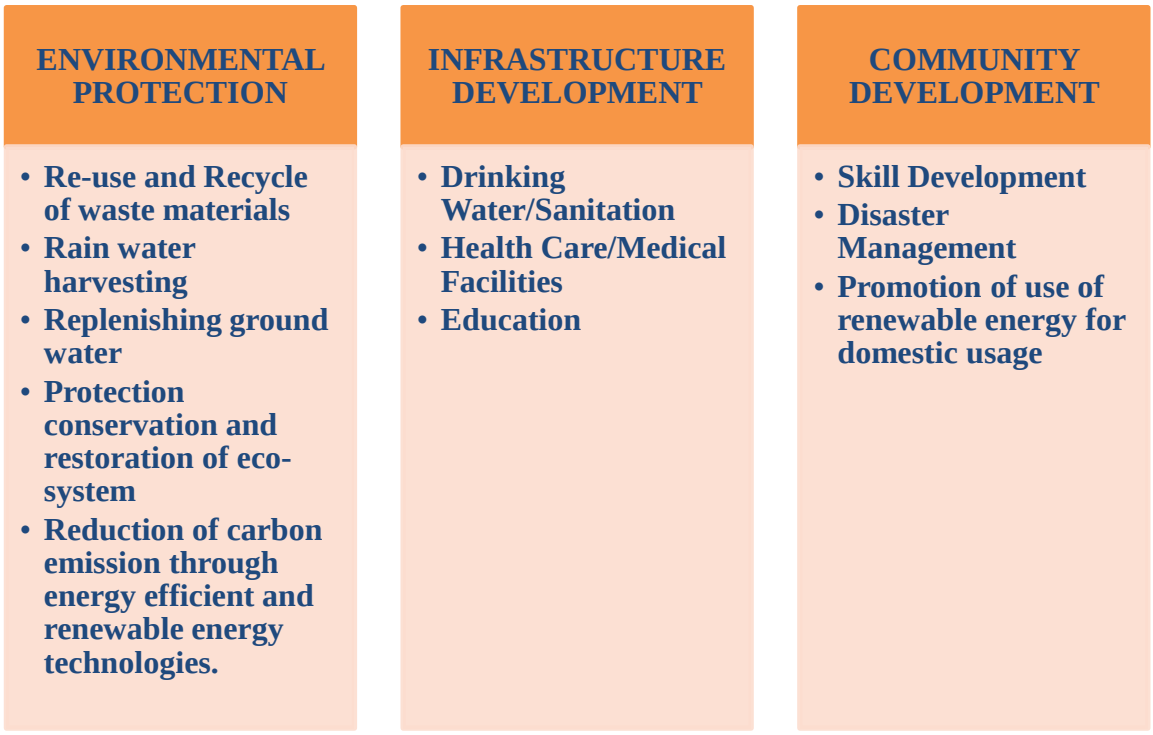
4.5.2 Environment sustainability.

4.6 Initiatives in the first category focus on capacity building, skill development and infrastructural development for the benefit of communities in the backward regions so that avenues are created for their employment and income generation and they also experience empowerment and inclusion in the economic main stream.

4.7 In the initial years, BDL had selected Nalgonda district for its CSR and SD projects. Over the years BDL has expanded the geographical coverage of its CSR programme to Medak and Ranga Reddy districts in Telangana. Currently, in addition to Telangana, the organisation carries out CSR activities in Andhra Pradesh and Maharashtra too.

4.8 In the second Category: BDL has planned for environmental sustainability and has taken up projects for water waste or energy Management, Promotion of renewable sources of water, Bio-diversity conservation, projects for reduction, reuse of waste materials, rain water harvesting and replenishing ground water supply, protection conservation, and restoration of eco-system, reduction of carbon emissions through energy efficient and renewable energy technologies, greening the supply chain and innovation in production and services which have a clear and tangible impact on environmental sustainability.

Figure 2 : Focus Areas of CSR and SD



5. PROCESS OF IMPLEMENTATION

5.1 Building CSR & SD commitments:

5.1.1 BDL recognizes its business activities have direct impact on both society and environment.

5.1.2 The Company integrates its business values in an ethical and transparent manner to demonstrate its commitment to its stakeholders and to sustainable development.

5.1.3 The Company continuously strives towards improving its social responsibilities, environment and economic practices to make a positive impact on society.

5.2 Identifying key implementation focal point and developing an integrated decision-making structure:

5.2.1 As CSR & SD implementation involves a number of decisions which has significant impact on the business operations of a company, a decision-making

structure has been created to ensure a smooth implementation of CSR activities in accordance with the mission of CSR and Sustainability policy.

5.2.2 Monitoring Mechanism

- BDL has devised internal mechanism to spread CSR and SD awareness amongst the employees. The initiatives are shared in management meetings, CMD's communication to employees and other forums where a group of employees are present.
- Training programmes on CSR and SD have been organized for the employees. The dealing officers may be nominated for external/CSR & SD training and/or interaction with other PSUs.
- In case of new incumbents one session on CSR & SD has been included in induction/orientation programme.
- CSR & SD activity is executed in the project mode with measurable targets.
- BDL is implementing the selected projects with the help of external specialized credible agencies. Internal manpower, whenever required is associated in implementation.
- Evaluation of project, while it is ongoing and also when it is complete to be done by independent experts.
- Monitoring is done with key indicators, timelines budget and corrective action shall be taken, wherever essential. The monitoring is done by internal officers and implementing agencies.
- The implementation and monitoring of CSR activities will be overseen by Below Board level committee, which will appraise the projects progress to Board level committee headed by an Independent Director.
- An officer, below the Board level is the nodal officer for CSR/SD activities, he is assisted by team of officials. The nodal officer shall submit report to the CSR & SD Board level Committee headed by an independent director. The independent director, in turn, will submit report to Board once in each quarter. This will form two tier organization on CSR and SD.

5.2.3 CSR & SD Committee: (Composition and Functions)

BDL has constituted two Committees viz., one at the Board Level Committee and the second one is below Board Level Committee to monitor projects under CSR activities.

a) Board Level Committee comprises of the following:

i.	Joint Secretary(ES), MoD	-	Chairman
ii.	Director(Technical), BDL	-	Member
iii.	Director(Finance), BDL	-	Member
iv.	Executive Director(P&A), BDL	-	Member Secretary

b) Below Board Level Committee consists of Senior Executives of BDL:

i.	Executive Director (P&A)	-	Chairman
ii.	General Manager (Tech.Services)	-	Member
iii.	AGM(Civil & Infra)	-	Member
iv.	AGM (CP) Bhanur Unit	-	Member
v.	DGM(P&A - CSR)	-	Member
vi.	DGM (FIN.)SG -1	-	Member
vii.	Manager(P&A -Corp)	-	Member Secretary

- The Committee identifies possible NGOs and other agencies for taking up CSR & SD activities on behalf of the Company.
- The Committee, after conducting base line survey, prepares service activities based on the information gathered.
- The Committee takes help of professional bodies such as NGOs to prepare their CSR & SD plan for the year.
- The Committee is entrusted with the responsibility of preparing the budget required implementing the programs and obtains approval from the Management.
- The Committee networks with the governmental and other agencies for implementation of proposed activities.

5.3 Preparing a CSR & SD Operational Plan:

5.3.1 Project Based Approach:

Since the inception of its CSR programmes, BDL has followed a project based accountability approach and emphasised on long term sustainability of the initiatives. The CSR and SD plan of the organisation is categorised under the following heads -

- Short Term – Less than one year
- Medium Term – 1 year to 3years
- Long Term – more than 3 years

5.3.2 While identifying CSR programmes, attention has been given to define the following:

- Programme objectives
- Baseline survey – It would give the basis on which the outcome would be measured.
- Implementation schedules
- Responsibilities and authorities
- Major results expected and measureable outcomes

5.4 Reporting and Disclosure:

5.4.1 Reporting of CSR and SD activities is done in the following manner:

i. Internal –

- The nodal officer CSR & SD submits monthly report to the independent Director heading the Board-level committee.
- Independent director submits a detailed report to the Board of Directors of the company once in three months.

ii. External-

- Annual report of the organisation includes a section on the CSR and SD programs carried out in that year
- BDL displays all relevant reports pertaining to CSR and SD on its website.

5.5 Capacity Building Initiatives:

5.5.1 5% of the CSR & SD fund is spent on capacity building initiatives. Members of the CSR & SD committee/team/department are trained on various aspects of CSR & SD. Both internal and external training programmes have been

organized with the help experts to disseminate knowledge in various aspects of CSR

5.6 Need Assessment/Baseline Survey:

5.6.1 BDL has signed MoU with TISS, the NCSR Hub. In 2012 TISS in partnership with IPE conducted the need assessment/ baseline survey for identification of the CSR intervention areas in the Narayanpur and Chottuppal Mandal of Nalgonda District of Andhra Pradesh.

5.6.2 Various areas of intervention identified through the need assessment/baseline survey were:

- Sanitation
- Drinking Water
- Healthcare
- Livelihood Programme
- Road
- Service to aged people.

6. EXPENDITURE SHEET: CSR AT BDL

Table I gives the year wise spending of CSR from year 2011-12 to 2014-15.

Table 1 CSR Expenditure at BDL (2011-12 to 2014-15)

Year	*2011-12*	*2012-13*	*2013-14*	*2014-15*
Expenditure (Rs in Lakhs)	15	132	288	416

BDL had earmarked an amount of Rs. 11, 26, 74, 818/- for execution of activities under Corporate Social Responsibility in 2015-2016. Table 2 illustrates the list of CSR programs supported by BDL, their area of coverage, the implementation partners and as well as the money allocated for the execution of the initiatives.

Table 2 CSR Activities undertaken in 2015-2016

Sl.No	Project	Geographical area	Implementing partner	Amount spent
1	Mid-Day Meal	Patancheru Mandal, Telangana & Vishakhaptnam, Andhra Pradesh	M/s The Akshaya Patra Foundation (TAPF)	1,05,51,856
2	Health Care	Narayanpur and Choutuppal Mandals of Nalgonda district, Telangana	M/s HelpAge India	16,38,880
3	Health Care	Narsipatnam mandal, Vishakhaptnam, Andhra Pradesh	M/s HelpAge India	9,71,309
4	Safe Drinking Water	Narayanpur Mandal of Nalgonda district, Telangana	M/s Naandi Foundation	4,50,000
5	e-SAGU	Selected villages in Medak district, Telangana	IIIT, Hyderabad	30,00,000
6	2 Cluster of Bio-Toilets	Jaleswar and Chandaneswar, Balasore district	M/s FICCI	7,10,000

Sl.No	Project	Geographical area	Implementing partner	Amount spent
7	Construction of toilets in government schools	Medak, Ranga Reddy and Nalgonda districts, Telangana and Vishakhaptnam, Andhra Pradesh		3,71,60,853
8	All weather therapy machines to ASHA Schools			3,50,000,00
9	Skill Development Programme	Maharashtra		2,19,440
10	200 KW Grid Tied Solar Power Plant	Kanchanbagh, Hyderabad		1,22,94,671
11	Industrial RO Plant at KBC	Kanchanbagh, Hyderabad		1,01,89,000
12	Sustainability activities on saving energy			1,66,759
13	ASCI (Annual Report/ Impact Assessment)			3,22,050
	TOTAL			**11,26,74,818**

7. Renewable energy initiatives of Bharat Dynamics Ltd- KBC, Hyderabad

Grid connected Solar Photo Voltaic (PV) Roof Top Power Plants were established during 2015-16 at the following locations -

- 100KWp Grid connected Solar PV Power Plant commissioned on the roof top of the main canteen building; operational from December 2015.
- 100KWp Grid connected Solar PV Power Plant was commissioned on the roof top of the D&E building and is operational from February 2016.

Average yearly generation from the 100 KWp solar power plants is 180000 KWh (500 KWh/per day) of energy each year. The approximate generation cost per annum is Rs. 11, 59,200/-with an average tariff of Rs.6.44 per kWh which is currently being paid by BDL. The estimated payback period will be around 6-7 years.

PV solar system is environment friendly as it produces non-polluting, renewable energy. Over a 25 –year period, each 100KWp Solar system will offset the client's carbon footprint by 80 tons of CO2, or equal to effectively planting 105 acres of forest.

8. Industrial Reverse Osmosis(RO) Plant of Bharat Dynamics Ltd-KBC, Hyderabad

Bharat Dynamics Ltd installed an Industrial RO Plant at KBC, Kanchanbagh, Hyderabad with an investment of Rs.1,01,89,000. To reduce the soil and water pollution as well as to honor the commitment to AP Pollution Control Board; BDL installed an Industrial RO Plant. The RO plant has a capacity to process 30,000 litres/day and 24,000 litres/day as the output.

BDL has an ETP plant for the treatment of the effluents from the electroplating shop. Installation of RO plant will help BDL to further achieve the targets of minimising waste generation and have minimal negative impact on environment thereby avoiding any kind of negative externality.

Significance of RO Plant:

- Reducing water consumption by utilising RO treated water for its electroplating shop.
- RO treated water is used for the purpose of gardening and hence helps in maintaining the green cover.
- Low energy requirements, as separation is performed without a phase change.

- Compact systems, to enable installation in minimal available space.
- Utilisation of standardised equipment, easier to train manpower.
- Automated systems to minimise manpower utilisation.
- Modular design to provide for easy maintenance, no need to shutting down the plant for maintenance.
- Advantages of installing system is environmentally friendly by producing non-polluting, free, renewable
- Effective removal of harmful minerals and salts including iron, lead and manganese.
- Removal of bacteria and other microorganisms.
- Reduction in soil and water pollution.

The initiative will help in the prevention of unnecessary groundwater depletion and maintain quality of underground water rendering it safe for drinking and other purposes.

9. All Weather Therapy Machines to ASHA Schools.

Bharat Dynamics Limited as part of its CSR initiative has provided all weather hydrotherapy[7] machines to half dozen Asha Schools under Indian Army. The total investment for the initiative was Rs.3,50,000,00. BDL has provided financial support for establishment of all weather hydrotherapy facilities in Asha schools at Hisar, Mathura, Allahabad, Bathinda, Lucknow and Guwahati.

Asha Schools:

Asha schools are special schools which have been established by Minister of Social Justice and Empowerment under Deendayal Disabled Rehabilitation Scheme. Special educators, physiotherapists, music and assistant teachers are employed for development of children.

The aim of the schools is to create an enabling environment for the specially - abled children by imparting skills which would help them earn their daily living. The Asha schools cater to children with different forms of disabilities such as multiple disabilities, mental retardation

[7] Hydrotherapy or hydropathy is part of alternative system of medicines such as naturopathy, occupational therapy and physiotherapy. It involves the use of water for pain relief and treatment. It encompasses a broad range of approaches and methods for therapeutic purposes, to stimulate blood circulation and treat the symptoms of certain diseases. Hydrotherapy is generally used as an adjunct to therapy.

(M.R.), hearing impairment (H.I.), orthopedically handicapped and others (except for visual impairment).

Status:

Status of construction work is as under:

Table 3 Status of Construction Work of All Weather Hydrotherapy Facilities

S.no	Location	Progress/Status
1.	Asha school, Hisar	70-80 % of construction work completed
2.	Asha school, Mathura	25% construction work completed
3.	Asha school, Allahabad	10 % construction work completed
4.	Asha school, Bathinda	80% construction work completed
5.	Asha school, Lucknow	Re-tendering in progress
6.	Asha school, Guwahati	Second request for RFP (Request for proposal) in progress

II. METHODOLOGY

1. OVERVIEW

1.1 The broad aim of the study is to analyse whether the benefits of CSR initiatives of BDL carried out in 2015-2016 reached the target population and document the positive changes brought about in the lives of the people. As mentioned in the introductory chapter, BDL's CSR program adopts a holistic approach towards improving quality of life of people belonging to disadvantaged communities. Each CSR initiative undertaken by BDL has a distinct aim and objective which addresses health needs as well as socioeconomic development of the people. The CSR program of BDL focuses on health, water and sanitation, education, skill development, infrastructure development, energy conservation, agricultural development, and environmental sustainability.

2. RESEARCH DESIGN

2.1 The study is essentially descriptive in nature which describes the planning and implementation of the initiatives, provides feedback from the users and helps in determining whether the initiatives produced the intended output and outcome. Both quantitative and qualitative data have been collected as part of the study. Quantitative information was collected from the beneficiaries. The rationale for collecting quantitative information was to establish the impact of the study. Qualitative information has been collected from the beneficiaries.

3. DATA COLLECTION

3.1 Data collection is an integral part of the study. Various tools were used to collect data for the study.

3.2 Primary data for the study was collected from beneficiaries as well as implementing agencies through questionnaires and interview schedules The purpose of the interviews with the beneficiaries was to elicit responses on the impact of the program and suggestions for improvement. Interviews with the implementing agencies provided information on the concept and design of the program, challenges involved in implementing the program and their partnership with BDL.

3.3 Questionnaire for the beneficiaries comprised mostly close-ended questions. The interview schedule for officials of the implementing agencies however, consisted of open-ended questions.

3.4 Secondary data regarding both CSR and sustainable development activities of BDL (such as MoU with implementing agencies, expenditure statement, CSR policy) were provided by the organisation.

4. TOOLS OF THE STUDY

4.1 Questionnaire for the beneficiaries

4.2 Interview schedule for officials of implementing agencies

4.3 Interview schedule for official of Bharat Dynamics Limited

5. METHOD OF SAMPLING AND SAMPLE SIZE

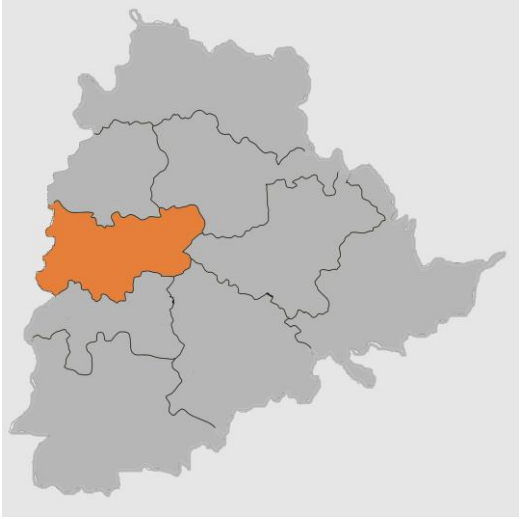
5.1 Random sampling method was used to choose respondents for interviews for the respective CSR programs. This method of sampling was used so as to have an unbiased representation of the group. As part of the study, the team from ASCI collected primary data on the following CSR projects: mid-day meal, mobile medicare unit, E-Sagu, safe drinking water, and bio-toilets.

