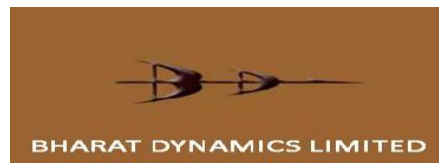


ANNUAL REPORT ON CSR PROJECTS OF BHARAT DYNAMICS LIMITED - HYDERABAD

2013-14



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ACKNOWLEDGEMENT

We wish to thank Bharat Dynamics Limited for granting us this project. In this regard we thank Dr.N.K.Raju ED(P& A), Chairman CSR& SD committee (below Board Level) and his team for extending their support in helping us to complete the project.

We are also thankful to the project partners from Help Age India, Akshya Patra, Naandi Foundation and AFPRO for their cooperation extended during our visits to the project areas. The staff and the beneficiaries of each of the project have willingly responded to our queries and shared the information required. We acknowledge their support.


Dr. Vanila Bhaskaran
Director.

CONTENTS

Project Team	2
CSR Monitoring Committee	3
Acknowledgement	4
About The Report	
Corporate Social Responsibility	7
CSR Mission	8
Performance of the Projects	9
Mid Day Meal Program – Akshayapatra Foundation	10-27
Mobile Medicare Unit – HelpAge India	28-41
Cataract Surgery – HelpAge India	42-53
Eco Sanitation Project – AFPRO	54-61
Drinking Water – Naandi Foundation	62-72
Activities not in project mode	74

Annexures

Interview Schedules for Implementing Agencies	
Mid Day Meal Program – Akshayapatra Foundation	75-78
Mobile Medicare Unit – HelpAge India	79-80
Eco Sanitation Project – AFPRO	81
Drinking Water – Naandi Foundation	82

List of Abbreviations

TS	Telangana State
CSR	Corporate Social Responsibility
B DL	Bharat Dynamics Limited
MMU	Mobile Medicare Unit
NGO	Non-Governmental Organisation
MDM	Mid Day Meal
BPL	Below Poverty Line
EMS	Emergency Medical Services
ODS	Open Defecation System
AFPRO	Action for Food Production
ECO-SAN	Ecological Sanitation
TSP	Total Sanitation Program

CORPORATE SOCIAL RESPONSIBILITY

The 21st century is characterized by unpredicted challenges and opportunities arising from globalization, the desire for inclusive development and the imperatives of climate change. It is recognised world over that integrating social, environment and ethical responsibilities into the governance of business ensures their long term success, competitiveness and sustainability. This view also affirms that business are an integral part of society, and have a critical and active role to play in the substance and improvement of healthy ecosystems, in fostering social inclusiveness and equity, and in upholding the essentials of ethical practices and good governance, this makes business sense as companies with effective CSR, have magic of socially responsible companies.

The emergence of CSR in India has brought about changes in the cultural hours of companies, CSR came to refer to the way business are managed to bring about an overall positive impact on the communities, cultures, societies and environment in which they operate.

CSR is not a new concept in Indian companies and corporates have been involved in serving the community, through donations and charity events. Organisations have been doing their part for the society. A growing number of companies today feel that CSR is not just another form of indirect expense but is important for protecting the goodwill and reputation, defending attacks and increasing business competitiveness. Their response has often meant an adoption of a 'new consciousnesses and this has come to be known as CSR. Many CSR initiatives are executed by corporates in partnership with NGOs who are working with local communities, experienced and have the expertise in tackling specific social problems.

Bharat Dynamics Limited is one of India's foremost P.S.U started in 1970 in Hyderabad. It's coming into importance has fostered self reliance in the technological domain. BHARAT DYNAMICS LTD. has been constantly incurring profits and has been nominated as a Mini Ratna Category- I company by the Government of India showing steady progress in its operations. Over the years BHARAT DYNAMICS LTD. has achieved record sales turnover and flooded with orders. In view of its professional competence in manufacturing products and providing senses, BHARAT DYNAMICS LTD. has excelled to an extent comparable with International quality system standards.

As one of the leading PSU in the country BHARAT DYNAMICS LTD. has been fostering CSR as an extension of its response to the community's needs and have shown sensitivity towards, social, economic and environmental issues. It has been able to foster positive impact on development, business and society with a contribution to bottom line results.

CSR MISSION OF BHARAT DYNAMICS LTD.

BHARAT DYNAMICS LTD.'s social commitment is built on a deeply ingrained sense of social responsibility and the recognition that the company grows stronger by helping to advance local communities, business practices and individual lives in society.

BHARAT DYNAMICS LTD. has entered into an MoU with the Research Cell of Roda Mistry College of Social Work & Research Centre (ICSW-TS) , Gachibowli Road, Hyderabad to evaluate the CSR projects for the year 2013-14.

ABOUT THIS REPORT

This report focuses on BHARAT DYNAMICS LTD.'s response to the needs of the community in which the company functions.

In the course of preparation of the project we spoke to and surveyed the project partnering NGOs, project implementing staff at different levels, beneficiaries and local community people. The report provides an analysis and evaluation of the CSR activities carried out by NGOs in different program areas assigned by the company. The objective was to determine whether CSR measures contribute to meeting the goals of the company.

METHODOLOGY

The methodology adopted for evaluation of the projects, the implementing partners and the impact on the communities within the project areas has been by way of different investigating methods. The specific indicators to measure the performance of the partners and the project have been by way of interviews, questionnaires, reports, media coverage, etc.

The criteria selected captures how well the measures of meeting the needs or reaching out to the beneficiaries has performed in delivering against the objectives .

EVALUATION

Evaluation measures the effects of an intervention and compares them with the goals and objectives of the intervention. It is an assessment of relevance, efficiency, effectiveness, impact and sustainability of the projects within the specific project areas.

If you don't care about how well you are doing or about what impact you are having, why bother to do it at all?

Evaluation of projects are an answer to this. It enables one to assess the quality and impact of the work assigned and the performance of the people involved in the work. Evaluation of the project partners, the objectives of the project and its relevance to the objectives of the company is assessed by taking into account different criteria. The extent to which CSR contributes to economic, social and environmental welfare is evaluated. The impact is conceptualized as external to the organization. Generally companies if at all only

measure CSR performance and not the resulting impact. However, in this report apart from measuring the performance the resulting impact has also been assessed which helps in explaining societal impact from CSR that is resulting in social and environmental effects in their selected areas of operation.

In short the evaluation of the project answers the question “Were the right things done right”

PERFORMANCE OF THE PROJECTS

Project performance is assessed on the basis of the relevance of its objectives, the effectiveness that is the extent to which the objectives have been achieved and the efficiency or how economically resources have been converted into results. Taken together these three criteria capture how well the means of meeting the needs of or reaching out, to the beneficiaries has performed in delivering against its objectives.

In recent years the economic disparity between major urban areas and regional areas has extended as people and businesses continue to concentrate in cities. Disparities even among regions are becoming more stratified and complex increasing gaps between them. Thus BHARAT DYNAMICS LTD. through its CSR projects has embarked on a mission to be a catalyst for positive change in the communities they operate through the partner NGOs.

The Company has incurred an amount of Rs.288 Lakh for CSR & Sustainability activities during the financial year 2013-14.

The following activities have been under taken by BHARAT DYNAMICS LTD to fulfill their CSR objectives during the years 2013-14.

1. Mid Day Meal Project
2. Health Care and Mobile Medicare Unit
3. Sanitation Project
4. Drinking Water

Each of these projects have been undertaken by different NGO partners. Evaluation of the partner NGOs and a performance of the projects is given.

PROJECT - I
MID DAY MEAL PROGRAM
PARTNER AGENCY – AKSHAYA PATRA FOUNDATION

INTRODUCTION:

The Akshaya Patra Foundation (TAPF) has started The Mid Day Meal Program in the year 2000 by providing free Mid Day Meals to 1500 children in 5 government schools at Bangalore. Its stupendous performance made the Government of India backing the implementation of cooked Mid day meal in 2004 in all the government schools increased its focus and scale of operations. Earlier it was limited to only providing dry rations to the school children under the National Programme of Nutritional Support to Primary Education (NP-NSE). This programme however was neither attractive incentive which could encourage the children to attend the school every day nor was it able to provide the viability, transparency needed for such large scale level programme.

TAPF works on two of the UN Millennium Declaration Goals i.e. Eradication of Extreme Hunger and Achieving Universal Primary Education, through their One programme of Mid May Meal throughout the India.

TAPF started this program purely on philanthropic grounds and with a vision that “No child in India shall be deprived of Education because of hunger”, this has made the Government to aid with and implement the programme more effectively and efficiently. TAPF has been an ideal solution for this situation as it was able to reach out to children in more organized way.

TAPF has a standard Operating Procedure Manual and work according to it. This Manual consist of Instructions regarding handling of donation, funds from government, Accounting, Purchases, Vendor Management, Standard Procedure for purchasing rations etc. Also TAPF has food certifications according to standards.

All TAPF financial statements are prepared in accordance with International Financial Accounting Standards (IFRSs & IGAAP). The Foundation has also received global recognition by being ranked the 23rd NGO among the Top 100 NGOs of the world, by the Global Journal.

MoU between BHARAT DYNAMICS LTD. and TAPF:

BHARAT DYNAMICS LTD. believes that a child could hardly concentrate in the classroom with an empty stomach. To address this issue from the grass root level, BDL has made 'Quality Education to the school children' as its major objective in their CSR activities. As TAPF's works on the same lines and follows a vision of no child shall be deprived of education because of hunger, and also believes in 'Unlimited Food for Unlimited Education', this made TAPF an Ideal implementing agency to start Mid Day Meal Program in all the schools at Patancheru.

BDL and TAPF has entered an MoU for the academic year of 2013-14 for sponsoring the Mid Day Meals for all the Government schools in Patancherumandal of Medak District.

The partnership of BDL and TAPF has started in the year 2010 with just 2 schools. They are now providing Mid Day Meals to 63 Schools across the mandal covering 8954 school children.

SCHOOLS COVERED UNDER TAPF-BDL MDM:

According to the MoU for the year 2013-14 between BDL and TAPF, there are 63 schools which are covered under the Mid Day Meals Program and an amount of Rs. 72.27 Lakh the financial year has been release for the same by BDL.

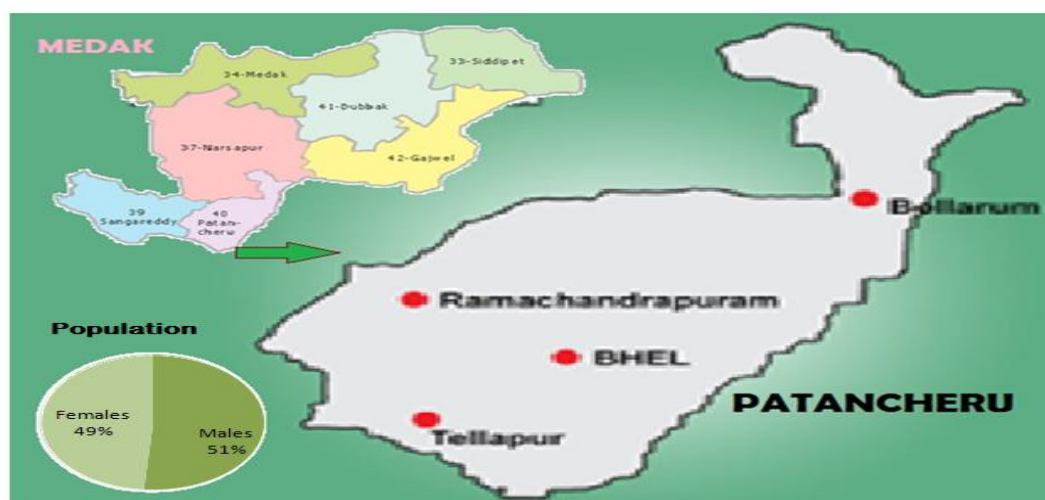
SL.NO	NAME OF THE SCHOOL	SL.NO	NAME OF THE SCHOOL
1	PS Ghanapur	33	PS Ameenpur
2	PS Kardanoor	34	PS Ameenpur W/C
3	PS Alwyn colony	35	PS Shirdisai colony
4	PS Gowthamnagar	36	PS Narreguda
5	PS(B) Patancheru	37	PS Beerumguda
6	PS (G) Patancheru	38	PS Kistareddypet
7	PS Bhanur	39	PS Pashamailaram
8	PS Kanjarlaguda	40	PS Kyasaram
9	PS Chaitanyanagar	41	PS Harijanchery
10	PS Shanthinagar	42	PS Ilapur
11	UPS Nandigama	43	PS Rameswaram Banda w/c
12	ZPHS Bhanur	44	PS Peddakanjerla
13	ZPHS Ghanapur	45	PS Ganapatigudem
14	ZPHS (B) Patancheru	46	UPS Chinnakanjerla

15	ZPHS (G) Patancheru
16	PS Rudraram w/c
17	PS Lakdaram
18	PS wadakpally
19	PS Janakampet
20	PS Bommanakunta
21	PS Sultanpur
22	PS Dayara
23	PS Rameswarambanda
24	PS Inole
25	PS Chitkul W/C
26	PS Chitkul
27	PS Isnapur
28	PS Muthangi
29	PS Muthangi (pipe line)
31	PS IlapurTanda
32	PS usikebhavi

47	UPS Indresham
48	UPS Pocharam
49	UPS Bandhamkommu
50	PS Gandiguda
51	PS Rudraram
52	UPS Pati
53	UPS Bachuguda
54	ZPHS Rudraram
55	ZPHS Lakdaram
56	ZPHS Peddakanjarla
57	ZPHS Sultanpur
58	ZPHS Chitkul
59	ZPHS Isnapur
60	ZPHS Muthangi
61	ZPHS Beerumguda
62	ZPHS Ameenpur
63	ZPHS Kistareddypet

DEMOGRAPHIC PROFILE:

Patancheru is one of the mandals in the Medak District located at 17.53°N 78.27°E. The population of Patancheru according to India Census 2011 is 159,191 where Males constitutes 51% of population and females 49%. There are 23 Panchayats in this mandal with 13% of population under 6 years of age. According to 2011 census 65% of the population is Literate and 35% Illiterate.



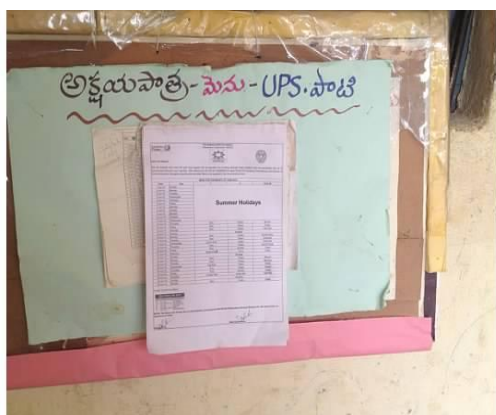
A BALANCED NUTRITIOUS MEAL:

TAPF not just prepares meals, it prepares a nutritious and balanced diet with essential Nutrients like proteins, vitamins, minerals, carbohydrates and so on in accordance to the guidelines issued by the *National Institute of Nutrition*.

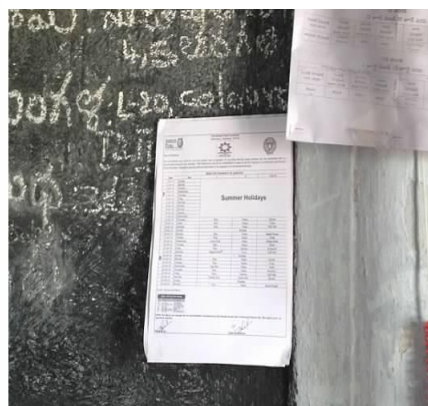
Components	Primary	Upper Primary
Calories	450 Cal	700 Cal
Protein	12 gms	20 gms
Micro-nutrients	Adequate quantities of micro-nutrients like Iron, Folic Acid , Vitamin-A etc.	

TAPF has a menu according to these guidelines and monthly menu schedules are prepared ahead and sent to the schools by the end of every month.

TAPF has divided the schools in the mandal into 3 zones and each of these zones has a separate menu.



MENU AT UPS- PATI



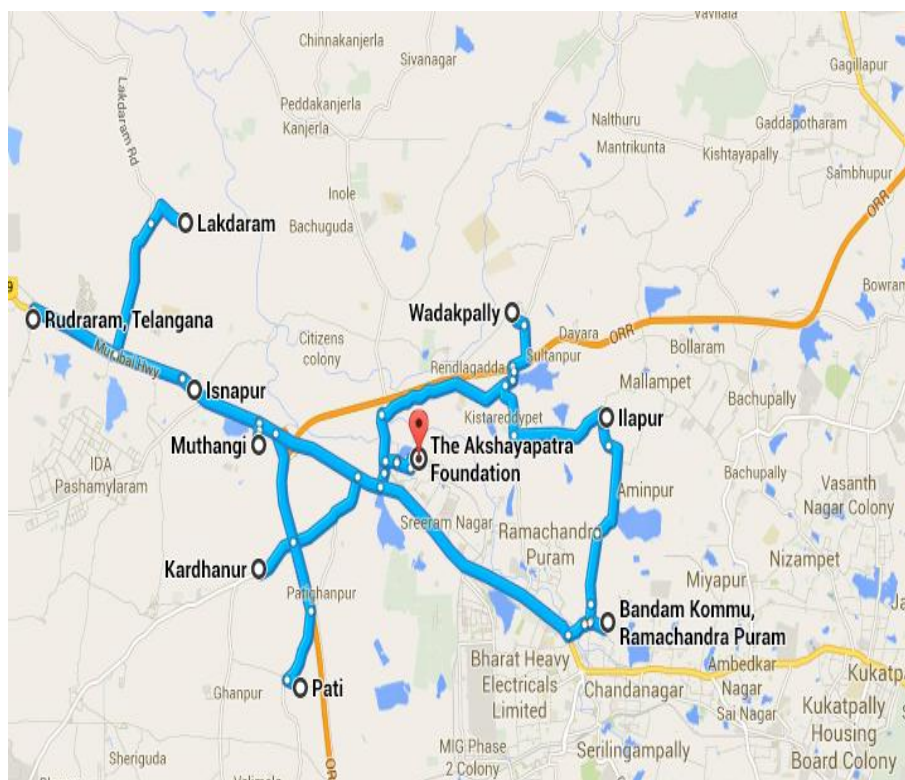
MENU AT ZPS- ILLAPUR

Apart from the meal TAPF also provides other fruits and nutrient supplement snacks such as Banana, Sunnundalu, Groudnut Cake etc to the children every day in all the schools.

