



**Impact Assessment Study Report of HPCL's Corporate Social
Responsibility (CSR) projects (2012-13)**

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Projects Titles

1. Unnati

1. MMV

2. Swavalamban (Balasore Centre)

1. ADAPT

2. Akshay Patra

3. Nanhi Kali

4. Swavalamban (Guwahati and Sitapur Centres)

5. Suraksha

1. Childline

2. Swavalamban (Kolkata and Purulia Centres)

Abbreviations

CSR	Corporate Social Responsibility
HPCL	Hindustan Petroleum Corporation Limited
NCSR Hub	National Corporate Social Responsibility Hub
DPE	Department of Public Enterprises
TISS	Tata Institute of Social Sciences
CWD	Children with disability
CWSN	Children with special needs
PWD	Persons with Disability
ADAPT	Able Disabled All People Together
SSC	Sarva Shiksha Abhiyaan
ICDS	Integrated Child Development Scheme
BEST	Bombay Electric Supply and Transport Company
CRR	Customer Relations and Retails
NIIT	National Institute of Information Technology
MMV	Mobile Medical Van
FGDs	Focus Group Discussions
MOU	Memorandum of Understanding
CII	Confederation of Indian Industry
MCQ	Multiple choice questions
WHO	World Health Organization
NRHM	National Rural Health Mission
RTI	Reproductive Tract Infection
CIF	Child India Foundation
CII	Confederation of Indian Industries
FSA	Future Sharp Academy
VJE	Vernajyoti Educare
SC	Scheduled Caste
ST	Scheduled Tribe

Contents

Acknowledgements	1
NCSR Hub Team	2
Abbreviations	3
Executive Summary	9
Chapter 1 Introduction.....	23
Chapter 2 Research Methodology	25
Chapter 3 ADAPT	26
1. Background	26
2. Impact of the Project	27
3. Impactful Strategies and features of the Project.....	39
4. Multi-stakeholder perspective on ADAPT	43
5. Recommendations	45
6. Conclusion	46
Chapter 4 Akshay Patra.....	47
1. Background	47
2. Impact of the Project	48
3. Stakeholder Perspectives	50
4. Impactful Strategies and Features of the Project	52
5. Conclusion and Recommendations	52
Chapter 5 Child Rescue Van	54
1. Background	54
2. Impact of the project	56
3. Multi-stakeholder Perspective on Child Rescue Van	59
4. Conclusion and Recommendations	60

Chapter 6 Rural Health Program.....	62
1. Background.....	62
2. Impact Areas	64
3. Impactful Strategies and Features of the Project.....	67
4. Recommendations.....	71
5. Conclusion.....	71
Chapter-7 Nanhi Kali Project.....	72
1. Background.....	72
2. Impact of the Project.....	73
3. Impactful Strategies and Features of the Project.....	77
4. Scope for Improvement and Recommendations.....	78
5. Conclusion.....	79
Chapter 8 Suraksha.....	80
1. Background.....	80
2. Impact of the Project.....	81
3. Impactful Strategies and Features of the Project.....	84
4. Gaps Identified/Scope for Improvement.....	85
5. Conclusion and Recommendations.....	85
Chapter 9 Swavalamban	86
1. Background.....	86
I Swavalamban at Guwahati and Sitapur Centres: Training Partner Skill Pro	88
j. Impact of the Project.....	88
2. Impactful Strategies and Features of the Project.....	94
3. Gaps Identified/Scope for Improvement.....	97
4. Conclusion and Recommendations.....	100
II Swavalamban at Balasore Centre: Training Partner Orion Edutech	100

1. Impact of the Project	100
2. Impactful Strategies and Features of the Project.....	104
3. Gaps Identified/Scope for Improvement.....	105
4. Conclusion and Recommendations.....	106
III Swavalamban at Kolkata and Purulia: Training Partners Future Sharp Academy and Vernajyoti Educare	107
i. Future Sharp Academy, Kolkata.....	107
B. Vernajyoti Educare, Purulia	110
Chapter – 10 Project - Unnati	115
1. Project background	115
About the Project.....	115
2. Impact of the Project.....	116
3. Impactful Strategies and Features of the Project.....	119
4. Gaps Identified / Scope for Improvement.....	120
5. Recommendations.....	122
6. Conclusion.....	123
Chapter- 11 Sri Satya Sai Heart Hospital, Rajkot.....	124
1. Project background	124
2. Impact of the Project.....	125
3. Impactful Strategies and Features of the Project.....	129
4. Gaps Identified / Scope for Improvement.....	130
5. Recommendations.....	131
6. Conclusion.....	131
Chapter 12 Conclusion and Recommendations.....	133
1. ADAPT	140
A. Impact Value Chain.....	140

B. Observations and Recommendations	141
2. Akshay Patra	142
A. Impact Value Chain.....	142
B. Observations and Recommendations	142
3. Child Rescue Van	144
A. Impact Value Chain.....	144
B. Observations and Recommendations	144
4. Nanhi Kali Project.....	145
A. Impact Value Chain.....	145
B. Observations and Recommendations	145
5. Rural Health Program	146
A. Impact Value Chain	146
B. Observations and Recommendations.....	146
6. Suraksha	148
A. Impact Value Chain.....	148
B. Observations and Recommendations	148
7. Swavalamban.....	150
A. Impact Value Chain	150
B. Observations and Recommendations	150
8. Unnati	152
A. Impact Value Chain.....	152
B. Recommendations.....	152
9 Sri Satya Sai Heart Hospital	153
A. Impact Value Chain	153
B. Recommendations.....	154

.....	155
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Executive Summary

The report is an outcome of the Impact Assessment Study conducted by NCSR Hub, TISS for HPCL. Following CSR interventions of HPCL namely- ADAPT, Akshaypatra, Child Rescue Van, Nanhi Kali, Rural Health Program, Swavalamban, Suraksha, Unnati and support to Sri Satya Sai Hospital were considered for assessment.

The main objectives of the study were to:

- a. Assess the key impact areas of the project
- b. Assess the effectiveness of the key strategies and innovations applied by the to create the impact
- c. Explore the potential for enhancing the impact of the project

Qualitative research methods were used for the study and the tools included semi-structured interviews, focused group discussions, in-depth interviews and triangulation to test the verity of the data obtained from various sources. The stakeholders included both direct and indirect beneficiaries of each project as well as the management of the implementing agency, the implementing team, the coordinating team, HPCL team and all other stakeholders engaged with the project.

Following section discusses the project wise summary of key findings, observations and recommendations.

ADAPT

ADAPT which stands for Able Disabled All People Together and formerly known as Spastics Society of India was founded in 1972. Started as a special school for children with Cerebral Palsy to offer treatment and education under one roof;¹ ADAPT has grown into an inclusive school focusing on inclusion of:

- a. Persons with disability
- b. Girl children
- c. Children from underprivileged background

ADAPT is currently working at different levels to promote inclusion in India and internationally. Some of the key stakeholders of ADAPT in India include the persons with disability, the girl children and children from underprivileged backgrounds as well as their families and communities in which they live. Apart from beneficiaries ADAPT is working with the State at National to advocate policy reforms for inclusive development and at local levels in Mumbai to make schools and transport facilities inclusive and disabled friendly. The organization functions out of its inclusive schools at Colaba and Bandra; the Skills Development Centre at Chembur; Karuna Sadan at Sion Hospital and two anganwadi centres in Dharavi Slums which are inclusive day care centres based in the heart of community.

Hindustan Petroleum Corporation Limited (HPCL) under its CSR has supported the education and therapy of all children and young adults with disability benefiting from the services at ADAPT. 300 persons with disability are funded by HPCL under the HPCL-ADAPT collaboration. HPCL's support

¹ <http://www.adaptssi.org/history3.html> (Accessed on 13th September 2013 at 10.20 p.m.)

to ADAPT is a unique intervention of HPCL given its focus on much neglected and invisibilized issue of disability. HPCL's intervention to support the cause of inclusion with focus on Children and Youth with disability reflects the maturity of its CSR approach given the outcome and impact of such intervention is of deep significance but often intangible.

The stakeholders considered for the purpose of this study included the ADAPT management and team comprising of the project coordinators, special educators, the volunteers, the community workers, the therapists, the psychologist, the ancillary staff, the ADAPT Rights Group, ADAPT research team and the parents of beneficiaries or their guardians.

The project has many tangible and intangible impacts. Beneficiaries with one or multiple disability are provided services as per their developmental needs. Therapies, curriculum based academic training, functional literacy and skills training provided to beneficiaries based on their needs not only enhanced their learning and functional abilities but also cultivated independent living skills in them. Different services provided by the trans-disciplinary team working on the development of the beneficiary augmented their confidence and elicited best of their abilities. In its need-based approach model to inculcate independent living skills the professional team of ADAPT works towards preparing the children to deal with issues of adolescence. The beneficiaries are trained regularly by the transdisciplinary team as well as during special counseling sessions on good touch, bad touch, how to deal with strangers, etiquettes of talking as well as what to expect when people talk to them, whom to reach out to and what to do case of trouble. All concerned stakeholders including teaching and non-teaching staff, parents and other family members of the beneficiaries are provided relevant orientation and training.

Parents of the beneficiaries are becoming increasingly aware and informed on different types of disabilities, rights of persons with disabilities, strategies to work in tandem with the ADAPT team to boost the development of their child. The special counseling and training is provided to entire team of ADAPT as well as the parents and the beneficiaries as they approach puberty and adolescence. Social stigma and myths with respect to disability are gradually getting demystified due to regular counseling of the parents and parents evinced more confidence to confront the insensitive attitudes of the community. Behavioural and perspective changes in parents with respect to the disability of their children are instrumental in overcoming the psychological struggle of over/under estimating their child. Many parents are now able to accept their child with his/her abilities and work progressively with the ADAPT team, to mitigate the impact of disability. Independent living skills not only help the PWD but also their parents, many of who have started taking their children out in social circles or public places without hesitation or discomfort.

With its multi-pronged strategy ADAPT has gradually awakened the social sensitivity for the need for an inclusive and enabling environment by breaking the barriers that handicap a disabled persons development. The holistic approach of addressing the issues with respect to disability covering all dimensions from therapy to independent living, education, functional literacy, skills development, and livelihood, all under one roof, has empowered the persons with disability as well as the persons closely affected by their lives in multiple respects. This has helped in achieving to a great extent the stated objective of HPCL's CSR intervention which is- *"to ensure that every disabled child enrolled in the ADAPT schools in Bandra and Colaba and Community Service is provided with quality school education, and treatment as needed, in an enabling environment so that he/she can realize their fullest potential"*.

To enhance its impact, ADAPT can leverage from the support of the parents of its beneficiaries by creating Parent's Support Group as well as consider reinforcing its efforts for community sensitization to create enabling environment for development of its beneficiaries. There is scope and

potential for expansion HPCL's role for larger support in creating mass awareness for disabled friendly inclusive development.

Akshay Patra

The Mid Day Meal initiative was conceived in June 2000 by The Akshay Patra Foundation with a vision that *"No child in India shall be deprived of education because of hunger."*² With a desire to of serve food to those in need, Akshay Patra envisioned the Mid Day Meal project in schools which also served the underprivileged children. After the success of the programme in Karnataka, it was expanded to other parts of the country as a public-private partnership. The Central and state governments as well as individual and institutional funders have joined hands in implementation of Mid-Day Meal in schools covered by Akshay Patra.³ The objectives of the Mid-Day Meal Scheme are to reduce classroom hunger and increase school enrolment and attendance, thereby improving socialization among castes and addressing malnutrition. This is also expected to empower women through employment.

The project is currently implemented across nine states of India. In Kamrup district of Assam, Akshay Patra covers 53,000 children in 593 schools. The study has aimed at assessing impact of Akshay Patra in the schools supported by HPCL. HPCL under its CSR is supporting meals for 2500 children of 20 primary and secondary schools. For the purpose of this study sample size of 10 schools were selected. Representative schools based on number of students as well as levels of education viz., - primary and secondary were selected. The stakeholders considered included schools, students, the Akshay Patra team and HPCL.

The initiative has been very impactful in Guwahati schools. HPCL's contribution has been able to fill the last mile gap in contributing towards the national goals envisaged under the Mid-Day Meal Scheme of the central government. While the government provides partial support per child per day, the balance is covered by HPCL for 2500 students in 20 schools of Kamrup district. HPCL's contribution to the programme is crucial in sustaining the MDM in select schools and provisioning of good quality meals. The introduction of Akshay Patra (AP) in the Mid-day Meal (MDM) scheme of the government has resulted into savings of food grains allocated for the schools. Since AP supplies food based on the expected actual attendance instead of enrolments, more optimum allocations are made. The biggest impact area of the project is the health of the school children. The entire cooking and delivery process in the AP project has been designed such that the nutritive value of the food is maximized, based on a basic set of guidelines prepared by a body of nutrition experts covering food preparation, storage and supply. The processes are not only standardized but have also been quality tested and certified by ISO. This ensures that hygienic and nutritious food reaches the children. This impact on health was observed to be particularly high on children from very poor families.

² <http://www.akshayapatra.org/history> (Accessed on 10th November 2013 at 10.00 a.m.)

³ Based on discussions with the Ashay Patra team

This also ensured that cooked food and not food grains were provided to the children. Headmasters of three schools admitted that since food-grains were often supplied in bulk which exceeded the storage capacity of most of the smaller schools, the school authorities were left with no choice but to distribute food grains to the students according to the per head allocation. There was also a noteworthy reduction in the burden of the teaching staff for non-academic activities such as buying grocery, vegetables and fuel wood for cooking. With readymade food being served under the Akshay Patra Project, the energy and time of the school staff is spared for more productive academic work.

Moreover, cooking for the MDM, when carried out by the school authorities, was done using fuel-wood, which is not only difficult to source but is also a polluting source of energy. AP cooking is done through steam generated by boilers that run on gas, which is environmentally more benign and ensures a cleaner ambience in the school premises.

The strengths of the project which have resulted into such strong positive impacts are embedded in the comprehensive delivery model, which includes the centralized kitchen in Guwahati to ensure large scale cooking of meals in a mechanized manner to maintain quality and hygiene standards. The location of the kitchen is decided taking into consideration the feasibility of ensuring delivery of hot meals to the select schools in given radius on time.

In order to expand the scope of the programme to more children and for demystify wrong beliefs and apprehensions about the MDM among parents and students, provisioning of necessary support for sensitization and awareness activities on nutrition and the process followed by AP is recommended among all key stakeholders such as school management, teaching / non-teaching staff, the students and parents. Also, tracking the outcome of project by using standard and measurable baseline and end line indicators such as those related to physical growth for every child will help in better monitoring, evaluation and impact assessment of the project by HPCL and Akshay Patra.