5.2 Sample size for each initiative was 10 percent of the total set of beneficiaries.

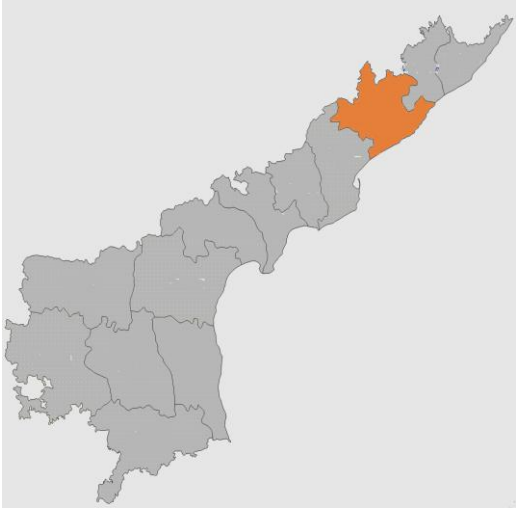
Figure 3 Sample Geographies

Mid Day Meal Program (Telangana and Andhra Pradesh)

Patancheru, Medak Dt.

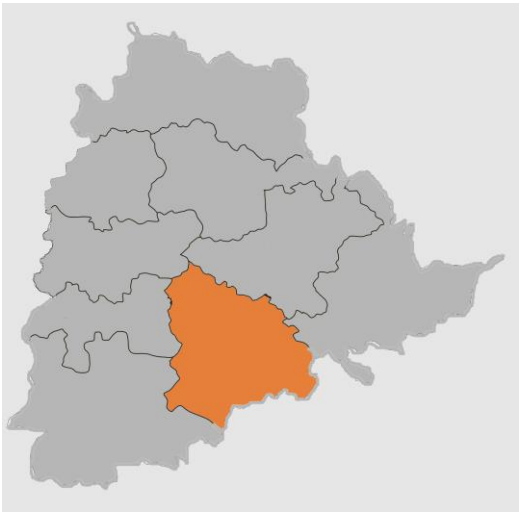


Visakhapatnam

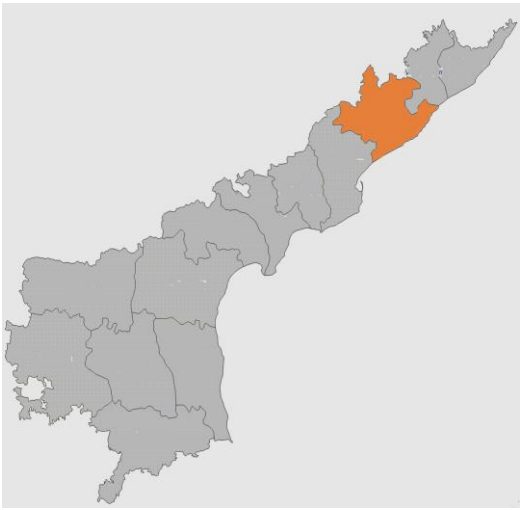


HEALTH CARE (TELANGANA AND ANDHRA PRADESH)

Narayanpur & Choutuppal
Nalgonda Dt

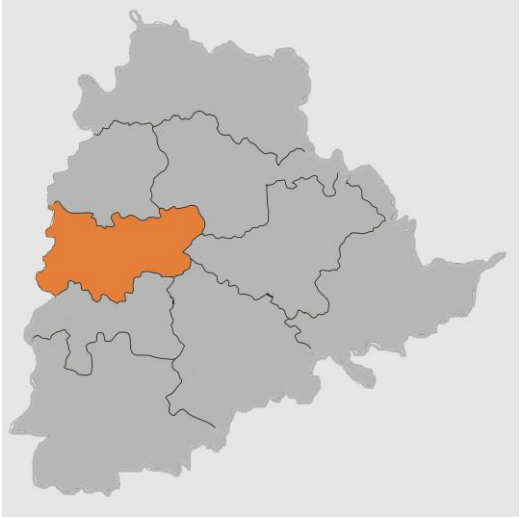


Narsipatnam
Vishakapatnam Dt



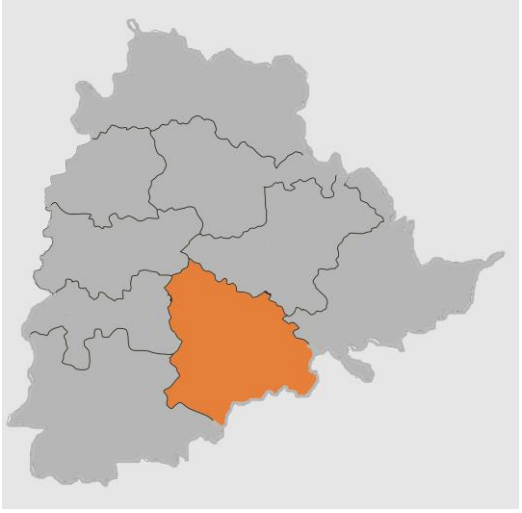
E-SAGU (TELANGANA)

Select villages, Medak Dt



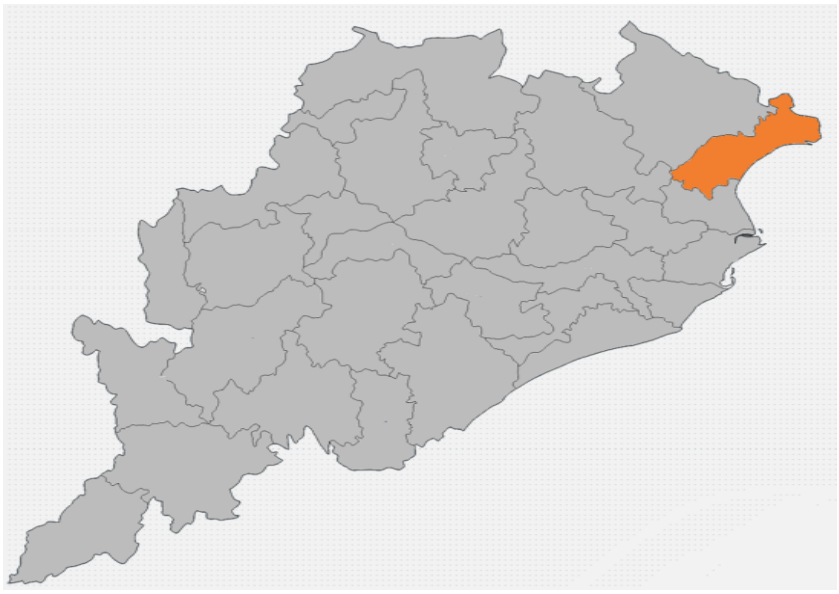
SAFE DRINKING WATER (TELANGANA)

Nalgonda



BIO – TOILETS

Balasore Dt. (Odisha)



TOILETS IN GOVERNMENT SCHOOLS (TELANGANA AND ANDHRA PRADESH)

III. PROJECT WISE OBSERVATIONS

1. SAFE DRINKING WATER

1.1. BACKGROUND

Access to safe water is a fundamental human right but even today far too many are left behind. As per the recent report published by WaterAid on the occasion of the World Water Day 2016; while there has been an unprecedented progress in spreading access to clean water since 1990; still in 16 countries more than 40 percent of the population do not have access to basic water facility.[8] WaterAid analysis shows that among countries which have the highest number of people waiting for access to safe and affordable water supply, India is one among them. In India the water resources are poorly managed and as a consequence a large section of the poor people has access to poor quality of water. Poor quality of water has significant impact on the health of the people. The incidences of water borne-diseases rise and this increases the expenditure made by poor people on healthcare.

Thus, the report entitled *Water: At What Cost? State of the World's Water 2016* argues that to achieve global goals of sustainable development, it is imperative for countries to build national systems which would ensure universal access to water, health and hygiene for everyone, everywhere.

Acknowledging the significance of access to safe water supply and its linkages with health, education and economic opportunities; Bharat Dynamics Limited chose to focus providing safe drinking water to the poor people of the community as part of their CSR initiative.

According to a baseline survey conducted by the Tata Institute of Social Sciences (TISS) in 2012, water in some of the *mandals* in the Nalgonda district contain high fluoride which is harmful for teeth and bones and can lead to dental or skeletal fluorosis. The acceptable amount of fluoride content in water is 0.6 to 1.2 mg/l but in this area as the survey highlighted the fluoride content ranges between 0.1 to 8.8 mg/l and as a consequence had detrimental effect on the health of the people living in this district.

[8] http://wateraidindia.in/media_release/wateraid-releases-water-at-what-cost-the-state-of-the-worlds-water-to-mark-world-water-day-2016/

In 2012 BDL and Naandi Foundation signed a MoU for installation, operation and maintenance of safe drinking water plants for a period of three years in three villages in the district of Nalgonda. Total funds allotted from inception till end of September 2015 was Rs.79, 24,148/-. In October 2015, the MoU between BDL and Naandi Foundation has been extended for another three years. As per the MoU, BDL has allocated an amount of Rs. 16.20 lakhs for three years for operation and maintenance of the plants.

1.2. NAANDI FOUNDATION: BRIEF PROFILE

Naandi Foundation is a public charitable trust established in the year 1998 with a mission to eradicate poverty. Dr. K. Anji Reddy was the founding chairman of the organisation. Currently the organisation is headed by Anand Mahindra. Naandi is a new generation social organization working towards providing innovative, cost effective and sustainable solutions in the areas of safe drinking water, child development and sustainable livelihoods. The initiatives of Naandi Foundation in these areas have touched the lives of almost three million people in some of the most backward regions of 13 Indian states.[9]

1.2.1. The Initiative: An Overview

Figure 4: Geographical area of the BDL supported safe drinking water project

[9] For details refer to www.naandi.org

As mentioned earlier Naandi Foundation with support from BDL set up three water treatment plants in Nalgonda - in the villages of Narayanpur, Jangaon and Peepalphad respectively.

1.2.2. Structure of the Community Water Services

At the village level, a water centre operator and a community organiser have been recruited to ensure smooth functioning of the Community Water Services. The community organiser also conducts extensive community mobilization activities to spread awareness about safe drinking water. The team further includes –

- technician - who visits the plant regularly for preventive maintenance
- breakdown analyst
- territory officer (in charge of 10-15 plants depending on distance)
- cluster head (in charge of a cluster of 30-35 plants)
- zonal head (in charge of the entire zone)

1.2.3. Timings of the Community Water Services

The water centre provides purified water to the beneficiaries twice daily. The timings are:

- MORNING : 6am – 10am
- EVENING : 5pm – 9pm

1.3. SPOT VISIT AND INTERACTION

1.3.1. Spot Visit:

A team from ASCI visited three villages in Nalgonda district - Narayanpur, Jangaon and Peepal Pahad on 9 September 2016. The aim of the visit was to interact with the villagers to understand problems faced by them with regard to safe drinking water and their reasons for accessing the community water centres in their respective villages. Faculty from ASCI conducted in-depth interviews as well as focus group discussions with the villagers (men and women). In each village, the team spoke to 20-25 beneficiaries. A total of 70 beneficiaries were covered during the visit.

1.3.2. Interaction with Shivani and Anusha, in charge of safe drinking water program, Naandi Foundation

Shivani and Anusha remarked that provision of safe drinking water at an affordable cost to villagers as well as to urban slum dwellers is one of the priority areas of Naandi Foundation. The organisation so far has set up 58 community water centres in Telangana. The primary objective of these community water centres is to reduce incidence of water borne diseases both among rural and urban poor by providing safe drinking water to them.

Naandi Community Water Services undertakes several activities throughout the project period such as door to door campaigns, rallies organised with help of schools, meetings with women's groups and Panchayat members, *Kalajatha*, and others to engage with the villagers and educate people about the importance of safe drinking water and sanitation practices for maintaining good health. These activities also give the necessary impetus for smooth running of the plant. Naandi Community Water Services continues its engagement with the village till their capacities are built.

The organisation collects feedback from its beneficiaries through door to door campaign regarding the quality of water and its services. There is also toll free number on the cards distributed to the beneficiaries which they can use to give feedback or register complaints.

The villagers are very satisfied with the services of Naandi Foundation. Some of the beneficiaries have requested door-to-door water service while some have suggested extending the timings of the plant so that people from nearby villages can also avail of safe drinking water at an affordable price.

According to both Anusha and Shivani there has been a perceptible increase in the number of people accessing the community water services between 2014-2015 and 2015-2016 (table 3).

Table 3 Number of people accessing the community water service

Plant Name	2014-2015	2015-2016
Jangaon	2626	3386
Peepalpahad	2433	1862
Narayanpur	3204	3235
Total	**8263**	**8483**

In course of interaction with the implementing partners, it was evident that there are also challenges involved in operating such huge projects. Some of the key challenges are –

- Community participation and adaptability
- Supply of electricity to the plant which is available for only 6 hours - 3:00am to 6:00 am and 12:00 – 2:00 pm. This limited supply of electricity hinders the production of sufficient treated water for the villagers.

Naandi Foundation is satisfied with its partnership with BDL. Anusha and Shivani stated that BDL is a well-established company and has a keen interest in undertaking development initiatives for betterment of the communities in their project area. According to the implementing partner, the CSR agenda of BDL is in line with our project objective and hence we could partner successfully to address the drinking water issues in the communities we identified.

Figure 5 Interaction with Beneficiaries at Peepal Pahad

Figure 6 Beneficiaries at Jangoan Community Water Centre

1.3.3. Beneficiary Speak: Snapshot

Name: Naresh Kumar	Gender: Male	Age: 38 years
Occupation: Weaver	Village: Narayanpur	District: Nalgonda
	Health problems: No	

Naresh's family use river water for cleaning and bathing. But for cooking and drinking purposes, they are completely dependent on the water provided by Naandi Foundation. Naresh says he is aware of the benefits of safe drinking and hence relies on the community water centre as there is a water treatment plant which purifies water before distributing it among the community.

Naresh needs 50 cans of water for his family and is satisfied with the rate at which Naandi foundation provides safe and clean drinking water. Given the popularity of the community water centre, Naresh does not hesitate to travel the extra mile to fetch water.

Name: N. Najamma	Gender: Female	Age: 40 years
Occupation: Cook	Village: Narayanpur	District:
Nalgonda Health problems: knee pain		

Primary source of water for Najamma and her family is the borewell located in her village. Earlier even for cooking they would use borewell water provided by the gram panchayat. After being sensitised about Naadi Foundation about the importance of safe drinking water, they now come to the water centre in Narayanpur to collect water for cooking. According to Najamma the quality as well as taste of water provided by Naandi Foundation is much better. Previously she would suffer from sever body ache as the borewell water was untreated and had fluoride content. After accessing water from the water centre, her body ache has reduced.

Najamma is a cook in a girl's hostel. Even there she has suggested that they use water provided by Naandi Foundation for cooking as it is clean and safe.

Name: C H Narsimha	Gender: Male	Age: 45 years
Occupation: Businessman	Village: Narayanpur	District: Nalgonda
Health problems: No		

Mr. Narsimha is very satisfied with the service of the community water centre in his village. He said the taste is much better. Also there has been a decrease in water borne diseases in the village. There has also been a reduction in cases of tooth decay and bone deformities in the village. Mr. Narsimha also finds the periodic sensitisation programmes organised by Naandi Foundation extremely informative as the villagers get to know about health and hygiene related issues.

Name: Vijaya	Gender: Male	Age: 38 years
Occupation: Businessman	Village: Narayanpur	District: Nalgonda
Health problems: No		

Vijaya runs a hotel in Narayanpur. He is a member of the community water centre set up by Naandi Foundation in the village. Vijaya collects water both for household and his hotel from this water plant. According to Vijaya, prior to the establishment of this water treatment plant, he would spend Rs. 100 per day for drinking water. Now he spends only Rs. 180 per month for drinking water. Further, after drinking this water, joint pains have reduced and he sees an improvement in the health of his family members.

Name: Gautami	Gender: Female	Age: 27 years
Occupation: Homemaker	Village: Jangaon	District: Nalgonda
Health problems: No		

Gautami's family comes to this community water centre to fetch drinking water. For cleaning and bathing purposes, the family is dependent on water supplied by the panchayat. Gautami says the water provided at this water centre tastes better. Another advantage is that they get this water everyday while water from the borewell is supplied to them once in three days. Earlier Gautami would use borwell water for cooking too. But the water tasted salty. It has been three years that they have become members of this community centre and is extremely satisfied with its services and quality of water.

Name: Shweta	Gender: Female	Age: 33 years
Occupation: Homemaker	Village: Jangaon	District: Nalgonda
Health problems: Joint pain		

Before the establishment of community water centre by Naandi Foundation, Shweta collected drinking water from the borewell. But according to Shweta the quality of water was not good. For the last three years Shweta's family is a member of this community water centre. The quality of water is much better. Shweta said after drinking this water her body ache has reduced a lot.

Name: Padma	Gender: Female	Age: 35 years
Occupation: ASHA worker	Village: Peepal Pahad	District:
Nalgonda		
Health problems: No		

Padma said the villagers are extremely satisfied with the water treatment plant in their village. Both men and women come to collect water. Previously women had to travel long distances to collect safe drinking water. Naandi Foundation solved this problem by setting up a water treatment plant at a convenient location in the village. Women now find it easier to collect drinking water. The timing of the water plant has been decided in consultation with the villagers. Now villagers collect water either in the morning before going to work or in the afternoon after work. For women, in particular, the timing has helped them to work long hours in the field. The quality of the water is far better and no longer salty. According to Padma, the initiative by Naandi Foundation and Bharat Dynamics Limited has made drinking water safe, affordable and accessible.