At TAPF, they make sure that every meal that reaches the school children is enriched with the required components for their physical, cognitive and mental development.

SCHOOLS VISITED FOR SURVEY:

Out of 63 schools, 14 were selected for the sample collection. The schools visited were at Gowthamnagar, Lakdaram, Rudraram, Isnapur, Muthangi, Kardhanur, Pati, Wadakpally, Illapur and Bandhamkommu. The survey was conducted during 26 Jun 2014 to 9 Jul 2014.



SCHOOLS VISITED FOR THE SURVEY

Each of these schools are situated at least 6 km far from the kitchen and according to the school authorities the food reaches them by 11:00 AM in the morning and that the food remains hot and fresh till it is being served.

The team collected the data from the Head Master and Teaching staff, school children and Parents at these locations. As the team visited few of the schools in the lunch hour they were also able to see the quality of the food sent to the schools and observe how the food is being distributed, whether teachers or the school authorities are tasting the food before serving to the children, whether the children are coming for second serving and finally whether the food was sufficient to all the children in the school.



IMPACT OF MID DAY MEAL:

The initiation of MDM had few objectives and the impact of it is measured on the same. The objectives in mind for the Mid Day Meal Programme were as follows:

1. Increase in the School Enrollment
2. Increase in the School Attendance
3. Eliminate Classroom Hunger.
4. Addressing Malnutrition.

Out of 63 schools, 2234 Children, 56 Teachers and 14 Parents were interviewed by the Team to measure the Impact of the MDM at schools before and after the initiation of BDL-TAPF mid day meal.

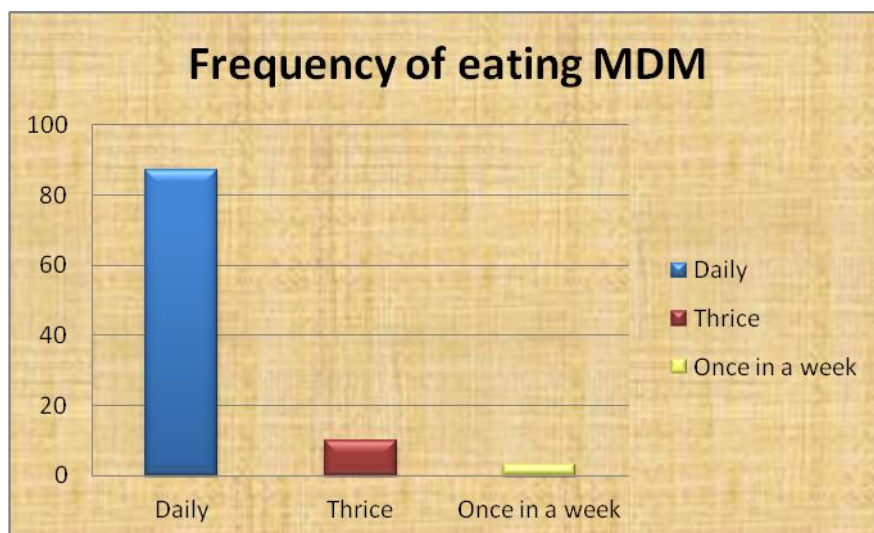
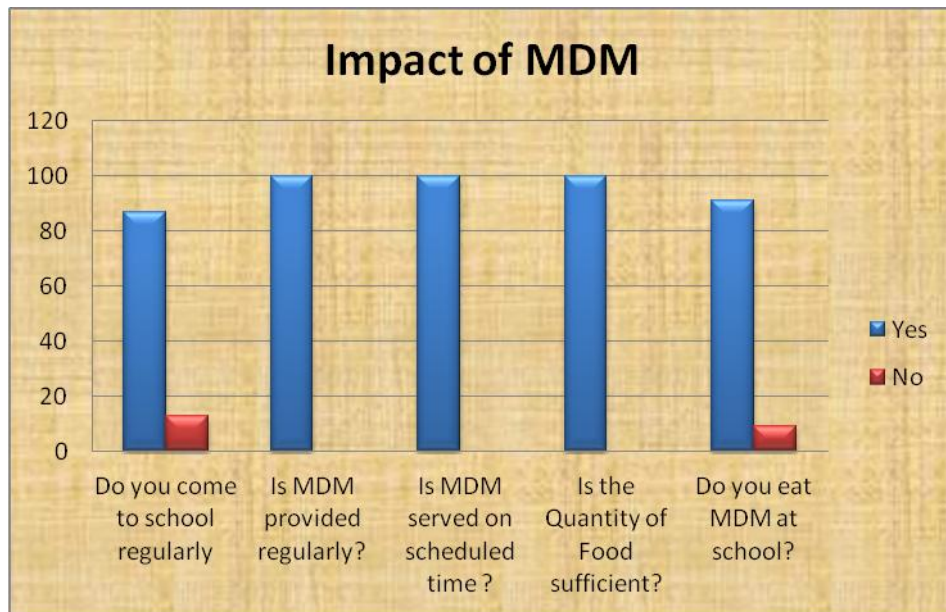
Feedback from the School Children:

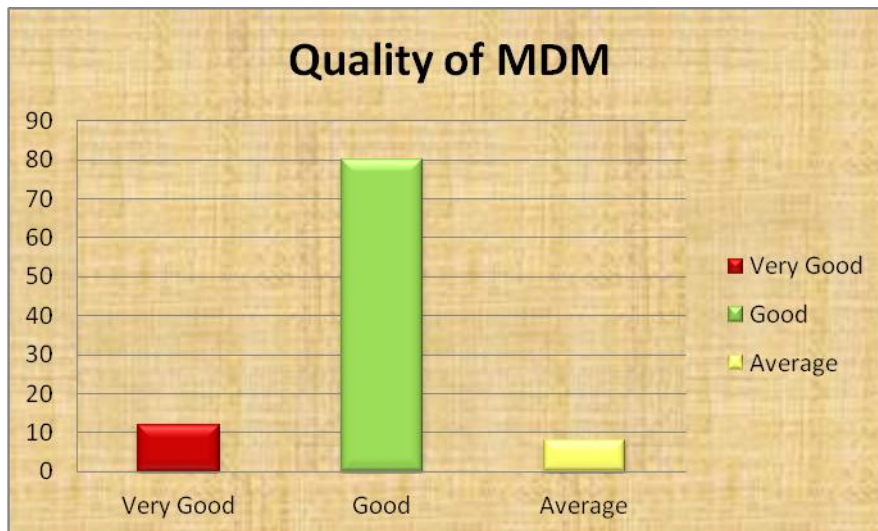
The Team interviewed 2234 children from 14 schools of Patancheru Mandal. Students were asked how regular they are to school and how regularly is the MDM served, how often they eat at school and whether they eat before coming to school and after going home.



Parameters	Feedback Results
Do You come to School Regularly?	87% of the students come to school regularly with an average of 80% of attendance.
Does your school provide MDM regularly?	100% of the students confirmed that the food is served regularly at school
Do you eat MDM at school?	91% of the students eat food at school and the rest will eat from their lunch boxes.
How often do you eat MDM at school?	87% of the students eat daily, 10% eat thrice in a week and the rest 3% eat once in a while
Is the MDM served on scheduled time daily?	100% of the students confirm that the food is served regularly at the scheduled time.
Is the Quantity of Food sufficient?	100% of the students confirmed that the quantity is sufficient as the schools would give them as many serving as they ask for.
Is the food served tasty?	87% of the students confirmed that the food is tasty and the rest commented on the curry which was newly introduced not being so tasty.
Quality of the food served?	80% of the students have confirmed that the food quality is Good, 12% said the food quality was Very Good and the rest confirmed that the quality was average.

From the survey the team was also able to find that among the students who eat after going home, 60% of them usually carry the leftover food of MDM. Qualitative information was collected from the children regarding the timing of the food served, taste of the food, most liked variety of food in the MDM. Majority of the students informed that the food is served in between 12:00 PM to 1:00 PM differing from school to school, and the most liked food is Puli-hara (Tamarind Rice), Vegetable Briyani and Dal with Pickle.





Feedback from the School Teachers:

56 Teachers including Head Masters from 14 schools were interviewed for the study. Questions were framed to assess the impact of mid day meal on children and on school. The team was also able to collect qualitative data from schools on aspects such as suggestions regarding the program, addressing of issues by TAPF authorities, turnaround time for the addressing of issues by TAPF authorities and their availability to the school authorities, availability of facilities at the school premises for checking the student's physical development.

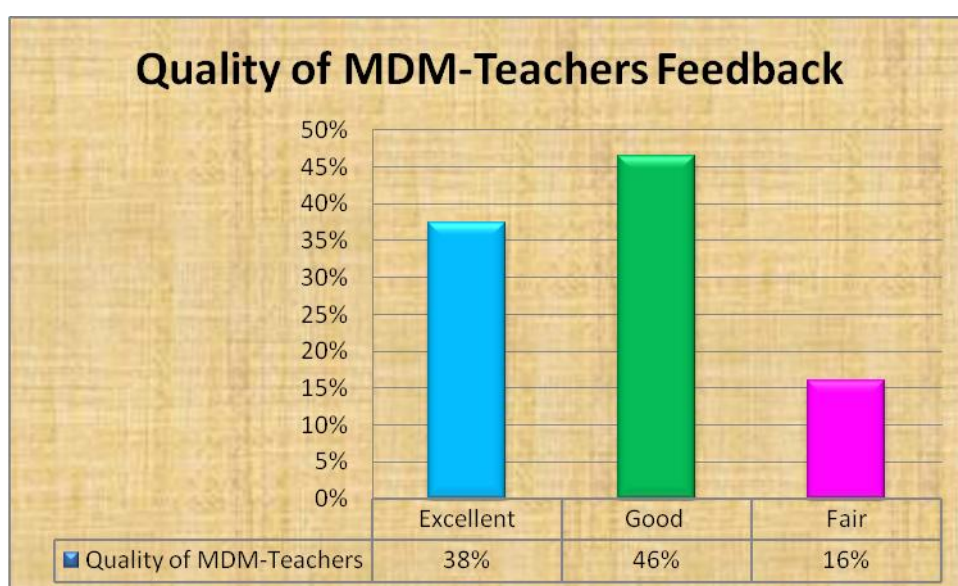
Quality of the food served:

According to the school authorities the food reaches the schools in between 10:30 AM to 11:30 AM and stays intact and fresh till it is served. The quality of the Dal served is excellent and that it is much nutritious as it contains vegetables. They also said that the special items included in menu once a week are much awaited by the children and they enjoy their meals more on those days. Though there were very few cases reporting of stones in the rice appearing once in a while but again they are extremely satisfied by the services provided by TAPF.

When asked whether the MDM program is disturbing the teaching activities, it was reported that the teaching activities are not only undisturbed by the program rather it has reduced the burden of the Head Master or the teaching staff. Since earlier to TAPF's mid day meal program they use to allocate one teaching staff exclusively to look after the cooking process at school. The teacher was forced to concentrate more on cooking and

serving of meal in the first half of the day rather than focusing on teaching activities. The second half was spent on book keeping for record purpose. After the MDM program has being initiated by TAPF-BDL the schools are now able to put in more of their time in teaching activities and are able to concentrate on the children.

Regarding the suggestions to and availability of, the TAPF authorities, the schools have confirmed that the suggestions are always taken up by the authorities and the turnaround time for the addressal of the issues in very little time. Most of the suggestions given in and request made for more amount of food are always addressed by the TAPF without any concerns.



Impact of the MDM on School:

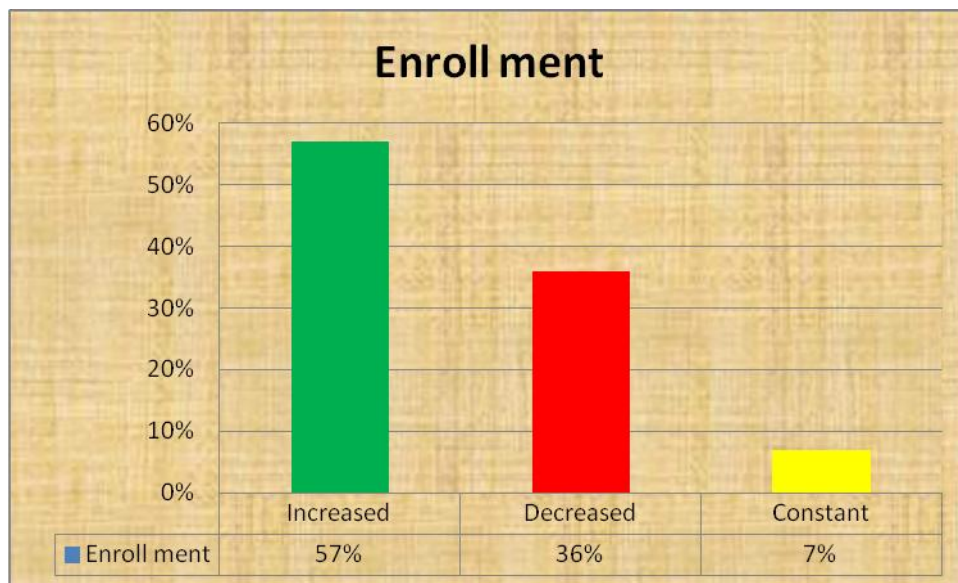
The impact of MDM was taken on parameters such as Enrollments, Attendance, and Dropouts before and after the BDL-TAPF program is displayed below in the bar chart. Also the qualitative information was collected on Performance of the students, Span of attention of students in the classroom and about their socialization.

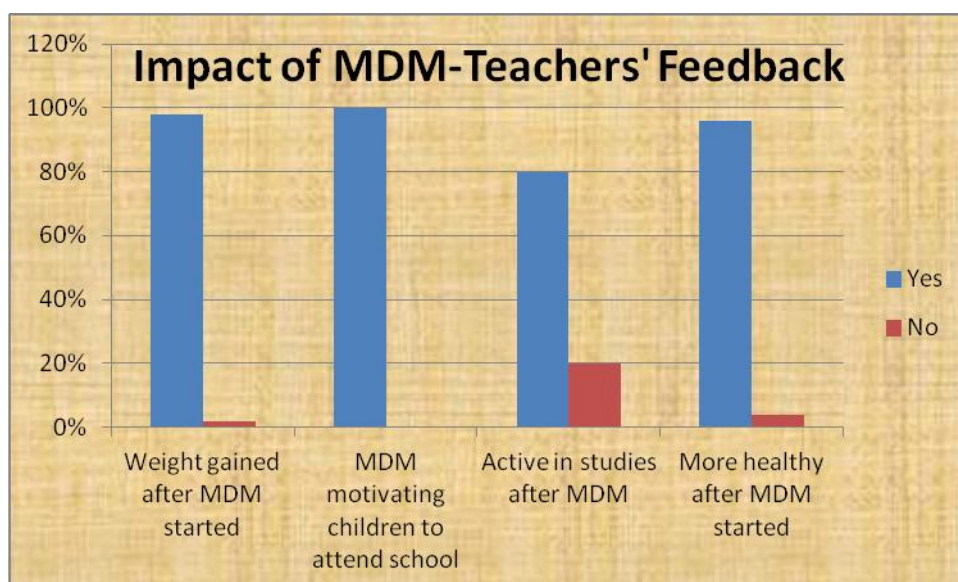
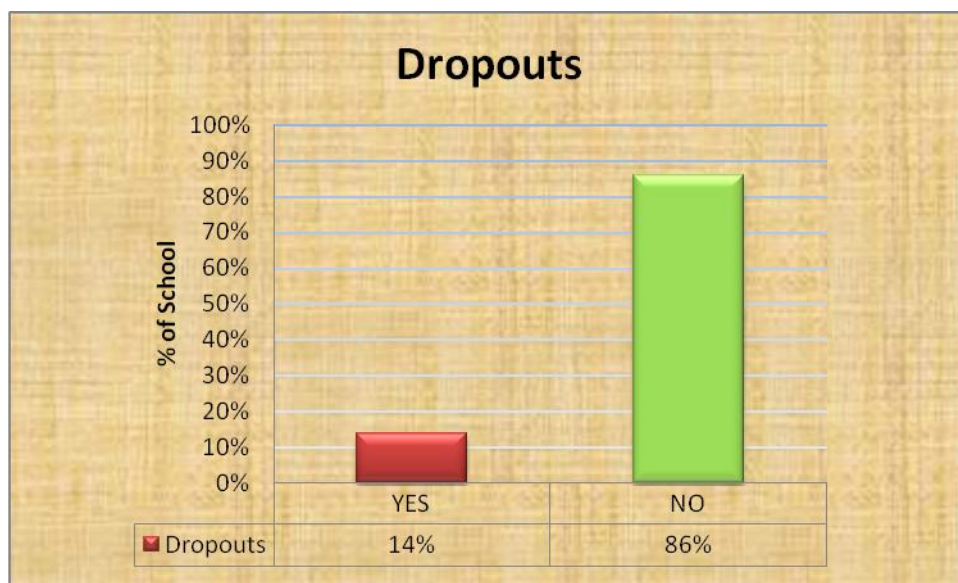


According to the school authorities, there has been a phenomenal change in children in all the above mentioned aspects after the implementation of BDL-TAPF program when compared to the earlier program. Also the children's physical development is being checked at the school premises as all the schools visited by the team has weighing machines, height scale and regular health checkup camps. The Teachers also mentioned that children have become more attentive in the classroom and are showing more enthusiasm in classroom activities.