Child Rescue Van

The child rescue van, supported by HPCL, is operated by Childline India Foundation (CIF) in Kolkata, West Bengal. CIF is a national 24 hours free phone (1098) emergency outreach service for children in need of care and protection. The main objective of the project is to provide a quick and reliable mode of transport during interventions to transport a child from an unsafe, risk ridden, situation to a safer space. The second major objective is to provide a visible platform during various outreach and awareness programs. The van has been on its wheels since 16th February, 2012 and has helped reach 434 children and conduct 176 outreach and awareness activities. The stakeholders considered for the purpose of this study were - HPCL, CIF and its partner NGOs.

The HPCL - CIF Rescue Van Program provides speedy and effective intervention in cases received on 1098. As a corollary it has reached out to children in communities mainly through outreach and open houses to sensitize them on child rights and the child protection services available through 1098. In the process it has also helped in raising awareness about these aspects among the grown up individuals in the community. The van acts as a safe mode of transport during rescue and medical interventions. CIF and its partner agencies have been able to observe many important occasions thanks to HPCL's support in the form of this van. The Durga Puja Initiative for Missing

Persons 2012 in collaboration with Kolkata Police and the Anti-Child Labour Campaign in June 2013 are some of the new activities that have been carried out after the van's operation.

While the HPCL-CIF partnership in the form of a child rescue van provided by HPCL to CIF in Kolkata has enabled Childline to overcome the challenge of providing care and rehabilitation to children located in the remotest areas of the country; branding and visibility of HPCL has been limited. The publicity for HPCL by CIF as per the responsibilities stated in the MoU has not been fulfilled in its entirety. Since Childline traces its origins to the GoI and has MWCD as grant patron and receives support from other corporates, institutional funders and individual donors, a deeper analysis keeping in mind the revised CSR guidelines indicate that HPCL's support to this project fulfills the 'last mile' gap towards protection of child rights but has a very limited scope of expansion.

Nanhi Kali

Project Nanhi Kali has been supported by HPCL under its CSR initiative to ensure that girls are provided with quality school education in an enabling environment. Project Nanhi Kali is jointly managed by the K. C. Mahindra Education Trust and Naandi Foundation. The project provides academic, material and social support to the girl child, to access quality education and attends school with dignity, and reduces the chances of her dropping out⁴. HPCL's sponsorship is supporting a total of 1443 girls across 20 schools in the Gavanpada area in Mumbai.

The Nanhi Kali (NK) Project covers school-going girls with less privileged background, with priority to first generation learners and girls without parents or with single parents. Under the project, academic support is provided to these girls through extra-classes in Mathematics and languages, conducted before or after school hours to supplement school education. The teaching methodology is innovative and goes beyond the conventional ways and makes use of tools such as story-telling and co-operative learning for better concept clarity. In terms of material support, books, stationery, school bags, shoes, undergarments etc. are provided to the NKs to motivate them to go to school by boosting their self-esteem. The project also includes sensitization of the community on girl child education to enable more and more girls to get access to formal education and prevent drop-outs. The NK project aims at filling the gap in the school education system rather than substituting it.

This study was carried out to understand the effectiveness of these initiatives and assess the overall impact of the project through discussions with all stakeholders such as the NKs who are the direct beneficiaries, their parents, tutors / community activists, and the other NK project team members. Many significant direct and indirect impacts emerged out of these discussions. Enhanced interest in studies, better attendance and higher willingness to go to schools and to NK classes, better academic performance and higher confidence were some of the major unanimously expressed impacts. Many NKs are also teaching their siblings and friends from the neighbourhood who do not go to the NK class. Some of them have also been freed from household chores as they now spend more time studying. A majority of NKs had discontinued tuition classes that they earlier went to in order to supplement school education. The NKs and their parents expressed a strong appreciation

⁴ <http://www.nanhikali.org/who-we-are/index.aspx> (accessed on 13 Sep, 2013 at 10:30 PM)

for the material support provided to the NKs and said that it motivated them to go to school. Since these NKs come from low income families, this kind of support has significant financial implications in their family expenditure.

More importantly, the project is also bringing about gender sensitivity and a change in perspective towards girl-child desirability and education. It emerged from the interaction with parents and community activists that, as a result of improved academic performance of the NKs and constant sensitization efforts of the NK project team, the families were gradually taking the careers of their girl children more seriously. A majority of parents also voiced their decision to extend the marriageable age of their daughters as they were now more interested in making them independent and self-sufficient. The project has also broken social and family barriers to bring these girls to school regularly. The NKs are also counseled and made aware as they approach puberty and adolescence and are also provided with sanitary napkins.

One area of concern observed during the study was the discrimination felt by the children in the community who are not NKs, mainly the boys. Boys in the community, both siblings and classmates of the NKs often questioned and complained on not being as privileged. This could have a detrimental effect on the gender dynamics in the family and society at large. However, the project is trying to address this to a large extent by also allowing the boys and non NK boys and girls to attend the NK classes. A large part of this problem also needs to be tackled within the family set up. Therefore, preparing the families to explain and resolve this in a healthy way could be considered as a formal component of the project design. Currently, a lot of community activists are informally and intuitively doing this, but this needs to be done more structurally and effectively to combat a major unintended problem in the future.

Project Nanhi Kali is a very comprehensively designed project that attempts to address the challenges related to girl-child education in socio-economically underprivileged communities holistically by intervening at all possible levels. Their sensitization activities and proactive efforts have been able to bring more girls to schools and retain them into the formal education system for a longer time. The NKs and the parents seemed highly satisfied and happy with the project and the role it is playing in their lives.

Rural Health Program (RHP)

In order to provide basic health care services to the rural population of Orissa and Bihar, HPCL supported initiative of Rural Health Program of Wockhardt Foundation. For implementation of the projects in villages of Kendrapada and Paradip town of Jagatsinghpur in Orissa and Bihta in Bihar have been selected. The RHP medical van has provided its services to 25 villages in Paradip town, 8 villages of Kendrapada district of Orissa and 25 villages of Bihta district of Bihar. Objective of this project is to provide awareness, diagnostic and curative services through RHP. For impact assessment study, 9 targeted villages of Orissa were selected and 48 people, excluding RHP doctor, pharmacist and driver, had been interviewed. Interviews for beneficiaries were conducted by using Semi-structured interview guides. Focus Group Discussions (FGDs) was also conducted to get the views of the active and passive beneficiaries.

All the targeted villages are located in the periphery of 20 km. radius from HPCL refinery unit in Paradip. The RHP is covering 33 villages in a month and has been working 6 days in a week excluding holidays. Each village has two points of operation and RHP is providing its services in each village every fortnightly. The RHP has only three staffs one doctor, pharmacist and driver who are working continuously and providing services to more than 100 beneficiaries in a day. Due to more beneficiaries, single doctor is not able to give proper attention to each beneficiary and also unable to address the awareness part of the objective of the project. Village people are well aware about the roster as it is the only medical services available in the vicinity. Besides, they are getting health care services free of cost and also at their door steps; as a result of this, it's putting their economic burden off from them. Most common disease in the region are fever, cough, cold, anemia, diarrhea, water born skin diseases, especially fungal infection, arthritis, blood pressure, diabetes, hyper acidity, bronchitis allergy, gastritis, hygiene issue with women especially related to menstruation cycle, etc.

Supporting Rural Health Program is a commendable CSR initiative of HPCL because its only health care services in the targeted villages and people are happy with the services and it needs to be continued. But the following recommendations need to be incorporated to get better results and to achieve the objectives of the project:

- **Staff needs to be increased:** There is immediate need to increase the man power because shortage of man power was one lacuna in the project implementation and it is affecting the quality of services providing by RHP.
- **Female attendant required:** In order to make better outreach among the women beneficiaries and also to address their health problems, there is strong need of female attendant/nurse.
- **Good quality of medicines required:** There is need of up graded, effective and good quality medicines to provide quality health care services / intervention in the targeted villages.

Suraksha

HPCL and TCI Foundation have joined hands to arrest the spread of HIV / AIDS and other STIs among long-distance truckers. TCI Foundation is the social arm of Transport Corporation of India Limited (TCIL). TCI Foundation was registered with the objective of bringing about socio-economic transformation in India⁵. TCIF has worked extensively on HIV preventive intervention programme for the truckers in India.

Project Suraksha-Khushi is HPCL and TCIF's joint initiative which focusses on behavioural change communication (BCC) to encourage adoption of safer sexual behaviour and practices by the truckers. This is done in a variety of innovative ways such as conducting inter-personal communication sessions and informal health games, distributing flyers and leaflets, involving other

⁵ <http://www.hindustanpetroleum.com/En/UI/CSRSuraksha.aspx> (accessed on 14 Sep. 13 at 2:05 am)

key local stakeholders such as *dhaba* owners, repair shop mechanics, small retailers etc. The second major component of the project is to promote the use of condoms by facilitating an extensive network of outlets around the halt points. The third important part of the project is the diagnosis and treatment of STIs at the Khushi Clinics that have been set up at strategic HPCL petrol filling stations on high traffic national highways. These clinics offer free of cost consultation and low-cost medicine to truckers and others from the vicinity for all types of minor health problems. While the primary beneficiaries of the project are truckers, the project has also been extended to the communities in the nearby villages.

This study was carried out at two project sites, namely Sikandra in Uttar Pradesh and Satara in Maharashtra, out of which the Sikandra site is being directly implemented by TCIF and the Satara one is in partnership with the NGO Lok-kalyan Charitable Trust. Group discussions were conducted with all stakeholders; however, since the primary beneficiaries are floating in nature because of their occupational requirements, the ones spoken to were not the ones who had availed any of the facilities earlier. Because of this limitation, several inferences have also been drawn from the secondary data collected from the site offices of Suraksha.

Through interactions with stakeholders such as the Khushi clinic staff, including the doctor, counsellor, outreach worker and the project coordinator, the truckers, petrol pump attendants, ICTC staff, *dhaba* owners, condom outlet owners and other small shopkeepers and mechanics in the area around the project site, a range of impacts were observed. The impact of activities for promotion of condoms was visible in terms of increase in the number of condoms sold in the last one year. It was noted, while the number of condoms sold every month directly at the clinic has remained almost similar, the higher number of condom sales have been possible mainly through the other outlets. No HIV positive cases have been found yet, but potential cases have regularly been referred to the ICTC. The ICTC counsellors, in Satara (Maharashtra) as well as Auraiya (Uttar Pradesh), shared that the referred cases that came through the Khushi Clinics were more aware about their condition and better prepared to face the results than the other referred cases received from other clinics.

The impacts of the awareness and sensitization activities were observed more on the nearby communities, especially amongst the youth, than on the truckers since they are a floating population. The community was aware about the clinic, however not everyone was very informed about the services provided by it. Some of them had availed the facility for general ailments and not particularly for STIs. The immediate outcome of one of the IPC sessions conducted with the truckers on the day of the research team's visit was also positive.

Health camps are also been organised once a month under the project to cater to all kinds of health problems of the truckers as well as the villagers. The camps have been well received by the villagers as it provides free treatment and medicine and there are no proper health facilities in the vicinity of the villages. This translates into great financial relief for people from the villages and for the truck drivers and their assistants too and is an important driver to health services access as health often takes a back-seat to finances for the economically less privileged.

Some of the strengths of the project that are responsible for bringing a change in perspectives, attitudes and behaviour include network and rapport with key resource persons in villages and at key halt points, conducting weekly satellite clinics for expanding coverage, conducting IPCs at different halt points and not restricting to the petrol pump or clinic only, attractively designed posters and other BCC material, affordable services and linkage with ICTC which helps closing the loop once a potential case is identified.

To enhance the reach, scope and impacts of the project, tracking of patients diagnosed with STIs in order to observe shifts in behaviour and practices; improved infrastructure for the clinic as per medical standards to ensure better treatment and privacy of the patient and more logistic support to the field staff are recommended. Also it is important to note that most of the impacts mentioned in this report were observed to be more defined and visible in Sikandra. There is scope for improvement in the performance of the Satara team, which is limiting the impacts in that locations, despite it being a strategically important halt-point. This also highlights a need for cross-learnings and horizontal training.

Swavalamban

The Swavalamban program was conceived to provide training for capacity building / skill development to the needy potential candidates in order to create a pool of good quality professionals in various trades and services and to enable them to earn livelihood for themselves and their family. The training was carried out by Confederation of Indian Industries (CII) in collaboration with various training partners. The roles and responsibility of HPCL and CII have been clearly stated in the MOU. While HPCL's responsibility is to provide fund support and overall supervision, CII's responsibility is overall execution and periodic monitoring of the project through their training partners.

For the purposes of this study, following locations and training partners of CII were covered:

Location	Training Partner
Guwahati, Assam and Sitapur, Uttar Pradesh	Skills Pro
Kolkata, West Bengal	Future Sharp Academy
Purulia, West Bengal	Vernajyoti Educare
Balasore, Orrisa	Orion Edutech

The stakeholders considered for the purpose of this report included– HPCL, CII, training partners, direct and indirect beneficiaries.

The criterion to select these candidates is as follows:

- a. BPL youth with household Income less than INR 10,000 per month
- b. Unemployed youth
- c. Preference to children without parents, women, SC/ST, Minorities
- d. Minimum age 18 years
- e. Pre Assessment of the candidate via a written test/interview to identify:
 - i. Aptitude of the beneficiary
 - ii. Understanding of vocational skills
 - iii. Natural skill sets
 - iv. Aspiration

Swavalamban- Guwahati, Assam and Sitapur, UP

The training partner for Swavalamban at Guwahati, Assam and Sitapur, Uttar Pradesh centres was Skills Pro. The Guwahati centre targeted 169 candidates for hospitality and retail sectors while the Sitapur centre targeted 60 candidates for tailoring and computer training course.

A comparative analysis of the functioning of Skills pro at Guwahati and Sitapur centres highlight that the functioning of Guwahati centre is more effective and impactful in terms of achievements of its goals and targets as compared to the Sitapur centre.