1.3.4. Key finding s from focus group discussions conducted with beneficiaries:

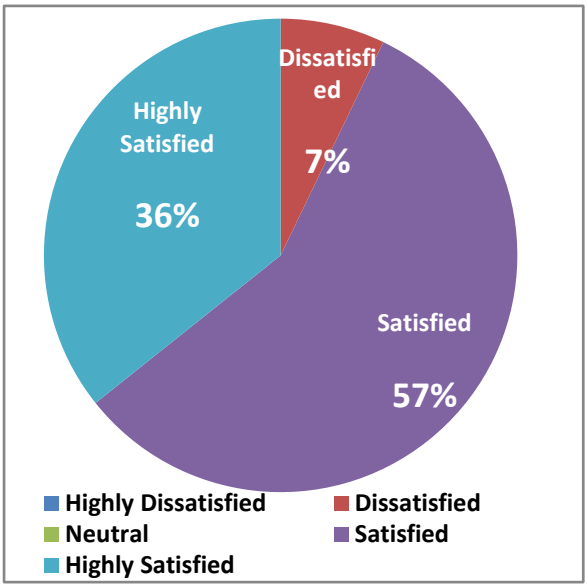
- Prior to setting up of the water centres in the villages, people would get water from different sources which were irregular and expensive. Since 2012, the villagers come to the community water plant to fetch water.
- Both men and women are satisfied with the services, timing and cleanliness of the water centre.

- These water centres are located at convenient locations so villagers do not have to travel long distances to fetch water. Women of the household have more time to themselves.
- The taste of the water is much better and it is extremely affordable.
- Villagers of Narayanpur, Jangaon and Peepalpahad are aware of the benefits of safe drinking water as well as of sanitation and hygiene.
- Both incidence of water borne disease and joint pain of many villagers have reduced drastically after consuming purified water from the water centre.
- Between 2014-15 and 2015-16 there has also been an increase in the number of people accessing community water services.

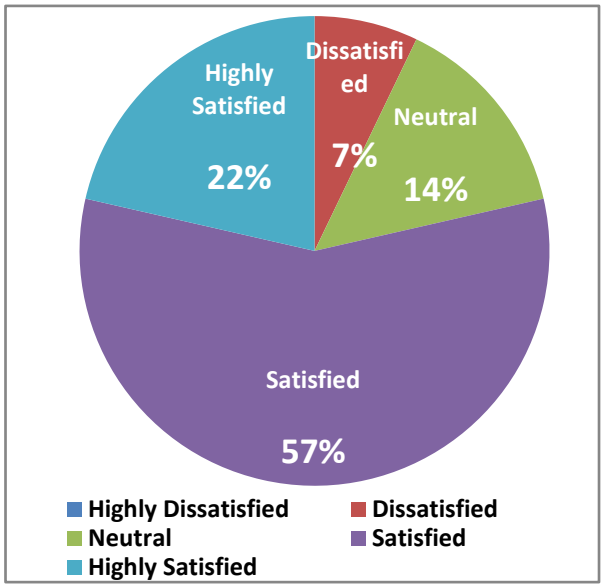
Figure 7 Interaction with Beneficiaries

Chart -1 Summary of Responses of the Beneficiaries

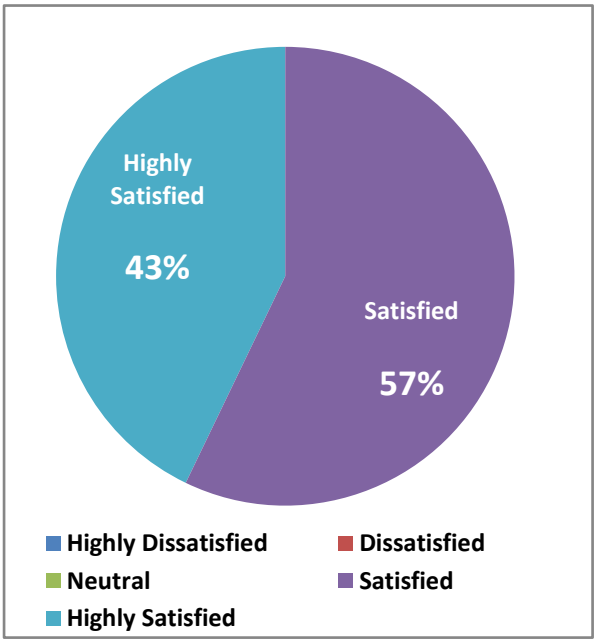
TIMELINESS OF SERVICE



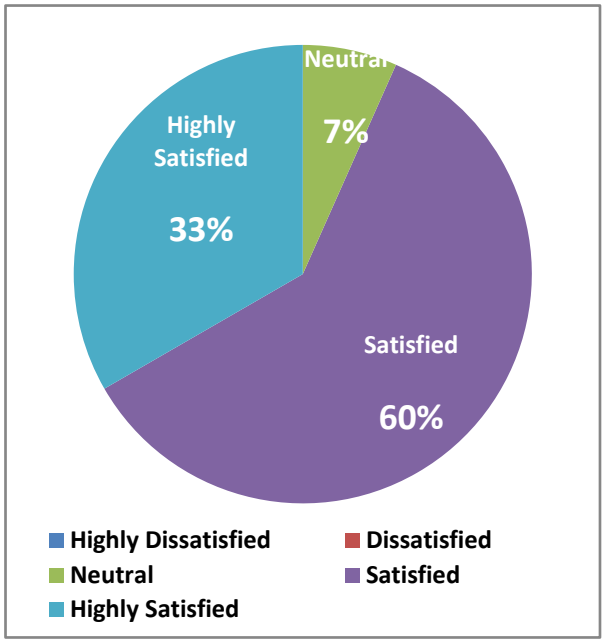
QUALITY OF WATER



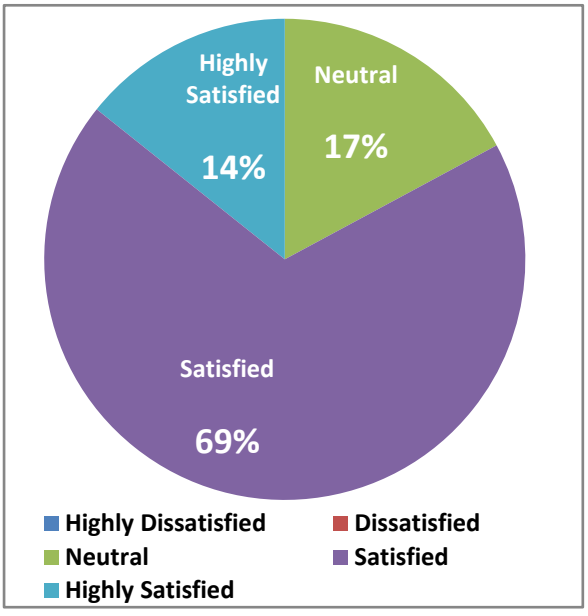
ATTITUDE OF STAFF



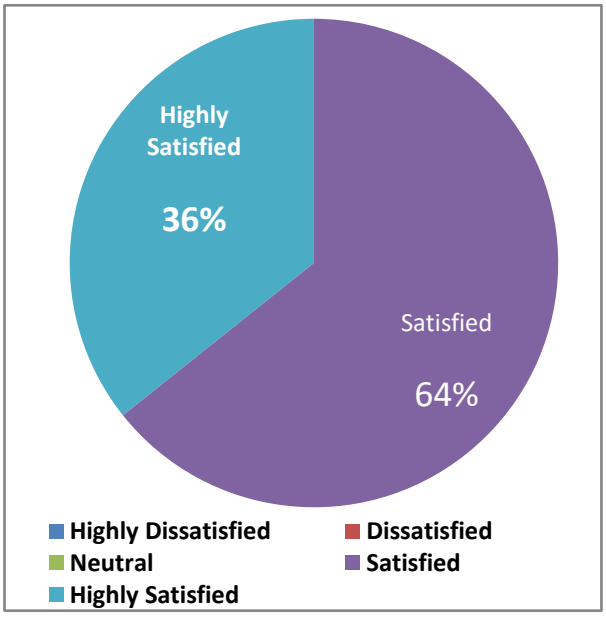
OUTCOME OF SERVICE



EASE OF AVAILING SERVICE AND AFFORDABILITY



CLEANLINESS AND MAINTENANCE



1.3.5. RECOMMENDATIONS

- To establish another water plant in Narayanpur - Narayanpur is a big village so many beneficiaries suggested that if another water plant is set up in the vicinity it will benefit greater number of people.
- Provision of water throughout the day - Some of the respondents requested that water should be provided throughout the day so that they can come anytime to fetch drinking water.

2. HEALTH CARE - MOBILE MEDICARE UNIT

2.1. BACKGROUND

Poor health leads to suffering and deprivation of the most fundamental kind among human beings. Therefore, health is at core of human development as well as towards making development sustainable. Through Goal 3 (health and well being of people at all ages) of Sustainable Development Goals, globally there is effort to eradicate disease, strengthen treatment and healthcare, address new and emerging health issues.

There has been a sharp increase in the geriatric population and it has been projected that by the year 2050, the number of elderly people would rise to about 324 million[10]. In India majority of elderly population lives in rural areas. In addition about 90% of the elderly population are in the unorganized sector, i.e., they have no regular source of income. Since a vast majority of the elderly reside in rural areas, it is mandatory that geriatric health care services be made part of the primary health care services. Factors such as a lack of transport facilities and dependency on somebody to accompany an elderly person to the health care facility impede them from accessing available health services. In difficult to access areas, screening camps and mobile clinics could play a significant role in reaching out to the elderly population. Advocacy with non-governmental organizations (NGOs), charitable organizations, and faith-based organizations could play an important role in this aspect.

2.1.1. INTIATIVE: AN OVERVIEW

Bharat Dynamics Limited has entered into a Memorandum of Understanding with Help Age India to provide health care facility and supply of medicines to elderly population of various villages in Nalgonda District of Telangana and Visakhapatnam District of Andhra Pradesh. Health care facility was provided to more than 2000 elderly people by supplying medicines through Mobile Medicare Unit in 16 villages in Narayanpur and Chouttuppal Mandals of Nalgonda District, Telangana State and in Narsipatnam Mandal in Visakhapatnam District, Andhra Pradesh State in association with M/s HelpAge India.

[10] Refer to http://www.helpageindia.com for details on statistics pertaining to geriatric population

Mobile Medicare Units provide free healthcare, medical treatment, medications and other health care services to senior citizens in slums and rural areas providing access to health care services to improve quality of life of impoverished elderly living in poverty.

Each Mobile Medicare Unit travels with a qualified doctor, pharmacist and social worker and is able to make referrals to local hospitals for other services if required. The "Mobile Medicare Unit" program also provides home visits to bed ridden elderly, physiotherapy, yoga, meditation classes, shelter assistance, disability aids, counselling and help for senior citizens to access their old age pension benefit. The "Mobile Medicare Unit" program helps elderly to maintain and improve their health and well-being.

Regular feedback from the beneficiaries is taken by the Social Protection Officer. Help Age India maintains the case sheets and other record of the beneficiaries which includes beneficiary reports, medicine consumption reports, economic background of each beneficiary and the monthly review reports. The entire data is also maintained by Help Age India on E-Chikitsa Software.

2.2. ABOUT HELPAGE INDIA

Help Age India is a leading NGO in India working with and for the disadvantaged elderly for more than three decades. The organization is established in 1978 and is registered under Societies Registration Act of 1860.

Traditionally the focus was to improve the quality of life of destitute elders primarily in the rural areas through its welfare projects by providing free rations, free medicines and consultations and free cataract surgeries.

Helpage India presently focuses on long term sustainability options for these elders through various livelihood projects and helping them form Elders Self Help Groups (ESHG). There has been an increased concentration on Elder rights, engaging with the government on formulating legislation and lobbying for implementation of National Policy of Older Persons. In accordance with the changes, Help Age has now included the concerns of urban elderly population who are relatively economically advantaged but face emotional and physical problems.

2.3. INTERVENTION INTO AREA OF DISEASES:

1. Allergy	2. Abdominal Pain	3. Asthma
4. Constipation	5. Cataract	6. Cough and cold
7. Chronic obstructive Disease	8. Diabetes Mellitus	9. Disability
10. Hypertension	11. Hypothyroid	12. Osteoarthritis
13. Osteoporosis	14 Joint pain	15 Urinary Tract Infection

CASES REFERRED TO OTHER HOSPITALS:

1. Varicose veins	2. ENT	3. CVA
4. Neuropathy	6. Renal calculi	7. Dermatology

2.4. ENROLMENT CRITERIA FOR PATIENTS:

- Patients should be 55 years and above.
- They belong to below poverty line category.
- Patients suffering from health issues as mentioned above.

2.5. GEOGRAPHICAL LOCATIONS OF THE PROJECT AND PROFILE OF THE SELECTED DISTRICTS:

2.5.1. Nalgonda:

In Nalgonda, there are 59 Mandals with 1135 villages. Among these 1107 are inhabited villages. And the remaining 28 villages are un-inhabited.

The population of the district was 32,47,982 as per 2001 Census and has gone up to 34,88,809 persons in 2011 adding 2,40,827 persons during the decade, 2001-2011. The growth rate revealed by the district (7.4%) is less than the State growth of

10.98% during the decade. In terms of population Nalgonda Mandal occupies first place with 5.73% of the district population.

The overall density of population in the district is 245 persons per sq.km and is below the State average of 308. Nalgonda district possessed 983 females per 1,000 males, while it was 966 in 2001 Census. It is lower than the State average sex ratio 993.

The total workers participation rate separately for males and females in the rural areas are 56.3% and 49.6% respectively. Against corresponding figures for urban areas are 52.1% and 21.8% respectively. Literacy rate is 64.2% of the population of the district. Separating for urban and rural areas, the literacy rate worked out to 81.7% and 60.1% respectively.

Figure 8 – Geographical area of Mobile Medicare Unit in Nalgonda District of Telangana

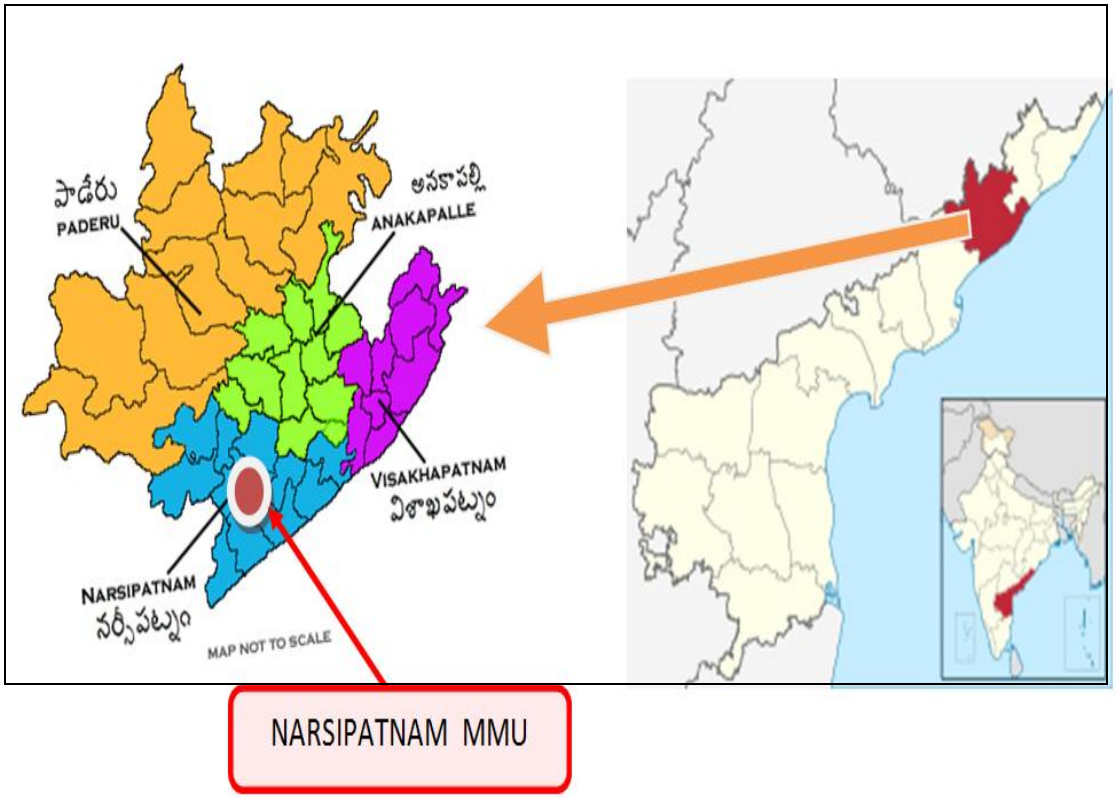
2.5.2. Visakhapatnam:

Visakhapatnam district is a district in the Indian state of Andhra Pradesh. It is one of the nine coastal districts in the state, with the administrative headquarters located at Visakhapatnam

According to the 2011 census Visakhapatnam district has a population of 4,288,113, roughly equal to the nation of New Zealand or the US state of Kentucky. This gives it a ranking of 44th in India (out of a total of 640) and 4th in its state. The district has a population density of 384 inhabitants per square kilometre (990/sq mi) . Its population growth rate over the decade 2001-2011 was 11.89%. Visakhapatnam has a sex ratio of 1003 females for every 1000 males and a literacy rate of 67.7%.

The district has four revenue divisions, namely Anakapalli, Paderu, Narsipatnam and Visakhapatnam, each headed by a sub collector. These revenue divisions are divided into 43 mandals in the district. This district consists of 3265 villages and 15 towns including, 1 Municipal Corporation, 2 municipalities and 12 census towns. Visakhapatnam city is the only municipal corporation and the 3 municipalities in the district are Anakapalle, Bheemunipatnam and Narsipatnam.