Enrollment	Among the schools visited, 57% of school's enrollment has increased on an average of 23% and 36% of school's enrollment has decreased on an average of 18% and 7% school's enrollment has remained constant. In some schools there was a floating strength as parents of the school children were daily wage laborers in an around the factories of Patancheru and they take the children along with them when travelling to far places.
Attendance	According to schools, from the initiation of TAPF mid day meal the attendance has increased. On an average they seem to be 85% of attendance on daily basis in all the schools visited. One of the other supporting factors for this is the MDM as it is served on daily attendance basis which is collected from

	schools everyday and this is estimated to be around 85% to 90% differing from school to school.
Dropouts	Among the schools visited 14% of the schools have confirmed of dropouts and 86% of schools confirmed that there are no dropouts and reasons for this according to the school authorities is increase of Private schools in the mandal with school bus facilities picking up from the doorstep and, children whose parents are migratory laborers.
Nutrition Increased	According to the school teachers there has been increased in the nutrition of the children from the initiation of TAPF-BDL Mid Day Meal program since earlier the children were only provided with plain dal and rice daily in contradiction with the different varieties of dal with vegetables and special rice provided now . The children have been gaining weight, height on regular basis which was evident from their health cards. According to Teachers the frequency of children falling ill has also decreased.
Afternoon Attendance	As the MDM is served at schools, the children going home to have lunch has decreased and hence the afternoon attendance is equal to the morning attendance in all the schools.



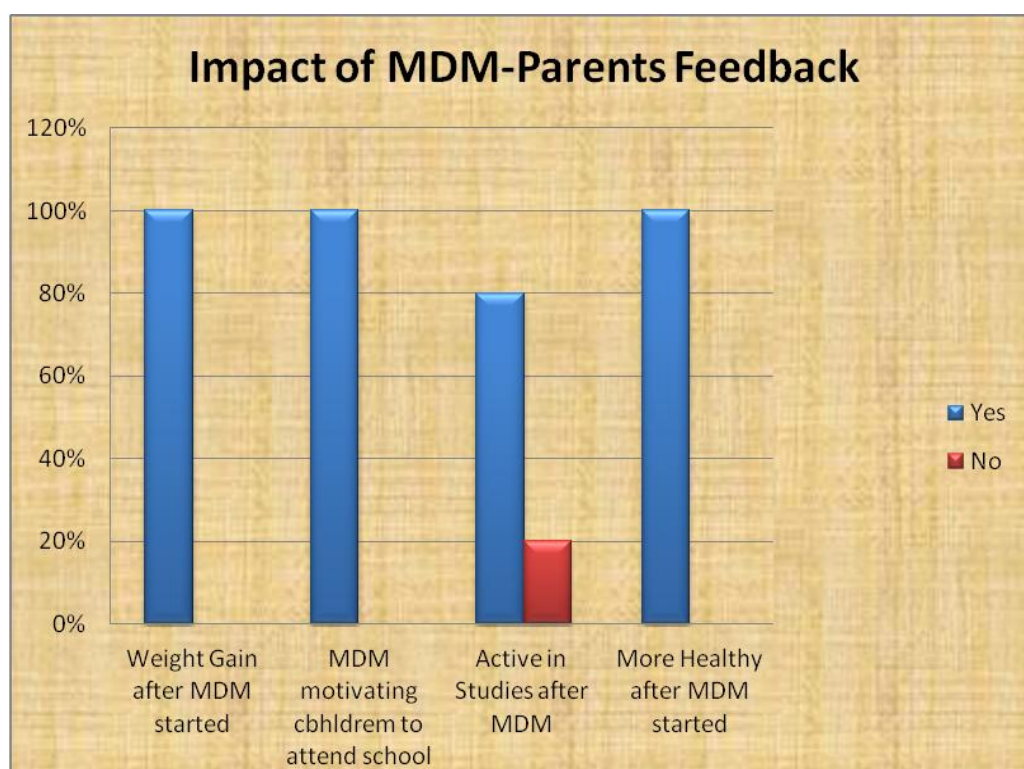


Feedback from the Parents:

14 Parents, one from each school were interviewed for the study. Questions were framed to assess the impact of mid day meal on children's health and nutrition. The team was also able to collect qualitative data from the parents on aspects such as frequency of falling ill, being active in studies, whether the MDM is motivating the children to attend the school regularly.

According to Mr. Sanjeeva, father of Chandrasekhar who is studying in MPPS in Illapur who also happens to be the one of the board members for the school committee, the quality of food is excellent as he tastes the meal every day before it is served to the children of the school. He would make sure that the food is tasted by the teachers also before the lunch is served.

From the qualitative information gathered most of the parents are happy with the quality of the food served and this program is motivating the children to attend the school regularly. When asked how would they justify answering to children being good in studies, the parents have mentioned that the children are showing more interest in school homework and are scoring good marks in the exams and thus they can say that the children have improved in studies.



Observations from the Kitchen:

The Teams observations about TAPF kitchen are mentioned below.

Surroundings:

- The Kitchen is located far inside Patancheru which make it clear from environmental pollution to a large extent.
- The surrounding of the kitchen has closed drainage systems and separate pipelines are arranged to send the waste water from the kitchen and cleaning area to the drainage.
- The kitchen area is also quite spacious and with good light and ventilation.

Machinery:

- The kitchen is equipped with special machines to clean the subsidized rice received from FCI since it consist many foreign materials.
- The rice is put through the machine multiple times for cleaning before sending it for cooking
- Separate machine for the cleaning of the Dal Pulses is also available at the same premises.
- Kitchen is also equipped with separate chopping and grinding machines.



Vessels and Cauldrons:

- 🏠 Huge Cauldrons for rice, sambar and dal are available in the kitchen.
- 🏠 10 Cauldrons, each with capacity of 100kgs for cooking rice in 20 minutes, 2 Cauldrons each with capacity of 3200 liters for cooking dal in 2 hours for 12,000 children and 4 Cauldrons each with capacity of 1200 liters for cooking sambar in 1 ½ hour for 5000 children are available at Patancheru Kitchen.



Raw Materials and Water:

- 🏠 All the vegetables and raw materials are cleaned thoroughly before being cooked.
- 🏠 The Kitchen uses RO processed water for the cooking and huge syntex tanks are arranged near the kitchen premises with clean water pipes for cooking purpose.

Cleanliness:

- 🏠 All the cauldrons, vessels, chopping, grinding machines are washed every day after the cooking is completed which is usually by 9:00 AM in the morning.
- 🏠 The kitchen is also washed everyday by 3:00 PM.
- 🏠 All the vessels which are used for food delivery are cleaned in a particular manner only in the cleaning area with ample amount of water.
- 🏠 The food which is sent back from few schools is all dumped in one large bin which is taken by a third party for biogas plant.

📍 The vehicles which transport the food to the schools are also washed daily in an area near the kitchen which is set exclusively for this purpose with separate jet hose.



Conclusions:

The Mid Day Meal Program has been successfully implemented by BDL-TAPF across the government schools in Patancheru. The team at TAPF has been very keen on every single aspect right from collecting the attendance of the children to delivering the food to all the schools by 12:00 PM every day. The kitchen is well managed and all the processes are systematically followed by every member at the TAPF.

Schools are also quite satisfied by the quality and the quantity of the food provided and delivery timings of the food. The initiation of MDM by BDL-TAPF has made the school teachers concentrate more on their teaching activities and on children's welfare.

This program has also helped to evade the corruption at the school and distributor level, as the resources were misused, wrong data's were projected and the accounts were falsified.

However, they are few suggestions the team would like to put forward. It would be beneficial for TAPF if the school authorities are given a tour of the kitchen to see how the rice is cleaned, food is cooked and other details regarding food as few of the school authorities were complaining of occurrence of stones in the rice once in a while.

Message from TAPF to BDL: BDL has been a boon to so many children who want to live a healthy life and want to dream a better future with education. They have been great support to Akshaya Patra for last three years. There has been a tremendous change in the enrolment of the children in the School, increased concentration levels in studies with less drop outs in the schools.

PROJECT - II
HEALTH CARE-MOBILE MEDICARE UNIT PROJECT
PARTNER AGENCY - HELPAGE INDIA

About HelpAge India:

HelpAge 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.

It 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, HelpAge has now included the concerns of urban elderly population who are relatively economically advantaged but face emotional and physical problems.

INTRODUCTION:

The Company has entered into an MoU with HelpAge India to provide health care facility and supply of medicines to elderly population of 17 villages for three financial years i.e. 2012-13, 2013-14, and 2014-15 at a cost of Rs. 65 Lakh in Narayanpur Mandal of Nalgonda District. HelpAge India has to provide health care facilities and supply medicines to minimum 1600 beneficiaries as per MoU . Regular feedback from the beneficiaries is taken by the Social Protection Officer. HelpAge 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 HelpAge India on E-Chikitsa Software. The Company has spent an amount of Rs.23 Lakh was incurred towards health care including cataract operations during the financial year 2013-14.

INTERVENTION INTO AREA OF DISEASES:

1. Hypertension
2. Diabetes Mellitus
3. Cataract
4. Joint pain
5. Asthma
6. Chronic obstructive diseases
7. Osteoarthritis

8. Allergy
9. Hypothyroid
10. Urinary Tract Infection

CASES REFERRED TO OTHER HOSPITALS:

- Renal calculi
- Varicose veins
- ENT
- CVA
- Neuropathy etc.

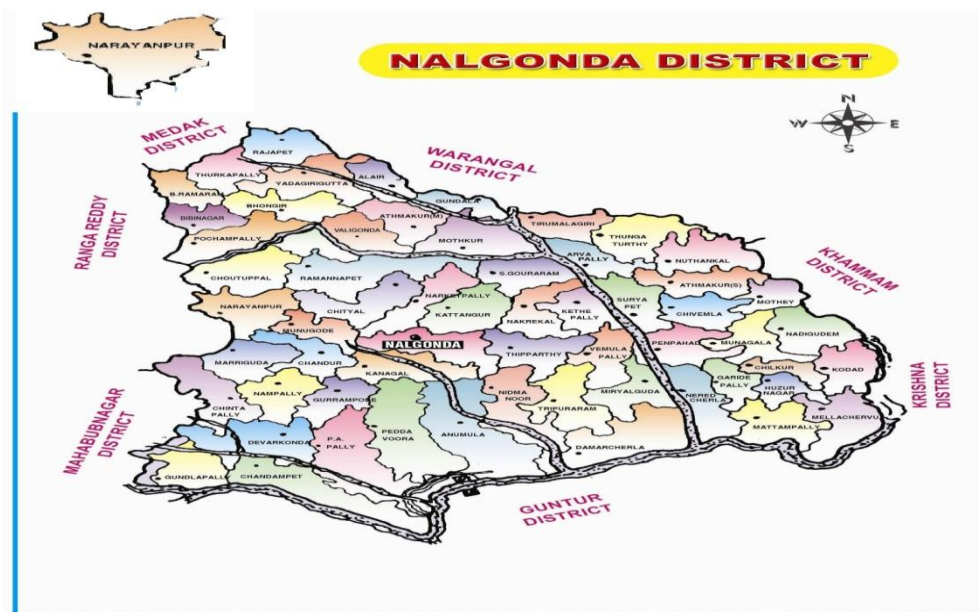
ENROLLMENT CRITERIA UNDER HAI:

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

COVERAGE BY BDL MMU PROJECT: The MMU covers 23 villages as given in the list below.

S.No.	Village Name
1	Narayanpur
2	Janagam
3	Vencombai Thanda
4	Yenagandi Thanda
5	Allapuram
6	Peepal Pahad
7	Thumbai Thanda
8	Rachakonda Thanda
9	Kadilabavi Thanda
10	Donal Thanda
11	Gangamula Thanda
12	Malkacheru Thanda
13	Vachya Thanda
14	Kadapagondi Thanda
15	Gollagudem
16	Mahmmadabad
17	Lakkavaram
18	Sarvail
19	kottagudem
20	Peddakonduru
21	Chinnakonduru
22	Devalamma Nagaram
23	Thalla Singaram

GEOGRAPHICAL LOCATION OF THE PROJECT:



BENEFICIARIES STATUS UNDER MMU FOR THE YEAR 2013-14

HelpAge India has covered 23 villages under Mobile Medicare Unit where in 1847 beneficiaries had been extended medical care for the year 2013-14.

HAI EMPLOYEES ASSOCIATED WITH EACH MMU:

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

PROJECT IMPLEMENTATION COMMITTEE MEMBERS:

At HelpAge India:

- Mr. Ramesh- Social Protection Officer
- Mr. Stanley Oguri- Project Coordinator
- Mr. S. Dass- State Head, A.P.

At BDL, Hyderabad:

- Dr. N.K Raju- ED (P&A)
- Mr. Vijay Bhaskar Rao- DGM, CSR Dept.
- CSR & SD Committee members

LIST OF MEDICINES BEING USED BY MMU

S.No.	Name of the Medicine
1	Amlodipine 5mg
2	Amlodipine Besylate + Atenolol 5+50mg
3	Bisacodyl 5mg
4	Calcium Elemental 500mg + Vitamin D3 250mg 500/250gm
5	Cefixime 200mg
6	Cetirizine 10mg
7	Ciprofloxacin Eye/Ear Drops 0.3% 5 MI
8	Deriphylline Retard 150mg
9	Diazepam 2mg
10	Diclofenac Gel 30gm
11	Domperidone 10mg
12	Enalapril 5mg
13	Etoricoxib 60mg
14	Glimiperide 1mg + Metformin 500mg SR
15	Iron + folic acid + cyanocobalamin
16	Liquid Paraffin + Milk of Magnesia 170ml
17	Metformin SR 500mg
18	Metoprolol 50 mg
19	Metronidazole 200mg
20	Neosporin 5mg
21	ORS 21.8gm
22	Povidone iodine 0.05
23	Prednisolone 10gm
24	Rabeprazole Sodium 20mg
25	Ranitidine 150mg
26	Salbutamol 2mg
27	Tinidazole 500mg
28	Unienzyne
29	Vit B complex + C
30	Aspirin 75mg

PICTURE GALLERY



Sample Survey details of the villages under MMU Project:

The MMU covers 23 Villages in Nalgonda District and the team collected samples from the following villages. The survey was conducted during 26 Jun 2014 to 9 Jul 2014.

S.No.	Village Name	Male	Female	No. Of beneficiaries
1	Narayanpur	8	10	18
2	Janagam	7	9	16
3	Vencombai Thanda	8	9	17
4	Yenagandi Thanda	5	4	9
5	Allapuram	9	7	16
6	Peepal Pahad	6	8	14
7	Thumbai Thanda	3	5	8
8	Rachakonda Thanda	4	6	10
9	Kadilabavi Thanda	5	8	13
10	Donal Thanda	2	5	7
11	Gangamula Thanda	5	3	8
12	Malkacheru Thanda	5	9	14
13	Vachya Thanda	8	8	16
14	Kadapagondi Thanda	2	8	10
15	Gollagudem	5	8	13
16	Mahmmadabad	5	9	14
Total beneficiaries		87	116	203

SAMPLE ATTENDANCE SHEET AT CHOUTUPPAL- GANGAMULA THANDA

HelpAge India
Mobile Medicare Unit Programme
PATIENTS REGISTRATION SHEET

MMU CHOUTUPPAL
Location G. m. thanda
Date 26/06/2019

Sl.No.	NAME	Sex	Age	ADDRESS	Card No.	Regn. Fee Rs.	Old	New
1	A. MANGAMMA	F	55	G. m. thanda	107			
2	A. SITA	F	60	"	55			
3	A. GANASAYA	M	65	"	12			
4	A. SHIVA	M	60	"	108			
5	A. G. HANMAYA	M	65	"	40			
6	A. V. A. I.	F	58	"	02			
7	B. P. PILE	F	65	"	05			
8	A. G. G. L. I.	F	55	"	69			
9	A. D. L. I.	F	65	"	106			
10	A. P. L. O. Y. A.	M	30	"	101			
11	A. J. O. M. L. I.	F	55	"	26			
12	A. J. O. G. B. A. M.	M	55	"	33			
13	A. P. H. O. W. L. I.	F	55	"	24			
14	A. C. A. I. O.	M	58	"	46			
15	A. B. I. C. H. I.	F	57	"	47			
16	B. S. I. D. H. V. A. M. M. A.	F	55	"	85			
17	B. T. H. A. V. I. O.	M	65	"	83			
18	A. J. O. M. A. I. I.	F	58	"	06			
19	A. B. E. K. Y. A.	M	63	"	205			
20	A. G. P. E. R. A. M. A. I.	F	68	"	810			
21	A. J. H. A. V. U. R. A. V.	M	58	"	96			
22	M. M. A. N. A. Y. A.	M	80	"	08			
23	A. K. A. N. G. A. T. I.	F	57	"	11			
24	M. L. A. N. S. A. I. C.	F	55	"	90			
25	M. B. H. I. M. A.	M	72	"	109			
26	A. M. A. J. I.	F	65	"	66			
27	A. V. A. C. H. A. Y. A.	M	30	"	41			
28	A. P. A. B. A. N. G. A.	F	27	"	200			
29	A. K. A. N. G. A. T. I.	F	60	"	72			
30	M. S. E. I. J. A. R. A. V.	M	65	"	38			

Social Protection Officer

360 DEGREES INTERACTION WITH THE EVALUATION TEAM

1. Interaction session with the Doctor:

Name of the Doctor: Dr. Srinivas

Name of the Interviewers: Team from Roda Mistry College of social Work & Research Centre.