- While the targeting at both centres was largely focused to select candidates from underprivileged backgrounds without employment, there is potential to improve the mobilization strategies to filter out such candidates who may not be looking for immediate employment opportunities and consider the training as a sheer platform to build their skills. This is recommended to fulfill the key objective of the project to provide gainful livelihood opportunities for the beneficiaries.
- With respect to the placement opportunities, the candidates from Guwahati centre were found to be better placed with good orientation about the career opportunities. While few candidates from Sitapur centre especially from tailoring course were satisfied with their livelihood sources, many shared to be either dissatisfied with little orientation about the job/career opportunities or not placed at all leaving much to be desired.
- Swavalamban Guwahati centre's functioning also stand outs due to the efforts of the team to provide holistic training to candidates that have helped them to develop their personalities, confidence levels, communications skills, linguistic skills in English and other qualities of customer service desirable in sectors of retail as well as hospitality. In addition good network and rapport with the employers is the strength of the team to handhold the candidates and provide post-placement support in terms of negotiation with the employers or transition to other jobs.

Some of gaps identified in implementation by Skills Pro at Sitapur centre include poor mobilization to select candidates interested in employment; lack of comprehensive syllabus or reading material- trainers created syllabus on their own with little or no support from Skills Pro; no induction training of trainers; lack of placement support to the candidates; lack of reading material or resources for candidates. These discrepancies have resulted in poor quality training of candidates

especially of the computer training course who lacked clarity on what they should expect to learn at the end of the training. This leads to further challenge in terms of mismatch with respect to employment opportunities available in the industry and the skills imparted.

It is desirable that highest standards of training are maintained at both Sitapur and Guwahati centres especially when Skills Pro has proven capabilities of effective implementation at Guwahati centre.

Swavalamban- Kolkata and Purulia, West Bengal

From April 2012 – March 2013, with the support of HPCL, FSA has provided training in hospitality, retail and ITeS for 3 months to 101 candidates while VJE has trained 150 candidates for one month in hospitality management (25 to 30 students in each batch). These candidates are now working in various retail chains, domestic BPOs, hotels and resorts across the country. While FSA operates primarily within the district of Kolkata and its suburbs, VJE caters to the Junglemahal area in West Bengal. This includes the backwards districts of Purulia and Midnapore. Mobilization teams are sent to operational areas to conduct door to door awareness generation about the programme. Interested candidates are required to undergo a basic aptitude and attitude evaluation prior to selection, to assess suitability and reliability for the respective courses.

The project has proven beneficial for candidates from lower socio economic backgrounds as it has opened up new avenues of income generation for them. Starting from customer relations to personal appearances, candidates have noticed a drastic change in themselves. They are now confident and comfortable in the English language and their dream of making a career is coming true. The most important impact of Swavalamban has been employment generation. Each candidate is placed with leading retail and hospitality chains. Added to this is the fact that they do not have to pay to do these courses. HPCL's support has enabled them to stand on their own feet and contribute to better their existing financial conditions. This, they consider, their biggest achievement.

Since both training partners cater to different areas, their limitations are also different. According to FSA, a lot of vacancies outside West Bengal offer decent pay packages but many candidates are not open to the idea of working outside the state. In VJE's case, a lot of candidates are school drop outs. For them, contractual labour is a faster source of income as they get daily payment which when calculated is much more than what they would earn otherwise (by working in a hotel/retail chain) in a month. While FSA has an established academy with all infrastructure required for the course, VJE runs a residential course in the midst of a small village in Purulia district with bare minimum resources.

Swavalamban-Balasore, Orissa

Under the project, the beneficiaries have received skill development training in three trades, i.e., BPO, Hospitality and Retail Management. Present batch received training in retail management. Average number of beneficiaries in each batch is 30 and in a given year 120 students are getting trained from the Balasore centre. Course duration is three months. The course materials are provided by Orion Edutech which is printed in English language.

Apart from training received in respective trade/s or service/s candidates were also trained in soft skills like, spoken English and computer education. The beneficiaries were satisfied with teaching methods, innovative techniques such simulation models and mock trainings, role plays were applied to provide practical training and exposure to candidates in absence of suitable companies.

Current Balasore Training Centre is located 15 km away from Balasore town. Most of the people are travelling everyday to attend the training programme. Due to distance students are not coming to the centre regularly and as a result they are not able to take best possible benefits from the training. The team has observed the same thing during its visit to the centre. In order to make the training programme effective training centre should be relocated in the Balasore town.

There should be fixed timing for the classes and also presently only one trainer is looking after the entire training centre and he should be supported with one more trainer.

Out of three trades, i.e., BPO, Hospitality and Retail Management, only retail management course having structured course material but it is also published in English; most of the beneficiaries' mother tongue is Oriya and they are not able to refer the material which is providing by Orion Edutech under the training programme. The course material in should be translated to vernacular language for all trades.

Sri Satya Sai Heart Hospital

HPCL and Sathya Sai Heart Hospital, Rajkot has signed MoU with aiming heart surgeries of 200 poor patients. The objectives of the project is to operate 200 heart surgeries and implementing pre-screening medical camps in the remote and economically disadvantage areas of Gujarat. Semi-structured interview guides were used for qualitative and quantitative data and to assess the impact of the project. Out of 200 beneficiaries 10 have been interviewed for assessment.

Sathya Sai Heart Hospital, Rajkot is a specialized hospital for heart related diseases and problems. This hospital provides its services only to those patients who are economically challenged and unable to bear the cost of heart care medical treatment/services. Since the treatment in the hospital is free of cost which includes not only surgery but also the food and accommodation facilities for patients; therefore, it's not only giving them new life but also keeping them away from the vicious cycle of ineptness. Besides surgeries, this hospital facilitates for various tests like ECG, Pathology, etc., which are free of cost, and for other tests the hospital has tied up with other hospitals so that the patients can get concession on that. Since the hospital only provides services to the patients from poor and marginalized families and its major focus is to cover the rural part of India, hence the hospital organizes various heart checks up camps in different cities with a slogan "Dil without Bill". Apart from doing screening of hearts and giving them dates for their surgeries, the hospital staff have done follow ups with their old beneficiaries regarding their health status. In addition to that, during the heart check up camps, Sathya Sai Heart Hospital also create awareness among the common masses about the heart related diseases/problems and available primary treatment. The beneficiaries are very happy and satisfied with the services of the hospital. They have also shared that behavior of each staff was cordial and motivating and it feels like that they were in a temple and not in a hospital. Apart from that, an acknowledgement letter has been dispatched to the postal

address of each beneficiaries stating that their surgeries had been sponsored by HPCL under its CSR initiative.

The research team found that sponsoring the heart operations of the poor patients showed the humanistic approach of HPCL under its CSR activities. The beneficiaries might have died off, if they had not been operated in the right time. The project not only has direct impact on the beneficiaries' lives but also have influenced on the entire family and their livelihood in a positive way. On the basis of their observation and analysis, the research team would like to suggest some measures:

- More advocacy camps on the issue and concerns of heart diseases and its treatment.
- Acknowledgement letter should also be in vernacular language.
- Brand visibility of HPCL as a donor agency should be ensured.

Unnati

Unnati project was started with the aim to provide computer familiarization and orientation to computer package "MS Office" to students of 6th to 12th standard in the schools in semi – urban and rural areas of India. For implementation of this project HPCL has signed MoU with NIIT, a leading Global Talent Development Corporation. The project was implemented in 21 schools across India and provided computer education to 4100 students. For impact assessment study 3 schools had been considered, first one was Government Girls Higher Secondary School Jabalpur, second Navin Jawahar Government Boys High School, Chhindwara and third was Himalyan Public School, Patna. The research team from NCSR TISS had conducted individual interviews with the beneficiaries, principal, school teachers and the trainer. Besides, Focus Group Discussions (FGDs) were also conducted to get views of different stakeholder.

The beneficiaries of the project Unnati are from lower economic strata and most of the students did not have prior exposure to computer learning. Therefore, providing free computer education has given them opportunity to basic orientation of computer and it was a dream come true to them by practicing on computer. Besides, the computer education has also boosted their confidence level because they knew the benefits and scope of computer education in present and future life but did not have to access that prior that project. The duration of the project was for 40 working hours each class 2 hours in a day. Classes were divided in to two parts, theory and practical. Since number of students were more compared to available computers (120 in Jabalpur and Chhindwara each and 150 in Patna), students could not get proper time to practice on computer in practical classes, except in Chhindwara because of active involvement of school teachers.

Project Unnati was an upright initiative, because the students of the targeted schools never had exposure to computer learning which is keeping them behind to take benefits from the development of the nation, because computer has become a most important part of our daily life and it can't be avoided. Also the happiness could easily be observed on the faces of the students as it was unexpected but precious gift for them to learn computer and motivating them to strive for their dreams and better carrier. Despite of successful implementation of the project there are some areas where improvement is required:

- Duration of the computer classes should be increased.
- Numbers of computers should be at least ten for one school.
- Course materials should be in local language so that it could be easily comprehended by the students.

Chapter 1 Introduction

HPCL's CSR model is based on "**Creating Shared Value**". The shared value model is based on the concept that **corporate success and social welfare are interdependent**. A business needs a healthy & educated workforce, sustainable resources and adept government to compete effectively. For society to thrive profitable and be competitive, businesses must be developed and supported to create income, wealth, tax revenues, and opportunities for philanthropy and sustainability.⁶

HPCL has adopted the **Triple Bottom Line (TBL)** approach. The concept of TBL demands that a company's responsibility be to **stakeholders** rather than shareholders. "**People, Planet and Profit**" succinctly describe the triple bottom lines and the goal of sustainability.⁷

The emphasis of HPCL has been in the areas of **Sustainable Livelihood, Child Care, Education, Health Care and Community Development**.⁸ Aligned with these focus areas guiding the CSR interventions of HPCL, the company has undertaken projects undertaken in following broad categories:

- ❖ Primary Education
- ❖ Scholarships for Students
- ❖ Drinking Water Facilities
- ❖ Health Care
- ❖ Vocational Training
- ❖ Rehabilitation of Persons with Disabilities
- ❖ Other Welfare Activities

This report is an outcome of the Impact Assessment Study conducted by NCSR Hub, TISS for HPCL. The study was conducted for **eight** projects of HPCL spread across 15 locations in 7 states of India.

Following are the details of HPCL CSR projects considered for the Impact Assessment study:

Name of the project	Implementing partner/s	Locations covered
ADAPT	ADAPT	Mumbai, Maharashtra
Akshay Patra	Akshay Patra Foundation	Guwahati, Assam
Child Rescue Van	Childline India Foundation	Kolkata, West Bengal
Rural Health Program	Wockhardt Foundation	Paradip, Orissa

⁶ <http://www.hindustanpetroleum.com/En/UI/CorporateSocialResponsibility.aspx> (Accessed on 10th November 2013 at 3.00 p.m.)

⁷ <http://www.hindustanpetroleum.com/En/UI/CorporateSocialResponsibility.aspx> (Accessed on 10th November 2013 at 3.00 p.m.)

⁸ <http://www.hindustanpetroleum.com/CorporateSocialResponsibility1#a6> (Accessed on 4th February 2014)

Nanhi Kali	K.C. Mahindra Educational Trust and Nandi Foundation	Mumbai, Maharashtra
Suraksha	Transport Corporation of India Foundation	Sikandara, Uttar Pradesh Satara, Maharashtra
Swavalamban	CCI-Skill Pro	Sitapur, Uttar Pradesh
	CII-Skill Pro	Guwahati, Assam
	CII-Future Sharp Academy	Kolkata, West Bengal
	CII-Vernajyoti Educare	Purulia, West Bengal
	CII-Orion Edutech	Balasore, Orrisa
Unnati	NIIT	Jabalpur, Chhindwara in Madhya Pradesh & Patna in Bihar

The process of data collection spanned for 30 days during the month of September 2013. The data was collected parallelly by 3 teams comprising of 2 members each. This study is an effort not only to assess the tangible and intangible impact of HPCL's CSR interventions but also recommend corrective measures if necessary, that will help to enhance the effectiveness and impact of the projects.

Report Structure

Chapter 2 describes the research methodology applied in the study. The report documents the impact of the projects by detailing impact areas, impactful strategies, multi-stakeholder perspectives, gaps, challenges and location specific recommendations for enhancing impact of each project in chapters 3-10. Chapter 11 ends with the conclusion and description of the impact value chains of each project. The final chapter also provides broad recommendations for each of the projects.

Chapter 2 Research Methodology

The main **objectives** of the study were to:

- a. Assess the key impact areas of the project
- b. Assess the effectiveness of the key strategies and innovations applied by to create the impact
- c. Explore the potential for enhancing the impact of the project

Qualitative **research methods** were used for the study and the tools included semi-structured interviews, focused group discussions, in-depth interviews, checklists and triangulation to test the verity of the data obtained from various sources. The tools were prepared after studying the existing secondary data available with HPCL as well as the implementing agencies for each of the projects. Review of literature with respect to relevant best practices and international standards applicable to the CSR projects of HPCL was undertaken at the preparatory stage of the study. Such literature was used in formulation of tools and checklists for observations.

The stakeholders included both direct and indirect beneficiaries of each project as well as the management of the implementing agency, the implementing team, the coordinating team, HPCL team and all other stakeholders engaged with the project.

The **sample size** for different stakeholders considered in each project varied from 10-50%. However, the sample size of direct beneficiaries was 10-50%. This sample size varied from project to project based on the availability and accessibility to the beneficiaries and other stakeholders during the study. The sample considered for the study was **stratified taking into account the variations** in the target beneficiaries. **Representation** in terms of coverage of all key stakeholders as well as different types of beneficiaries was maintained in sampling technique.

Details of stakeholders, sample size, representation of different types of beneficiaries targeted in the project are documented separately in the respective chapters describing each project.