Figure 9 – Geographical area of Mobile Medicare Unit in Visakhapatnam District of Andhra Pradesh



2.6. COVERAGE BY BDL MMU PROJECT:

The MMU covers 23 villages in Nalgonda district of Telangana and 15 villages in Visakhapatnam district of Andhra Pradesh. The schedules of the MMU Teams are mentioned in the following tables. The Schedule is made in such a way that 2-5 nearby villages are covered in a day.

Table 4 – Schedule of Mobile Medicare Unit in Nalgonda District of Telangana

NALGONDA DISTRICT- CHOUTUPPAL MMU SCHEDULE				
S.NO	**Site Name**	**Day**	**Shift**	**Gram Panchayat**
1	Narayanapur	Monday	Morning	Narayanapur
2	Janagam	Monday	Afternoon	Janagam
3	Chandragoni Thanda	Tuesday	Morning	Mohammadabad
4	Venkombai Thanda	Tuesday	Morning	Narayanapur
5	Dubbagundla Thanda	Tuesday	Morning	Peepal Pahad
6	Yenagondi Thanda	Tuesday	Morning	Peepal Pahad
7	Allapur	Tuesday	Afternoon	Allapur
8	Peepal Pahad	Tuesday	Afternoon	Peepal Pahad
9	Rachakonda (Once in two weeks)	Wednesday	Morning	Rachakonda
10	Mallareddy Gudem (Once in two weeks)	Wednesday	Afternoon	Sarvail
11	Nagavari gudem (Once in two weeks)	Wednesday	Morning	Sarvail
12	Lingavar gudem (Once in a two weeks)	Wednesday	Morning	Sarvail
13	Sarvail	Wednesday	Afternoon	Sarvail
14	Gangamula Thanda	Thursday	Morning	Janagam
15	Pallegattu Thanda	Thursday	Morning	Janagam

16	Vachya Thanda	Thursday	Afternoon	Janagam
17	kadapagondi Thanda	Thursday	Afternoon	Janagam
18	Kottagudem	Thursday	Afternoon	Kottagudem
19	Gollagudem (Once in two weeks	Friday	Morning	Sarvail
20	Momhammadabad (Once in a two weeks	Friday	Morning	Mohammadabad
21	Lakkaram (Once in a two weeks	Friday	Afternoon	Lakkaram
22	D Nagaram (Once in a two weeks	Friday	Morning	D Nagram
23	Koyyalagudem (Once in a two weeks	Friday	Afternoon	Koyyalagudem

Table 5 – Schedule of Mobile Medicare Unit in Visakhapatnam District of Andhra Pradesh

VISAKHAPATNAM DISTRICT- NARSIPATNAM MMU SCHEDULE				
S.NO	**Site Name**	**Day**	**Shift**	**Mandal**
1	Ayyanna Colony	Monday	Morning	Narsipatnam
2	Pakalapadu	Monday	Afternoon	Golugonda
3	Yarakampeta	Monday	Afternoon	Golugonda
4	Pedagadaba palem	Tuesday	Morning	Koyyuru
5	Chittiempadu	Tuesday	Morning	Koyyuru
6	Pathamallampeta	Tuesday	Afternoon	Golugonda
7	Sarabanna Palem	Wednesday	Morning	Koyyuru
8	Nadem palem	Wednesday	Morning	Koyyuru
9	Rama Raju Palem	Wednesday	Afternoon	Koyyuru
10	Pedamakavaram	Wednesday	Afternoon	Koyyuru

11	K Venkatapuram	Thursday	Morning	Kotauratla
12	Pamulawaka	Thursday	Afternoon	Kotauratla
13	Ramanna Palem	Thursday	Afternoon	Kotauratla
14	Samagiri	Friday	Morning	Chinthapalli
15	Lammasingi	Friday	Afternoon	Chinthapalli

2.7. BENEFICIARY STATUS UNDER MMU FOR THE YEAR 2015-16

HelpAge India has covered 38 villages under Mobile Medicare Unit where in 4000 beneficiaries had been extended medical care for the year 2015-16.

2.8. HELPAGE INDIA EMPLOYEES ASSOCIATED WITH EACH MMU:

- Social Protection Oficer-1
- Medical Doctor-1
- Pharmacist-1
- Driver-1

2.9. PROJECT IMPLEMENTATION COMMITTEE MEMBERS:

At HelpAge India:

- Mr. Kaladhar - Social Protection Officer (Choutuppal MMU- Nalgonda)
- Mr. Kiran Babu - Social Protection Officer (Narsipatnam MMU- Vizag)
- Mr. Stanley Oguri- Project Coordinator
- Mr. Mohd. Raza Mohammed - Acting State Head - TS.
- Mr. Mrinal Srikanth Lankapalli - Manager - AP.

2.10. LIST OF MEDICINES BEING USED BY MMU

ALBENDAZOLE (400 mg)

AMLODIPINE BESYLATE ATENOL (5+50 mg)

AMLODIPINE (2.5 and 5 mg)

AMOXICILLIN AND CLAVULANATE POTASSIUM (625 mg)

AMOXYCILLIN (250 and 500 mg)

ANDRE (10 ml)

ASPIRIN (75 mg)

ATROVASTATIN (10mg)

AZITHROMYCIN (500mg)

BENZYL BENZOATE 25 % (100 ml)

BETAMETHASONE 0.05% (20 mg)

BETAMETHASONE 0.10% (20mg)

BISACODYL (5 mg)

BUDESONIDE (100 mcg)

CALCIUM ELEMENTAL (500mg) + VITAMIN D3 (250mg)

CARBIMAZOLE (10mg)

CEFIXIME (200 mg)

CETRIZINE (10mg)

CHLORAMPHENICOL APLICAPS (1%)

CHLOROQUINE PHOSPHATE (250 mg)

CINNERAZINE (25 mg)

CIPROFLOXACIN (500 mg)

CIPROFLOXACIN EYE / EAR DROPS (0.03% - 5 ml)

CLOTRIMAZOLE OINTMENT (1% -15 ml)

COUGH SYRUP (PEDIATRIC) – 60ml

DERIPHYLLINE RETARD (150 and 300mg)

DIAZEPAM (2 mg)

DICLOFENAC GEL (30 mg)

DICYLOMINE + PARACETAMOL

DIETHYLCARBAMAZINE CITRATE (100 mg)

DIGOXIN (0.25 mg)

DOMPERIDONE (10 mg)

DRIED ALUMINIUM HYDROXIDE GEL 250 mg+ MAGNESIUM HYDROXIDE+ACTIVATED DIMETHICONE 50 mg (ANTACID)

ENALAPRIL (5 mg)

ETORICOXIB (60 mg)

FLURBIPROFEN EYE DROPS (0.03% - 5ml)

FRUSEMIDE (40 mg)

GLIMIPERIDE (1and 2 mg)

GLIMIPERIDE 1 mg+ MELTFORMIN 500 MG SR

GLIPIZIDE (5 mg)

HYDROCHLORTHIAZIDE (25 mg)

IBUPROFEN (400 mg)

IRON + FOLIC ACID + CYANOCOBALAMIN

ISAPGHULA HUSK (100 mg)

ISORBIDE 5 MONONITRATE (20 mg)

ISOSORBIDE DINITRATE (10 mg)

LDOPA-CARBIDOPA (100 mg)

LEVOFLOXACIN (500 mg)

LINIMENT OF TURPENTINE (100 ml)

LIQUID PARAFFIN + MILKOF MAGNESIA (170 ml)

LOSARTAN (25 and 50 mg)

LOSARTIN+HYDROCHOLARTHIARIDE

METFORMIN (500 mg)

METFORMIN SR (500 mg)

METOPROLOL (50 mg)

METRONIDAZOLE (200 mg)

NEOSPORIN (5mg)

NITROFURANTION (100 mg)

ONDANSETRON (8 mg)

ORS (21, 8 mg)

OXYMETAZOLINE NASAL DROPS

PANTAPRAZOLE (40 mg)

PARACETAMOL (500 mg)

PARACETAMOL SUSPENSION (PEDIATRIC)

PHENYTOIN (100 mg)

POVIDONE IODINE (5%)

PREDNISOLONE (5 and 10 mg)

PRIMAQUINE (15 mg)

PROCHLORPERAZINE MALEATE (5 mg)

RABEPRAZOLE SODIUM (20mg)

RANITIDINE (150 mg)

RISPERIDONE (1 mg)

SALBUTAMOL (100 mg)

SERTRALINE (50 mg)

SILVER SULFADIAZINE + CHLORHEXIDINE (1 % - 15 mg)

THYROXINE (25, 50 and 100 mcg)

TINIDAZOLE (500 mg)

UNIENZYME

VITAMIN B COMPLEX

VITAMIN B COMPLEX + C

VITAMIN C (500 mg)

A health awareness program was organized by Choutuppal Mobile Medicare Unit on 21-December 2015 regarding hypertension. The venue was Janagam, Narayanapur Mandal a backward and densely populated area within the Rural of Narayanapur (Mandal). The awareness program was conducted by Dr. Raghavender Reddy. Leaflets were distributed followed by a question- answer session where the beneficiaries asked a lot of questions about proper intake of medicines, diet etc. The informal set-up of the awareness program made the beneficiaries very comfortable and they discussed their problems with the resource person and took his expert advice.

Figure 10 : Health Awareness Camp by Mobile Medicare Unit in Nalgonda District of Telangana State

2.11. INTERACTION WITH THE IMPLEMENTATION PARTNER AND BENEFICIARIES:

The Social Protection Officer of Help Age India, was extremely informative and guided the evaluation team to carry out their assigned survey in the selective villages of this area. He spoke eloquently on various parameters of the MMU services such as, the major target group of MMU, their readiness in accepting the services, the reach out of the MMU team into this area, the strategized way of handling each case, maintenance of records and improving the services based on the feedback received.

2.11.1. Interaction with the Physician

According to him as majority of the beneficiaries are above the average age of 55 years, degenerative diseases are more common and many of them suffer from ailments like body ache, hypertension, diabetes, asthma, osteoarthritis and other seasonal diseases. The doctor visit the villages on a weekly basis for which a schedule is maintained. Prescription is given as per weekly visits and feed back is taken with regard to the improvement in the condition of health. In case of severity in certain cases, reference is given to Hyderabad and other nearby hospitals based on the requirement. After the complete recovery from the hospitals the respective patient reports back to MMU as and when required.

2.11.2. Interaction with the Beneficiaries

Identity and other details of the beneficiaries are not disclosed to maintain confidentiality as per protected health information.

Name: Beneficiary 1	**Gender:** Female	**Age**: 55years
Occupation: Farmer	**Health issue:** Body ache, Headache, Knee Pain	

Her occupation is farming and as a farmer she has to struggle with the body pain daily. She had taken some natural medicines available in the village as convenience and affordability were major factors and treatment in the hospital was not feasible for her. The campaign made by the MMU and regular visits of the MMU doctor has helped her to avail medicines free of cost and to regularly monitor her illness at her

own place. She is satisfied with the treatment and medical care she is receiving from MMU.

Name: Beneficiary 2	**Gender:** Female	**Age**: 56 years
Occupation: Farmer	**Health issue:** Hypertension and Gastric Problem	

Employed as a farmer in one of the nearby farm, she is on regular treatment of Hypertension. During this visit she had complaints of loose motions since 2 days and had taken medicine for the same and she said regular visits of the MMU doctor has helped her to avail medicines free of cost and regularly monitor her illness. She said she is very much satisfied with the treatment and medical care she is getting from MMU.

Name: Beneficiary3	**Gender:** Female	**Age**: 60 years
Occupation: Farmer	**Health issue:** Fever, Backache, Knee Pain	

Her medical history suggests that she suffers from constant body pains. She also suffers on and off high grade fever on and off. Since 7 days had taken some medicines available in the village as convenience but it was cured. On visual symptoms doctor had diagnosed her with Malaria and given medicine for the same & asked her to come for follow-up in next week.

Name: Beneficiary4	**Gender:** Male	**Age**: 65 years
Occupation: Farmer	**Health issue:** Cataract , Knee pain	

His occupation is farming. Two years ago with help of MMU he had undergone for cataract surgery. He said he is highly satisfied with this effort taken by MMU. During this visits he comes with body ache and knee pain and as a farmer he faces this pain daily. The medicine were given for the same.

Figure 11: Beneficiaries accessing treatment facilities at the MMU

Figure 12 : Beneficiaries being attended to by the MMU

Figure 13 : Interaction with the Beneficiaries

2.12. FINDINGS

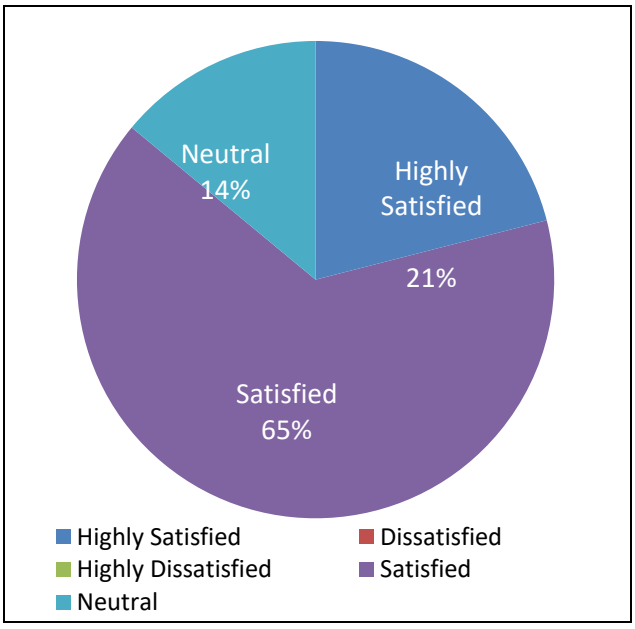
Impact analysis:

The impact of the initiative was assessed on the basis of affordability, accountability, availability, awareness and reliability. The analysis carried out by the team in the given geographical area showed beneficiaries access the service of MMU owing to its cost effectiveness and reach. The beneficiaries unanimously agreed that MMU is the most cost effective option with regard to healthcare in their locality. Beneficiaries were extremely satisfied as the medicines supplied by MMU were free of cost. Many of them agreed to the time frame set by the MMU team. However, few didn't have any suggestions and couple of them disagreed as they have to make available themselves at that point of time. With regard to accessibility of the facility, majority agreed that the MMU is easily reachable, however few felt that they had to walk down to the place from another village. Given below is the graphical representation of the responses of the beneficiaries.