Dr. Srinivas, a MBBS degree holder and having two and half year experience is presently working with HelpAge India and treating enrolled beneficiaries of Choutuppal Mandal.

According to him the beneficiaries are aged about 55 years and suffer from ill health due to 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 Nalgonda hospital. After the complete recovery from the hospitals the respective patient reports back to

MMU as and when needed. Generally severe cases of Osteoarthritis, knee replacement or hip replacements are referred to such hospitals.

2. Interaction session with beneficiaries:

a) Name of the beneficiary: K. Vali

Age: 55 yrs

Gender: Female

Occupation: Farmer

Marital Status: Married

Village: Gangamula Thanda

Health issue: Body pains

K. Vali hailing from Gangamula Thanda and employed as a farmer faces body pain almost every day. She had taken natural medicines available in the village as accessibility and affordability for 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 regularly monitor her illness at her own place. She seemed to be very much satisfied with the benefits of treatment and medical care she is receiving from MMU.

b) Name of the beneficiary: V. Gotaya

Age: 56 yrs

Gender: Male

Occupation: Farmer

Marital Status: Married

Village: Vachya Thanda

Health issue: Body pains and No appetite

V. Gotaya hailing from Vachya Thanda and employed as a farmer suffers from body pain almost every day. He had been taking natural medicines available in the village as accessibility and affordability for treatment in the hospital was not feasible for him. The campaign made by the MMU and regular visits of the MMU doctor has helped him to avail medicines free of cost and regularly monitor his illness at his own place. He seemed to be highly satisfied with the benefits of treatment and medical care he is receiving from MMU.

c) Name of the beneficiary: P. Laxmaiah

Age: 75 yrs

Gender: Male

Occupation: Pensioner

Marital Status: Married

Village: Peepal Pahad

Health issue: Hypertension and Joint pain

P. Laxiyah hailing from Peepal Pahad availing pension of Rs.200/- is suffering from hypertension and joint pain. He also had the same story to tell as the other beneficiaries.

3. Interaction with the agency:

Mr. Ramesh, the SPO of HelpAge India for Narayanpur Mandal, was extremely informative and guided the evaluation team to carry out their assigned survey in the selective villages(6) 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.

Mr. Stanley Oguri, Project Coordinator and Mr. V. Yetendra Yadav, Deputy Project Director, CSR projects from HelpAge India gave required statistical information on the project and assured all kind of help to extract necessary information.

4. Interaction session with DGM(P&A-CSR & AM(P&A-CSR) projects-BDL:

The initial interaction with Mr. C. Vijay Bhaskar Rao, DGM, CSR Projects & Mr. N. Mallikarjuna Swamy, AM(P&A-CSR), BDL gave the evaluation team the required information on how to go about the project, their supportive role in ensuring that the project is properly funded, and are channelized according to the allocation. This information served as a guideline for the team to further look into the assigned project.

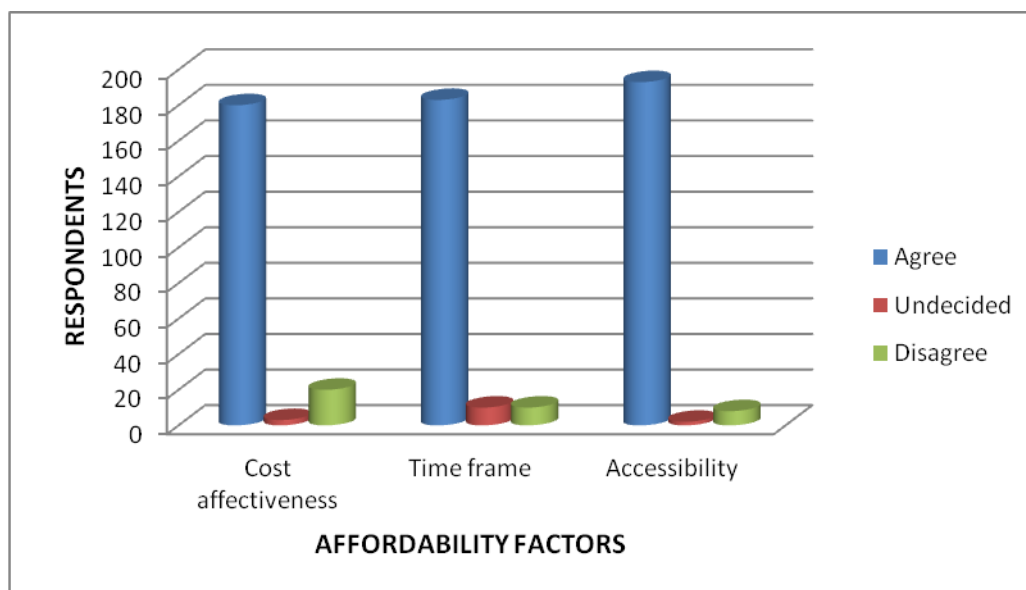
FINDINGS

1. Overall impact analysis:

Following graphical representation covers the entire project's over view on the basis of affordability, accountability, availability, awareness, reliability, and impact analysis amongst the beneficiaries of the above said geographical area.

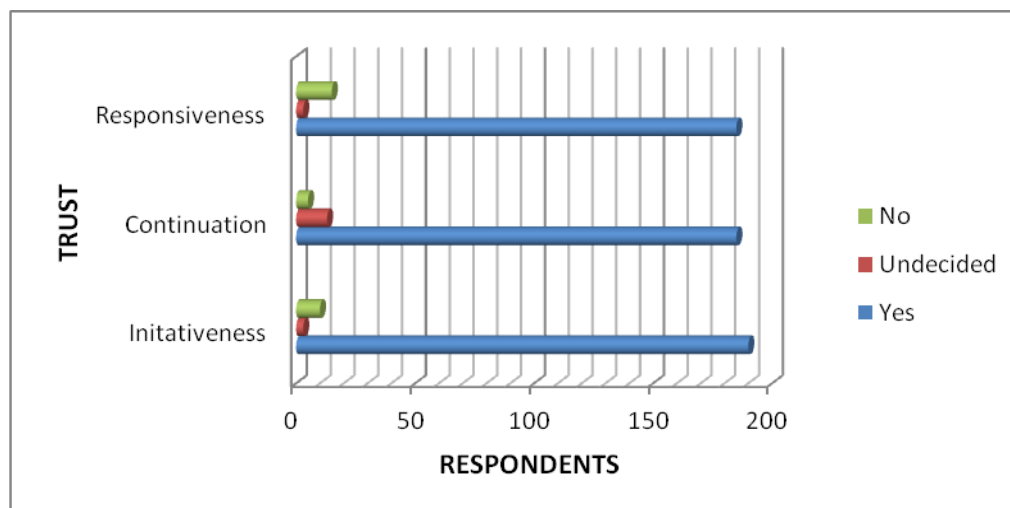
a. Affordability of the beneficiaries:

The impact analysis conducted by the team in the given geographical area of Choutuppal revealed that all the beneficiaries unanimously agreed that the cost effectiveness is extremely satisfactory as the medicine supplied by MMU is for free of cost. Most 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 the interiors of the village. Given below is the graphical representation of the same.



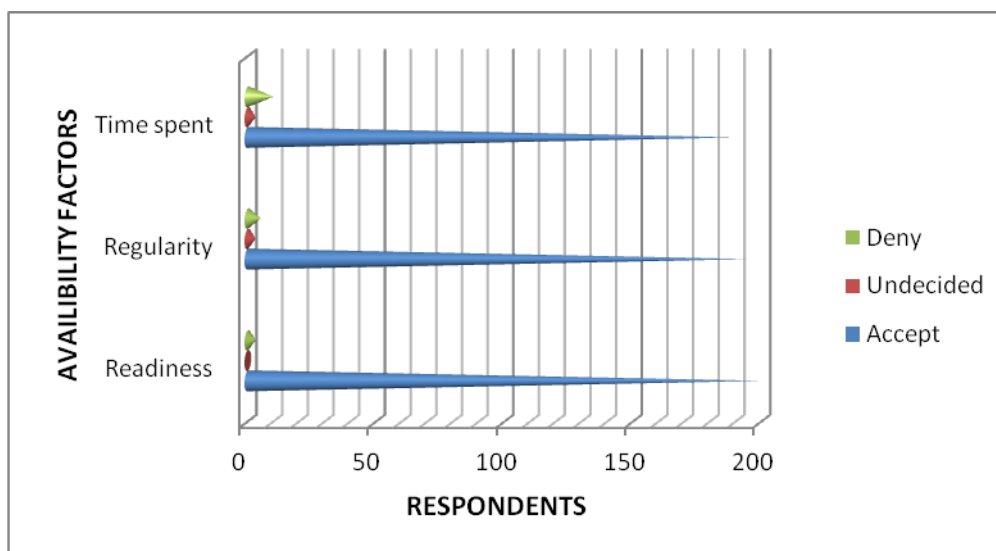
b. Trust of the beneficiaries:

The study revealed that the beneficiaries had lot of trust on the programme being implemented. This was evident by the initiative taken by them and their continued process of availing the facility was good. Those who availed the facility were prompt in responding towards the MMU services.



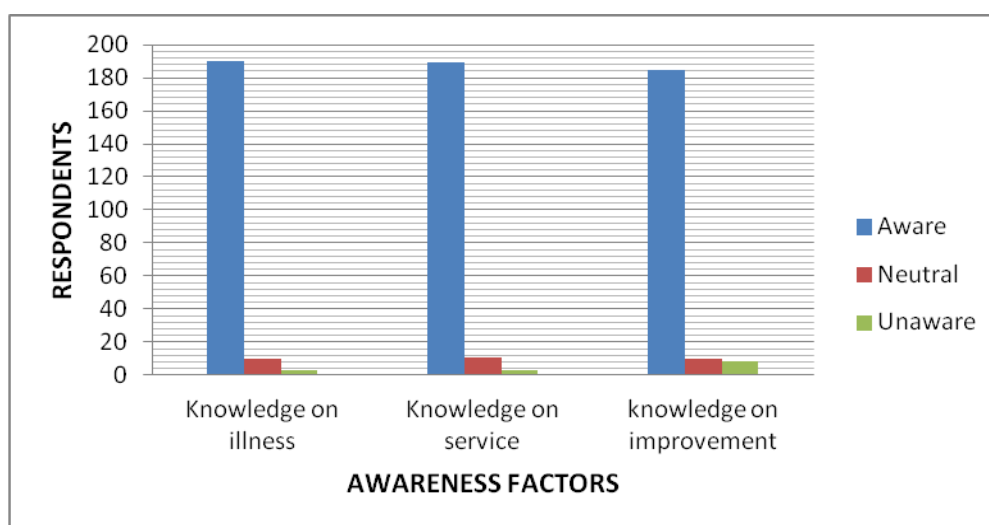
c. Availability of the beneficiaries:

The beneficiaries showcased readiness towards availing the facility. They maintained regularity towards the MMU services and they were satisfied with the time spent in availing these services.



d. Awareness of the beneficiaries:

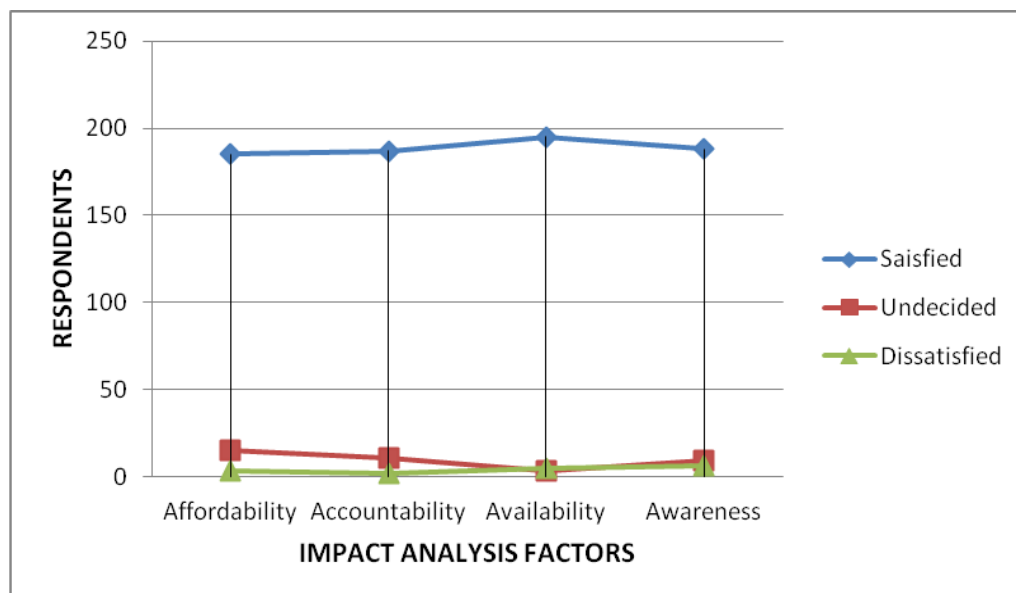
The study showed that the beneficiaries had an understanding of their illness, they also had knowledge of the services of MMU through constant interaction between them and the MMU team, also, and they had to a large extent understood the treatment pattern they received from the MMU team.



e. Overall impact :

It could be summed up that the overall satisfaction levels of the beneficiaries on affordability and awareness are high whereas satisfaction levels in the areas of trust and availability are moderate. The given graph shows that the beneficiaries on all the parameters showcased willingness to respond positively and the reach out of MMU

facility is a successful project in this geographical area. However, few had a very neutral response and couple of others was not satisfied.



2. The summary of the impact of MMU initiative for the beneficiaries:

A

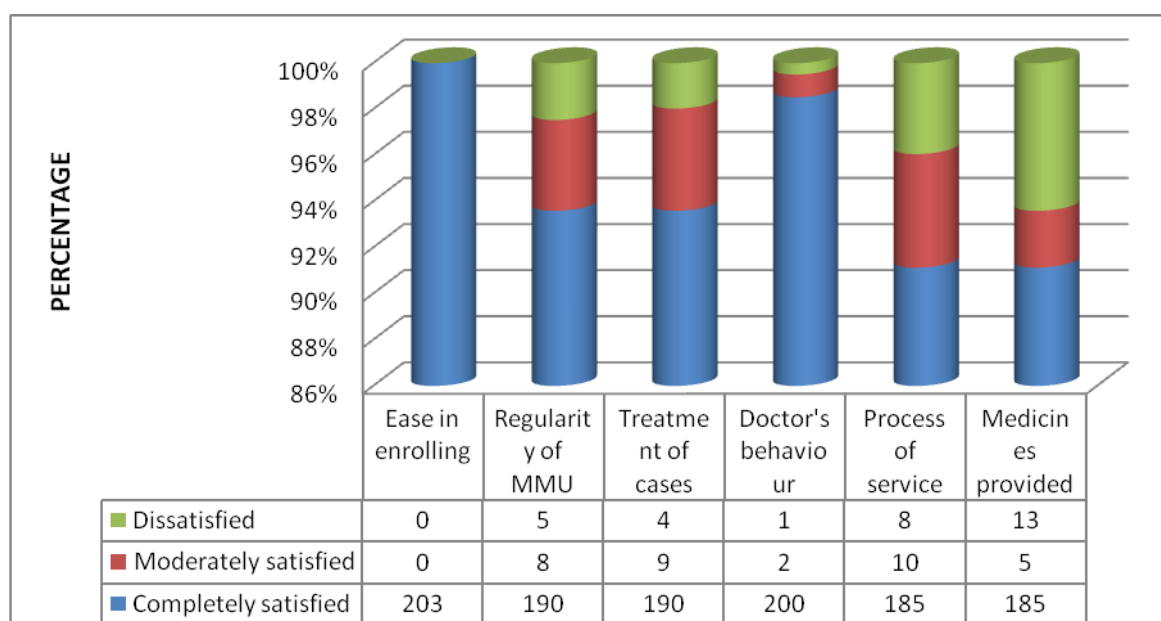
Parameters	Beneficiary View Point	Impact
HEALTH STATUS OF BENEFICIARIES		
Improvement of health status of the beneficiaries	Yes	High
Ease in accessibility of health services	Yes	High
ECONOMIC IMPACT		
Decrease in medical expenditure of the beneficiaries	Yes	High

Summary on beneficiary satisfaction:

Parameters	Satisfaction status	View point
Ease in enrolling to the service	Completely satisfied	There is complete ease in enrolling of the beneficiaries to the service
MMU van operates on scheduled day and time	Completely satisfied	Operation of the MMU van happen on scheduled day and time.
Treatment of all health cases	Moderately satisfied	MMU services are provided for hypertension, diabetes, etc., but does not cover basic or integral cases like kidney problems, heart ailments, etc.,
Doctor attitude and concern towards beneficiaries	Completely satisfied	The beneficiaries are completely satisfied with the doctor's behavior

		and concern he shows towards them.
Process of service	Completely satisfied	It is a streamlined process of service
Medicines provided	Moderately satisfied	Opinions from the beneficiary's shows that effective quality medicines should be provided as well as medicines that cater to varied ailments should be given.