Chapter 3 ADAPT

1. Background

“UNICEF’s Report on the Status of Disability in India 2000 states that there are around 30 million children in India suffering from some form of disability. The Sixth All-India Educational Survey (NCERT, 1998) reports that of India’s 200 million school-aged children (6–14 years), 20 million require special needs education. While the national average for gross enrolment in school is over 90 per cent, less than five per cent of children with disabilities are in school.”⁹

India has witnessed substantial developments in its policy frameworks for safeguarding the rights of persons with disability and to create increased awareness and sensitivity within the institutions and society at large. These include the launch of District Primary Education Programme (DPEP) in 1994, the Equal Opportunities and Rights of Persons with Disability (PWD) Act 1995 focusing on educational and economic opportunities for PWD¹⁰ and most recently the 86th Amendment to the Constitution of India on 12th December 2002¹¹ which envisions and thrusts the need for inclusion of Children with Special Needs (CWSN) under Sarva Shiksha Abhiyaan (SSA) without which the objective of Universalization of Elementary Education in India will remain unachieved. SSA has therefore adopted **zero rejection policy** to ensure that every child with special needs, irrespective of the kind, category and degree of disability is provided meaningful and quality education.¹²

ADAPT which stands for Able Disabled All People Together and formerly known as Spastics Society of India was conceived in 1972. Started as a special school for children with Cerebral Palsy to offer treatment and education under one roof;¹³ ADAPT has grown into an inclusive school focusing on inclusion of:

- a. Persons with disability
- b. Girl children
- c. Children from underprivileged background

ADAPT is currently working at different levels to promote inclusion in India and internationally. Some of the beneficiaries of ADAPT in India include the persons with disability, the girl children and children from underprivileged backgrounds as well as their families and communities in which they

⁹ <http://www.unicef.org/rosa/InclusiveInd.pdf> (Accessed on 8th November 2013 at 2.56 p.m)

¹⁰ <http://www.unicef.org/rosa/InclusiveInd.pdf> (Accessed on 8th November 2013 at 2.56 p.m)

¹¹ <http://indiacode.nic.in/coiweb/amend/amend86.html>. (Accessed on 8th November 2013 at 3.15 p.m)

¹² http://ssa.nic.in/inclusive-education/overview-on-inclusive-education/OVERVIEW%20OF%20INCLUSIVE%20EDUCATION.pdf/at_download/file. ((Accessed on 8th November 2013 at 3.05 p.m)

¹³ <http://www.adaptssi.org/history3.html> (Accessed on 13th September 2013 at 10.20 p.m.)

live. Apart from beneficiaries ADAPT is working with the government at National level to advocate policy reforms for inclusive development, and at local levels in Mumbai to make schools and transport facilities inclusive and disabled friendly. The organization functions out of its inclusive schools at Colaba and Bandra; the Skills Development Centre at Chembur; Karuna Sadan at Sion Hospital and two inclusive day care centres in Dharavi Slums which are located in the heart of the communities that they serve.

Hindustan Petroleum Corporation Limited (HPCL) under its CSR has supported the education and therapy of all children and adults with disability benefiting from the services at ADAPT. 300 persons with disability are funded by HPCL under the HPCL-ADAPT collaboration. The objective is:

“To ensure that every disabled child enrolled in the Adapt schools in Bandra and Colaba and Community Service is provided with quality school education, and treatment as needed, in an enabling environment so that he/she can realize their fullest potential”

HPCL’s contribution by sharing the responsibility for supporting education and treatment of persons with disability has substantially eased the financial burden of beneficiaries from underprivileged background as well as ADAPT. The contribution is significant from sustainability perspective as well as to help ADAPT in its endeavor to provide best services to its beneficiaries and focus on realizing its vision of creating an inclusive society for all!

2. Impact of the Project

i. Filling the Last Mile Gap in implementation of Sarva Shiksha Abhiyaan

HPCL-ADAPT Project fills the last mile gap in contributing towards the national goals of inclusive education under the Sarva Shiksha Abhiyaan. The 86th Amendment Act 2002 provides for Rs. 3000 per Child with Special Needs (CWSN) per year as a norm, with Rs. 1000 earmarked for exclusively for resource teachers. This amount has to be utilized for planning Inclusive Education activities at the district level also.¹⁴ The funding under SSA is made available for books and stationery, uniforms, transport allowance, reader allowance, escort allowance, actual cost of equipment but this does not ensure coverage of all other essential support services such as travel assistance, multi-disciplinary team of professionals, social support, counseling to list a few. Hence the total cost per CWSN of Rs3000/- per year works out to less than Rs300/- per month which is an unrealistic figure in view of the prevailing rate of inflation in our country.

Another gap is with respect to uniformity of the fund allocated per child that does not account for the diverse needs and services required by CWSN with various types of disability. Taking the multidisciplinary approach into account, the average cost of educating a child with disability ranges

¹⁴ http://ssa.nic.in/inclusive-education/overview-on-inclusive-education/OVERVIEW%20OF%20INCLUSIVE%20EDUCATION.pdf/at_download/file. ((Accessed on 8th November 2013 at 3.33 p.m))

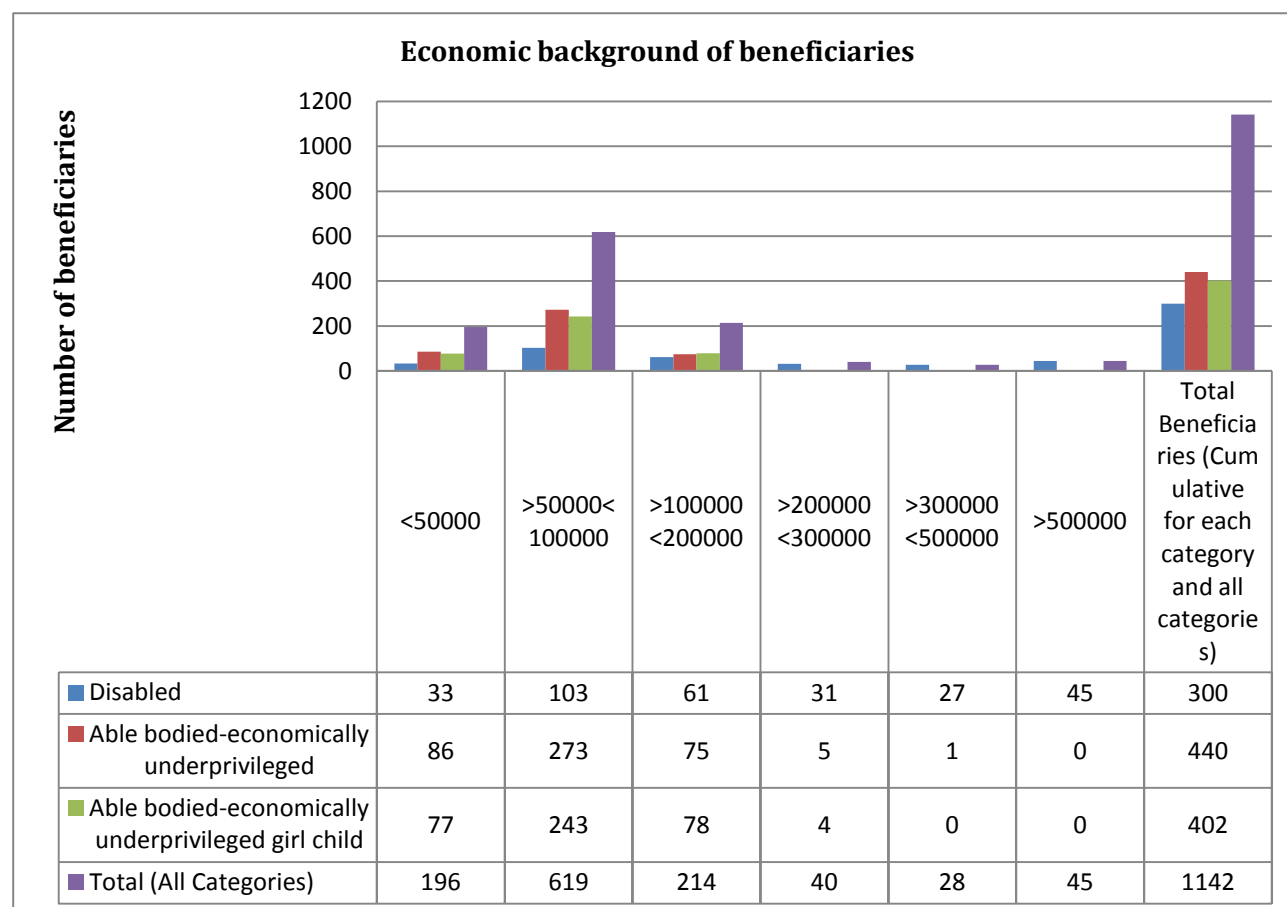
between Rs. 4000/ to Rs. 6000/ a month based on ADAPT's model of providing education and therapy under one roof as per CAT (Carer, Attendant and Transport) approach.

The existing **resources under SSA are inadequate** in terms of both provisions of good quality education as well as to create the support system essential for inclusive learning environment. HPCL through its support to ADAPT is a **significant initiative in bridging the gap** between national objectives and necessary resources required to fulfill them. The CWSN enrolled into mainstream schools partnering with ADAPT also continue to receive necessary support from ADAPT.

ii. Holistic model of inclusion

While maintaining its focus on inclusion of children and persons with disability in the mainstream schools, ADAPT has **expanded the scope of inclusion** within its schools by also focusing on children from **under-privileged backgrounds as well as girl child**. ADAPT Bandra and Colaba schools as well as the day care centres and Karuna Sadan; demonstrate a holistic model of inclusion. Below is the description of the economic backgrounds of the beneficiaries targeted for inclusion:

Figure 1: Economic background of ADAPT beneficiaries¹⁵



¹⁵ The information is based on ADAPT's secondary data and includes children who have dropped out.

Thus out of 1142 existing beneficiaries, 300 beneficiaries are persons with disability, 440 are able bodied children from economically underprivileged backgrounds and 402 are able bodied girl children from economically underprivileged backgrounds.

Regular schools are important stakeholders of ADAPT in its endeavour for inclusive education. Efforts to **mainstream** the children with disability into regular schools have led to increased sensitization and reinforced the utility of inclusive approach in education through **practical demonstrations**. ADAPT with its experience of more than four decades and expertise serves as an archetype and learning ground for both state and non-government organizations working on issues of disability and inclusion.

iii. Provision of support and guidance to other national and international governmental and non-governmental initiatives on disability

Nationally ADAPT has promoted the growth of services of other Societies at Kolkata (1974), Delhi (1977), Bangalore (1980) and Chennai (1985) and through their courses the others. These centres in turn spun off peripheral services in their regions, which in turn created services such as assessment and identification of children with cerebral palsy, educational services within an officially recognized syllabus, remedial services catered to the individual needs of each child, treatment and appropriate management of cerebral palsy. There are now similar services in 18 States in India.¹⁶

The different paradigms of inclusion being practiced at ADAPT have been studied by **more than 200 Master Trainers from the Asia Pacific region** who have completed the 'Community Initiatives in Inclusion' course run by ADAPT. They have in turn created context specific models of inclusion based on ADAPT's model in their respective countries. These **17 countries** include India, Bangladesh, Nepal, Pakistan, Srilanka, Cambodia, China, Malaysia, Indonesia, Mongolia, Tajikistan, Tonga, Papua New Guinea, Tibet, Vietnam, Jordon, Myanmar

Resource Material entitled ***Culturally Appropriate Policy and Practice (CAPP)***, a code of practice for the implementation of inclusive education developed at ADAPT at three levels (macro; mezzo and micro) has been **acknowledged as a training tool by the Ministry of Human Resource Development (MHRD)**, Government of India (GoI), which has obtained copies of it for their own training centres in various states and has been used extensively to train teachers of the Government's Integrated Child Development Scheme (ICDS)¹⁷.

Spastics Society of India, Mumbai, acted as a catalyst and started training of teachers and therapists and skills development. The trainees of the National teacher training programme in Mumbai

¹⁶ Information based on discussions with ADAPT team (See <http://www.iicpindia.org/history.php>)

¹⁷ Information based on discussions with ADAPT team

established holistic centres in their own states. Each of the Societies is today independent and well known for their innovative work for disabled people.¹⁸

Unnati Organization for Development Education based at Ahmedabad used ADAPT as one of their case studies when doing a research and advocacy in project entitled “ **Collecting and Documenting good practices: Towards attainment of UNCRPD** (United Nations Convention on the Rights of Persons with Disability) **Articles on Education and Employment**” ¹⁹

iv. Outreach to the beneficiaries who are most in need

Most of ADAPT beneficiaries learn about ADAPT through word of mouth and its sensitization drives. The highlight of ADAPT’s outreach strategy is the establishment of day care centres in the slums of Dharavi, Mumbai that brings it closer to the community that it serves. By engendering the targeting of underprivileged children and girl child, ADAPT has rationally prioritized the utilization of its limited resources amongst those who are most in need of its services.

The out patient department (OPD) facility of ADAPT has helped in expanding its outreach to such beneficiaries who are unable to visit the centre every day as well as those who are in need of its specific services. In addition to inclusive facilities at the centre, ADAPT has **Out Patient Department facility** for beneficiaries and parents who are unable to bring their children to the centre every day. They receive OPD services as well as necessary support from the team to take care of their children at home. OPD services include assessments in the areas of occupational therapy, physio therapy, speech therapy, audiology and education. A case conference is then held to draw up a holistic programme and an intervention programme consisting of therapy, audiological training, counseling and remedial education. A child could get all of these services or a combination of them depending on the findings of the assessments conducted.

ADAPT’s Beneficiaries

Direct beneficiaries

300 children/ youth with disabilities

676 children without disabilities from under-privileged backgrounds

Indirect beneficiaries in 2012-13

66 Staff members

452 teacher trainees

300 families of students with disabilities and 676 families of students without disabilities

People for society at large benefiting from the sensitization and awareness is also done through public programmes on special days such as the International Day Of the Disabled, International Women’s Day, Standard Chartered Marathon etc

35 OPD beneficiaries in 2012-13

¹⁸ Information based on discussions with ADAPT team
See(<http://www.rehabcouncil.nic.in/writereaddata/cp.pdf>)

¹⁹ Information based on discussions with ADAPT team

v. Increased awareness and sensitization of various stakeholders

The impact of manifold strategies used to create awareness and sensitization at both internal and external levels among various stakeholders are documented below:

At internal levels all stakeholders including parents of both abled and disabled persons, volunteers, special educators, ancillary staff and funders had experienced a change in their perspectives and understanding with respect to disability. There was increased awareness with respect to causes of disability, types of disability, treatments and approaches to treat the persons with disability, rights of Persons with Disability (PWD). **Orthodox beliefs of parents** who earlier attributed the cause of disability in their child to their '*earlier life karma or sins*' or to a '*curse*' were **demystified due to persistent counseling** of ADAPT team as well as due to sharing of experiences among parents in the similar situation. Parents are also becoming increasingly aware on the rights of their children and strategies to bring out the best of their abilities. Parents of able-bodied children in the school did not view the school as any different from other regular schools. They shared that their **children never distinguished** among friends based on their disabilities as they have **never known that such a difference exists**. Interactions of the team with the able-bodied children in the schools reflected that disability was not viewed as a distinguishing factor and children shared a level of comfort among themselves.