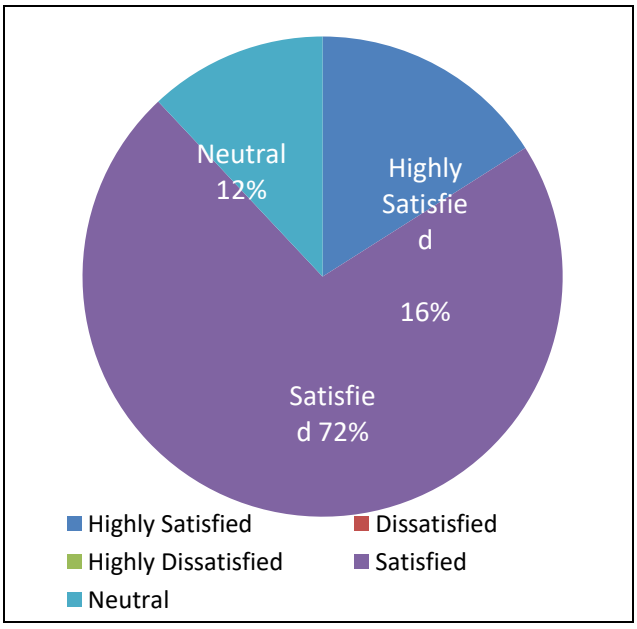
2.13. SUMMARY OF RESPONSES OF THE BENEFICIARIES

Chart 2: Summary of Responses of the Beneficiaries

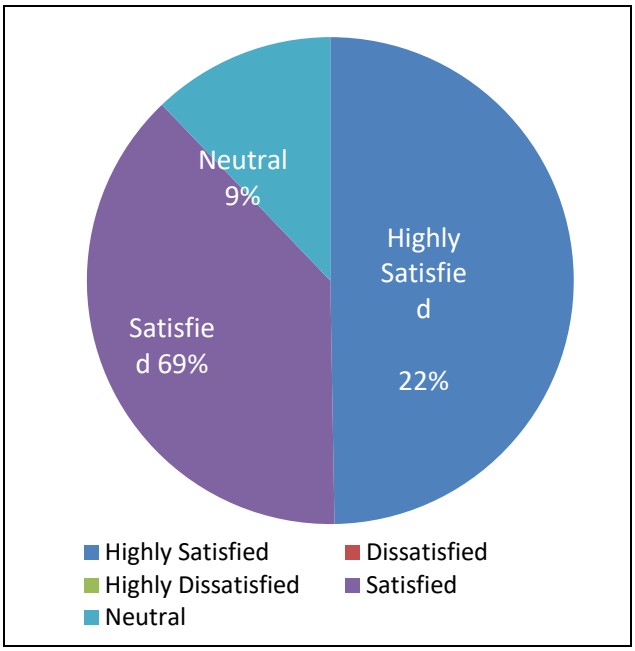
1. COST EFFECTIVENESS



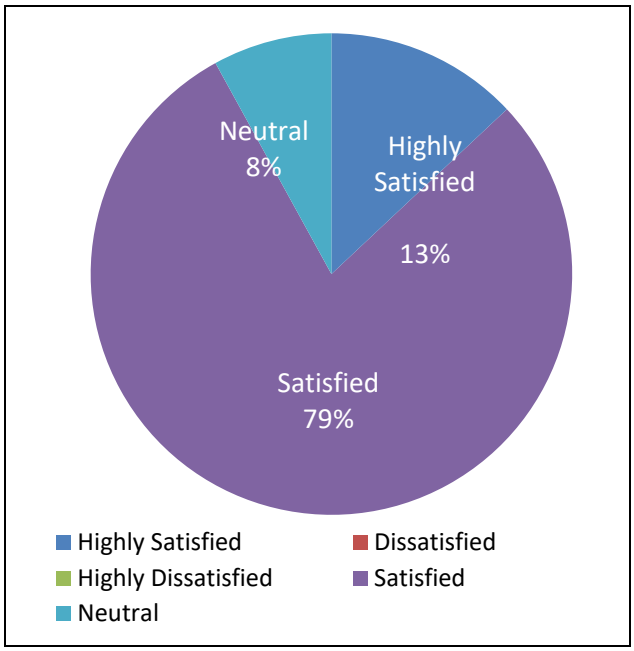
2. TIMEFRAME



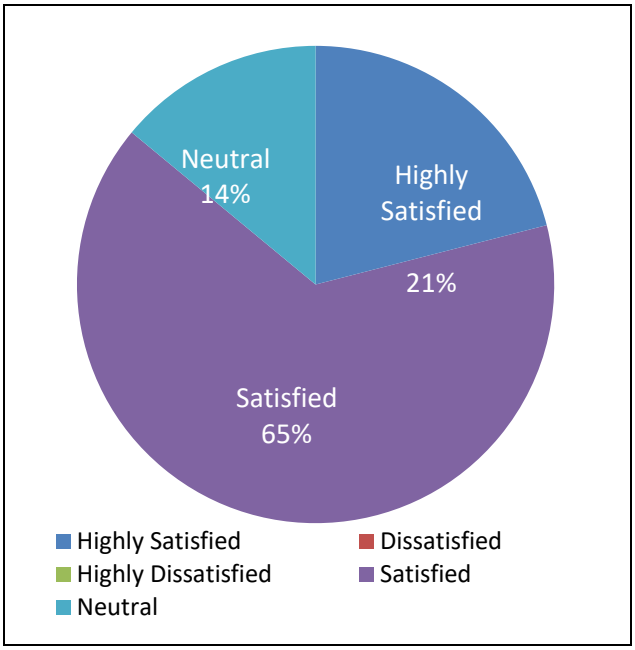
3. ACCESSIBILITY



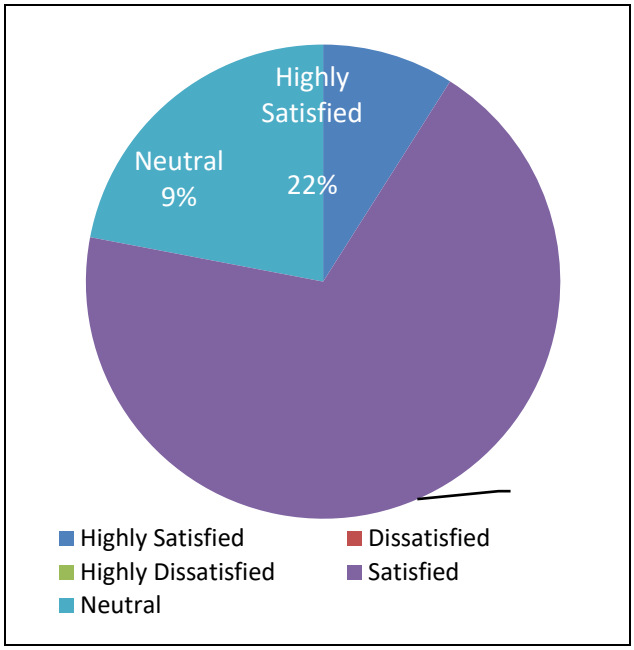
4. TREATMENT OUTCOMES



5. AVAILABILITY OF MEDICINES



6. OVERALL SERVICE



2.14. RECOMMENDATIONS

- Availability of basic diagnositcs- Many of the beneficiaries suggested providing basic diagnostic kits for Sugar test etc.. Provision of eye specialist was also recommended by many beneficiaries.
- Frequency of MMU should be increased.

3. CLUSTER OF BIO TOILETS

3.1. BACKGROUND

In comparison to Millennium Development Goals (MDGs), water, sanitation, and hygiene (WASH) has received greater attention in Sustainable Development Goals (SDGs) Experts of WASH stated that without progress on Goal 6 (Clean Water and Sanitation), other goals and targets can never be achieved owing to important intersectoral linkanges.[11]

Human waste disposal in innocuous form is an ever growing problem which results in aesthetic nuisance, organic pollution and several infectious diseases in epidemic proportions due to contamination of ground water and drinking water resources in highly populated and developing countries, like India. Less than 30% of Indians have access to the toilets. In rural areas about 10% of houses have toilets and rest of the people go to open defecation. Untreated waste is responsible for several diseases like, dysentery, diarrhoea, amoebiasis, viral hepatitis, cholera, typhoid etc. taking life of lakhs of children annually.[12]

Acknowledging the significance of sanitation and hygiene and access to toilets; Bharat Dynamics Limited entrusted FICCI to install bio-toilets in Balasore District of Odisha, working towards "SWACHCH BHARAT ABHIYAN" and help contributing to the cause of making India "open defecation free". Swachh Bharat Mission – the flagship sanitation programme of the Indian government – aims to make India open-defecation free by 2019.

In 2014 BDL and M/s FICCI, New Delhi entered into MoU for the construction of four clusters of bio-toilets in Balasore District, Odisha during the financial year 2014-15. In the initial phase two clusters of bio-toilets were constructed by M/s FICCI at Jaleswar and Chandaneswar in Balasore. The expenditure towards the construction of io-toilets (in 2014-15) was Rs 27.13 Lakhs.

[11] Rao Gupta, "Opinion: "Sanitation, Water & Hygiene For All" Cannot Wait for 2030". Inter Press.
Batty, Margaret, "Beyond the SDGs: How to deliver water and sanitation to everyone, everywhere"
[12] http://drdoficciatac.com/biodigester/aboutus.asp

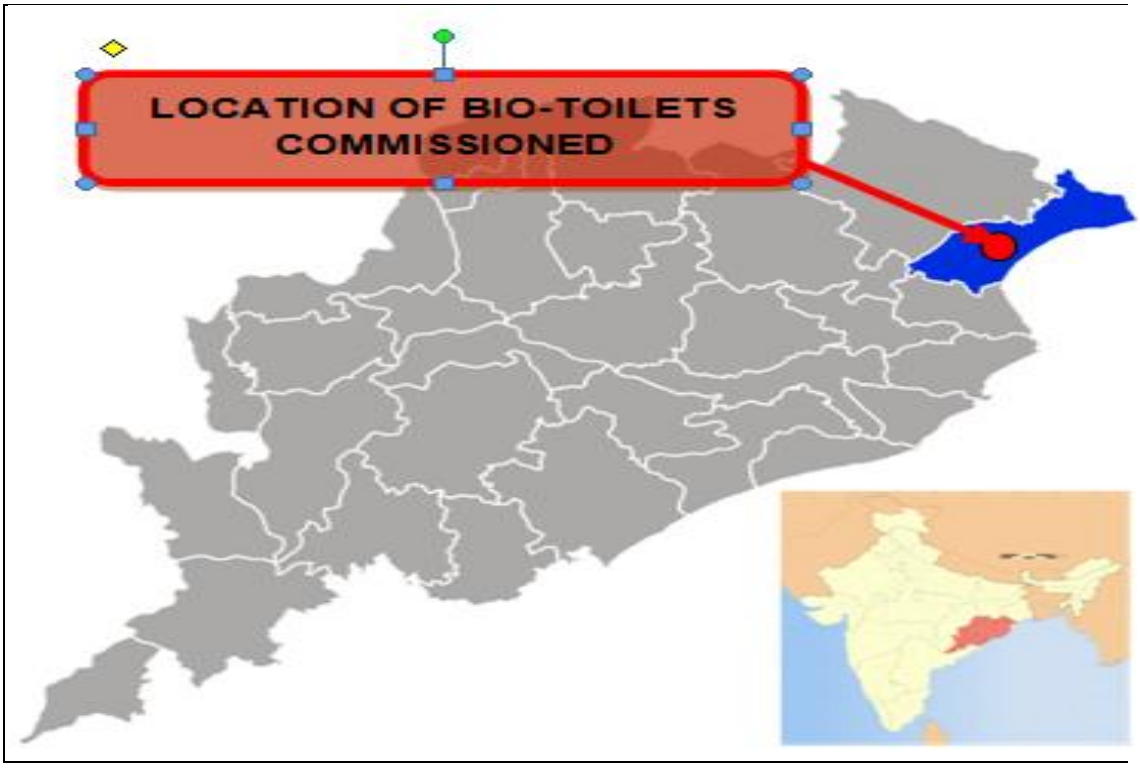
Two clusters of bio-toilets were completed at Jaleshwar and Chandaneswar in Balasore district of Odisha on a pilot basis. The aim was to observe the reaction of the community before proceeding to the next two clusters

3.2. FICCI: BRIEF PROFILE

Established in 1927, FICCI is the largest and oldest apex business organisation in India. A non-government, not-for-profit organisation, FICCI represents business and industry. From influencing policy to encouraging debate, engaging with policy makers and civil society, FICCI articulates the views and concerns of industry. It serves its members from the Indian private and public corporate sectors and multinational companies, drawing its strength from diverse regional chambers of commerce and industry across states, reaching out to over 2,50,000 companies.

3.2.1. THE INTIATIVE: AN OVERVIEW

Figure 13 : Geographical area of the BDL supported Bio-Toilets



DRDO and FICCI started the Accelerated Technology Assessment and Commercialization (ATAC) programme in February 2009 with an objective to create commercial linkages for DRDO technologies for use in civilian products and services. The Bio-toilets based upon the bio-digester technology developed by DRDO is one

such technology being commercialized under the program. It was projected that DRDO will install 18000 bio toilets across India in cooperation with various states, Union Territories, FICCI and Ganga Action Plan.

3.2.2. Bio-Toilets

Bio-Toilet Programme was launched to improve hygiene among the poor people and curtail ailments caused on account of dearth of proper sanitation facilities in the country.

Owing to its wide adaptability, efficient functioning and environment friendly nature, the bio-toilet initiative was capable of alleviating issues pertaining to open defecation in India.

DRDO has perfected an eco-friendly biodegradation technology for human waste disposal. DRDO developed Bio digester technology is environmental friendly, maintenance free and efficient without depending on conventional energy sources. The effluent is odourless and gets rid-off most of the pathogens. The bio digester technology has two components: anaerobic microbial consortium and specially designed fermentation tank. The microbial consortium has been made by acclimatization, enrichment and bio augmentation with the cold active bacteria collected from Antarctica and low temperature areas. It is composed of four clusters of bacteria belonging to hydrolytic, acidogenic, acetogenic and methenogenic groups with high efficiency of biodegradation. Fermentation tank is made of metal/ Fibreglass Reinforced Plastic (FRP) and has the provision of immobilizing the bacteria in large numbers.

The residual water from bio-toilet is colourless, odourless and devoid of any solid particles. It requires no further treatment / waste management and can be used for irrigation purposes. It eliminates the need for expensive waste treatment and is 100% maintenance free – Bio-Digester tanks do not require any form of maintenance.

3.3. SPOT VISIT AND INTERACTION

3.3.1. Spot Visit:

- A team from ASCI visited Jaleswar and Chandaneswar clusters in Balasore. The aim of the visit was to interact with the villagers to understand the utility and benefit being availed.
- Due to improper maintenance most of the toilets are not in functional condition.
- FICCI has handed over the bio-toilets to the community but did not provide assistance to the villagers in any form for maintenance or otherwise.
- There are few functional defects in design/manufacturing of these toilets which have led to water logging in the toilets.
- In most of the toilets availability of water is a major constraint and hence the toilets are not in use.
- Personnel employed for taking care of the toilets has not been paid for months.
- Drainage pipes were seen leaking, creating discomfort to the adjacent houses.

3.4. RECOMMENDATIONS

- Availability of water needs to be ensured.
- Basic defects in the design needs to be taken care by the partner agency.
- Mechanism for sustainability of the initiative have to be derived.

Figure 14 : Condition of the BDL supported Bio-Toilets

4. MID-DAY MEAL SCHEME

4.1. BACKGROUND

The UN General Assembly on 10 September 2014, decided that the Report of the Open Working Group on Sustainable Development Goals (SDGs) would be the main basis for integrating the SDGs into the post 2015 development agenda. There are 17 SDGS; among them SDG 2 addresses "End hunger, achieve food security and improved nutrition, and promote sustainable agriculture"[13]

Mid-day Meal Scheme is a school meal program designed by Government of India to improve the nutritional status of school-age children nationwide[14]. India's Mid-day Meal Scheme is one of the largest school lunch programme in the world. The mid-day meal in schools has had a long history in India. In 1925, the Mid Day Meal Programme was introduced for disadvantaged children in Madras Municipal Corporation. By the mid 1980s three states namely Gujarat, Kerala and Tamil Nadu and the UT Pondicherry universalized a cooked Mid Day Meal Programme with their own resources for children studying at the primary stage. By 1990-91 the number of States implementing the mid day meal programme with their own resources on a universal or a large scale had increased to twelve states.[15]

Figure 15: Mid-day Meal Scheme at Govt. Schools of Telangana State

[13] https://sustainabledevelopment.un.org
[14] Chettiparambil-Rajan, Angelique, "India: A Desk Review of the Mid-Day Meals Programme"
[15] http://mdm.nic.in/

4.2. Mid-day Meal

BDL has signed an MOU with M/s The Akshaya Patra Foundation (TAPF) to partner with the Mid-Day Meal scheme of the state government. Mid-day Meal was provided to 10,000 school children studying in 63 Government Schools in the Patancheru Mandal, Medak District, Telangana State & 5000 school children studying in GHMC Schools in Visakhapatnam District, Andhra Pradesh State.

4.3. About Akshaya Patra Foundation

The Akshaya Patra Foundation is a registered trust working nationwide to end classroom hunger amidst government school children and facilitate education. The foundation covers more than 2 million children across 12 states of India. Akshaya Patra is one of the world's largest NGO-run school meal program feeding underprivileged children and encouraging education. Akshaya Patra has dedicated kitchens, where the mid-day meal is cooked and then packed and transported to the schools in special vehicles. Akshaya Patra meals meet the nutritional requirements of children, complying with the government norms as per the recommendations of qualified nutritionists. Akshaya Patra's kitchens are technology-intensive, and can cook a minimum of 100,000 meals in less than four and a half hours with minimum human intervention and sustained quality. The cooked food is distributed through heat-insulated, dust-free special purpose vehicles.

Figure 16 : Geographical area of the BDL supported Mid Day Meal Scheme in Medak, Telangana State

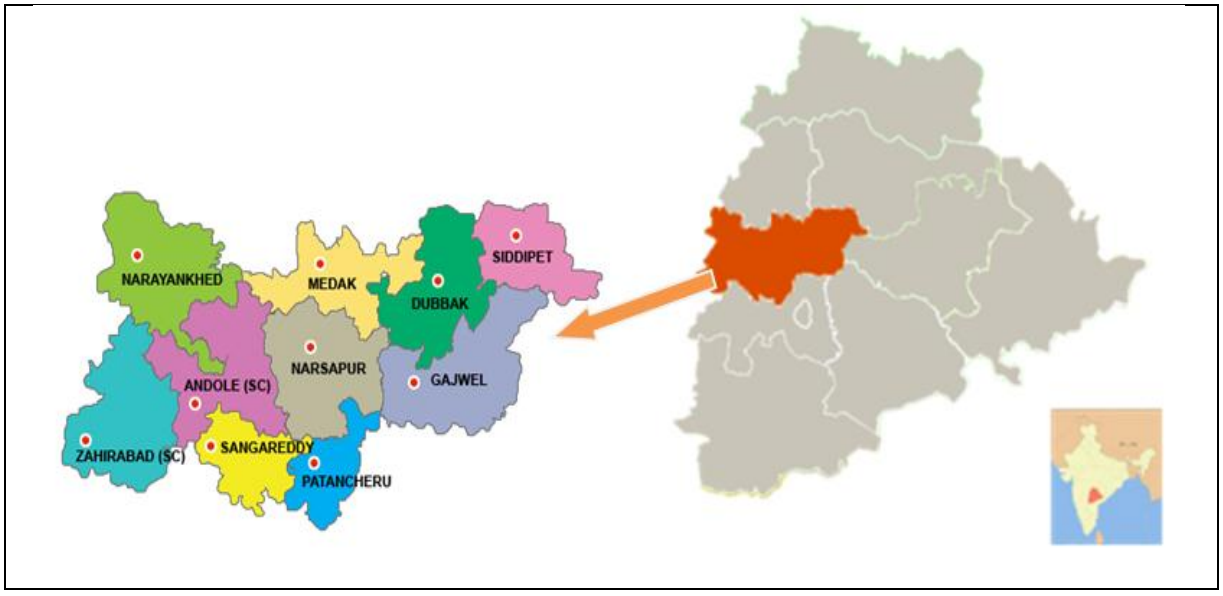
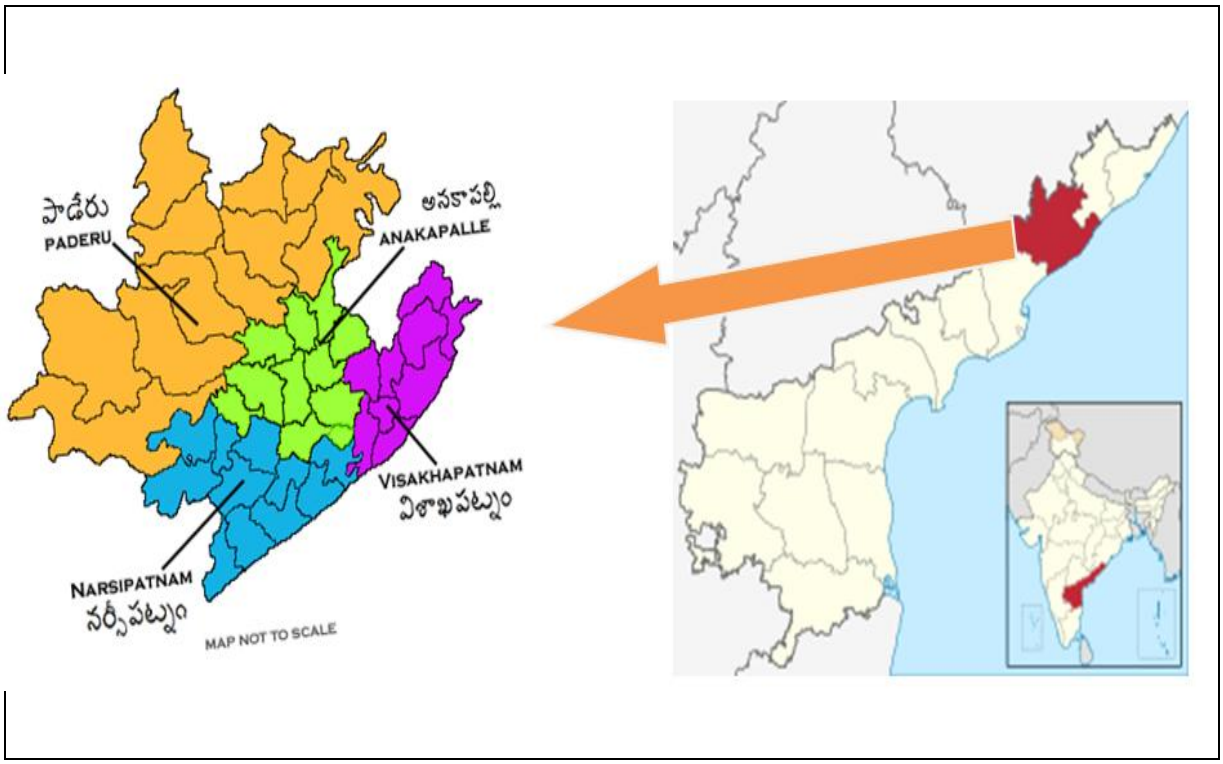