Graphical summary on beneficiary satisfaction



3. Suggestions from the respondents:

- Suggestion was given to improve quality of medicines and lab equipment facility for B.P., blood sugar test, etc.
- Establishment of thirty bed hospital for handling any emergency issues were suggested by respondents at Narayanpur.
- Frequency of MMU visit the village should be twice a week.
- Ambulance facilities to be provided for every three to four villages.
- Health awareness camp on a regular basis to be organized.
- Eye camps need to be provided at regular intervals.
- Injections and I.V. fluids can be provided at times of need.

4. Recommendations:

a) Inclusion of specialist doctors into MMU team:

The initiative of MMU team in these villages has accelerated their services to the required extent during this fiscal year. However, recommendation is given to include a specialist doctor into the panel of MMU team at least once in a month. The study showed that there is lack of hospital facilities in the near vicinity of these villages, the diagnosis of specific

ailments like cardiac diseases, stroke, arthritis, etc becomes nearly impossible. The specialists under MMU team can provide their services so that the intensity and magnitude of such ailments can be done and necessary medications can be given through supportive hospitals to the beneficiaries.

b) Ambulance facility:

The evaluation team also recommend the allocation of an ambulance service in these villages permanently. This would enable the beneficiaries to reach the hospital in case of any emergency. The study revealed that transport facilities are scarce in these areas. This ambulance should be equipped with emergency medical service providers. Furthermore, the project can be enhanced by enabling youth groups of these villages on EMS as the vulnerable population is the older group.

HEALTH CARE – CATARACT SURGERY PARTNER AGENCY – HELPAGE INDIA

INTRODUCTION

Another project of HelpAge for which it has entered into a MoU with BDL India is for providing Ophthalmic Care at a cost of 14.40 Lakh covering 1200 beneficiaries. Eye camp was initiated from January 2014 for providing Ophthalmic Care to the beneficiaries of BPL families in Nalgonda District. The eye camp was organized by HelpAge India where the screening and assessment with regard to the intensity of the problem and interventional strategies were formulated. Accordingly the beneficiaries are referred to supportive eye hospitals. As the beneficiaries are referred by HelpAge team the surgeries are done free of cost.

INTERVENTION OF HELPAGE INTO AREA OF DISEASES:

Diagnosis of partial blindness and cataract is done in the eye camp conducted by HAI.

CASES REFERRED BY HELPAGE INDIA TO OTHER HOSPITALS:

Cataract surgery cases are referred to supportive eye hospitals.

ENROLLMENT CRITERIA UNDER HAI:

- Patients should be the age of 55 and above.
- The economic status is marked below poverty line.
- Patients suffering from health issues as mentioned above.

COVERAGE BY BDL- EYE CARE PROJECT: The Eye Care Project covers around 53 villages in Nalgonda District, which are volunteered by two of the associate hospitals; they are Sadhuram Lions Eye Hospital and MS Reddy Lions Eye Hospital, Hyderabad, respectively. The details of the same are given below:

SADHURAM EYE HOSPITAL:

IOLs were performed from 16th January 2014 to 1st July 2014.

S.No.	Name of the village	No. of IOL's done
1	Chemiriyal	06
2	Sarvail	05
3	Naranyanpur	52
4	Puttapaka	04
5	Vyallapalli	03
6	Potla Thanda	03
7	Janagam	13

8	Rajapet	29
9	Gangamullah Thanda	01
10	Gudur	02
11	Amampatlu	04
12	Vachya Thanda	01
13	Laxmi Devi Guda	03
14	Raghavapur	03
15	Ravipadu	02
16	Nagamani Gudem	02
17	Rudravelly	03
18	Tirumalagiri	04
19	Palley gudem	04
20	Chada	14
21	Nemli guda	01
22	Teryala	10
23	Munugode	05
24	Srinivasa puram	13
25	Kotha gudem	02
26	Chanda	12
Total		201

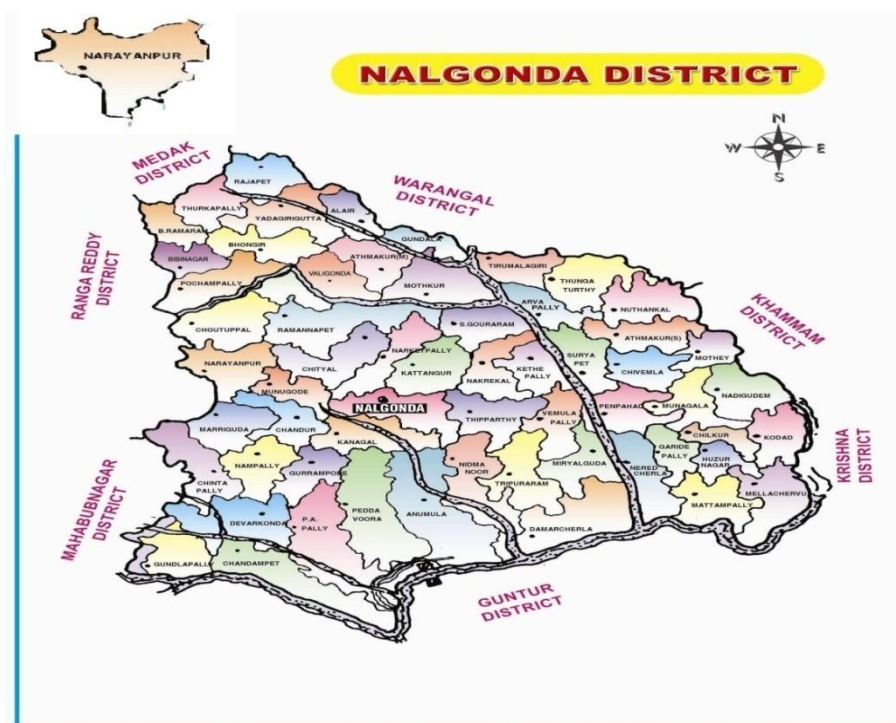
MS REDDY LIONS EYE HOSPITAL:

IOLs were performed from 8th January 2014 to 23rd June 2014.

S.No.	Name of the village	No. of IOL's done
1	Peepal Pahad	19
2	Devara Nagaram	29
3	Koyyala guda	26
4	Tangad pally	54
5	Nagaram	10
6	Pedda kondur	04
7	Chinna kondur	08
8	Mandolla Guda	07
9	Kuntla guda	05
10	Nela patla	12
11	Lakaram	25
12	Athmakur	27
13	Bhongiri	90
14	Mothkur	82
15	Tirumala giri	37
16	Malkapuram	13
17	Milaram	11
18	Kakkireni	21

19	Dharmoji gudem	06
20	Bommala ramaram	05
21	Tupranpet	04
22	Aler	13
23	Janpahad	08
24	Thalla singaram	03
25	Choutuppal	11
26	Damara cherla	64
27	Bibi nagar	08
Total		602

GEOGRAPHICAL LOCATION OF THE PROJECT



BENEFICIARIES STATUS UNDER MMU FOR THE YEAR 2013-14

Target Group - 1200

Total number of beneficiaries – 803

Beneficiaries assigned to associate hospitals:

MS REDDY LIONS EYE HOSPITAL-600

- The target allotted to MS Reddy Lions Eye Hospital was 600.
- The hospital has exceeded the set target by 2.

SADHURAM LIONS EYE HOSPITAL-600

- The target allotted to Sadhuram Lions Eye Hospital was 600.
- The hospital has currently achieved 201 and remaining are 399.

PEOPLE ASSOCIATED WITH EACH MMU:

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

PROJECT IMPLEMENTATION COMMITTEE MEMBERS:

At HelpAge India:

- Mr. Ramesh- Social Protection Officer
- Mr. Stanley Oguri- Project Coordinator
- Mr. S. Dass- State Head, A.P.

At BDL, Hyderabad:

- Dr N K Raju- ED (P&A)
- CSR & SD Committee.

LIST OF MEDICINES USED BY MMU/CATARACT TEAM

S.No.	Name of the Medicine
1	Amlodipine 5mg
2	Amlodipine Besylate + Atenolol 5+50mg
3	Bisacodyl 5mg
4	Calcium Elemental 500mg + Vitamin D3 250mg 500/250gm
5	Cefixime 200mg
6	Cetirizine 10mg
7	Ciprofloxacin Eye/Ear Drops 0.3% 5 MI
8	Deriphylline Retard 150mg
9	Diazepam 2mg

10	Diclofenac Gel 30gm
11	Domperidone 10mg
12	Enalapril 5mg
13	Etoricoxib 60mg
14	Glimiperide 1mg + Metformin 500mg SR
15	Iron + folic acid + cyanocobalamin
16	Liquid Paraffin + Milk of Magnesia 170ml
17	Metformin SR 500mg
18	Metoprolol 50 mg
19	Metronidazole 200mg
20	Neosporin 5mg
21	ORS 21.8gm
22	Povidone iodine 0.05
23	Prednisolone 10gm
24	Rabeprazole Sodium 20mg
25	Ranitidine 150mg
26	Salbutamol 2mg
27	Tinidazole 500mg
28	Unienzyne
29	Vit B complex + C
30	Aspirin 75mg

PICTURE GALLERY





Sample Survey details of the villages under Eye Care Project:

Under this project the eye care services were targeted for the older population of Nalgonda District. The team collected following samples from 08 villages. The samples were collected from 26th Jun 2014 to 9th July 2014.

S.No.	Name of the village	No. of samples
1	Naranyanpur	22
2	Janagam	07
3	Gangamullah Thanda	01
4	Vachya Thanda	01
5	Peepal Pahad	11
6	Devara Nagaram	18
7	Koyyala guda	13
8	Choutuppal	03
Total		76

180 DEGREES INTERACTION OF THE EVALUATION TEAM

Interaction with the agency:

Mr. Ramesh, the SPO of HelpAge India for Narayanpur Mandal, was extremely informative and guided the evaluation team to carry out their assigned survey in the selected villages (8) of this area. He gave information on various parameters of eye care services provided by HelpAge India in conducting the Eye camps. The screening, detecting and referrals for the surgeries are done from this camp to the associate hospitals.

Mr. Stanley Oguri, Project Coordinator and Mr. V. Yetendra Yadav, Deputy Project Director, CSR projects from HelpAge India gave required statistical information on the project and assured all kind of help to extract necessary information.

Interaction with AM-CSR projects-BDL

The initial interaction with Mr. N.Mallikarjuna Swamy, Asst.Manager(P&A)CSR Projects- BDL gave the evaluation team the required information on how the initiation of the cataract project happened for the year 2013-14 and with regard to the funding of surgeries for the beneficiaries in the respective associate hospitals. This information served as a guideline for the team to further look into the assigned project.

Interaction with beneficiaries:

1. Name of the beneficiary: Mr.Bheema

Age: 70 yrs

Gender: Male

Occupation: Farmer

Marital Status: Married

Village: Gangamula Thanda

Health issue: Blindness in the Left Eye due to Cataract.

Mr. Bheema hails from Gangamula Thanda and was a farmer. The Eye camp organized by the HelpAge India and regular visits of the MMU doctor has helped him to avail free cataract surgery from one of the supportive eye hospitals. He seemed to be highly satisfied with the benefits of treatment and medical care he is receiving from MMU team.

2. Name of the beneficiary: B. Santtamma

Age: 72 yrs

Gender: Female

Occupation: Farmer

Marital Status: Married

Village: Devalamma Nagaram

Health issue: Partial blindness in the Right Eye due to Cataract.

Ms.B. Santamma hailing from Devalamma Nagaram and receiving the service pension of her husband was suffering from partial blindness in the right eye. The same was screened in the eye camp conducted by HelpAge India. The beneficiary was referred to the eye hospital where she underwent the eye operation for cataract. Presently she is able to see and is happy with the care and treatment given by HelpAge MMU team.

3. Name of the beneficiary: Mr.Lingaiah

Age: 75 yrs

Gender: Male

Occupation: Pensioner

Marital Status: Married

Village: Peepal Pahad

Health issue: Complete blindness due to cataract.

Mr.Lingaiah hailing from Peepal Pahad availing pension of Rs.200/- was suffering from complete blindness. The MMU eye camp facilitated him in having free operation for cataract from one of their supportive eye hospital. When the survey team met the beneficiary, he sounded to be very happy and was able to see. He is presently continuing his treatment and medicines from MMU cataract.

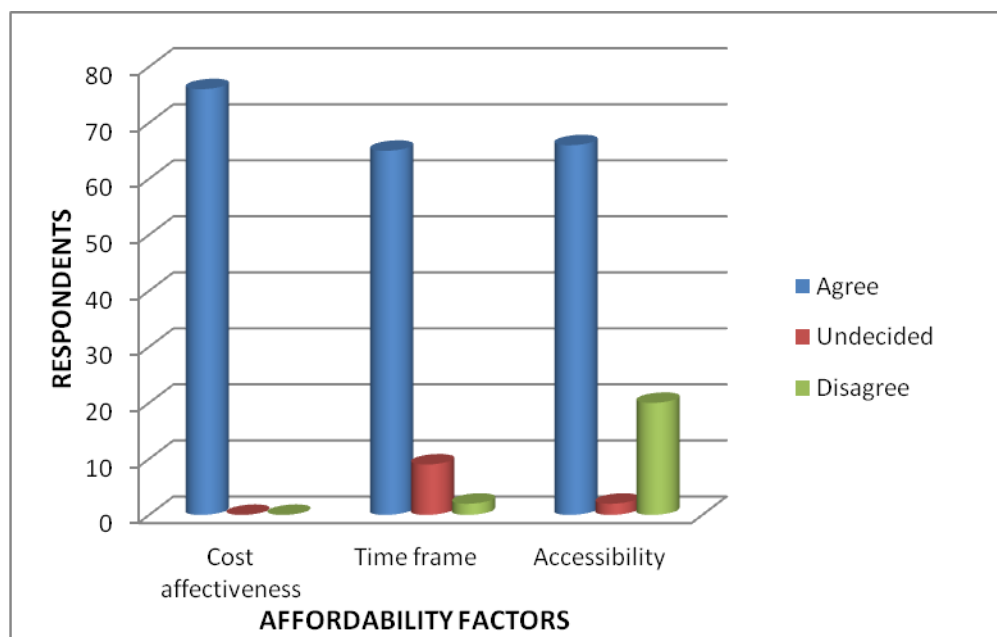
FINAL FINDINGS:

Impact analysis:

Following graphical representation displays the project's overview of cataract surgeries done in the Nalgonda District. The analysis is done on the basis of affordability, availability, and awareness factors. The overall impact analysis amongst the beneficiaries of the above said geographical area is also given below.

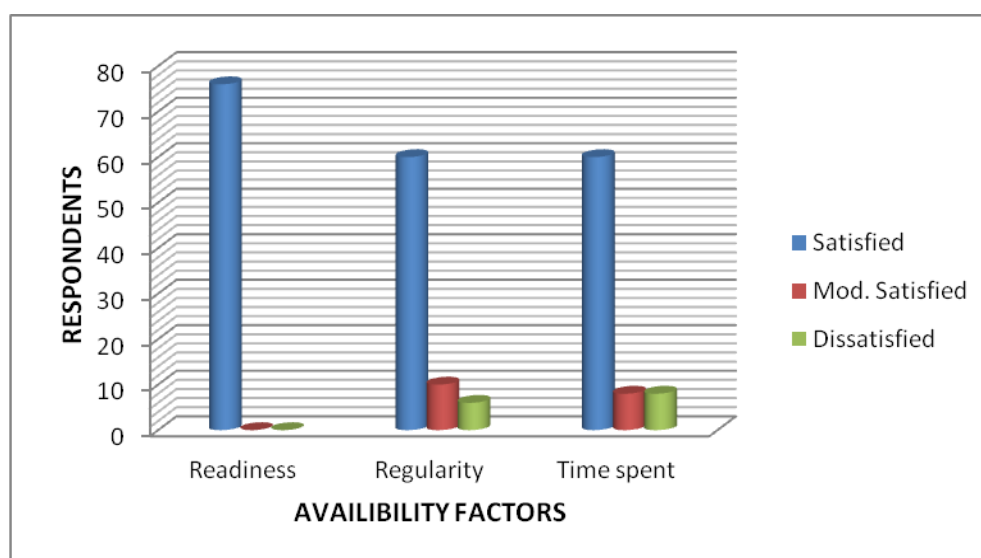
a. Affordability

The impact analysis conducted by the team in the given geographical area of Narayanapur Mandal revealed that all the beneficiaries are extremely satisfied with the eye care services rendered by the associate hospitals as they could be availed free of cost. Majority agreed on the convenience of the time frame; however few differed on this view. With regard to accessibility of the facility, while majority agreed that the services were easily reachable; few felt that the distance taken to travel was not convenient.



b. Availability :