Volunteers, ancillary staff and the special educators have developed more patience and feel more capable of working with the PWD. Volunteers who were initially uncomfortable to speak to Children with Disability (CWD) or PWD are now at ease while working with them as they feel more capable with experience gained at ADAPT. Many have continued to volunteer for as long as more than 20 years at ADAPT. This awareness is spread by the members of ADAPT to their other social circles. The awareness and sensitization thus has a ripple effect on the friends and families of the ADAPT's team members, many of who have joined as volunteers in ADAPT. PWD are viewed from the lenses where they are not considered a liability or abnormality but only different members of the society requiring "*empathy not sympathy*" according to the volunteers of ADAPT.



Ekra is an orphan and was brought to ADAPT by her foster parents in 2001 when she was 5 years old. She was diagnosed with Cerebral Palsy Athetosis with associated speech disorders.

Ekra is a very loving and an affectionate child, who would get easily attached to her teachers. In her 4th year at school when she was in STD II, the teacher noticed a change in her behavior and felt she was very withdrawn. On probing, it was noted that she was being abused. ADAPT team felt the need to move her away from the foster home. ADAPT's Social Workers initiated the process for the transition with the Child Welfare Committee, Juvenile Welfare Board and Ekra was shifted to Balanand, an orphanage at Chembur.

At Balanand, Ekra began a new phase in her life. ADAPT's team along with her counselor at Balanand work together to provide her need based interventions and counseling.

Ekra is presently preparing for the NIOS (Std. X) exams to be held in April'14.



Shravani is a three and half year old girl who first joined ADAPT as an out patient and was later admitted to the day care centre at Karuna Sadan, Dharavi. She was diagnosed with downs syndrome with no speech. Shravani was born with disability and her grandmother wanted to commit infanticide after discovering her disability. Her parents came to know about Karuna Sadan and began her treatment with ADAPT as an out patient. Her father was unable to accept Shravani for a very long time and her mother struggled with her own family for Shravani's survival and acceptance. ADAPT's team at Karuna Sadan helped in sensitization of Shravani's family and her grandmother soon got involved in each of her development. She is now loved by her entire family.

When she was first admitted to the day care centre, Shravani would sit quietly and not mix with the other children. She was not toilet trained and often wet her clothes. She did not share toys with her peers in class. After 6 months of schooling, with the teachers personal attention, care and therapy, she started mixing with the children in the class and now enjoys coming to school, indicates when she needs to go the toilet, enjoys poems and dancing during music sessions, She can now sit in one place and do the activities given in class also shares toys, recognize the colour red, the shape of circle, understands the commands given by the teacher and helps the other children and the teacher in the class. She can colour with in the given shape i.e. circle, and recognize shapes.

Thus sensitization efforts of ADAPT have not only saved Shravani's life, but also blessed her with love and care of her entire family that she needed the most.

At external levels sensitization and awareness programmes targeted regular schools, local communities of beneficiaries in Dharavi slums of Mumbai, Municipal Corporation of Mumbai, the Bombay Electric Supply and Transport Company (BEST) and the Mumbai city at large. These efforts are driven by ADAPT Rights Group (ARG). At national levels ADAPT efforts as a part of its advocacy for policy change and system reforms have resulted in Inclusive Education of Children and Youth with Disabilities as well as stimulated the process of reforms in ICDS to make it inclusive.²⁰

²⁰ <http://www.adaptssi.org/advocatingpolicy.html> (Accessed on 9th November 2013 at 7.41 p.m)

The increased sensitization of the all these external stakeholders has led to direct and indirect impacts. For instance, BEST has supported PWD by plying **BEST buses especially for CWD and PWD** beneficiaries of ADAPT during their schools hours. Increasing use of public facilities and public space by PWD has resulted in increased sensitization of general public in Mumbai about the needs of PWDs and their ability to lead a normal life as others. Visits of students from regular schools to ADAPT have made able-bodied students more sensitive and comfortable to talk, play and learn with persons with disability.

Our children are eager to go to the school each day and miss school on holidays! -Parents

vi. All services made available and accessible at subsidized costs and under one umbrella

ADAPT has created a comprehensive model to address various issues regarding disability from education, therapy, counseling, skill building, functional literacy and advocacy. The impact of this model is therefore significant as it has increased accessibility to various services including education and skill building for CWD/PWD. Parents, who would otherwise ignore one or the other aspects caused by specific disability, are convinced to nurture their children in a holistic way, with help of a **trans-disciplinary team of ADAPT- all available under a roof**.

ADAPT **subsidizes more than 50% of its costs**. The family contribution towards the balance is voluntary which is in nature and is on a sliding scale founded on the **principles of inclusion and sustainability** and based on the socio economic status of the family. Hence, the family contribution ranges from **NIL to Rs. 2000** (cost being Rs 4000/- + per month). The contribution is broadly categorized as below:

Rs 0 – Rs 250	Rs 250 – Rs 750	Rs 750 – Rs 1000	Rs 1000 –Rs 1500	Rs 1500 – Rs 2000
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HPCL's contribution to ADAPT is towards the costs of direct services to the beneficiaries. Based on the philosophy of inclusion, ADAPT first subsidizes more than 50% of services and then raises funds towards the same. Currently, ADAPT subsidizes more than 80 percent of the costs and raises funds for the same. HPCL contribution is a part of this subsidy.²¹

Subsidized costs for professional services have helped **beneficiaries from poor families to have access best of services as per their needs** and saved their efforts, time and frustration as all the necessary services are available at one location.

vii. Need based academic and extra-curricular development enabled

ADAPT provides educational services upto Std. 10th and follows either SSC or NIOS curriculum to train candidates. The educational services were earlier provided under the umbrella of Spastics Society of India which was a special school only for children with cerebral palsy. Parents who could not think of the possibility of their children getting education were first exposed to idea of

²¹ Information based on discussions and secondary data provided by ADAPT team

educating their children at ADAPT school. Children with disability learn to read, write, play, dance and sing etc.

With transformation of Spastics Society of India into ADAPT, the special schools gave way to inclusive schools. ADAPT thus provides a platform for CWD/PWD to get educated. Equal focus on extra-curricular activities has lead to creation of a **vibrant learning environment** at ADAPT. Children actively participate in the classrooms and extra-curricular activities such as sports including ADAPT's Mumbai Marathon, ADAPT's exhibitions, dancing, singing, yoga as per their likes. Festivals are celebrated in the school. Apart from the good feeling at the school, beneficiaries and parents of the beneficiaries feel **more confident in intermingling with the community and prepared to handle insensitive comments** on learning abilities of the PWD. They attribute this confidence and preparedness to their association with ADAPT.

ADAPT's team follows **Individualized Education Programme** for each beneficiary which takes into account the individual needs and capacities of the beneficiary in the teaching method and syllabus. The teaching pace is decided as per the learning abilities of the beneficiary. This has helped in **steady learning** of the beneficiary.

Parents are involved in the learning process of the children and them being in constant touch with the development of their child helps them in realistic assessment of their child's abilities. Parents' who either over/under estimated their child's abilities or are often in denial shared to have accepted their children for who they are.

Independent living is core to all teachings at ADAPT and is common goal for all beneficiaries. The team is focused on teaching appropriate mannerisms and attitudes required for respectable and independent life to each beneficiary. This was observed to be the constant effort of each team member. Beneficiaries learn gradually but perfectly.

Many students of ADAPT who were above average in intelligence and had the potential to cope with the regular school teachings and environment, were transferred to regular mainstream schools. ADAPT has remained in touch with such schools to help and track the developments in the life of the child at school and family levels.

A total of 130 students have been enrolled from 1998 till date. In 1998, eight students with disabilities were included in 5 mainstream schools. The number of partner schools has increased to 76 in 2013.

[viii. The impact of disability mitigated with therapeutic treatment](#)

The therapeutic services are provided through various creative and game methods at ADAPT. These included physiotherapy, speech therapy and occupational therapy (especially for beneficiaries from the Skill Development centre). The therapeutic services are provided as a part of comprehensive model of ADAPT and therefore no separate costs attached to these services. This makes them accessible for the beneficiaries who would not be able to afford it otherwise. Therapies are crucial to overcome the disability and train beneficiaries in independent living.

ix. [Holistic development of the beneficiary through trans-disciplinary approach](#)

ADAPT's inter-disciplinary team of special educators, therapists, counselors, social worker and parents, work together and in tandem on every beneficiary. The therapy, educational, skill development and counseling services complement each other. This has impacted in holistic and balanced development of the beneficiary. Beneficiaries not only develop academically and

Snippets from discussions with parents

"I can now take my child out of home to social functions and just for shopping etc. Earlier, he was not toilet trained but, now he uses only the toilet."

"My child has ADHD. He is now more under control and it is easier to take him out in public"

"My child has learnt new manners of greeting. She is more confident and affable with people. She now engages into long conversations over phone with her cousins"

"My son helps me in cooking"

therapeutically but also acquire several functional, vocational skills and other hobbies. The multi-pronged approach have made learning a fun activity and helped in engagement of beneficiaries in a constant learning process.

x. [A companion and trusted guide to surmount challenges posed by disability](#)

ADAPT has a counselor at both Bandra and Colaba centres. In addition to the psychologist, the special educators also counsel the beneficiaries and their parents. Informal and regular counseling has helped parents deal with personal issues as well as insensitive attitudes of the community towards disability. Counseling has been crucial in helping parents to accept their children, understand their disabilities and persistently work towards their development.

Constant availability of an expert counselor helps to deal with developments related to adolescence among the children as well as the mental and psychological trauma affecting children due to the prevailing family and social conditions. Parents often do not know how to deal with the adolescence issues of their children. At ADAPT beneficiaries are given sessions on sex education, good touch, bad touch, dealing with strangers etc. in most creative ways so that they register the teaching and apply them in lives. Thus ADAPT team becomes a guide for parents and children as well as youth with disability during their phase of adolescence and youth.

Snippets from discussion with parents

"I never feel alone. ADAPT has been my friend and my family through thick and thins of life. Whenever I am in need of help, ADAPT has help to offer. There is never a vacuum."

"I believe in one thing that I am special and therefore God has chosen me to be the parent of my child"

xi. [The youth with disability empowered with skills training and made employable](#)

The Skills Development Centre of ADAPT was established in 1989 with an objective of providing skills development training and capacity building of PWDs as well as to make them employable and link them to job market. In 2012-13 there were 33 trainees at the centre, 4 of which were employed outside ADAPT in mainstream job market and 6 employed by ADAPT. The income range of candidates employed outside ADAPT is between Rs. 6000/- to Rs. 8000/- per month. Below are the details of their employers and their job profiles:

Name of employer	Type of jobs
Pankaj LalgeTata Landmark in Vashi	Salesman
Jai KhemaniLifestyle at Kurla	Salesman
Mahek Gala, Pizza Hut	Assistant in Kitchen
Shahnawaz Quereshi, The Lalit Hotel	House Keeping

It is important to note here that ADAPT's efforts in employing PWD need to equally supported by the employers and companies with their inclusive Human Resource and hiring policies. Given the existing insensitivity for persons' with disability in the Indian context, such an effort needs and deserves larger support especially from corporates to achieve quantitative impact of higher scale.

xii. [Working towards to independence](#)

Independent livings skills are imparted to each beneficiary based on their abilities. Baseline, follow-up tracking and end-line assessments of each beneficiary are maintained. Beneficiaries are becoming more independent in performing activities of daily living. The impact of independent living training provided at ADAPT is reflected in the following developments:

- Every candidate has shown progress in terms of independent living skills which is reflected in the baseline and end line assessment of the candidate
- Many candidates are able to take care of themselves
- Many are able to travel on their own and maneuver within the crowd of Mumbai
- Many girls are able to take care of themselves during their menstrual cycles
- Many candidates are able to help their parents in kitchen
- Many have been successfully employed
- Candidates have also acquired social skills
- Many are able to better handle the emotional and social challenges posed by their own life circumstances

xiii. Empowering parents through participatory model of engagement

Parents are constantly involved in the development of the child in multiple ways, whether it is academic, functional, vocational or therapeutic treatment. Parents who did not involve themselves in the team's effort and took a backseat are gradually encouraged to get involved. The strategies include assignment of responsibilities, informal training, counseling, as well as cultivating and nurturing hope in them. As a result many parents were found to have shed their biases and were getting actively involved in the development of the child. Parents begin to share the methods that they have applied at home and its impact of the child. Such methods developed by the parents are also tested and tried by the team at school. Such participatory model for inclusion boosts the morale of parents to think more creatively for the development of their child.

"When my son and I walk on the streets, many people tease him and call him a hobbler; I used to feel miserable before, but I don't feel that way anymore. He simply says, 'it's me who is limping, what is your problem?' "

Many parents have started encouraging and facilitating their children to participate in the community celebration during festivals and create awareness within the community.

"We organize overnight stays of the beneficiaries at the centre to foster independent living attitudes within them especially in the absence of parental care."

It was with the **initiative of parents from slums of Dharavi**, that ADAPT began its association with mainstream local schools for admission of candidates into regular schools. This initiative has gone a long way in ADAPT's struggle for inclusive education and in 15 years 76 schools are became associated with ADAPT.

The psychological support and exposure at ADAPT has helped parents to gain strength in dealing with the insensitivity of the society.

xiv. Working towards inclusion-collaboration with mainstream schools

As mentioned above, the 86th amendment Act lays thrust on inclusive education and entitles access

The home management program's team of ADAPT trains the children in presence of their parents which helps parents to learn techniques, to take care of their children at home. Involvement of parents from the beginning helps in enhanced development of the child.

With constant engagement their understanding of disability has enhanced and their idea of education is changing. They are no more interested in only formal and traditional form of education but have started thinking broadly of exploring new forms of training or skills that can be imparted to their children.

Rakesh's (name changed) parents fight a lot. He shares with me the stress he undergoes due to constant bickering at home and that he does not like to witness all of that. His parents are not able to resolve their issues and the tension between them has not subsided. I had to help Rakesh in the best way to cope with this situation without giving him false hopes. Constant counseling has helped him accept that he cannot prevent his parents from fighting. We have helped him to develop means of accepting and carefully detaching him from these family struggles where things are beyond his control. I see a difference in him. He looks more at peace now and has not broached the issue of his parent's fights in our counseling sessions in last several days.

*- Counselor, ADAPT
Bandra Centre*

to quality education for children with special needs.

ADAPT's efforts for inclusion strengthen the implementation of the inclusive education under SSA by preparing and building capacities of the children with disability to acclimatize to the environment of regular schools. ADAPT has **enrolled 130 students in mainstream schools** since 1998 and thus helped such 76 mainstream schools in their efforts for inclusion.

The impact of these efforts are revealed from improved performances of the children in regular schools as well as their ability to better cope with disable unfriendly environments.