Figure 17 : Geographical area of the BDL supported Mid Day Meal Scheme in Visakhapatnam, Andhra Pradesh State



4.4. SPOT VISIT AND INTERACTIONS

4.4.1 Spot Visit

ASCI team undertook field visits to the beneficiary schools in the Patancheru Mandal, Medak District of Telangana State and Visakhapatnam District of Andhra Pradesh State. In order to have better understanding of service delivery, quality and cleanliness, ASCI team members also visited the TAPF kitchen which is located in Patancheru Mandal. Team conducted focus group discussions (FGDs) as well as used a structured questionnaire to collect primary data from principals, teachers and students belonging to Zilla Parishad and Mandal Parishad Schools. Data was collected through separate questionnaire from teachers and students. Multiple FGDs were conducted with students. Apart from the FGDs, the team also conducted key informant interviews with beneficiaries including principal, service provider staff and *Aaya*.

Most of the schools are situated at a range of 5 to 10 km distance from the kitchen, with an average distance of 7 km. Necessary arrangements are made to maintain the quality and

freshness of food. Food is packed in special containers which in-turn is transported in separate vehicles depending upon the supply route. Up to date records are maintained regarding the movement of the vehicle along with the upload time of food, vehicle departure and return timings. Timing of delivery of food is regularly monitored and also verified from school authorities. According to the school authorities the food reaches much ahead of time and remains hot and fresh till it is being served.

The team collected the data from the Head Master and teaching staff, school children and few parents at these locations. Team visited few of the schools during the lunch hours to see the quality of the food being served. Food is tasted by the school authorities to ensure that the quality of food is fit for consumption. Team observed that sufficient quantity of food is being served to all the children in the school. Based on availability and demand, students are allowed to carry the excess food to their homes.

4.4.2 Observations

Following are the major observation from discussions and field surveys:

- All children attending school consume Mid-Day meal in Telangana.
- Schools in Visakhapatnam are not providing egg to the students.
- Few children were also seen carrying lunch boxes from home in Visakhapatnam.
- Most of the children carry their plates from home for consuming mid-day meal
- Other than meals, snacks are also served in the mid-day meal.
- Parents of the children suggested including fruits instead of snacks.
- All the teachers surveyed were satisfied with the quality, quantity and taste of the mid-day meal.
- Mid-day meal has helped Principals, teachers and other staff to focus on educational needs of the students as they are relieved from entire process of procurement, preparation and serving the food.
- Most of the schools have reported significant improvement in the afternoon attendance because of mid-day meal scheme.
- There are also visible improvements in the health and attention span of the students.
- Parents are more than satisfied with the mid-day meal scheme and are willing to send their kids to the school.

Figure 18 : Mid Day Meal Programme Implementation

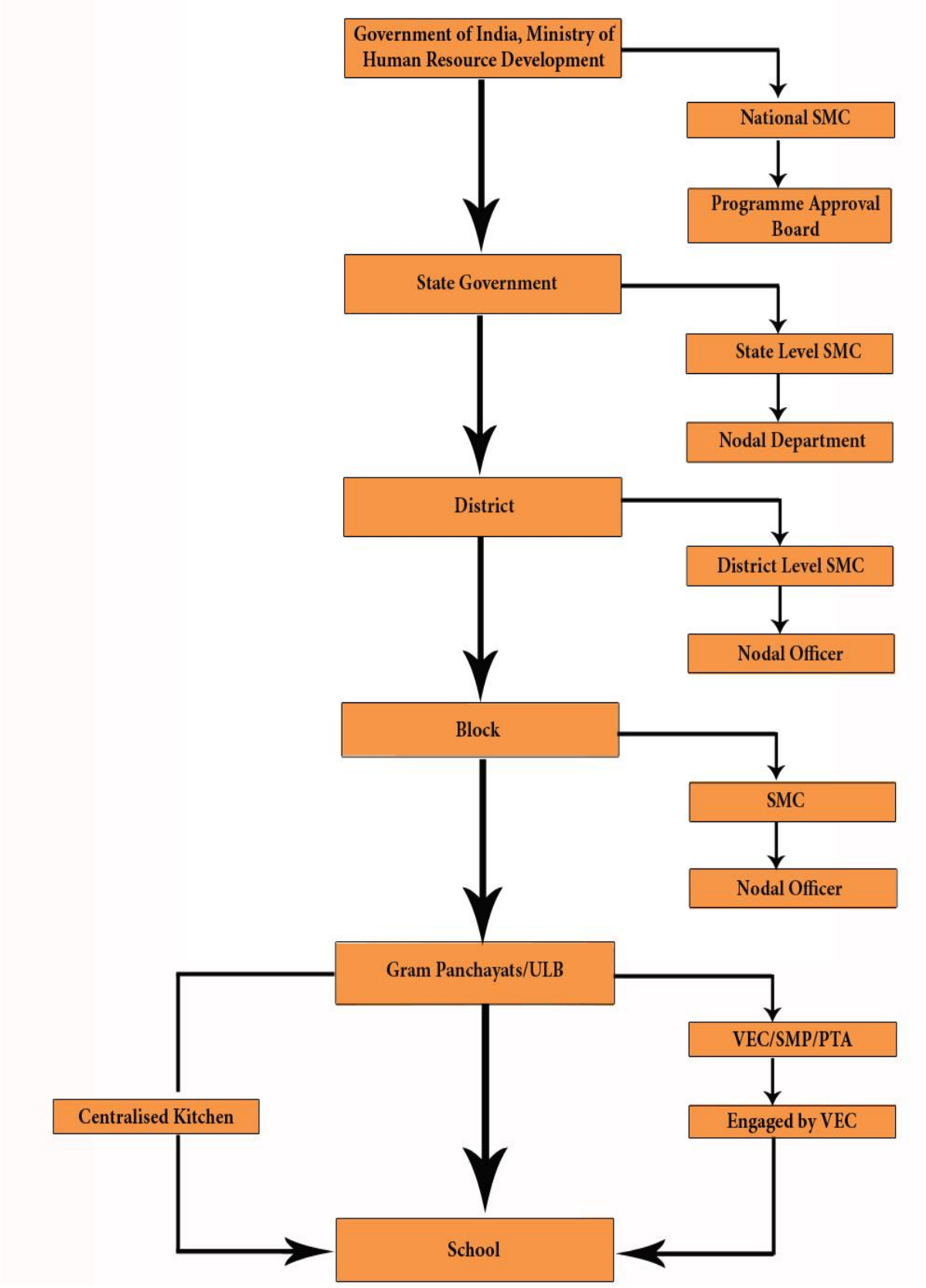


Figure 19 : Interaction with the Beneficiaries and Teachers






4.5. Interaction with the Beneficiaries and Teachers

Name: M Sreedevi	**Occupation**: Teacher
School: ZPHS Sulthanpur	**District:** Medak

Suggested sanctioning of mineral water plant/RO plant, as at present the water provided to the students is from the bore well with no filter. There is a higher incidence of water borne diseases in the village and installation of RO plant can deal with effectively.

Eggs should also be added to the menu which has been withdrawn from quite some time. She feels that citrus fruits should be added in the meals, which will not only make food more appealing as well as increase the body resistance of the students, being rich source of vitamin-C.

Figure 20 : Interaction with the Beneficiaries and Agency

Name: G Satyavathi **Occupation**: Student

School: ZPHS Sulthanpur **District:** Medak

Food quality in mid day meal is really good. Because of the free meals our parents are willing to send us to the school. There should be a frequent change in the menu as it becomes monotonous routine to have the same food. Snacks have been replaced with biscuits, which should be only fruits.

Name: T Srinivas Rao **Occupation**: Teacher

School: MPUPS Pocharam **District:** Medak

Sufficient snacks of good quality should be provide. There should also be a provision for special food on selected occasions. Only banana is being send in the form of fruits, other fruits should also be included. Local made food can also be promoted so that fresh and cheaper food of good quality is available.

Name: C Srilatha **Occupation**: Student

School: ZPHS Rudram **District:** Medak

More vegetables should be added in the dal (pappu). Sprouts can be given to children twice a week. Evening snacks should also be included in the diet. At present there is no provision for evening snacks. Water being provided is not clean, borewell water is being provided which does not taste good.

4.6 Impact analysis:

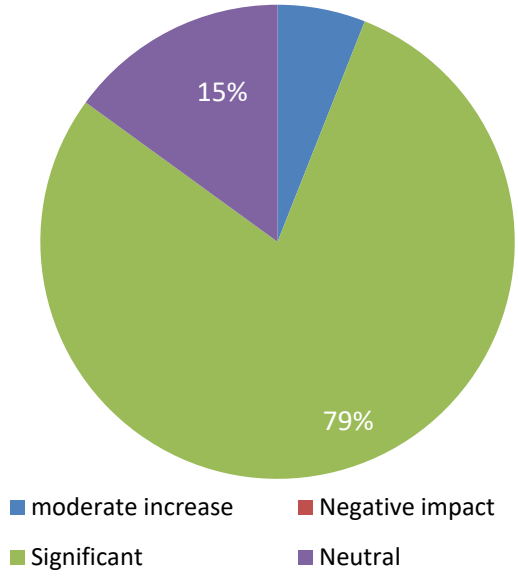
Enrollment among all the schools which were covered under mid day meal scheme has increased by an average of 25% as compared to the enrolment when mid day meal services were not provided by TAPF.

According to the principals and teachers of the schools afternoon attendance has significantly increased due to thew mid-day meal program. An average of 80-85% attendance is seen in post lunch class room sessions. Major reason attributed to post lunch sessions is the mid-day meal and the snacks which are served post lunch. Earlier many of the students used to go back to their homes to have meals which resulted in less number of students turning up for afternoon classes.

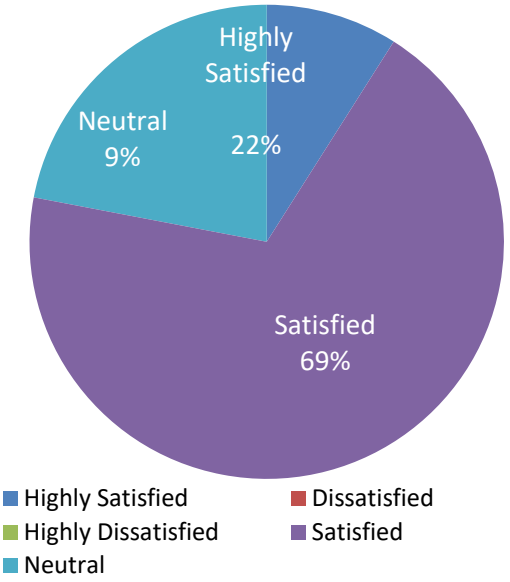
4.7 SUMMARY OF RESPONSES OF THE BENEFICIARIES

Chart 3: Summary of Responses of the Beneficiaries

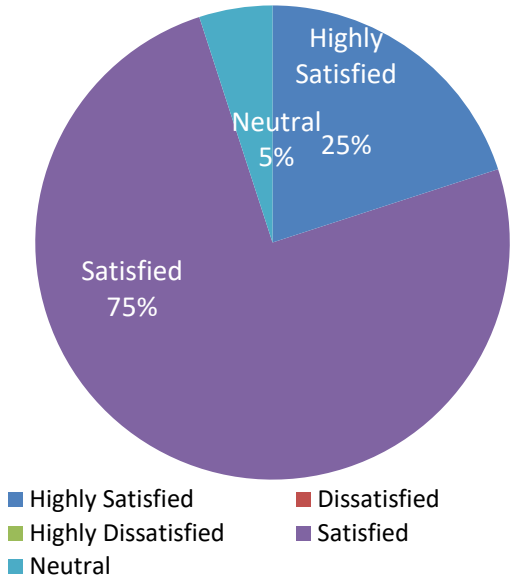
1. ATTENDANCE



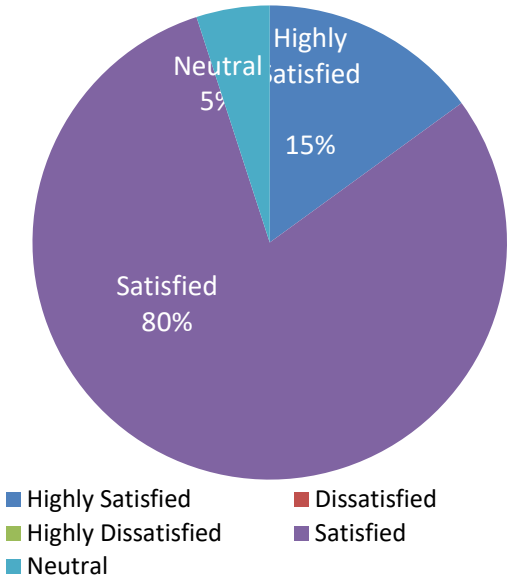
2. CONTINUITY



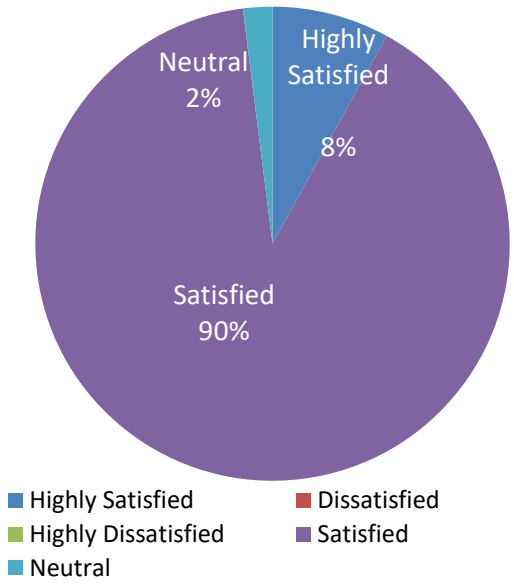
3. QUALITY



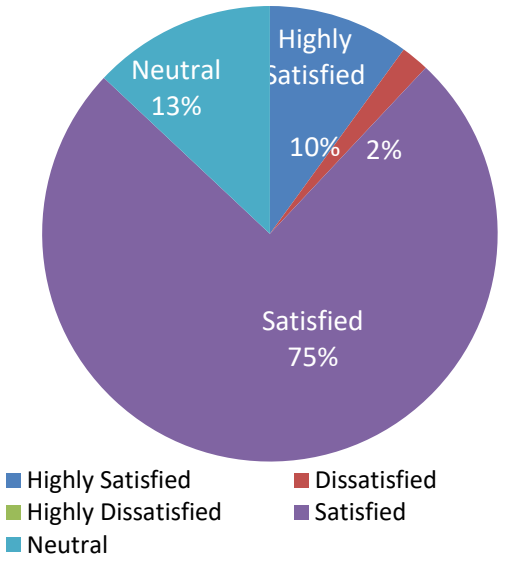
4. QUANTITY



5 TIMELINESS



6. TASTE



4.8 IMPACT

- Increase in school enrolment
- Significant reduction in absenteeism among school children
- Elimination of classroom hunger with positive effect on physical development of children.
- Improved concentration in classroom learning.
- Teachers and other staff relieved from procurement, cooking and other food related issues. More focus on education.
- Provision of food for children of daily wage labours who are unable to provide proper meals to their child.

4.9 RECOMMENDATIONS

- Proper and dedicated seating area to be provided to consume food.
- "Aayas" in the school is involved in multiple tasks, proper remuneration needs to be paid. Present remuneration is very low.
- More fruits should be added to the menu especially citrus fuits and biscuits needs to be avoided.

5. CONSTRUCTION AND MAINTENANCE OF TOILETS IN GOVERNMENT SCHOOLS

5.1. BACKGROUND

According to estimates of WHO and UNICEF 60% of Indian population defecates in the open. Only 31% of our country's population has access to proper sanitation facilities.[16] Annually 2.4 million Indian children die of diarrhea, caused by open defecation.[17] Moreover open defecation has a negative impact on the education of the child, leading to a high drop out rate in schools. School toilet facilities are reported to be a problem for many school children as well as teachers and caretakers (Croghan, 2002). 78% girls in rural India drop out of school owing to inadequate sanitation facilities. [18] They are also issues of lack of privacy and issues of violence against women and girls associated with open defecation (Vernon et al, 2002).