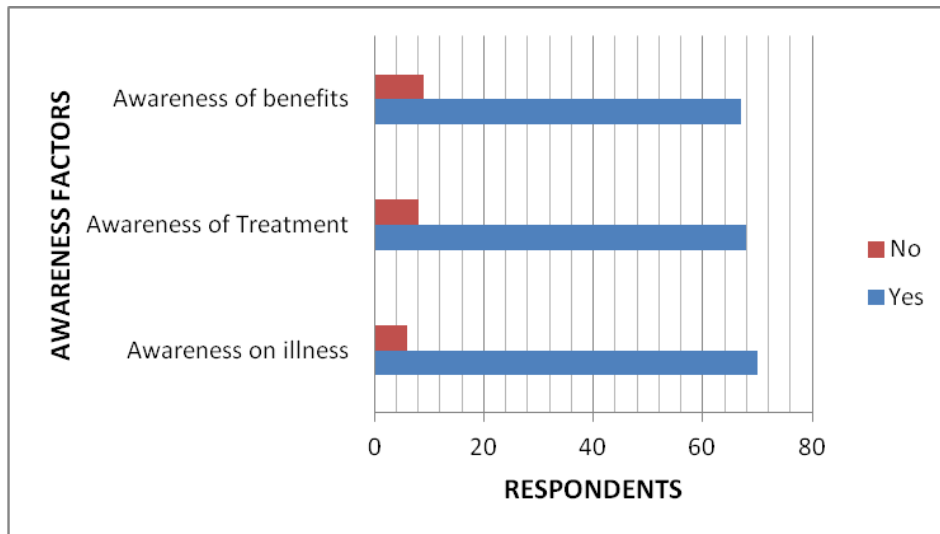
The beneficiaries showcased readiness towards availing the facility. The survey team found that majority of the respondents were moderately satisfied and most of the beneficiaries agreed with the quality time spent in understanding the problem and availing required services through the associate eye hospitals.



c. Awareness

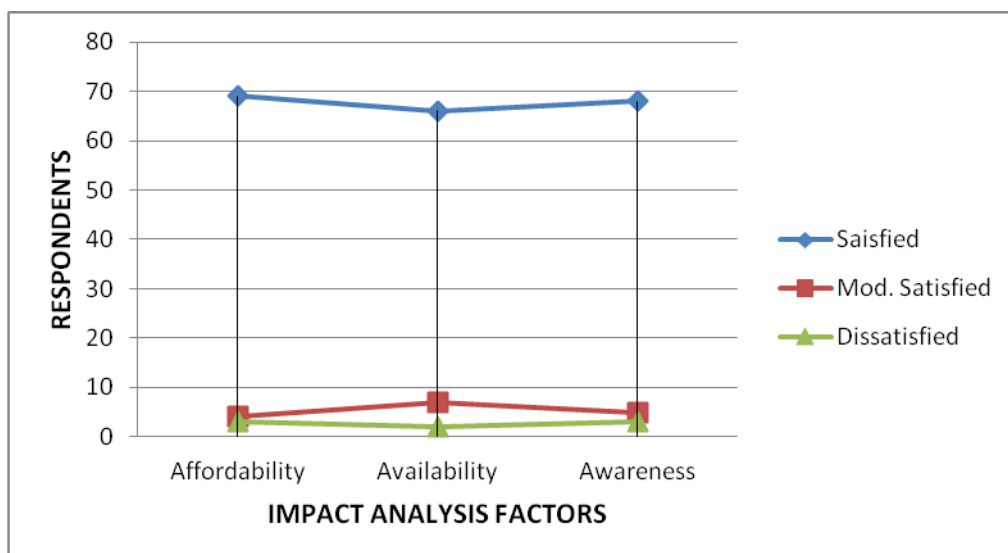
The study showed that the beneficiaries had an understanding of their eye problem through the screening and detection done in the eye camp. They were also given knowledge

on the treatment process in the associate eye hospitals. They as well understood the extent of the benefits they got through the treatment.



Impact analysis:

The overall analysis of the different factors showcased that beneficiaries were highly satisfied with the affordability whereas they were moderately satisfied with the availability of the services. The given graph shows that the beneficiaries on all the parameters showcased responded positively and the reach out of the Eye care services was successful to a great extent in this geographical area, however few had a neutral response and couple of others were not satisfied.



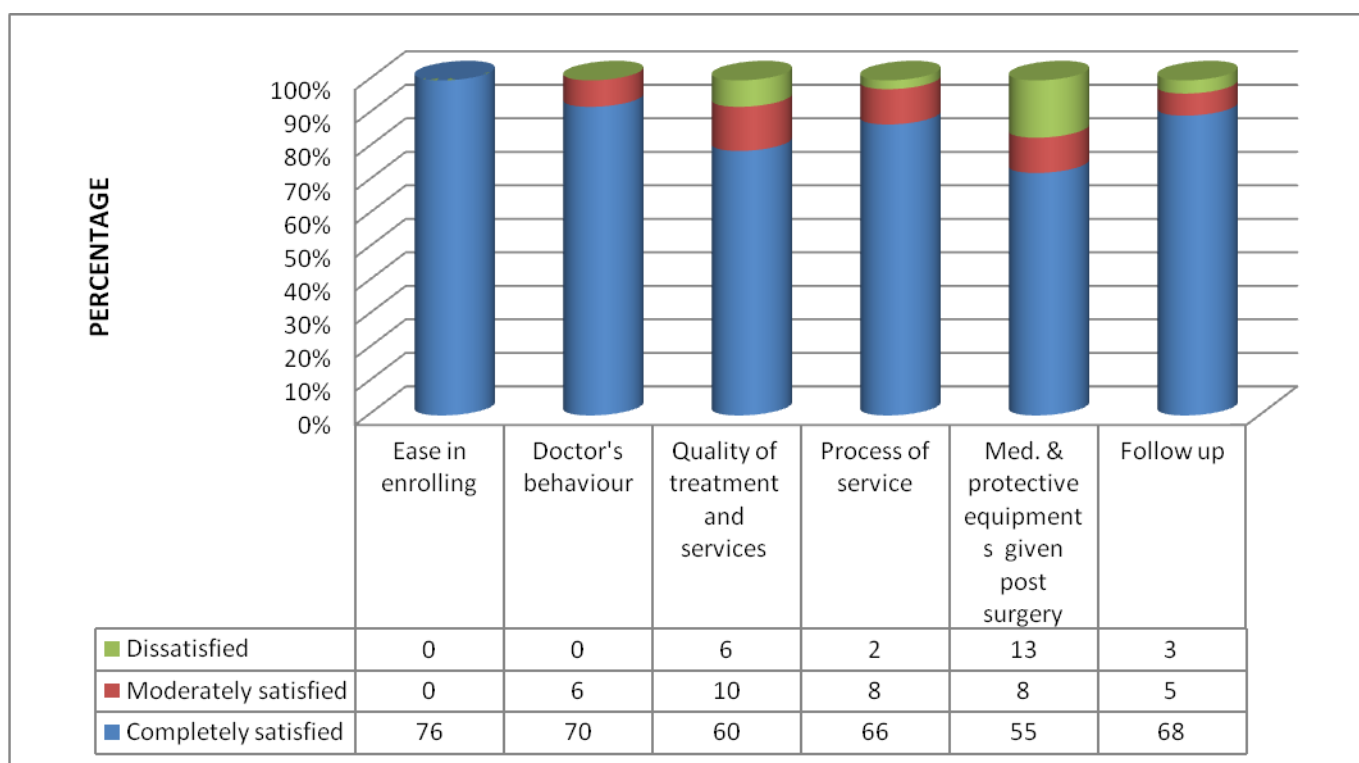
THE IMPACT OF THE PROJECT HAS BEEN SUMMARIZED AS BELOW

Parameters	Beneficiaries Response	Impact
HEALTH STATUS OF BENEFICIARIES		
Vision Improvement of the beneficiaries	Yes	High
Ease in accessibility of Eye care services	Yes	High
ECONOMIC IMPACT		
Decrease in medical expenditure of the beneficiaries	Yes	High

SUMMARY OF BENEFICIARY SATISFACTION:

Parameters	Satisfaction status	View point
Ease in enrolling to the service	Completely satisfied	There is complete ease in enrolling of the beneficiaries to the service
Doctor's attitude and concern towards beneficiaries	Completely satisfied	The beneficiaries are completely satisfied with the doctor's behavior and concern he shows towards them.
Quality of treatment and services	Moderately satisfied	The beneficiaries were not Completely satisfied with irregular pattern of screening and detection as it did not cover the entire population during the Eye camp.
Process of service	Completely satisfied	It is a streamlined process of service
Medicines and protective equipments provided post surgery	Dissatisfied	The poor qualities of post surgery protective glasses were highlighted by the beneficiaries during the interaction. Medicines as well did not meet the required standards.
Follow up	Moderately satisfied	Due to the absence of Ophthalmologist proper follow up was not possible for the beneficiaries after the surgery.

Graphical summary on beneficiary satisfaction:



SUGGESTIONS FROM THE RESPONDENTS:

- Suggestions were made for provision of better protective spectacles post surgery.
- Eye camps need to be organized at regular intervals.

RECOMMENDATIONS:

- **An Ophthalmologist along with the MMU team to be provided:**

Eye care services by HelpAge India in these villages by way of conducting awareness camp have helped the older population of these villages in screening and detection of their eye problem. The targeted beneficiaries are referred to associate hospitals for cataract surgeries. However the problem arises when the beneficiaries have to report to specialist eye doctor after the surgery as there is no ophthalmologist in the MMU team. Hence it is recommended to include a specialist eye doctor into the panel of MMU team at least once in a month. The specialist under MMU team can provide eye care services so that the intensity and magnitude of partial and complete blindness can be detected at an earlier stage and could be referred to associate eye hospitals.

PROJECT - III

ECO-SANITATION PROJECT PARTNER AGENCY – AFPRO

ECO-SANITATION PROJECT

About Ecological Sanitation (eco-san):

The concept of ecological sanitation (eco-san) is built on the idea that human excreta is not a waste, but can be a valuable fertilizer if it is properly treated and composted. People get the nutrients they require for living from vegetables, fruits and grains etc obtained from plants. Many of these nutrients remain in human waste. By decomposing this waste in a controlled way, the nutrients can be ploughed back into soil and used to grow additional plants, continuing cycle. Practical action created a technical brief that describes how ecosan works and what the advantages and risk of the technology are.

Types of ecosan toilets

- **Dehydration toilets** –these toilets divert solid waste into one chamber and liquid waste into another. The solid waste chambers mix human excreta with lime and allow it to dry out. This kills pathogens and reduces fly populations around latrines.
- **Composting toilets** –these toilets are used to create a high quality fertilizer when the waste decomposes. A shallow pit is dug to collect the waste and small amount of soil and ash is added after each use. When the latrine is full the pit is covered with soil and the waste is allowed to fully decompose. The compost can then be recovered and used as fertilizer.
- **Other designs** – there are many ecosan toilet designs used in different communities. Toilets can be designed for dry climates, waterlogged areas, urban centres, rural villages and many other localities and conditions. Most of these designs are based on the concept of dehydration or compost.

Eco-san or ecological sanitation is based on three principles:

- i. Prevention: preventing pollution rather than costly treatment options to deal with the ill effects of pollution.
- ii. Sanitization: urine and feces for recycling.
- iii. Safety: using nutrients found in human excreta for agriculture and horticulture.

Structure of Eco-san model used in project area: The eco-san concept is based on the liquid separation systems which recycles all outputs in a hygienic manner through on-site sanitation to minimize contamination risks. It produces three outputs, namely feces, urine and wash-water. Eco-san toilets use an eco-san which diverts urine, feces and wash water. Eco-san toilets do not require water for flushing feces and urine. Feces stored in a chamber and container and covered with ash or a mixture lime and soil or saw dust. After one chamber gets filled up it is sealed and the other chamber is used. After certain duration of time (One year) humus created serves as an excellent soil conditioner which is rich in carbon. The humus can be used as a fertilizer in the field. The separately collected urine can also be used as a fertilizer which is rich in nitrogen.



Advantages & Challenges of Eco-san Model over Conventional Sanitation Models:

Eco- san provides for long term sustainability of sanitation facilities based on recycling of nutrients found in human excreta. The concept can be modified to serve different areas at the household, school and community level. As an approach it is integrated having manifold advantages by linking hygiene, water supply, sanitation, resource conservation, environmental protection, agriculture, irrigation and food security.

Some of its advantages have been summarized below:-

- Unique design promotes reduced utilization of water for purposes of flushing from approximately 12 litres per person per use to 4 litres per person per use (Including water used for purposes of body wash)
- Appropriate model of sanitation for water scare areas.
- Unique design of the model promotes recycling of urine and excreta after their safe and hygienic recovery.
- Decomposition of human excreta and formation of manure, promotes utilization non-chemical based nutrients.
- Potential utilization of human excreta and manure in a scientific manner can contribute to improvement in agricultural productivity.
- Promotion of a holistic, interdisciplinary approach to hygiene, water supply and sanitation, resource conversation, environmental protection, urban planning, agriculture, irrigation, food security, small-business promotion.
- Beneficial material- flow cycle instead of disposal.

Challenges associated with an Eco-San model are:

- Eco-san toilet construction, usage, post construction phase etc. are very different from conventional toilets.
- Intensive training should be given to the masons, users and supervisory staff for successful working of the toilets.
- Post construction monitoring is very necessary for required operation and maintenance of the system
- Usage of compost and urine as a fertilizer is not accepted easily and requires sustained Information, Education and Communication (IEC) to remove social prejudices.
- Coordination with various stakeholders is essential
- Capacity building of the field staff and supervisory staff is essential
- Eco-san should be promoted as a solution for saving water and sustainable.

Action for Food Production (AFPRO)

AFPRO is an NGO with a prominent national presence. Established in 1966 with Christian inspiration, as a secular Indian technical service organization, it was registered (registration No.3516) in 1967 under the Societies Registration Act XXI of 1860.

Operating through 9 Regional Offices located across the geographical expanse of the country, AFPRO strive to enhance livelihoods and quality of life of rural poor and marginalized communities through the management of natural resources such as land, water and forests. Critical economic activities revolving around these natural resources are – agriculture, livestock, fishery and forestry. New frontiers are being explored through non-farm based skill development activities, as strategies to empower communities.

AFPRO illustrious evolution, spanning over 47 years (1966 – 2013), represents systematic shifts, with the organization rising to address critical development concerns of the nation. From a ‘Welfare Oriented’ approach focusing on groundwater exploration; we have risen to address issues of increasing food production and degradation of natural resources through our phases of ‘Growing Environmental Consciousness’ and ‘Exploring Technological Options’. Acknowledging ‘Social Integration’ as key to the success of development interventions; paradigm shifts in the organizations approaches have been represented by the adoption of Participatory Rural Appraisals and Participatory Appraisal and Learning Methods (PALM) as precursors to the development process.

AFPRO experience in water and sanitation can be highlighted through its collaborations with multiple funding agencies such as Swiss Development Corporation, UNICEF, Monsanto; and Ministry of Drinking Water and Sanitation, Ministry of Rural Development; and Corporations such as ACC, BALCO, BILT, and BDL operating across the geographical spread of the country.

Goal:

To improve access to safe and hygienic sanitation practices among the tribal communities.

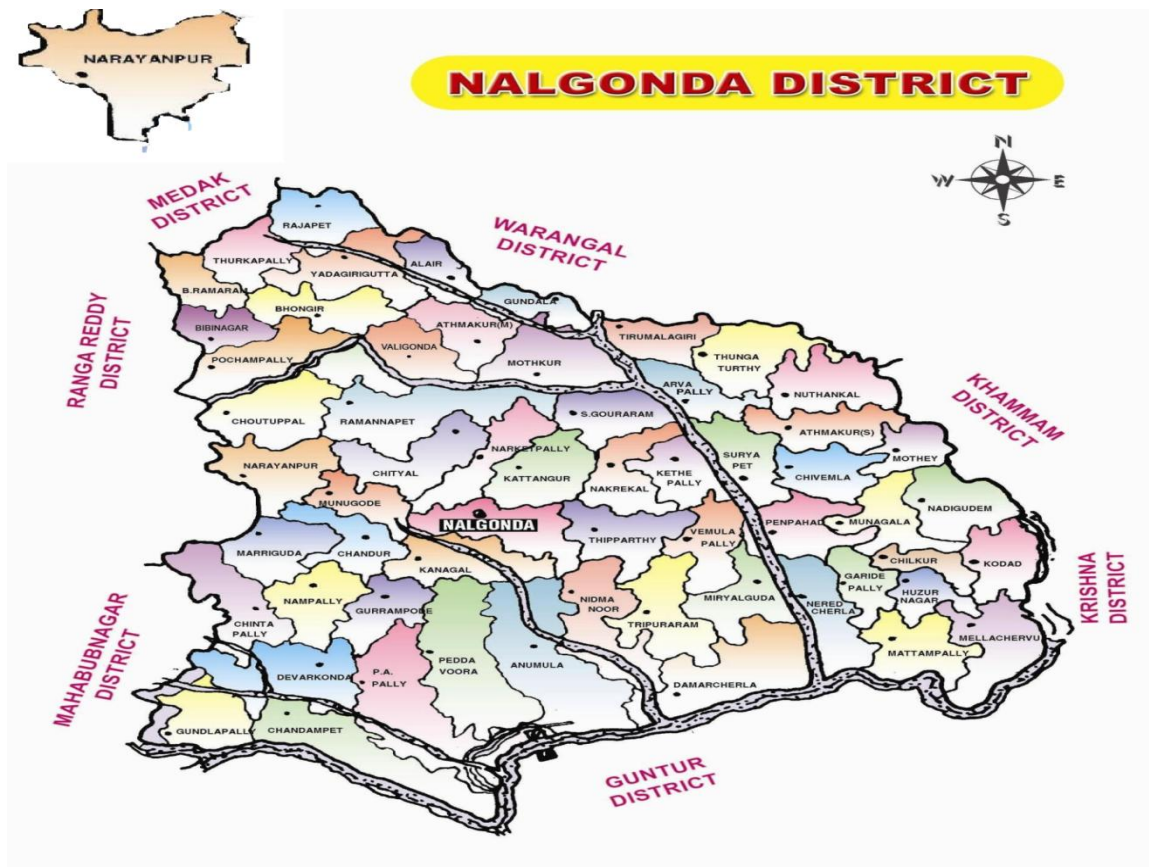
Objectives:

- Motivate communities in promoting sustainable sanitation facilities through awareness creation and public health education.