ADAPT is thus sowing the seeds of change for an inclusive society, the results of which are manifesting gradually.

xv. Beneficiaries better prepared to cope with difficult environments

The team shares a strong rapport with the beneficiaries. With their own perceptive abilities or when beneficiaries themselves confided into the educators or therapists or counselors, the team discovers the struggles in lives of the beneficiaries- whether it is with the family or with society. The beneficiaries were found to be better prepared to handle difficult circumstances with the team's support. Children coming from disturbed families were helped and counseled to cope with their lives situation on their own, especially when changing the situation is beyond their influence. At the same time, parents and guardians of the beneficiaries are sensitized to take into consideration the consequences of family disturbances on their children and encouraged to resolve problems amicably or in a manner

that would avoid stress for the beneficiary.

xvi. Prevention of physical or sexual abuse or molestation of children and adults with disability

Children at ADAPT are trained regularly by the transdisciplinary team as well as during special counseling sessions on good touch, bad touch, how much of contact or touch is good, where to touch or allow to be touched, how to deal with strangers, etiquettes of talking as well as what to expect when people talk to them, whom to reach out to and what to do case of trouble.

We use the techniques such as classification of body parts into red area and green area, implying areas where body contact is good touch and where it is bad touch respectively. Through games and fun sessions children are counseled on such issues as well as imparted sex education.

Each team member including the ancillary staff and volunteers undergo training on issues related to adolescence in persons with disability.

-ADAPT team members

Parents shared extreme happiness that these crucial issues which they did not know how to handle, were professionally dealt with by the ADAPT team. In fact parents themselves learnt new strategies of effective communications with their children from the team. Such preventive measures have helped in **precluding adverse circumstances on children as well as inadvertent misbehavior or misconduct on part of the beneficiaries** with people in their company.

3. Impactful Strategies and features of the Project

i. Adoption of Beneficiary perspective in programme design

The ADAPT programme has been designed considering the minutest details of the needs of persons with disability and people whether parents' or guardians or ADAPT's team whose lives are closely linked or affected by them. Preventive as well as curative measures are taken to make lives of each beneficiary; each stakeholder easier and every effort is driven towards making persons with disability independent and the society we live in more inclusive.

ii. Rights-based Model

ADAPT has evolved into a programme that comprehensively addresses the medical, social, economic needs of the persons with disability. In its endeavour ADAPT has adopted rights based model that advocates the rights of the persons with disability to live in an inclusive and a disabled friendly society.

Snippets from discussion with the team

Sports help in inculcating qualities of persistence, consistence and discipline. They learn to follow instructions which gradually reflect also in their social and classroom behavior. Art and craft helps to bring out their emotions which are either concealed or not articulated in speech. It makes them peaceful, calm, confident and happy.

"Zeenia can't dance but she choreographs the dances for her other school mates. Choreography gives her the platform to articulate her imagination and she does a very good job!"

Dancing with partners helps them to learn social conduct and makes them comfortable being in the company of counterpart from opposite sex. Boys and girls dance comfortably and learn many social skills which cannot be taught through classroom teaching. Similarly, a photography session gives them exposure to get pictures comfortably with appropriate etiquettes.

Participating in extra-curricular activities gives them the opportunity as well as responsibility to make decisions for themselves. They are allowed to decide the activity that they would like to participate in as per their choice and interest.

Activities such as science competitions allows them to think creatively.

iii. [Programme implementation with help of expert team which is trained and sensitized regularly](#)

The ADAPT team consist of **46 professionals and 20 ancillary staff** with a wide range of experience from minimum 1 year to a maximum of 37 years.

Each team member of ADAPT whether the special educator, therapist or psychologist has expertise in their own functions. The impact of intervention through team of experts is reinvigorated with their passionate support to the cause and comprehensive understanding of disability.

Regular capacity building of parents, special educators, volunteers, and ancillary staff is ensured through formal, informal and on-job training.

iv. [Learning made fun with extra-curricular activities](#)

The academic development of the beneficiary is fostered with exposure to several extra-curricular activities. These activities are decided based on the interest of the beneficiaries and therefore help in enhancing their learning abilities.

v. [Need based teaching approaches](#)

Following are the highlights of the need based teaching approaches of APADT: **Individualized Education programme** for candidates enrolled and following SSC or NIOS curriculum. This method of teaching and assessing the candidate helps in tracking the development of the candidate and ensuring individual attention is given to the candidate by the trans-disciplinary team.

- a. **Functional literacy** enables such candidates who are unable to pursue academic curriculum to attain literacy adequate for their daily functional purposes.
- b. **Vocational training** is imparted to candidates to make them employable. Candidates are provided training in art & craft or painting or soft skills or hospitality or computers etc. as per their capabilities and interests. They are also given occupational therapy once they are enrolled into skills development centre. Candidates continue with their school based curriculum and are parallelly trained in vocational skills to make them employable.

vi. [Constant focus on inclusive development](#)

Inclusion begins at the school itself and first with cultivation of inclusiveness among the children. Able and disabled children learn together, play together, eat together, sing together, dance together, share and bond together. Children learn to become friends without discriminating each other on the basis of their disability, caste, class or any other reason. The **Buddy system** at ADAPT is noteworthy in its approach of teaching children to take care and be supportive of each other. Each **able bodied child has a disabled child as his/her buddy who complements him or her** in strengths and weakness. Through buddy system not only do the children nurture qualities of sensitivity, care, and helping nature but also **learn from each other**. Buddy system makes them blind to differences among each other.

Another strategy to promote inclusion is to tie-up with mainstream schools in Mumbai to encourage inclusive education under Sarva Shiksha Abhiyaan. This process of inclusion is long and arduous. ADAPT endeavour to make inclusion work is reflected in the impact of its manifold strategies documented below:

First step is to **change parent's perspective and give them the hope and confidence.**

"Many parents showed reluctance in sending their children to regular schools. We encouraged them to send their children to regular school considering the intellectual and emotional adaptive capabilities of the child to cope with the challenges at school which may not be completely disable friendly. We assured them full support and constant contact with the school authorities. We also informed them that enrollment into regular school did not mean that the child has moved out of ADAPT. He/she continue to be a part of the ADAPT family and will receive all necessary support. With persuasion parents agreed to send their children to regular schools and now more and more parents are feeling confident about this idea and coming forward." – ADAPT team members

After the enrollment, children who are being mainstreamed into regular school find it difficult to get the same protective environment as in ADAPT. On the contrary, they are posed with multiple challenges, due to insensitive attitudes of the teaching or non-teaching staff, peers etc. as well as due to disable unfriendly architecture. Despite the unfavorable circumstances, parents and ADAPT team members make a choice to mainstream candidates with higher intellectual potential and prepare them accordingly. Such decisions are based on the rationale to give them access to mainstream education at schools closer to their homes. However, the children, their parents or even the schools are not left alone in this journey and receive constant support and guidance from ADAPT team to make inclusion work.

vii. Multi-pronged sensitization strategy

The highlights of the multi-pronged sensitization strategies of ADAPT are:

- a. Opening ADAPT day care centres in the heart of community in the slums of Dharavi.
- b. Collaboration with BEST services to have disabled friendly transport facilities in the city.
- c. Organizing group outings of the beneficiaries at public places which are aimed to give exposure to the beneficiaries of the public life, teach them social skills, make them comfortable in public and at the same time make people in the city comfortable and sensitive to seeing persons' with disability in public.

viii. Outreach into the community

Direct interaction with the community is done by ADAPT's social workers and ARG members to sensitize them on issues of disability. In addition to awareness building and sensitization campaigns, ADAPT has opened inclusive day care centres/anganwadis in the slums of Dharavi which has helped ADAPT to connect with the underprivileged families in need of guidance and support.

ix. Constant focus on independent living skills

Every teaching, therapeutic, skill building and counseling strategy at ADAPT is designed to promote independent living skills in the beneficiary.

x. Gradual and continuous engagement with parents

Parents'/guardians' engagement in the development of the child is a gradual and continuous process. This engagement often begins with trust building and graduates to sensitization, developing their confidence, giving them hope, helping them to realistically estimate the abilities and disabilities of their child, helping them to understand the type of the disability, its implications and ultimately the way to help their child. Many parents begin with the home management course and continue their relationship with ADAPT for as long as they require support.

xi. Strong volunteerism

ADAPT has 30 volunteers who have continued to serve ADAPT for even more than 20 years. These volunteers are oriented and continue to receive hands-on training from the special educators who they help in their work. ADAPT has been able to attract the interests of many such volunteers who use ADAPT as a platform where they can experiment and innovate resources as well as strategies to create a friendly environment for persons with disability.

It is the strength of ADAPT that they are able to use the strong volunteer base and give them the flexibility to contribute as per their own interests and strengths. This not only helps to develop a long term and dedicated relationship with the volunteers but also helps to provide additional services to the beneficiaries

Students from several institutes with diverse educational and interest backgrounds volunteer to work with ADAPT. In this process they contribute to the organization, and also learn how to best apply their skills from not only from the technical but also user point of view. For instance, many engineering students who volunteer at ADAPT understand the significance of their skills and knowledge of engineering to make tools that are designed not only from profit making perspective but to meet the needs of children with disability. Engineering students have helped ADAPT design devices for students with multiple disabilities that have helped them overcome architectural and physical barriers such as book holders, assistive devices in the form of large switches, writing devices, stands for head switches, electronic devices, computer software etc.

xii. Comprehensive documentation

The team maintains a very systematic and meticulous documentation of all records that help in tracing the development of each beneficiary, challenges encountered by each team member, strategies/ideas used to address the challenges etc. Different forms of documents maintained by ADAPT include:

- Students files: Three files are maintained for each child pertaining to Social profiles; Therapy and Academic progress
- Log books containing a record of the curriculum taught

- Log books of special interventions provided
- Therapy log books of individual as well as group therapy sessions taken
- Social Worker's log books
- Psychologist's log books
- Parent Teacher Therapist meetings registers
- Therapy protocols that are guidelines for different conditions and types of disabilities.
- Individualized Developmental Plans (IDP) for students in the non academic stream
- Attendance registers of class attendance/ therapy attendance
- Tell books which is a school calendar for communication with parents

4. Multi-stakeholder perspective on ADAPT

1. Volunteers

Volunteers²² shared that their engagement with ADAPT has made them more sensitive and more patient humans. Many who did not know how to talk to a person with disability have overcome their inhibitions and are able to train them.

They have learnt various strategies of working with persons' with disability which help them not only at ADAPT but such practical experience helps them to sensitize people around them on the disability with conviction and cogency.

Volunteers shared that ADAPT targets children from all income groups. Inclusion begins at the school itself wherein all team members, beneficiaries and their families alike are sensitized using different methods.

A common change that all volunteers shared to have observed in the children is that-

"They have learnt manners and etiquettes of interacting with people. They have developed abilities to communicate and an understanding of things that they can talk about, distinction between persons while choosing certain topics to talk about also their choice of words and manners of speaking. Children who were hyperactive or who bullied others have mellowed with the help of education and therapy. We have seen gradual and consistent transformation in the children that we have worked with. Many are now in regular schools."

2. Parents

Parents²³ shared that ADAPT is a solace for them and a ray of hope in their lives especially for those who came to Mumbai in search of help for their children. The most crucial support received from

²² All volunteers of ADAPT participated in discussions with the team

²³ A group of 30 parents (10% beneficiaries) were considered for the study. These parents represented both able-bodied and disabled beneficiaries of ADAPT. A representative sample of pre-primary, primary, secondary educational levels as well as students in functional literacy class and skills development centre was taken into

ADAPT is that all their needs, requirements are fulfilled at one centre and it saves them the time, energy, cost and stress of travelling across the city to avail different types of services. They therefore **need no extra support from any doctor or counselor or school** outside ADAPT.

The friendly, lively environment of ADAPT is very helpful in stimulating the development of the children. Parents whose children were enrolled at ADAPT since infancy shared that, they are able to see a perceptible development in their child. They have learnt new skills of living independently and parents do not have to tend them all the time.

All parents shared that extra-curricular activities at the school level as well as sensitization campaigns excite children and they look forward to participating in events such as Mumbai Marathon, celebration of different festivals when they participate in group songs, group dance etc.

Social stigma, myths and insensitivity towards disability handicap the development of children. Parents feel especially distressed due to insensitive comments, sarcasm, and unsupportive attitudes of their community and society at large. Many parents especially those who have had long term association with ADAPT feel empowered and have developed a mechanism to not only cope with the insensitive attitudes of the society but also sensitize people towards the cause of disability by setting own example. However, many parents are struggling on ways to deal with insensitivity from family and society at large especially in absence of any personal support. **Parents shared willingness to organize themselves** with the support of ADAPT to sensitize the society and overcoming the barriers that handicap the development of persons with disability.

3. [Team members](#)

The years of association of the team members varied from 1 year to 37 years. Those associated since the beginning shared to have seen a transformation in ADAPT's approach towards the cause of disability change **from medical to social to rights model**- the aim now being empowerment of the person's with disability.

ADAPT becomes the microcosm of the change they wish to see in the society at large. The team shared that working with ADAPT has not only changed their perspectives towards disability but also transformed them as persons who have become more sensitive and patient.

They shared to have seen similar transformation in parents too, who are sensitized on the issue and empowered to understand the type of disability affecting their son/daughter, its implications,

Many parents shared their association with ADAPT has helped them to rediscover their own child and love him/her for who they are and help them grow as persons by choosing paths that are best suited to their development. Parents now support children unconditionally without overburdening them with the baggage of their expectations or inhibitions.

consideration for the purposes of study. Parent representing children who have been mainstreamed into regular schools also participated in the discussions.

different aspects to its treatment, the rights of the child and most importantly they are trained to see the invisible and discover and strengthen the ability of the child each day instead of focusing on his/her disability.

The team shared that when parents first come to ADAPT they are in maze of psychological challenges of coping with the disability of their child. Some parents are in denial; some have orthodox beliefs and attribute the disability of their child to '*past karmas, sins or other superstitions*'; some have very high expectations from the child while some completely underestimate their child and many are over-protective denying the child opportunities to learn things on own or make mistakes. Informal training, counseling support and exposure to many other people sharing similar challenges in life helps them to overcome their own mental struggles. The team applies various strategies in gaining the confidence of parents in their efforts.

"We place the child in the situation or begin working on a skill that parents cannot imagine the child can handle or learn and when the efforts make a difference, parents are able to see the wonder and this is how we start to break the barriers within the child's own family. Once their trust and confidence is won, parents are involved actively in the development of the child. They become the part of the transdisciplinary team of ADAPT. The aim is to change the outlook from sympathy to empathy with persons with disability and make them as independent as they can become, help them discover the best in themselves."