5.1.1. The Initiative: An Overview

Figure 21 :Geographical area of the Government Schools

School is important for cognitive, creative and social development of children. So is the School Sanitation and Hygiene Education, necessary for the safe, secure and healthy environment for children to learn better and face the challenges of future life. School Sanitation and Hygiene Education (SSHE) has now become a reality of school

[16] https://www.unicef.org/media/media_86283.html
[17] www.who.int/mediacentre/factsheets/fs392/en/
[18] https://www.dartmouth.edu/~neudc2012/docs/paper_86.pdf

centric development action being realized by most of the schools. Government of India has launched this programme integrating with broader sanitation program to ensure that all the schools especially rural schools in the nation have basic sanitation and drinking water facilities and good hygiene practices are taught to the children.[19]

Responding to the need of sanitation by providing access to toilets; Bharat Dynamics Limited contributed towards construction of toilets in government schools. BDL has constructed 193 toilets in Government schools at Medak, Ranga Reddy & Nalgonda Districts in Telangana State and Visakhapatnam District in A.P. State under Swachh Vidyalaya Abhiyaan.

Figure 22 : BDL sponsored toilets at Government Schools in Telangana and Andhra Pradesh

[19] http://www.mdws.gov.in/sites/default/files/SSHE_in_India_Paper_2004.pdf

5.2. Interaction with the Teachers and Beneficiaries

Name: Sridevi	**Gender:** Female	**Occupation**: Teacher

Sreedevi was overwhelmed with the initiative undertaken by BDL for the construction of toilets. She insisted that, as the school is feeding and supporting village students it is of furthermore importance to provide toilet facility. It has a positive impact on the mindset of the students regarding maintaining health and hygiene. Having toilet facility has actually shown some impact on increase in enrolment as well as decline in dropout rates.

Name: Geetha	**Gender:** Female	**Occupation**: Teacher

Geetha insists on the construction of toilets in all the government schools. Even though they had a toilet in their school earlier, that was non-functional in the absence of maintenance. After construction of the toilet not only students but also the teachers are able to avail the facilities.

Name: T. Sudha Rani **Gender:** Female **Occupation**: Teacher

Sudha shared an incident where parents had to make their female children drop from the school after fourth standard. The same student rejoined the school when toilets were constructed and teachers insisted on re-enrolment of the student and sent request to the parents through their son.

Name: Divya **Gender:** Female **Occupation**: Student

Divya is happy with the construction of toilets with the support BDL. Her parents are more supportive of her than earlier for attending the school. Parents are far more relaxed that their children will not only get food under mid day meal but also their safety is ensured and they don't have to come back to home for using toilets.

Name: Rahul **Gender:** Male **Occupation**: Student

Rahul recalls the days when they used to go out to use the urinals as there were no toilets in the schools. With the construction of toilets they no longer have to go out. He continues that there is very less focus for building toilets for male students. He suggests that cleanliness should be maintained in the toilets, at present toilets are not very clean.

Name: Vidya **Gender:** Female **Occupation**: Student

Vidya admits that there was no other option rather than to go back to home in the absence of urinals in the school. She tells that many a times students never use to return from their homes for attending the post lunch classes. She is happy with the development, her parents have also visited the school and praised the initiative.

Name: Lakshmaiah **Gender:** Male **Occupation**: Daily wager (Parent)

Lakshmaiah gives the credit to the school and BDL for providing excellent facilities. He states that earlier there was no toilet facility in the school and even in near vicinity. It was a compulsion for the students to return to their homes for using toilets. Now that schools have started providing mid-day meal and toilets have been constructed he is assured that his children will get better education.

Name: Murali S **Gender:** Male **Occupation**: Labour (Parent)

Murali was pleasantly surprised when his children asked for construction of a toilet at home. After the construction of toilets in the schools, children shared the details at home. Pukka toilets are way more hygienic as per his children. Murali has decided to construct a toilet at his home.

6. eSagu

6.1 BACKGROUND

Majority of Indian farmers rely upon fellow farmers or agri-input retailers for source of information. Only 3% of farmers seek information from agri-extension officers.[20] Scientific and reliable farm advisory is one of the major concerns in the agriculture sector. With "Digital India" being one of the key priorities of the country, leveraging technology for dissemination of weather, market and technological information to the farmers is gaining focus. One such path breaking initiative is Crop Pest Surveillance and Advisory Project (CROPSAP) of Department of Agriculture, Govt of Maharashtra that won Prime Minister's Award for Excellence in Public Administration for involving technology to manage and monitor pests and disease infestations on farmers' fields. eSagu, a technology driven agricultural information developed by International Institute of Information Technology (IIIT), Hyderabad is another testimonial to the fact that technology can bring in positive difference in the way farming is being done in the country.

6.2 eSAGU – BRIEF PROFILE

eSagu project was supported by BDL during March 2015 till April 2016 and implemented in Medak district of Telangana. Major project features are:

- Cluster based approach based on agro climate and diversity in cropping patterns
- Each cluster comprising of five villages, homogenous in terms of crops cultivated, topography, soil types etc.
- Farms represented diverse field situations including irrigation, soil type and topography in order to avoid any sampling error.
- Dissemination of scientific advisories to the beneficiaries through notice board.

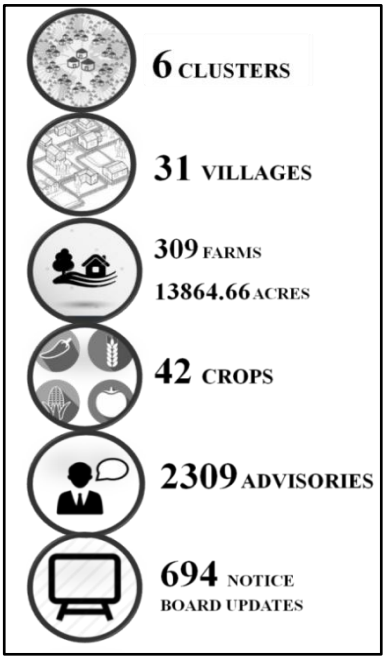


Figure 23: eSagu supported by BDL – A snapshot

[20] USAID and ACDI-VOCA 2011 study: Best Practices in ICT and Agriculture: Study of Reuters Market Light and PIKA Farmers

6.3 Field activities of eSagu

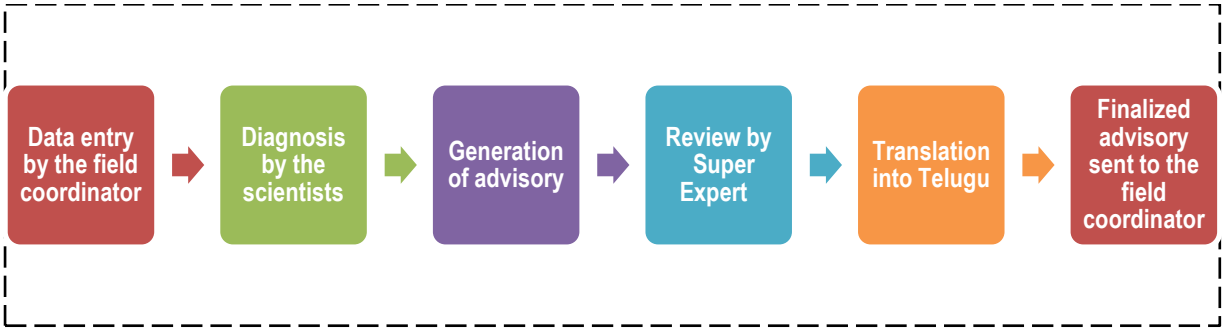
Major activities of eSagu project in the field could be categorized into

- Activities for awareness generation among the farmers/beneficiaries
- Activities towards delivery of personalized advisory services

6.4 Web based data entry portal developed by eSagu

Web based data entry system is developed for collation of data on pest or disease infestations date, crop and location wise. The portal is accessible to the field coordinators for data entry, scientists to diagnose the field symptoms and deliver specific advisories and the administrator for data mining and reporting. Villages covered under BDL were provided a unique ID where the reporting system has also been integrated to obtain a summary or a snapshot of the project components. Basic structure of work flow of the advisory system is as follows

Figure 24 : eSagu Web Based Advisory System – Work Flow



6.5 SPOT VISIT AND INTERACTIONS

6.5.1 Spot Visit

ASCI team had undertaken field visit to eSagu project locations and project unit at IIIT, Hyderabad in order to gain in depth understanding of the eSagu initiative. The team from ASCI visited Antharam and Gummadiala villages of Jinnaram mandal, Medak district of Telangana to interact with the beneficiaries of eSagu. Apart from the FGDs, the team also conducted key informant interviews with beneficiaries.

6.5.2 Interaction with the Service Provider; IIIT Hyderabad

While interacting with the evaluation team, Dr. P. Narayan Reddy, Project Scientist and Mr. Ramakrishna, Project Manager from eSagu mentioned that regular farmer meetings and field visits were organized with the help of influential farmers and opinion leaders of the village to create awareness among the farmers. Apart from the meetings, the project team also approached schools to create awareness through school children. School students were sensitized about the project, explained on the merits of the project and were encouraged to talk about eSagu to their parents. School teachers were requested to speak to the parents on

eSagu during Parents Teachers Meetings or any such foras that were available. Orientation was conducted and awareness was generated through SHGs also.

Project office of eSagu at IIIT, Hyderabad is manned by a Project Manager and Project Scientists reporting to a Project In-Charge; Dr. P. Krishna Reddy. The Project Manager supported by a Project Coordinator play a major role in monitoring the overall project activities with overall guidance from Dr. P. Krishna Reddy. Field coordinators at the time of collection of observations collect farmers' feedback at an interval of 10 days. Apart from the regular feedback, farmer testimonials were also collected after completion of the project.

As the BDL project progressed, eSagu could integrate weather forecast data on to the web based portal which is helping scientists deliver advisory on a real time manner. As far as further improvements are concerned, number of field coordinators could be increased so that the frequency of field visits is more.

Figure 25 : ASCI study team with Dr. P. Narayan Reddy, Project Scientist, eSagu at IIIT, Hyderabad

6.5.3 Beneficiary Speak – Snapshot

Name: G Prabhakar Reddy	**Gender:** Male	**Age**: 37 years
Occupation: Farmer	**Village**: Antharam	**District**: Medak

Shri Prabhakar Reddy, a young farmer from Antharam village has been availing the information dissemination service of eSagu since one year. He found the service extremely beneficial, earlier he was dependant on dealers in the village for pest and disease management information. The dealers would generally prescribe chemicals or pesticides based on their experience. The scientific advisory provided by e-Seva advisory team is highly reliable he says.

Name: C Narasimha Reddy	**Gender:** Male	**Age**: 42 years
Occupation: Farmer	**Village**: Antharam	**District**: Medak

Shri Narasimha Reddy shares his experience of spending exorbitantly on pesticides and chemicals to manage pests and diseases till the time he got to know about eSagu through a fellow farmer. He says eSagu recommendations are so specific in nature that he never had to re-spray/re-apply pesticides for a particular issue in a crop cycle. In addition to avoiding unwarranted pesticide sprays, he says the cultural and physical methods of pest and disease management suggested by eSagu are helping him save on cost of cultivation. He recalls how eSagu's advisory of cultivating Indian Mustard as a border crop in his Cabbage field helped him in controlling Cabbage head caterpillar.

Name: L Vishnu Vardhan Reddy	**Gender:** Male	**Age**: 50 years
Occupation: Farmer	**Village**: Gummadidala	**District**: Medak

Shri Vishnu Vardhan Reddy, the President of Village "Rythu Sangam" (Village Farmers Club) appreciates the commitment of eSagu team right from the field coordinator to the project scientists. The scientists are available on whats-app in case of emergency situation and he himself had experienced the prompt response he received when he had sent a message to the eSagu team. He is of the opinion that the project needs to continue for the betterment of the farming community in their village.

Name: M Balarama Reddy	**Gender:** Male	**Age**: 74 years
Occupation: Farmer	**Village**: Gummadidala	**District**: Medak

Shri Balarama Reddy, the elderly farmer member of the Gummadidala Farmers club welcomes the initiative taken by eSagu with support from BDL. He says an Agricultural Extension Officer from the State Department of Agriculture hardly gets to visit the village once in six months as he is responsible for 8 mandals. Given the scenario, farmers in Gummadidala village used to rely on fellow farmers' advice for management of pests and diseases. According to him, e-Seva has successfully taken up the role of public extension officer and the quality of service provided is highly satisfactory.

Name: P Lakshma Reddy	**Gender:** Male	**Age**: 60 years
Occupation: Farmer	**Village**: Gummadidala	**District**: Medak

Shri Lakshma Reddy; one of the large farmers in the "Rythu Sangam" is one of the enterprising types. Before he became a beneficiary of eSagu, he says he had not come across a private extension service in agriculture exhibiting such consistency and quality of delivering advisory services to the farmers. He feels the lead time between the field coordinator making observations and dissemination of advisory (updation of notice board) could be shortened to 1 day instead of 2-3 days. However, he is highly beneficial of the scientific advisory provided by eSagu.

6.5.4 Key finding s from focus group discussions conducted with beneficiaries:

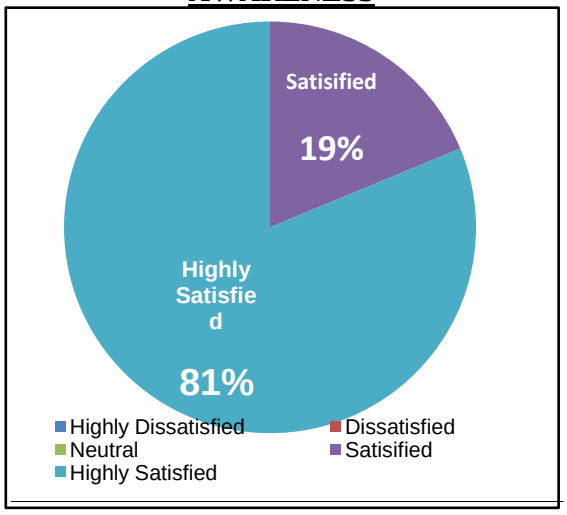
- Prior to eSagu, beneficiaries used to depend on agri input dealers majorly for advisory on pest, disease and nutrient management. After implementation of eSagu, the beneficiaries feel that they have been able to receive scientific and personalized advisory services. Access to Government sources like Agricultural Officers, Horticultural Officers and State Agricultural Universities for information on crop husbandry was limited due to insufficient number of resources per farmer.
- Farmers rely on eSagu mostly for pest and disease management. However, eSagu also delivers advisories on nutrient and fertilizer management also.
- As the molecules were specifically recommended along with dosages, farmers need not use chemicals by trial and error like they did prior to introduction of eSagu. This helped farmers rationalize their costs of cultivation.
- Beneficiaries felt that the frequency of field visits and updation of notice board could be changed from 10 days to 5 days as they would be able to manage and control pests and diseases more effectively.
- The timeline between observations by the field coordinator and updation of notice board currently is 2-3 days while the beneficiaries would like to receive the advice within a day to prevent any major damages to the crop.
- While the beneficiaries were satisfied with the existing service, they also were of the opinion that eSagu could extend its scope of services to soil testing, water testing, advisory on weather forecasts and market prices.

Figure 26 : ASCI team interacting with eSagu beneficiaries

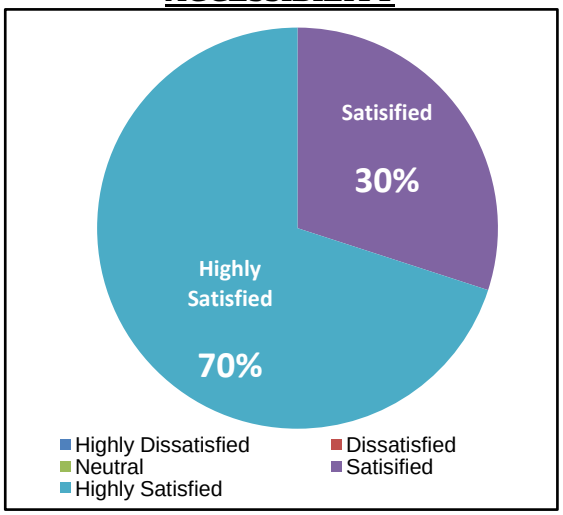
6.5.5 Summary of Responses of the Beneficiaries

Chart 3 : Summary of Responses of the Beneficiaries

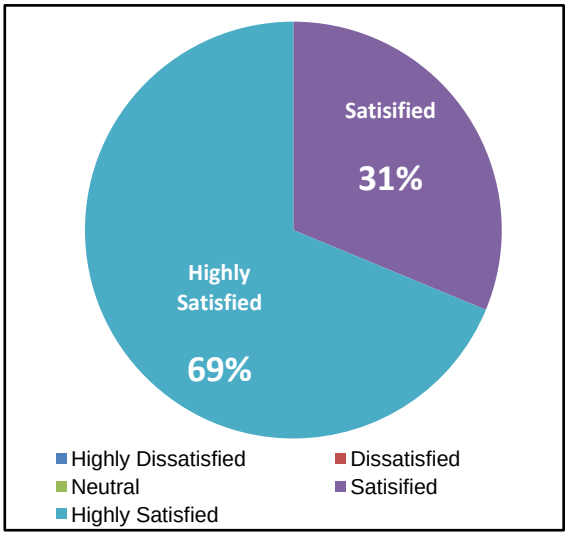
AWARENESS



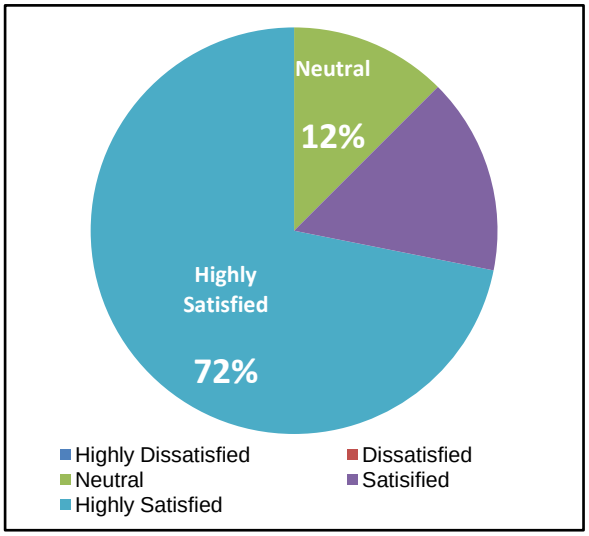
ACCESSIBILITY



CONTENT



TIMELINESS OF INFORMATION



IV. CONCLUSION

As described in the introductory chapter Bharat Dynamics Limited had been associated with CSR activities since 1999. The broader aim of BDL has been to bring about perceptible change in the human development indicators by undertaking activities under Corporate Social Responsibility.