- Accelerate sanitation coverage in rural areas to improve access to all ,especially among women.
- Cover schools and anganwadis in rural areas with sanitation facilities and promote hygienic education and sanitary habits right from childhood.
- Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation

Demographic Profile of Narayanpur:

Narayanpur mandal is situated in Nalgonda District. According to 2011 census, Narayanpur has a total population of 44,335 which constitute 52% of male population, 48% of female population, 16% of SC's and 22% of ST's.



Methodology

Universe:

The universe of the study is 220 households which comprises of three villages Kurumakesari, Gangamoola Thanda and VacheyThanda of Narayanpur Mandal.

Sampling:

The team selected 20 samples for the assessment of impact study of Eco-san toilets. The survey was conducted from 26 Jun 2014 to 9 Jul 2014. The parameters considered for the study are mentioned below:

Awareness on ECO-SAN toilets

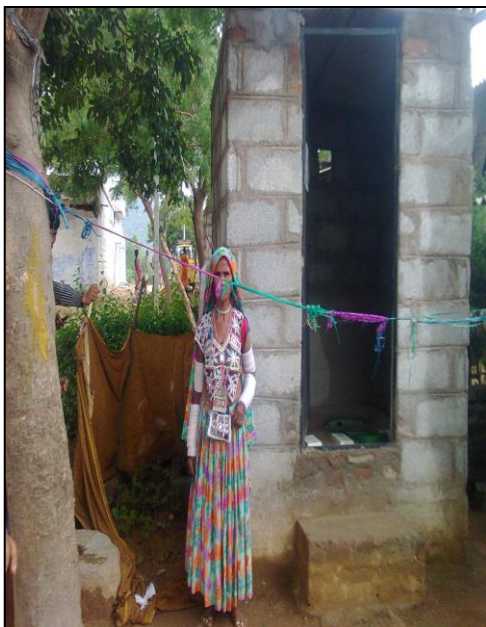
The awareness on ECOSAN toilets was done by AFPRO in a stupendous way to reach all members in the community. The methods used for the awareness programme in the communities include Street plays, door-door campaign, awareness programmes in panchayath office, schools and other institutions. Along with all these programmes, the beneficiaries were taken on an exclusive field trip to Trichy, Tamil Nadu by AFPRO-BDL to get a hands-on experience in using the toilets and get acquainted with the benefits of using them. In the field trip personal interaction was arranged with the existing users to know the benefits of the ECO SAN project.





Kind of Toilet facility available in access:

As there is water and sanitation scarcity already existing in the area where beneficiaries reside, they were happy about Eco-San toilet facility because of its less water consumption feature. The beneficiaries have readily accepted to construct these kinds of toilets when they were offered by BDL-AFPRO.





Users are satisfied by using ECO SAN toilets as they were following the exact steps involved in using the ecosan and have mentioned that they are happy this facility of toilet, instead, of using the open grounds for defecation.

M/s AFPRO could construct 234 eco-san toilets (212 toilets in 2012-13 & 22 toilets in 2013-14) at cost of Rs.20,000 each toilet. During the financial year 2013-14 an amount of Rs.19.72 Lakh. was incurred for this project.

Conclusion:

Ecological sanitation (ECOSAN) is an innovative approach to the promotion of sanitation and hygiene. It is based on a strong foundation of behaviour change among local communities. BDL and AFPRO were successful in creating awareness by the participation of the community and want to compensate the scarcity of sanitation. The respondents gained the importance of sanitation. Earlier, respondents were not having access to toilets. After the ECOSAN project came up for providing sanitation facility the villagers accepted to use the facility as it was provided free of cost.

Ecosan project was able to educate people about need of sanitation facility.

PROJECT - IV
EVALUATION OF DRINKING WATER PROJECT
PARTNER AGENCY - NAANDI FOUNDATION.

BDL made a MoU with M/s Naandi Foundation on 29th day of September, 2012 for providing safe and quality drinking water by installing 3 water treatment plants at a cost of Rs.55 Lakh in Nalgonda District, which is one among the high quantity of fluoride content in ground water. Three villages namely Samstan Narayanpur, Janagoan and Peeplapahad were selected. During the financial year 2013-14, an amount of Rs.25 Lakh was released to M/s Naandi Foundation.



OBJECTIVES OF THE PROJECT:

It is well known fact that high fluoride content in water leads to dental and skeletal fluorosis. Keeping this fact in view BDL and Naandi Foundation decided to provide safe and quality drinking water to the people of the above said three villages of Nalgonda district by establishing water treatment plants.

GUIDING PRINCIPLES AND STRATEGIES:

In order to achieve the above said objective, a tripartite partnership between local communities, a donor (BDL) and Naandi Foundation was involved.

The role defined in the partnership is as follows:

The community as represented by the Gram Panchayat provides:

- A suitable location in the village for the installation of treatment facility,
- The power connection of capacity required by the plant,
- Support Naandi in its social activities in creating awareness,
- Support Naandi in collecting user fee and in managing the plant.

The Donor (BDL) provides:

- Funding for the CAPEX of the project which covers reliable water source, the building, plant and machinery, storage, installation and the commissioning, initial survey, community mobilization and other connected expenses.
- Funding for the deficit in the operation and maintenance cost.

Naandi Foundation acts as the project manager. It takes responsibility for the following aspects:

- The selection of suitable location,
- The installation of water center,
- Efficient operation of the water center,
- Quality of water – ensures that output water meets BIS standards all the time.

A user friendly fee of Rs.2/- per 20 Litres is collected by Naandi in order to meet the running cost, operational and maintenance expenses.

As per the MoU terms and conditions, Naandi signs a MoU with the village panchayat which says that they will take care of the implementation and maintenance of the plant for a period of 5 years. After that tenure is completed, Naandi either hands over the plant to the community if they want to maintain themselves or renew the agreement for another 5 years.

Total no. of Beneficiaries

Total number of registrations till date at Narayanpur is 648

Total number of registrations till date at Janagam is 400

Total number of registrations till date at peeplapahad is 395

Day to day monitoring and implementation process of the project:

Naandi has a strong supporting team that helps in the implementation and maintenance of the plant from time to time. They have appointed a person who is basically a technician and visits plant regularly, a breakdown analyst, a territory officer who takes charge of all plants. A cluster head who takes in charge of a cluster of plants and finally a zonal head in charge of a total zone.

Survey Conducted: The survey was conducted during 26 Jun 2014 to 9 Jul 2014.

DETAILS OF NARAYANPUR VILLAGE

Individual questioners were filled from the beneficiaries. The details of the beneficiaries with whom interacted are given bellow:

S.NO	Beneficiary Name	Age of Beneficiary	No. of Family Members
01.	VeendamDador	50 years	3 members

02.	VeendamVijaya	38 yeas	4 members
03.	GanjiRamulu	45 years	4 members
04.	UshkayalaGiri	25 years	12 members
05.	VeendamRenuka	30 years	3 members
06.	VeeramallaKalamma	29 years	7 members
07.	SuraPeddaRajaiah	62 years	6 members
08.	Bakaram Ganesh	38 years	3 members
09.	Manchikantisrinivasulu	55 years	9 members
10.	Rudra Chandra Mohan	54 years	3 members

Total No. of Families surveyed	10 families
Total No. of beneficiaries covered	54 members
1 can (20 liters) price	Rs.2/-
10 families monthly usage	300 liters
Problems expressed	<ol style="list-style-type: none"> 1. Difficult to supply to autos with in the same time. 2. Due to power cut, can't deliver more water. 3. Find different taste once when the cauterizes changes.
Suggestions	<ol style="list-style-type: none"> 1. Need one more water plant at mandal office area. 2. Need separate tap for Auto. 3. Request for arranging single phase bore and machinery, so that current problem may not be there. 4. 2 families requested for 12 hours water supply. 5. Need more taps at plant. 6. Request for creating awareness among non-users to utilizing the mineral water for drinking purpose.
Satisfaction with Price, Service and Quality	90% of the beneficiaries were completely satisfied with the price and services

Details of other organisations which are availing water facilities from Narayanpur water service:

S.No	Organisation Name	Foundation Name (Address to)	Letter dated	Subject	Request for water in litres or cans	Present usage litres or cans
01	Zilla Parishad High School, Sanstan	Naandi Foundation, Narayanpur	12 th June, 2013	Request for providing drinking	Not mentioned the	50 cans / day

	Narayanpur			mineral water for staff and students (Students are 418 and 20 staff members)	quantity of Litres.	
02	Mandal Educational office, Samsthan Narayanpur	Naandi Foundation, Samsthan Narayanpur	12 th June, 2013	Supply of Mineral water to Mandal office, Narayanapuram	2 cans of additional water in case of meetings	2 cans / day
03	Police station, Samsthan Narayanapuram	Manager, Bharath Dynamics Limited	14 th June, 2013	Request for providing Mineral drinking water to police station, Narayanapuram	6 cans of mineral water	10 cans / day
04	Mandal Development office, Mandal Praja Parishad office, Samsthan Narayanapuram	Naandi Foundation, Samsthan Narayanpur	1 st May, 2013	Request for providing Mineral drinking water to Mandalpraja Parishad office, Narayanapuram	2 cans and additional water in case of meeting	2 cans / day
05	Central ground water board, Hyderabad division.	Naandi Foundation, Samsthan Narayanpur	25 th May, 2013	Request for providing Mineral drinking water from your plant	Not mentioned the quantity of water	
06	Government Jr. College, Samsthan Narayanpur	Naandi Foundation, Samsthan Narayanpur	14 th June, 2013	Request for providing Mineral drinking water from your plant	2 cans and additional in case of functions	2 cans / day
07	Zilla Parishad High School(Girls), Samsthan Narayanpur	Naandi Foundation, Samsthan Narayanpur	19 th June, 2013	Request for providing Mineral drinking water for staff and students	Not mentioned the quantity of water	12 cans / day
08	KasturibaGirijanaBalikalaVidyalayam, SamsthanNarayanpur	Naandi Foundation, Samsthan Narayanpur	22 th June, 2013	Request for providing Mineral drinking water for staff and students	Not mentioned the quantity of water	15 cans / day

09	Mandal Parishad Primary School, SamsthanNarayanapuram	Naandi Foundation, Samsthan Narayanpur	24 th June, 2013	Request for providing Mineral drinking water to Primary School and mid-day meals coking purpose at Narayanapuram	Not mentioned the quantity of water	2 cans / day
10	Mandal Parishad Primary School, SamsthanNarayanapuram	Naandi Foundation, Samsthan Narayanpur	24 th June, 2013	Request for providing Mineral drinking water to police station, Narayanapuram	Not mentioned the quantity of water	20 cans / day
11	Government social welfare girls hostel, SamstanNarayanapuram	Naandi Foundation, Samsthan Narayanpur	04 th July, 2013	Request for providing Mineral drinking water to Government social welfare girls hostel, samstanNarayanapuram	Not mentioned the quantity of water	6 cans / day
12	Government social welfare boys hostel, SamstanNarayanapuram	Naandi Foundation, Samsthan Narayanpur	04 th July, 2013	Request for providing Mineral drinking water to social welfare boys hostel, Narayanapuram	Not mentioned the quantity of water	6 cans / day

FOR JANAGAM VILLAGE

S.NO	Beneficiary Name	Age of Beneficiary	No. of Family Members
01	Md.Jilani	75 years	5 members
02	KondrojuShashikala	26 years	3 members
03	KondrojuMallesh	43 years	5 members
04	TandaJangamma	35 years	4 members
05	KondruGopal	55 years	6 members
06	TandaJangaiah	45 years	5 members

TOTAL NO. OF FAMILIES SURVEYED	06
Total number of beneficiaries covered	28

06 families monthly usage of water	160 Litres
1 can price (20 Litres)	Rs.2/-
Problems	Nil
Suggestions	Nil
Satisfaction with price, service and quality	100% respondents are satisfied.

Details of other organizations which are availing water facilities from Janagam village water service:

S. No	Organisation Name	Foundation Name(Address to)	Letter dated	Subject	Request for water in Litres or cans	Present usage Litres or cans
01	Zilla Parishad High School, Janagam	Naandi Foundation, Janagam	05 th July, 2013	Supply of mineral water to Zilla Parishad school in the village	500 Litres	
02	Anganwadi center- I, Janagam	Naandi Foundation, Janagam	20 th June, 2013	Supply of filter water to anganwadi center-I		
03	Anganwadi center- II, Janagam	Naandi Foundation, Janagam	20 th June, 2013	Supply of filter water to anganwadi center-II		
04	Mandal Parishad Primary School, Janagam	Naandi Foundation, Janagam	5 th July 2013	Request to supply mineral water to Mandal Parishad Primary School in the village.		

FOR PEEPLAPAHAD VILLAGE

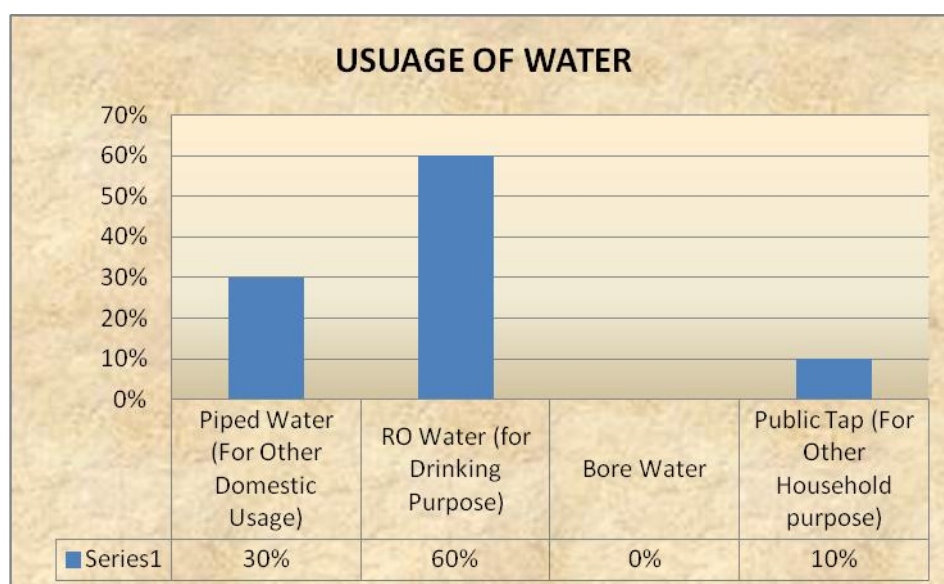
S.NO	Beneficiary Name	Age of Beneficiary	No. of Family Members
01	N.Narsimha	40 years	4 members
02	Buchaiah	55 years	5 members
03	Mahesh	27 years	4 members
04	Rama swamy	44 years	7 members

TOTAL NO. OF FAMILIES SURVEYED	04
Total number of beneficiaries covered	20
Avg Consumption per person per day	4 Litres
1 can price (20 Litres)	Rs.2/-
Problems	Nil
Suggestions	Nil
Satisfaction with price, service and quality	100% respondents are satisfied.

OUT COME OF THE PROJECT:

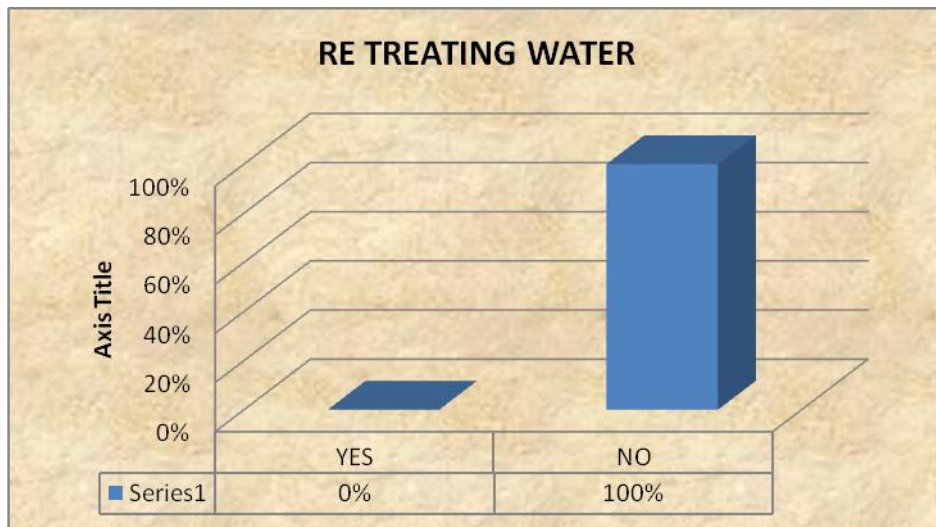
It is a proven that Nalgonda district water has a high content of fluoride. As a result of exposure to excessive consumption of fluoride over a lifetime may lead to increased likelihood of bone fractures in adults, and may result in effects on bone leading to pain and tenderness. Children aged 8 years and younger exposed to excessive amounts of fluoride have an increased chance of developing pits in the tooth enamel, along with a range of cosmetic effects to teeth.