Constant awareness and consciousness about this aim helps the team to guide the children/young adults with disability in their social and academic development as well as other aspects of their behavior. Self control, mannerisms, etiquettes, persistence, consistence, discipline, hard work are the qualities that are cultivated in each beneficiary and the team does not give up until these are cultivated, nurtured and honed in each beneficiary. The failure of the beneficiary or inability to cope with the challenges of learning different skills is not ignored by the team due to their disability, but persistent efforts are made to help them learn the skills important for their development as persons.

ADAPT is our permanent platform for innovation. Each time we encounter new challenge, we innovate new solution.

5. Recommendations

Formation of Parent's Support Group

An effort to **organize the parents** in the form of **Parents' support groups** and reinforcing existing efforts on community sensitization can be considered. Insensitivity of the society inhibits the development of persons' with disability and demoralizes their parent's.

Parents' support groups could meet regularly and have focused discussions and share thoughts/ideas on challenges experienced by them and their children. The group can collectively arrive at solutions/mechanisms of overcoming these challenges. While ADAPT team can facilitate and guide these efforts, parents can lead such initiatives. The outcome (successes, failures and

successes after failure stories) can be documented and shared with concerned stakeholders especially organizations working on issues of disability.

6. Conclusion

The multi faceted impact of ADAPT in tangible and intangible forms is an outcome of its dedicated, passionate, consistent service to the cause of disability. HPCL's support to the cause of disability in a country like India deeply entrenched in its orthodox belief systems and insensitivity that stigmatizes disability is noteworthy. Convergence of efforts such as demonstrated in HPCL-ADAPT collaboration needs to be replicated in other parts of the country.

Persons with disability cannot develop in isolation. The roots of their growth and development as active members of the society need to be engendered within the same society. Increased efforts for advocacy and sensitization of the society can help in creating a large scale impact in achieving the goal of an inclusive and disabled friendly society. Sensitization of the society should be therefore a parallel effort and massive energies and resources needs to be channelized in this direction. While ADAPT has already made advancements in this endeavor, more support is required to adopt this strategy at a larger scale. A convergence of the efforts from all key partners- the state, companies, beneficiaries, organizations like ADAPT and community at large can only help in achieving the goals of an inclusive society.

Chapter 4 Akshay Patra

1. Background

About the Project

The Mid Day Meal initiative was conceived in June 2000 by The Akshay Patra Foundation with a vision that “***No child in India shall be deprived of education because of hunger.***”²⁴The initiative began in Bangalore covering 1500 children from 5 schools with the motive of serving food to those in need or *Annadana*. With a desire to give this idea a programmatic framework Akshay Patra envisioned the Mid Day Meal project in schools which also served the underprivileged children. After the success of the programme in Karnataka, it was expanded to other parts of the country as a public-private partnership. The Central and state governments as well as individual and institutional funders have joined hands in implementation of Mid Day Meal in schools covered by Akshay Patra.²⁵

The objectives of the Mid Day Meal Scheme are:

- To avoid classroom hunger
- To increase school enrolment
- To increase school attendance
- To improve socialization among castes
- To address malnutrition
- To empower women through employment

The project is currently implemented across nine states of India. It is noteworthy that the programme was **conceived prior to the launch of Central government’s Mid Day Meal Scheme**. In Kamrup district of Assam, Akshay Patra covers 53000 children in 593 schools. **HPCL** under its CSR is **supporting** meals for **2500 children of 20** primary and secondary schools.

About the Study

The study aims at assessing impact of Akshay Patra in the schools supported by HPCL. For the purpose of this study sample size of 10 schools were selected. Representative schools based on number of students as well as levels of education viz., - primary and secondary were selected. The stakeholders considered included schools, students, the Akshay Patra team and HPCL.

²⁴ <http://www.akshayapatra.org/history> (Accessed on 10th November 2013 at 10.00 a.m.)

²⁵ Based on discussions with the Akshay Patra team

2. Impact of the Project

i. Filling the last mile gap in implementation of national schemes

In collaboration with Akshay Patra Foundation HPCL has been able to fill the last mile gap in contributing towards the national goals envisaged under the Mid Day Meal Scheme of the central government. The **cost of per day meal of each student** covered under the MDM in Kamrup district is the range of **Rs. 7.50 to Rs. 8.00**. The **government provides** partial support to MDM programme implemented by Akshay Patra by contributing **Rs. 3.50 per child per day**. The **balance Rs. 4.50 to Rs. 5.00 is covered by HPCL** for 2500 students in 20 schools of Kamrup district. HPCL's contribution to the programme is crucial in sustaining the MDM in select schools and provision of good quality meals which are nutritive in value and served hot during the lunch breaks.

ii. Food saving and minimization of wastage

The introduction of Akshay Patra (AP) in the Mid-day Meal (MDM) scheme of the government has resulted into savings of food grains allocated for the schools. Since AP supplies food based on the expected actual attendance instead of enrolments, more optimum allocations are made. According to the Operations Head at the Guwahati unit, this resulted into saving approximately 300 tons of food grain in a year in Guwahati alone.²⁶ The AP staff collects data on the day's attendance and the approximate figures for the next days expected attendance from the school authorities on a daily basis to minimize wastage of food as far as possible. The school staff has also been suggested to distribute any surplus food amongst the students of other classes (not covered under the scheme) and / or the school staff. Any left-over food sent back by the schools is given to the nearby villagers for their pig farms. Moreover, school staff of those schools from which left-over food is received for more than two consecutive days, are consulted on the reasons for the wastage and the ways to avoid it.

iii. Improved health

The biggest impact area of the project is the health of the school children. The entire cooking and delivery process in the AP project has been designed such that the nutritive value of the food is maximized. A basic set of guidelines prepared by a body of nutrition experts is followed all over the country or food preparation, storage and supply. The processes are not only standardized but have also been quality tested and certified by ISO. This ensures that hygienic and nutritious food reached the children.

Since the actual detailed impacts of this on the children's health, growth and physical strength was difficult to measure and capture quantitatively in this study, as this needs constant tracking of every child's body-mass index and nutrition level, the perspective of stakeholders that are closely monitoring the children's health and growth was taken as the indicator. During discussions with the

²⁶ This figure was quoted for all the 593 schools supported by AP in the state, including the 20 schools covered with support from HPCL

head-masters and teachers, it was observed that the supply of quality food to the students had immense impacts on the health of the students.

This impact was observed to be particularly high on children from very poor families as this was often their first meal of the day. In schools which had children from poor economic backgrounds, 90% of the children said that the food provided by AP was their best meal of the day and that they liked it more than the dinner at home. One head master also added that many students in the area were anemic and would faint often during morning assembly. Such incidents were reported to have gone down to negligible numbers now.

iv. Cooked food served instead of distribution of raw food grains

Another important impact of the project, with respect to the MDM through the school itself, was that, this ensured that cooked food and not food grains were provided to the children. Headmasters of three schools admitted that since food-grains were often supplied in bulk which exceeded the storage capacity of most of the smaller schools, the school authorities were left with no choice but to distribute food grains to the students according to the per head allocation. This was also done at times when rice and pulses were received by the schools with a time lag, since they couldn't have cooked one without the other. The school authorities also reported facing a lot of difficulty in procuring the fuel-wood, vegetables and other ingredients for the meal which made cooking an undesirable activity in the schools and encouraged schools to supply uncooked food grains to the children. This defeated the purpose of the MDM scheme of providing regular food in school and encouraging poor children to come to school. The introduction of AP has, therefore, not only eased the schools from the burden; it has also ensured that the children get regular cooked meals and not just food grains.

v. Enrolment and attendance

No significant change was observed and reported in enrolment and attendance by most principals and school staff because of provisioning of food since mid-day-meal was provided earlier as well. Almost all of the students said that they will continue to come to school even if the mid-day meal was discontinued. The effects on enrolment and attendance can only be tracked over a period of time. However, teachers and other school staffs expressed that in the long run, the number and proportion of students from under privileged families is going to increase as a result of the initiative.

vi. Teaching time saved and reduced burden on schools

One of the biggest impacts was the reduction in the burden of the teaching staff for non-academic activities such as buying grocery, vegetables and fuel wood for cooking. This was a cumbersome task and one or more teachers had to waste their teaching time on these. With readymade food being served under the Akshaypatra Project, the energy and time of the school staff is spared for more productive academic work. It was observed that it also saves at least 30 minutes of extra time spent on organizing lunch every day.

vii. Storage Space

A major problem that the schools faced before the introduction of the Akshaypatra project was of storing the food-grains supplied to them. Since the allocations were made every quarter, the quantity of food-grains released from the government godowns was huge and the schools lacked infrastructure to store them. This would often cause the schools to compromise on the already limited space or compel them to distribute a month's quota of foodgrains to the children based on per head allocations. This did not just defeat the purpose of the mid-day meal programme but also put burden on the school infrastructure.

viii. Cleaner local environment

Cooking for the MDM, when carried out by the school authorities, was done using fuel-wood, which is not only difficult to source but is also a polluting source of energy. AP cooking is done through steam generated by boilers that run on gas. This cooking method is environmentally more benign because of two reasons – one, cooking gas is a less polluting fuel than wood, and two, steam cooking is a more efficient form of cooking and consumes less energy. This, apart from ensuring a cleaner ambience in the school premises, also protects the environment by not adding harmful greenhouse gases to the atmosphere by burning wood.

3. Stakeholder Perspectives

Components of the project	Stakeholders		
	School	Students	Akshay Patra
Quality of food-nutritious value, taste, variety	The schools were satisfied with the nutritive value of food. However school teachers and principals shared that more variety could be added to the menu. With respect to taste of the food, there was a mixed response. Schools where students were not completely happy with the taste shared that it was because of preference for specific local manner of cooking among	There was mixed response from students on the taste and variety of food. Students who ate regularly and for whom the Mid Day Meal was either the first meal or best meal of the day liked the taste of the food. Some students liked taste of particular items such as Pulav, Kheer etc., and not all. More variety in menu was desired by students	The team was aware of the preferences for particular types of tastes and items in the menu. However following challenges limited the teams' efforts in fulfilling all beneficiaries preferences: -Limitation of funds -Need to maintain the nutritive value of food than giving preference to taste in the cooking method -Diversity in the taste preferences of the beneficiaries

	different tribal groups or other communities All schools shared that children received hot meals every day.		belonging to different communities and regions.
Sensitization and exposure to the project	Need for sensitization and more awareness on the project among teachers, parents as well as students will help in converting the reluctant parents and children to eat MDMs provided by Akshay Patra-HPCL. Many children spend meager resources on unhealthy food instead of eating the MDM, as they and their parents are not aware of the importance of healthy diet	-	Akshay Patra team has already envisaged a separate awareness creation and sensitization component in the project. However, due to inadequate funds, it has not been implemented
	School management and former cooking staff		AkshayPatra
Engagement of earlier MDM cooks under Akshay Patra	The workers who were responsible for cooking food before Akshay Patra's intervention continue to be engaged in the MDM as they ensure systematic serving of food to children. However, the challenge is ensuring the provision of their salaries on time.	-	Akshay Patra continues to engage with the former cooking staff of the school to ensure that women are not displaced from their jobs due to Akshay Patra's intervention and continue to receive their incomes.

4. Impactful Strategies and Features of the Project

i. Comprehensive Delivery model

The highlights of the comprehensive delivery model include:

- The **centralized kitchens** in Guwahati that ensure large scale cooking of meals in mechanized manner to maintain quality and hygiene standards
- The menu is decided taking into consideration as much as possible the **regional preferences** of the beneficiaries
- The **location of the kitchen** is decided taking into consideration the feasibility of ensuring delivery of hot meals to the select schools in given radius on time.
- The distribution model comprising of Akshay Patra vans ensures in maintenance of **punctuality** in delivery of hot and nutritive meals

ii. Target number decided on daily basis

The scale meals to be cooked are based on daily estimates of attendance of the students. This minimizes wastage of cooked food

5. Conclusion and Recommendations

The HPCL-Akshay Patra initiative of MDM is impactful since it ensures that the purpose of the MDM scheme is fulfilled effectively. The degree and the extent of impacts may vary from school to school and child to child depending upon the socio-economic background of the children, however, the overall positive impacts on health and academics of the children is overwhelming. The schools also stand to benefit from the intervention since their burden of storage and cooking of food is removed, giving them more time for academic pursuits. Following recommendations can be considered to enhance the impact of the project:

1. **Inclusion and provision of necessary support for sensitization and awareness activities on nutrition** among all key stakeholders such as School Management, teaching/non-teaching staff, and most importantly the students, parents' is recommended. This is expected to improve the knowledge and awareness levels of the target beneficiaries on:
 - HPCL-Akshay Patra Initiative
 - The importance of nutritive value of the food provided under MDM
 - Educate them on nutrition in general and healthy food practices
 - Demystify wrong beliefs and apprehensions about the MDM among parents and students

In absence of such an education programme the impact in terms of increased awareness of nutrition and healthy dietary habits among parents and children is missing. This leads them to prefer unhealthy but better tasting food over nutritious food offered under the MDM. Thus many

children in need of nutrition do not eat nutritive food available under MDM due to unhealthy eating practices.

2. **Tracking the outcome of project by using standard and measurable baseline and end line indicators** per beneficiary will help in better monitoring, evaluation and impact assessment of the project by HPCL and Akshay Patra. The indicating parameters can cover quantifiable outcomes in terms of improved health, improved attendance, declined drop out and behavioural change in parents and students with respect to healthy eating practices.

Chapter 5 Child Rescue Van

1. Background

About the Project

The need for a Childline van was illustrated in the proposal given to HPCL as a part of the earlier MOU signed in 2011 between HPCL and CIF.

CIF is a national 24 hours free phone (1098) emergency outreach service for children in need of care and protection. The project is supported by Ministry of Women and Child Development (MoWCD) and links state governments, NGOs, bilateral/multilateral agencies, allied systems and the corporate sector.

The HPCL - CIF Rescue Van Program aims at speedy and effective intervention in cases received on 1098. This may relate to rescues from abuse / child labour, providing shelter for the abandoned / destitute children, hospitalization and medical issues, visits to Child welfare Committees, etc. As a corollary it also aims at reaching out to children in communities mainly through outreach and open houses to sensitize them on child rights and the child protection services available through 1098. In the process it also helps in raising awareness about these aspects among the grown up individuals in the community. The van operates 6 days a week from 10am – 6pm, but this often extends beyond 6pm. The van is equipped with a medical kit, small fan, safe drinking water and GPS. CIF carries out rescue operations with the support of four partner organizations. These include – CINI ASHA, Loreto Day School, Basti Local Committee, Institute for Psychological and Educational Research (IPER) and City Level Programme of Action for Street and Working Children (CLPOA).