A critical review of the CSR activities undertaken by BDL over the years clearly indicates that the organization's CSR design is in sync with both international and the national goals of development. Keeping in mind the earlier development discourse and the mandate of Section VII of the Companies Act 2013, the organization chose to support activities pertaining to health, socioeconomic, educational, skill building and infrastructural initiatives to improve overall quality of life of the poor and marginalized people thereby leading to transformation in the society.

In 2015, with the launch of the Sustainable Development Goals, BDL also expanded its scope of CSR activities. Currently, the organization through village adoption programs is actively involved in community development in a more holistic manner. Further, the thrust of the CSR activities is on making education inclusive (SDG 4) reducing inequality (SDG 10) and promoting economic growth (SDG 8).

As part of the exercise on preparation of the Annual CSR Report, the endeavour of ASCI has been to assess the impact of selected CSR and SD activities implemented by BDL in 2015-16.

V. ASSESSMENT CRITERIA

Assessment Criteria	Assessment Questions
Relevance	Did the overall goal match needs of the project area? Did the project's baseline data correctly address needs of the area?
Efficiency	What out puts were achieved and whether they were according to the plan? Was the implementation schedule as planned? Was the project cost within planned limit? Was the fund utilization prudent?
Effectiveness	Did the outputs help achieve the goal?
Innovation	Did the project have any unique feature?
Sustainability	Will the impact created by the project be sustainable? If not, what modifications and corrections need to be done with project execution methodology?
Community Participation	Did the project involve members of the community at every stage of the project?

Each project was rated from 1 to 5 on the following scale, 1= very poor, 2=poor, 3=fair, 4= good and 5=very good.

SAFE DRINKING WATER

The Company has commissioned three water treatment plants in the year 2012-13 and supplying Safe Drinking Water to the beneficiaries through M/s Naandi Foundation in Narayanpur, Janagaon villages of Nayanpur Mandal and Peepalpahad of Choutuppal Mandal of Nalgonda District, Telangana.

Sl No	Criteria	Assessment	Remarks
1	Relevance	5	Baseline survey conducted by TISS identified drinking water as an area of concern which needs intervention. Both MDG and SDG include drinking water as major development goals.
2	Efficiency	5	The Community Water Centres set up by Naandi Foundation with support from BDL are operated efficiently. There are trained staff for operation and maintenance and the service is provided on time to the beneficiaries.
3	Effectiveness	5	The baseline survey had highlighted that the ground water in Nalgonda district has excess Fluoride content which leads to dental and skeletal fluorosis in humans. Hence, this project is highly effective as it provides safe drinking water and has significantly improved the health of the people.
4	Innovation	4	Establishment of community water centre is in itself not a unique initiative in India but the uniqueness of this project lies in creating mass awareness on health and hygiene, networking with schools, gram panchayat, ASHA workers to bring about behavior change among people.
5	Sustainability	5	This initiative is sustainable as it addresses critical need of the community and involves active participation of the community.
6	Community Participation	4	The initiative is people-centred and periodically takes feedback from the community in order to improve its services.

HEALTH CARE MOBILE MEDICARE UNIT

BDL has provided health care facility and supply of medicines to 1800 elderly population in 20 villages for three financial years since 2012 in Narayanpur Mandal of Nalgonda District, Telangana State.

Sl No	Criteria	Assessment	Remarks
1	Relevance	5	In line with the Goal 3 of Sustainable Development Goals, effort to strengthen treatment and healthcare is very relevant, the initiative addresses the health needs of the elderly population.
2	Efficiency	5	Mobile units with support from BDL are operated efficiently. At present trained staff along with physician and pharmacist dispense medications twice a week to the intended beneficiaries.
3	Effectiveness	5	Field visits to have highlighted that the services offered are highly effective, as it provided medical facilities to target population which otherwise has no means to avail such essential services.
4	Innovation	5	Establishment of community Mobile medical unit to provide services at the place of the beneficiaries is a unique concept. In a country where human resources in health are skewed, the innovation provides the ray of hope.
5	Sustainability	4	This initiative is sustainable as it addresses critical need of the community and involves the community.
6	Community Participation	5	The initiative is people-centred and periodically takes feedback from the community in order to improve its services. List of medication is revised periodically with the top most physicians including from AIIMS.

CLUSTER OF BIO TOILETS

Acknowledging the significance of sanitation and hygiene and access to toilets; Bharat Dynamics Limited entrusted FICCI to install bio-toilets in Balasore District of Odisha, working towards "SWACHCH BHARAT ABHIYAN" and help contributing to the cause of making India "open defecation free". In the initial phase two bio-clusters were constructed by M/s FICCI at Jaleswar and Chandaneswar in Balasore District.

Sl No	Criteria	Assessment	Remarks
1	Relevance	5	Given the focus on water, sanitation, and hygiene in SDGs, the initiative is very relevant. Further it is also important for intersectoral linkages.
2	Efficiency	3	The Bio-toilets constructed by M/s FICCI are efficient in structure, but poor maintenance and design defects make it difficult to use.
3	Effectiveness	3	The Bio-toilets constructed by M/s FICCI have not been able to achieve the desired level are efficiency owing to issues related to its usage.
4	Innovation	4	Concept is very unique in nature. Innovation is a combined effort of top most scientific organizations including DRDO and have been successfully tested in different regions including high altitudes.
5	Sustainability	4	This initiative can become sustainable if proper rectification in design and construction is done and community involvement is ensured.
6	Community Participation	4	The initiative is people-centred, periodic feedback needs to be taken.

MID-DAY MEAL SCHEME

SDG 2 focuses on ending hunger and to achieve food security and improved nutrition. Mid-day Meal has provided services to more than 10,000 school children in the Patancheru Mandal, Medak District, Telangana State & 5000 school children studying in GHMC Schools in Visakhapatnam District, Andhra Pradesh State.

Sl No	Criteria	Assessment	Remarks
1	Relevance	5	Food is a basic need of human being and hence the initiative is extremely relevant and should be accorded top priority. This initiative helps to achieve both improved nutrition as well as education needs of the children, thereby contributing to two important pillars of human development – health and education.
2	Efficiency	5	Use of dedicated vehicles and on-time delivery of fresh meals make the initiative extremely efficiency.
3	Effectiveness	5	Provision of food to children at schools increases enrolment; also helps in reducing absenteeism. As the initiative is well connected with the need of the community, it scores high on effectiveness.
4	Innovation	5	Innovation is in terms of providing readymade meals which is nutritious is commendable. Initiative forms the basis for expansion and replication of services.
5	Sustainability	4	This initiative is highly sustainable. The initiative has sustained itself not only in terms of quality and continuity but also financially.
6	Community Participation	4	Community participation can be enhanced further. Similar initiatives can also be launched at other community level institutions.

CONSTRUCTION AND MAINTENANCE OF TOILETS IN GOVERNMENT SCHOOLS

A large number of children die of diarrhea, caused by open defecation. Inadequate sanitation facilities lead to high drop-out rate in schools, violence against women and girls in villages. BDL had undertaken to construct toilets in government schools of Medak, Ranga Reddy and Nalgonda districts of Telangana State and Visakhaptnam district of Andhra Pradesh State.

Sl No	Criteria	Assessment	Remarks
1	Relevance	5	Availability of toilets in schools premises positively impacts enrolment rate of students and has a negative impact on drop-out rates. Parents are more confident in sending their wards to the schools with toilet facilities.
2	Efficiency	5	Use of prefabricated toilets and construction based on local requirements leads to high efficiency and utilisation of these toilets.
3	Effectiveness	5	Construction of toilets in school premises is an effective way to counter open defecation, inculcate good habits, maintaining hygiene and also impacting the enrolment.
4	Innovation	4	Innovation in terms of use of prefabricated toilets and construction based on local needs is an innovative concept. Prefabricated toilets take lesser time to install.
5	Sustainability	5	With minimal financial burden, model of toilets can be self sustaining.
6	Community Participation	3	Community participation is limited to students and teachers. Even though the initiative has an impact on the mindset of parents, there must be attempts to create further awareness.

eSagu

eSagu, a technology driven agricultural information platform is one of the path breaking initiatives by IIIT, Hyderabad. eSagu supported by BDL was implemented in selected villages of erstwhile Medak district of Telangana.

Sl No	Criteria	Assessment	Remarks
1	Relevance	5	Farmers earlier used to depend on Agricultural Input Dealers and fellow farmers for pest and disease management information. Advisory provided by eSagu is scientific and most needed according to them.
2	Efficiency	5	Implementation of the initiative was well planned and organized. The ten day cycle of recording the field observations and updating the notice boards has been religiously followed by the eSagu team.
3	Effectiveness	5	Farmers in the project villages are satisfied with the scientific advisory services provided by eSagu. There is an increase in crop productivity and reduction in the cost of cultivation by adopting eSagu's advisory services according to them.
4	Innovation	4	eSagu has the unique feature of using the most conventional forms of Information and Communication materials for disseminating the advisory. The notice boards were kept at community places where most of the farmers assemble. Pictorial representations of the pest problems and solutions are also unique, given that most of the farmers in the project villages are illiterates.
5	Sustainability	5	The initiative is sustainable given the localization of the design and dire need for reliable and scientific agricultural information among the farming community
6	Community Participation	4	The initiative involves farmers to a larger extent. Farmers as service recipients are involved in awareness generation among fellow farmers in the villages. Their feedback has been one of the crucial inputs for improvisation of the project design.

Annexure

Questionnaire for Drinking Water Beneficiaries

1. Profile:

Name –	**Age and Gender-**
Occupation–	**Village –**
District -	**Health Problem (if any)**

2. What is the main source of drinking water for the household?

3. What is the main source of water for cooking, cleaning, hand washing and bathing for the household?

4. Do you treat your water before drinking? Yes /No

5. If yes, why do you treat your water?

6. How do you treat your water?

7. Do you collect water from the water plant?

8. Is there any difference in the drinking water taste before the water plant was set up and now?

9. What is the monthly drinking water consumption of your family?

10. How much do you pay to collect water from the plant? Are you satisfied with the cost?

11. What is the frequency of water supply in your locality? What are the timings?

12. Are you satisfied with the timings? Yes/ No

13. Did you face any difficulty in collecting water from the water plant. Yes / No
If yes, state the problems.

14. Rate the following services of Naandi Foundation.

Sl. No	Parameters	Highly dissatisfied	Dissatisfied	Neutral	Satisfied	Highly satisfied
1	Timeliness of the service					
2	Quality of water					
3	Attitude of the staff					
4	Outcome of the service					
5	Ease of availing the service					

15. Are you aware of the importance of safe drinking water? Yes/ No

16. Has the water plant minimised the incidence of water borne diseases? Agree/disagree

17. Are you satisfied with the cleanliness and maintenance of the plant?

18. Do you have any suggestions for the improvement of the program

***

Questionnaire for Implementing Partner (HelpAge India)

1. Briefly describe your organisation

2. What are the core areas of activities of HelpAge India? What are your plans for scaling up?

3. What was the main aim behind setting up mobile medicare units?

4. How many mobile medicare units do you have in Telengana?

5. What is the frequency of visits to the villages by mobile medicare units?

6. When did you start mobile medicare units in Visakhapatnam? What is its coverage at present?

7. When did you start collaborating with Bharat Dynamics Limited (BDL)?

8. How much money has been allotted by BDL for the mobile medicare units in 2015-16

9. Who monitors the activities of the mobile Medicare units in the villages?

10. How is the list of medications to be carried with mobile medicare units decided?

11. What was the allotment of money for cataract surgery for the senior citizens in 2015-16?

12. What kind of help did BDL provide with regard to cataract surgery?

13. Have you received your payments on time from BDL?

14. What are the challenges involved in this work?

15. Mention merits and demerits of working with BDL.

16. Do you think there is room for improvement in both the projects? Yes / no

    If yes, what additional resources do you feel should be included, for smooth functioning of mobile medicare units –

17. Do you collect feedback of the beneficiaries regarding the projects?

***

Questionnaire for Beneficiaries of Toilets in Government Schools

I. Profile:

Name: Age and Gender:
Occupation: Village and District:

II. Services:

1. Have the toilet facilities in the school impacted the studies? Explain.

2. Is there any impact on enrolment and drop-out rates? If yes please mention.

3. Since when are you using the toilet facilities?
4. Did you see any change in hygiene? Please share the before and after status.
5. Are the parents aware about the construction of toilets in the school? If yes, what is their reaction?
6. Rate the following:

Sl. No	Parameters	Highly dissatisfied	Dissatisfied	Neutral	Satisfied	Highly satisfied
1	Ease of availing the facilities					
2	Cleanliness and maintenance					
3	Outcome of the facility					
4	Quality of construction					
5	Availability of medicines					
6	Convenience of location					
7	Overall experience					

7. In case you are not satisfied with the toilet facility provided or maintenance of toilets. Reasons for dissatisfaction:

8. How can the services be improved?

***

Questionnaire for Mobile Medicare Unit (HelpAge India) Beneficiaries

1. Profile:

   Name:
   Age and Gender:
   Occupation:
   Village and District:

2. Health Services:

   1. Is there any hospital or PHC in your village? Yes /No
   2. How far is the nearest health facility?
   3. How far is the pharmacy/medical store?
   4. Do you have any difficulty in getting the medicines that you need?

   5. Is there any ambulance facility available in cases of emergency? Yes/ No
   6. Are you being able to afford the expenses of the hospital? Yes/No
   7. How did you come to know about the mobile medicare unit (MMU)?

   8. Did the MMU team explain their services to you?
   9. Are they able to attend to your health needs?
   10. Did the organisation collect your feedback on the services provided by them?
   11. Was there a need for you to avail admission in a hospital? Yes/ No
   12. Describe the help provided by MMU for the same.

   13. Does MMU provide follow-up services?
   14. Is the MMU available to you at a convenient time?

15. Rate the following services of MMU.

Sl. No	Parameters	1 Highly dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Highly satisfied
1	Timeliness					
2	Availability of Doctor and other staff					
3	Attitude of Doctor and other staff					
4	Treatment outcomes					
5	Availability of medicines					
7	Ease of availing referral services					
8	Availability of ambulance services					
9	Overall service					

16. In case you are not satisfied with the services provided. Reasons for dissatisfaction:

17. Will you continue to use the services of the mobile medicare unit?

18. Suggestions for improvement

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Questionnaire for Service Provider (HelpAge India)

1. Briefly describe your organisation
2. What are the core areas of activities of HelpAge India. What are your Plans for scaling up?
3. What was the main aim behind setting up mobile medicare units?
4. How many mobile medicare units do you have?
5. What is the frequency of visits to the villages by mobile medicare units?
6. When did you start mobile medicare units in Visakhapatnam? What is its coverage at present?
7. When did you start collaborating with Bharat Dynamics Limited (BDL)?
8. How much money has been allotted by BDL for the mobile medicare units in 2015-16
9. Who monitors the activities of the mobile Medicare units in the villages?
10. How is the list of medications to be carried with mobile medicare units decided?
11. What was the allotment of money for cataract surgery for the senior citizens in 2015-16?
12. What kind of help did BDL provide with regard to cataract surgery?
13. Have you received your payments on time from BDL?
14. What are the challenges involved in this work?
15. Mention merits and demerits of working with BDL
16. Do you think there is room for improvement in both the projects?
17. What kind of additional resources do you feel should be included, for smooth functioning of mobile medicare units?
18. Do you collect feedback of the beneficiaries regarding the projects?

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Questionnaire for Implementing Partner (eSagu)

1. What is the acreage covered under eSagu and how many farmers have been benefitted out of the project so far? Can you also tell us about the crops and seasons covered?

2. How did you create awareness about your project among the farmers?

3. What are the challenges in implementing such ICT based advisory projects?

4. Do you collect feedback of the beneficiaries regarding the project, if so how frequently?

5. Do you think there is room for improvement in the project design?

6. Can you provide the details of funding received from BDL for the project and what component of costs is covered by BDL?

7. Have you received your payments on time?

8. Who monitors the activities of the project?

9. Mention merits and demerits of working with BDL

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Bharat Dynamics Limited
(A Government of India Enterprise)

Bharat Dynamics Limited (BDL), a Government of India Enterprise under the Ministry of Defence was established in Hyderabad in the year 1970 to be a manufacturing base for guided missiles and allied defence equipment.

BDL, a Miniratna Category - I Public Sector Enterprise, is amongst a few industries in the world having capabilities to produce state-of-the-art guided weapon systems. The Company is poised to enter new avenues of manufacturing, covering a wide range of weapon systems such as Surface-to-Air Missiles, Air Defence Systems, Heavy Weight Torpedoes, Air-to-Air Missiles etc., making it a world-class defence equipment manufacturer. BDL has also entered into the area of refurbishment and life extension of missiles.

Bharat Dynamics Limited had been associated with CSR activities since 1999. The broader aim of BDL has been to bring about perceptible change in the human development indicators by undertaking activities under Corporate Social Responsibility.

Submitted by

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