USAGE OF WATER

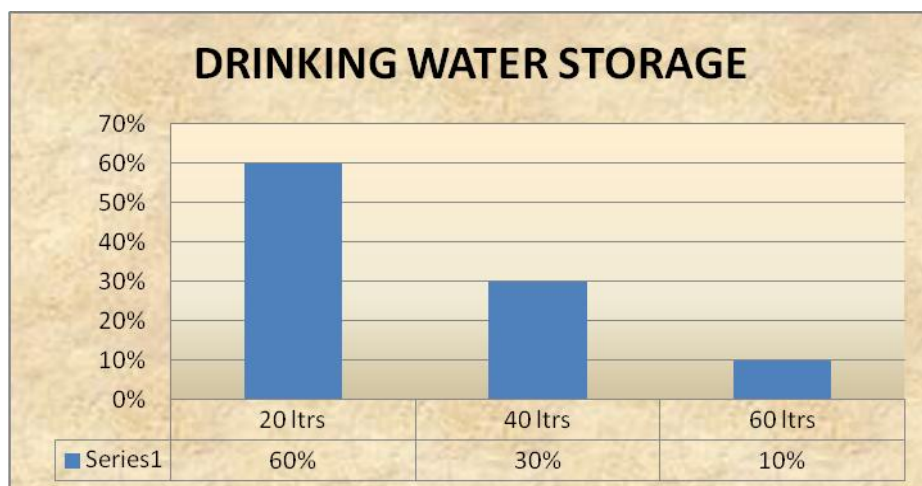


The above table contains Pipe Water 30% which people will use for domestic usage, 60% of RO water they use for drinking purpose, 10% people use Public Tap for Household purpose. It is a fact that before they are using only piped water from the Gram Panchayat for all purposes. Now, people are aware about their health conscious.

It also indicates the attitude of ADAPTABILITY to the positive attitude of the people.



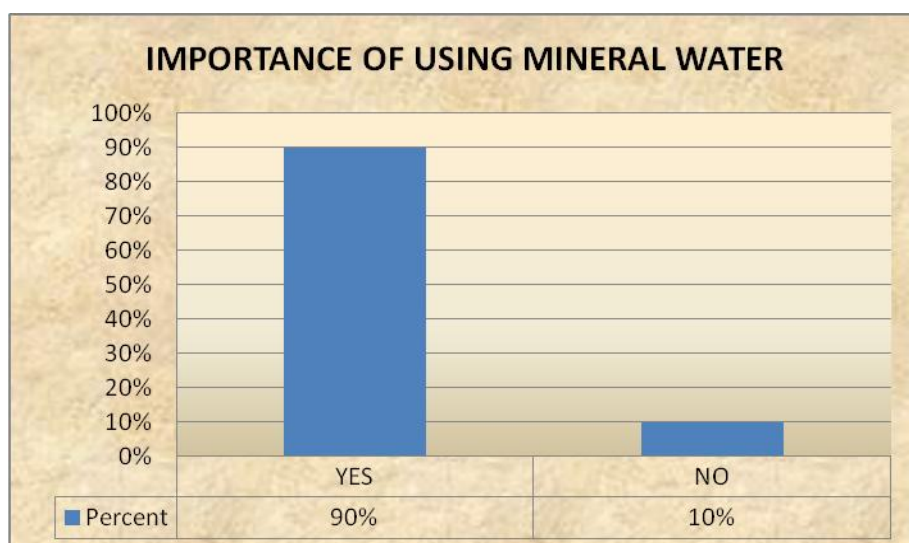
The above said findings says that maximum (100%) people are directly using the purified water, it indicates that they are very well educated by the agency about entire process of water treating.



Above graph indicates the different storage capacities of drinking water among individual households.



People of SamstanNarayanpur, Janagao and Peelpapahad expressed different opinions in related to the taste of drinking water, a maximum of 70% were agreed that water is excellent, 20% people said good and 10% said acceptable.



A majority of people are aware of the importance of mineral water, they are very conscious of their health related issues. Still 10% of the supposed to know the importance of mineral water importance in day to day life.

THE IMPACT OF NAANDI PROJECT:

1. It has been observed that people of the Samstan, Narayanapuram, Janagao and Peeplapahad villages understood very well the importance of consuming mineral water and as a result water born diseases were very much reduced in these villages.
2. Beneficiaries are very happy with the timings the plant is operating (6am to 10am and 5pm to 9pm).

3. Since mineral water is purified and is very precious, villagers understood as they are contributing a user friendly fee of Rs.2/- per 20 liters of can, as a result utilization of water is done in right way, and i.e. wastage of water is very less.
4. This project also creates employment to the unemployed youth of that locality.
5. Promotes health of school children of those particular villages.
6. People were educated regarding their health and are conscious about it. They are feeling the difference between the present generation and last generation.
7. People expressed their thanks to the BDL and Naandi foundation for their remarkable work in the community development, they were sharing that before they are purchasing mineral water at Rs.5/- and to a maximum of Rs.8/- too.
8. Monthly card system is very convenient to the beneficiaries. Payment is done once in 15 days. Beneficiaries felt that it is very easy to pay. Total Rs.60/- is paid per 20 liters can in a month.
9. Beneficiaries are happy with the maintenance of the plant, for every 15 days once the cartridges are changed and regularly tanks are cleaned.
10. Beyond all these efforts, there is another private mineral water plant working in the village, so there is a great need to start one more plant near to Narayanapuram Mandal office.

CONCLUSION

The objective of the evaluation is to identify the outcome of the projects i.e. to examine the implementation and effectiveness of the projects as envisaged by BDL as part of their CSR activities through the partner NGOs. The evaluation focused primarily on appraising the results and outputs of the projects which lasted from April'2013 to March'2014.

The methodology consisted of review of project documents, consultations with key project staff, interview with beneficiaries and visits to project areas. Provision of quality services to the beneficiaries was noticeable in all the cases that were much appreciated by the recipients.

The Mid Day Meal Program implemented by Akshayapatra had important positive impacts on the target groups as it increased the attendance in school, decreased the dropout rates, helped in nutritional supplements and enhancing awareness among the parents.

The Mobile Medicare Unit under taken by HelpAge India was to provide health care and supply the medicines to the elderly population. The project was found to have created a positive impact on the population it served. As the elderly tend to be neglected as far as their health is concerned this project had undertaken the task of providing health care facilities to them. As the project progressed it also catered to the needs of the elderly in conducting cataract operation. The implementation of the project was highly appreciated by the beneficiaries and their families.

The Eco Sanitation Project involved construction of eco san toilets taken up by AFPRO. The project was able to make an impact in the lives of the villages by creating awareness on issues like health, hygiene and building and usage of the toilets. Being a new concept participation of all identified households is not very satisfactory. The issue of sustainability of such project is of concern. However, some of the beneficiaries have taken measures to sustain the interest of the others and aim to build a network for creating awareness among the community. This is a positive take on the project.

The Drinking Water Project which included installation of water treatment plants to provide safe drinking water was commissioned by NAANDI Foundation. The project was able to deliver the services at cheaper rates. This impacted upon increasing accessibility of quality drinking water, decrease in water borne diseases and overall improvement in the health of the beneficiaries. Moreover the project was able to generate livelihood by recruiting local people in its implementation.

The achievements of the NGOs in implementing the projects , even though minor in quantitative terms at least, they none the less are better viewed as preliminary activities for more affective impact in future. It has fostered an environment of cooperation between the host organization BDL and the partnering NGOs like Akshayapatra Foundation, HelpAge India, AFPRO and NAANDI Foundation to deliver services to the identified populations. It has motivated them to work together to support issues of common interest for the betterment of the communities they served.

OTHER CSR & SUSTAINABILITY ACTIVITIES:

The Company has laid 800 meters CC Road at Idudonala Thanda at Rachakonda Village of Nalgonda District at a cost of Rs.31.11 Lakh. The Company has also spent an amount of Rs.20 Lakh in connection with other CSR activities for the year 2013-14

The Company has spent an amount Rs.66.71 Lakh towards Sustainable Development activities viz., Rain Water Harvesting and implementation of Energy Audit recommendations in Kanchanbagh Complex.

ACTIVITIES NOT IN PROJECT MODE



The Company handed over 2000 slates to the District Collector, Nalgonda District on 8 Feb 2014 for distribution in Literacy Centres in Nalgonda District



BDL has presented a cheque of Rs.29 Lakh to CM Uttarakhand on 1 Dec 2013 towards relief and rehabilitation activities in the flood affected areas of Uttarakhand

ANNEXURES

FEEDBACK FORM -- SCHOOL CHILDREN MID DAY MEAL PROJECT

1. Name:
2. Sex: M/F
3. Age:
4. Class :
5. School Name:
6. Village/ District:
7. Do you come to school regularly? Yes/ No
8. If no, why?
 - a. Work at home
 - b. No interest in reading
 - c. Parents do not allow
 - d. Any other, specify
 - e. Not Applicable
9. Does your school provide MDM regularly? Yes/No
10. Do you eat MDM at school: Yes/No
11. If Yes, How often do you eat MDM at school?
 - a. Daily
 - b. Once in a week
 - c. Thrice in week
 - d. Five times a week
12. If No, Why?
 - a. It is not tasty
 - b. It is not hygienic
 - c. Less Quantity
 - d. Lunch from home
13. Time of distribution of MDM?
14. Do you eat before coming to school?
15. Do you eat after going from school?

**FEEDBACK FORM – PARENTS
MID DAY MEAL PROJECT**

1. Name:
2. Sex:
3. Parent of :
4. School of the child:
5. Village/ Zone:
6. Age:
7. Monthly Income:
8. Education: Literate / Illiterate
9. Do you send your children to school every day? Yes/No
10. Do you allow them to have MDM at school? Yes/ No
11. If No, why?
 - a. It is not tasty
 - b. It is not hygienic
 - c. Less Quantity
 - d. Lunch from home
12. Impact of MDM on the children:
 - a. Weight gain: Yes / No
 - b. Frequency of falling ill: Increase/ Decrease/ Constant
 - c. More active in the studies: Yes / No
 - d. Performance increased: Yes / No
 - e. Do you feel it has increased nutrition of your children Yes / No
13. Were you satisfied with the quality of food? Yes/No
14. Did you ever give any complain/suggestion for the betterment of MDM? Yes / No
15. How hygiene is the food in your opinion? Good/ Fair / Bad
16. Does MDM impact on motivation of children to attend the school: Yes/No
17. Is there an Positive Impact of meals on afternoon attendance : Yes/No
18. Do you anytime give suggestion to the AP regarding the food served? Yes/No
19. If Yes, what and have they been addressed?
20. If No, why?

**INTERVIEW SCHEDULE – TEACHERS
MID DAY MEAL PROJECT**

1. Name:
2. School:
3. Block:
4. Primary/Higher
5. How is the quality of the food server? Excellent / Good / Fair / Worse
6. What is the impact of MDM in your school?
 - a. Has the enrollment increased after implementation of MDM: Yes / No
 - b. Has the attendance increased after implementation of MDM: Yes / No
 - c. Has the dropout decreased after implementation of MDM: Yes / No
 - d. Has the span of attention of the students increased: Yes / No
 - e. Has the socialization process of children increases because of MDM: Yes/No
7. Does the school have any facilities or check the Nutrition growth of the children? Yes /No
8. If Yes, What?(Health check Ups/ weighing Machine)
9. If No, Why?
10. What is the Impact of MDM on children?
 - a. Weight gain: Yes / No
 - b. Frequency of falling ill: Increase/ Decrease/ Constant
 - c. More active in the studies: Yes / No
 - d. Performance in academics increased: Yes / No
 - e. Do you feel it has increased nutrition of children: Yes / No
11. Do you feel MDM has disturbed the teaching activities in the school: Yes / No
12. Do the AP authorities visit regularly for Inspection? Yes/No
13. If Yes, How often?
 - a. Once in a week b. Once in 15 days c. Once in 1 month d. Once in 6 months.
14. Do you follow regular timing for the Food Distribution? Yes/No
15. Do you anytime give suggestion to the AP regarding the food served? Yes/No
16. If Yes, what and have they been addressed?
17. If No, why?
18. Any suggestions for improvement?

INTERVIEW SCHEDULE -TAPF

MID DAY MEAL PROJECT

1. What is the amount sponsored by BDL for the year 2012-13?
2. Did BDL Provide any Kitchen equipment for the year 2013-14 and if yes, please provide the details
3. What time of the year TAPF would generally receive funds from BDL?
4. What are the Pro's and Con's of working with BDL?
5. Any Improvements that can be made in this Program?
6. Process for Purchasing Ration for MDM at TAPF?
7. From TAPF how and who would monitor the quality of the grains purchased and quantity of the food sent to schools ?
8. What is the Time lapse between food prepared and food delivered?
9. Is their any specified amount of food to be served per child?
10. Action taken by the MDM in charge for meal distribution to children in case of non-availability of cooked food?
11. Do you follow any six sigma methods in food processing
12. Menu of the food served at the schools. Is there any schedule for it?

INTERVIEW SCHEDULE - BENEFICIARIES MOBILE MEDICARE UNIT PROJECT

SAMPLE NO: -----

1. NAME:
2. AGE:
3. GENDER: 1. Male 2. Female
4. OCCUPATION: 1. Employed 2. Unemployed 3. Retired
5. INCOME:
6. MARITAL STATUS: 1. Married 2. Unmarried 3. Divorced 4. Widowed/Widower
7. VILLAGE:
8. HEALTH ISSUE:

INSTRUCTION:

There are sets of questions in this booklet you are required to answer. Tick mark () any one of the four response category Yes (1), Undecided (2) and No (3). Kindly respond to each of them.

All responses will be kept confidential.

S. No.	ITEMS	Responses		
		Yes	Und	No
1	Are you aware of the illness that you are having?			
2	Are you taking any treatment currently?			
3	Is the treatment effective?			
4	Do you know any hospital for treatment in case of emergency?			
5	Is the hospital near to your place?			
6	Any ambulance or the community facilities during emergency situation?			
7	Immediate help available to take you to the hospital?			
8	Are the neighbours cooperative in this matter?			
9	Any other immediate help available during the times of emergency?			
10	Are you able to afford the services of the hospital?			
11	Do you have any medical insurance?			

12	Do you have any government sponsored medical claims?			
13	Did the HAI MMU team come to meet you?			
14	Did you understand their service system?			
15	Are you availing services from MMU?			
16	Are you continuing the services / treatment?			
17	Has the treatment benefited you?			
18	Is MMU helpful for you?			
19	Are you satisfied with the medical care/ treatment given by MMU?			
20	Are you satisfied with the concern, the doctor has shown while treating you?			

Thanking you for taking time and responding.

**INTERVIEW SCHEDULE - BENEFICIARIES
ECO SANITATION PROJECT**

1. Name:
2. Age:
3. Gender:
4. Village/ District:
5. Are you aware of Eco – San Toilets?
 - a. Yes b. No
6. If yes, how you came to know?
 - a. AFPRO b. Panchayat c. villagers d. Neighbors
7. Do you have the habit of using the toilet for defecation?
 - a. Yes b. No
8. If yes, what sort of toilet do you have?
 - a. Eco San b. Indian style b. open toilet
9. What kind of toilet facility do members of your household usually use?
 - A. Eco toilet b. open toilet c. flush toilet
10. Do you share this facility with other households?
 - a. Yes b. no
11. How many households use this toilet facility?
 - a. All family members b. only ladies c. only adults d. none
12. Are you served by a waste water network?
 - a. Yes b. no
13. Do you have awareness on usage of eco-san toilets?
 - a. Full knowledge b. partial Knowledge c. no knowledge
14. Can you find eco-san model satisfactory?
 - a. Yes b. No
15. Are you satisfied with the cost of construction for eco- san?
 - a. Yes b. no.
16. How much difference you can find in water flush toilet and Eco-San toilet?
 - a. Great difference b. nominal difference c. no difference d. burden
17. How many years it been using eco-san toilet?
 - a. Less than a year b. 1-2years c. more than 2years
18. Eco – san toilet is user friendly?
 - a. Yes b. No
19. Can you make manure by using Eco-san toilet?
 - a. Yes b. No

INTERVIEW SCHEDULE - BENEFICIARIES

DRINKING WATER PROJECT

- 1) Name:
- 2) Age:
- 3) Gender:
- 4) Village/ District:
- 5) What is the main source of drinking water for members of your house hold?
 - a. Piped water into plot
 - b. Tube well/ bore hole
 - c. Public tap
 - d. RO water
- 6) What is the main source of water used by your house hold for other purposes such as cooking, hand wash and bathing?
 - a. Piped water into plot
 - b. Tube well/ bore hole
 - c. Tanker / truck
 - d. Surface water
- 7) Who normally goes to get water for the house hold usage?
 - a. Adult women
 - b. Adult men
 - c. Girl children
 - d. Boy children
- 8) Do you treat water in any way to make it safer to drink?
 - a. Yes
 - b. No
- 9) If yes, what do you usually do to the water to make safer to drink?
 - a. Boil
 - b. Use of water filter
 - c. Add bleach / chlorine
 - d. Let it stand and settle
- 10) What is the frequency of water supply?
 - a. No water supply
 - b. 2-3 days /week
 - c. 4-7 days/week
 - d. Less than a week
- 11) How many liters of drinking water storage capacity do you have?
 _____ Liters.
- 12) How does your drinking water taste?
 - a. Excellent
 - b. Good
 - c. Acceptable
 - d. Un acceptable
- 13) How many liters of domestic water storage capacity do you have?
 _____ Liters.
- 14) Is the water you are receiving enough to satisfy your needs?
 - a. Yes
 - b. No
- 15) How much you pay for the drinking water you get from the ROR plant?
 Rs. _____ per liter
- 16) Are you satisfied by the timings of ROR plant?
 - a. Yes
 - b. No
- 17) If no, which timings you prefer
 - a. Morning
 - b. After noon
 - c. Evening
- 18) Do you know the importance of using ROR water?
 - a. Yes
 - b. No
- 19) ROR water will get rid of dental and orthopedic related issues
 - a. Agree
 - b. Strongly Agree
 - c. disagree
 - d. Strongly disagree

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