The objective of the project is:

- i. To rescue and transport children from a risk ridden situation to a safer space.
- ii. To create access for children in those places which are difficult to reach without a vehicle.
- iii. To act as a tool for outreach programs especially in high density places such as colleges, schools, markets, theatres, fairs etc.
- iv. To help create a greater awareness which cannot be achieved by stationary kiosks or stalls.

The amount allocated to this project is Rs. 92,650/- per month inclusive of all necessary taxes, duties etc. HPCL makes an advance payment of this amount in the last week of the preceding month regularly. The cheque is made in favour of CIF payable at Mumbai. This is then transferred to CIF Kolkata.

The project regulation is achieved through an examination of the monthly plans and the monthly reports. Any gaps are brought up for clarifications / updating. The Childline Coordinator is always in touch with the partners and even organizes occasional meetings to discuss the programs. The progress of the project is measured against the annual / monthly plans in order to assess the spread of programs and the number of beneficiaries. The monthly reports serve as an output

mechanism to alert CIF about possible gaps that may require rectification. The vehicle tracking records, the log book etc. also serve as guides. Progress reports are sent to the funding agency on a quarterly basis covering the number of outreach programmes conducted, the impact and feedback received from the outreach programs, number of children reached, the type of assistance rendered in addition to the GPS mapping system and photographs of activities conducted. Apart from this, quarterly financial reports are also sent to HPCL.

About Childline

Childline India Foundation works at the grassroots level with children in vulnerable circumstances. These include children affected by trafficking, sexual abuse, violence, child labour, children in conflict with law, early marriage, without parental care, street children, armed conflicts, disability, drug abuse, HIV – AIDS, missing child and girl child. The van covers the following geographical locations:

- North/North East Kolkata - Bow Bazar, Shyam Bazar, Bagh Bazar, Kumar Toli, Kakurgachi, CIT Road, Maniktala, Baguiati, Ultadanga, Belgachia, , Chalta Bagan, Hati Bagan, Shaker Bazar, Tanti Para, Pal Bazar, Phool Bagan, etc.
- South Kolkata - Bhawanipur, Kalighat, Santoshpur, Garia, Ganguly Bagan, Naktala, Babu Bagan, Dhakuria, Nadial, Chetla, Rajdanga, Park Circus, Rabindra Sarani, etc.
- East Kolkata - Salt Lake, New Town, Rajarhat, Beliaghata, Narkeldanga, Taratala, Sealdah, BNR & Dock Junction, Tangra, Topsia, Behala, Thakurpukur, Maheshtala, Metiabruz, South/West Canal Roads, Kidderpore, Kasba, Swabhum, etc.
- Central Kolkata - Chitpur, M.G. Road, AJC Bose Road, Bata More, Lalbazar, Bow Bazar, College Street, Amherst Street, Mohamed Ali Park, Park Street, etc.
- West Kolkata - Babu Ghat, BNR, Dock Junction, Raja Bazar, Chor Bagan, Medical College, Moulali, etc.
- Howrah - Liluah, Bantra, Malipanchghara, Bali, Shibpur PS, Golabari PS, Chatterjeehat, Jagacha, etc.
- South 24 Parganas - Budge Budge, Narendrapur, Sonarpur, Baruipur, etc.
- North 24 Parganas - Dum Dum, Barrackpore, Dakshineswar, Dunlop More, Bara Nagar, Kamarhati, Kharda, Sodhpur, Madhyamgram, Sinthi, Nimta, Bon Hooghly, Belgharia, etc.

CIF, being the implementing agency, ensures the smooth operation of this project in the respective city. It provides mentoring, knowledge content and direction for the various intervention and outreach programmes. It recruits the driver and rescue van coordinator/ project manager. It is ensured that the travel logs are maintained daily. CIF arranges for the rehab services required for the children coming into contact with Childline during these programs. A GPS system has been installed in the vans and its operations are carried out as per the pre-approved schedule, under supervision of the coordination team. CIF arranges for all necessary formalities related to the police, insurance and/or other concerned authorities. It also arranges for a feedback report to HPCL on a regular basis. The fund utilization reports are provided on a monthly basis and a quarterly report provides a narrative report on the activities.

2. Impact of the project

The impact of this project has been seen in context of the objectives stated in the MoU between HPCL and CIF.

Section I 'Objective' of the MoU also states that *"The number of children reached and outreach programmes conducted with the assistance of the Childline Van will be demonstrative of the success achieved with the introduction of the van in the above mentioned cities."* Drawing from the same, the tables below provides details of HPCL's support in the form of the van from April 2012 – March 2013.

A: Rescue Van Cases from April 2012 – March 2013²⁷

Month	No. of Rescue Operations	No. of Children Rescued	No. of Placement/ Restoration cases	No. of Children produced before CWC	No. of Home Visits	No. of Medical Cases
April 2012	2	3	2	22	1	0
May 2012	4	5	1	36	3	0
June 2012	6	8	4	20	0	0
July 2012	2	2	3	24	0	0
August 2012	8	8	0	14	0	2
September 2012	4	10	2	14	0	8
October 2012	6	6	1	14	0	0
November 2012	2	2	0	22	1	0
December 2012	1	1	7	25	0	2
January 2013	4	4	8	33	0	3
February 2013	9	15	11	39	0	2
March 2013	6	12	4	29	0	1
Total	54	76	43	292	5	18

²⁷ Source: Childline India Foundation, Kolkata

B: Outreach/Awareness Activities Conducted from April 2012 – March 2013 using Rescue Van²⁸

Month	No. of Outreach/Awareness Activities	No. of Adults Reached out to	No. of Children reached out to
April 2012	8	788	458
May 2012	10	993	377
June 2012	19	165	225
July 2012	14	308	391
August 2012	16	442	481
September 2012	13	435	813
October 2012	18	474	367
November 2012	34	807	1760
December 2012	23	458	343
January 2013	6	125	50
February 2013	10	206	275
March 2013	5	144	172
Total	176	5345	5712

CIF Kolkata follows a monthly reporting format for the van which includes details about the movement, outreach and rescue activities conducted with the help of the van.

HPCL's support in the form of the child rescue van has impacted the following areas.

i) [Greater Awareness Activities](#)

Awareness programs have been extended to malls, colleges, market places, PCO owners, various communities, railway stations, bus stands, auto stands, buses etc. The station masters at the various railway stations, passengers, hawkers etc. were also targeted. Handbill distribution, interaction with police officials, awareness among school children, teachers were earlier not possible. The van has paved way for increased awareness activities.

ii) [Increase in Outreach Programmes](#)

With the introduction of the van, the area of outreach extended to North/North East Kolkata, South Kolkata, East Kolkata, Central Kolkata, West Kolkata, Howrah, South 24 Parganas and North 24 Parganas. Apart from this, the van has helped in restoration of runaway children, rescue of a girl tortured by mother, rescue of a 16 year old girl from child marriage, restoration of a wandering lost child etc. Often the rescued children also required hospitalization and medical treatment. The van has proved critical in such cases.

iii) [New Initiatives](#)

HPCL's support in the form of this van has not only helped in increasing awareness and

²⁸ Source: Childline India Foundation, Kolkata

outreach activities but has also facilitated a variety of child protection drives in partnership with other agencies.

- a) Durga Puja is the most popular festival in West Bengal. It has been observed that the incidence of missing children during this festival is very high. A drive was organized during the Durga Puja by covering various pandals. During the Durga Puja in 2012, to ensure support for missing children, a special initiative was taken to provide Special Child Protection Network jointly by Kolkata police (Missing Persons Squad), CWC-Kolkata, HIVE India and Kolkata Childline.
- b) From 20th – 23rd October 2012, six mobile support vans decorated in child friendly manner were provided by Kolkata Police, HIVE India and CIF Kolkata (Happy Wheels van). Additional police personnel were also deployed for the initiative. These 6 mobile vans received children and handed them over to the respective NGO Homes. 17 children were rescued with the help of Happy Wheels, of whom 13 were given shelter in CINI Shelter Home.

On 16th November 2012, with the help of Happy Wheels van, Childline Howrah visited the different police stations of Howrah District to sensitize the police personnel about child rights and their duty to protect those rights. They also visited some of the senior officers of the district administration.



“As of March 2013, total of 27 Million calls since inception have been serviced by CHILDLINE service and operates in 291 cities/districts in 30 States and UTs through its network of 540 partner organizations across India.”

People also come into contact with Childline during various outreach programs especially in areas of high density population like railway stations, bus terminals, colleges, schools, market areas, theatres, fairs etc. The presence of the van acts as a visible icon to the people during these activities.

3. Multi-stakeholder Perspective on Child Rescue Van²⁹

1. [CINI ASHA Urban Unit](#)

CINI ASHA shared that, by way of being a collaborating agency, it works 24/7. Since, the frequency of calls for rescue operations at night is more, having only one driver increases the work load on the driver (there are days when the driver has to work till very late, but report for work the next day at the normal working time). Provision of another driver would be beneficial, they feel.

Under the earlier conditions, the team members were using local transport or two wheelers for these tasks which greatly inhibited the services. They feel that the van acts as a safe mode of transport especially during rescue and medical interventions. A lot of rescues that are planned happen in coordination with the Police/Labour department. Sending the child in a Police Van is intimidating and confusing for the child. The HPCL - CIF Van thus becomes a critical link in delivering these services in a child-friendly manner.

2. [Loreto Day School](#)

The Loreto Day School team shared that since the Kolkata Childline has the largest area under its jurisdiction (5 districts – Kolkata, North 24 Parganas, South 24 Parganas, Howrah, Hooghly and parts of Nadia) the current model of Happy Wheels is facing challenges given the rough terrain and bad roads of the city. Nonetheless, with the help of the van, the awareness and outreach activities have increased considerably. These activities can be made better with the provision of a mike and sound system in the van. The van is a continuous visible icon of what Childline stands for. Children recognize the van as their own.

3. [Basti Local Committee](#)

The Basti Local Committee works team shared that space crunch is an issue. The van is a 5 seater Maruti EECO model. Whenever there are CWC productions, multiple children have to be taken together and there isn't enough space in the van. CIF staff and children have to huddle together and travel making the journey uncomfortable. However, through the van, the coverage area has increased. Areas that were inaccessible earlier are now being explored. To increase outreach, local religious institutions have also been roped in.

4. [Institute for Psychological and Educational Research](#)

The IPER team shared that the vehicle gets very hot especially during summer and a full day operation in the sun becomes very exhausting for the staff, and for children if they are transported over long distances. This is especially difficult for new born babies, critical medical cases like burn

²⁹ The research team met coordinators and directors of all partner agencies.

injuries. Since there is only one van, many a times, finding an alternative mode of transport in a critical case, is difficult. Provision of an AC in the car, they feel, would be helpful in such cases. In spite of these difficulties, they feel that the van is a boon. It has increased the presence and visibility of Childline manifold.

4. Conclusion and Recommendations

Children are usually considered vulnerable simply by virtue of their age. According to UNCIEF, vulnerable children are those who are abused, exploited, and neglected. Child protection is derived out of the duty to respond to the needs of vulnerable groups of children. This protection also allows children to have access to their other rights of survival, development, growth and participation. It is within this framework that Childline has been recognized as a single most important project in the area of child protection and transferred for support, to the Ministry of Women and Child Development (MWCD). The MWCD has formally recognized Childline India Foundation as the Nodal 'Mother NGO' for the CHILDLINE service across the country and provides direct budgetary support.

This partnership between the Government of India and CIF is perhaps a significant public-private partnership in the development sector and showcases how two important stake holders in Child Protection viz The Government of India & Civil Society can join hands to deliver a micro level service across the country.

It is well established that provisions for awareness and outreach activities are essential to CIF's functioning. It is in this context that the support of HPCL is crucial. HPCL-CIF partnership in the form of a child rescue van provided by HPCL to CIF in Delhi, Kolkata and Mumbai has enabled Childline to overcome the challenge of providing care and rehabilitation to those located in the remotest areas of the country. Operations ranging from door to door awareness, rescuing children from domestic labour, child marriage, mass outreach programs at public spaces and conducting orientation programs and training workshops for the allied systems are some of the activities this van has helped achieve.

In Section VII 'PUBLICITY OF HPCL' of the MoU, it is mentioned that:

- a) *"The logo of HPCL shall appear on the vans, Donation Box and all communication related to the Rescue Van. HPCL logo shall appear on the vans till the operating life of the vans. The logo shall be repainted/replaced every year. In case of termination of this MoU, if a third party is subsequently involved in the operation of the vans, HPCL logo shall continue to appear on the vans; however, the third party's logo can appear along with HPCL logo.*
- b) *Website presence and link to HPCL page from Childline website.*
- c) *All press coverage initiated for the Childline van during the tenure of the MoU, shall include publicity for HPCL.*
- d) *The number of beneficiaries supported by HPCL shall be displayed on CIF website."*

It is important to mention here that CIF has fulfilled these clauses partially as had been observed by the research team during the course of the study. For example, while the HPCL logo appears on the van and the number of beneficiaries supported by HPCL is displayed on the CIF website, there is no link to HPCL's page from the CIF website. It is recommended that CIF fulfill all responsibilities as mentioned in the MoU to increase branding and visibility of HPCL.

Childline traces its origins to the GoI and has MWCD as its grant patron. It receives support from many other corporates, institutional funders and individual donors. A deeper analysis keeping in mind the revised CSR guidelines indicate that HPCL's support to this project fulfills the 'last mile' gap towards protection of child rights.

While CIF Kolkata should look at the creation of a resource mobilization team so as to tap into existing local resources and chart out an effective resource mobilization strategy, HPCL's role, though an important effort, has a very limited scope of expansion.

Chapter 6 Rural Health Program

1. Background

Orissa and Bihar is a high focus state for its culture, heritage, rich with minerals and diseases as well. It has rated as one of the measurable state so far the health care is concerned. Badly affected by the poverty, illiteracy, natural disasters Orissa registered very poor health indicators as per the WHO reports. As a result of which birth rate, death rate, infant mortality rate, life expectancy rate, maternal mortality ratio, total fertility ratio etc. lags behind the national average.

Health is a prerequisite for human development and is an essential component for the well being of the mankind.³⁰ Governments in the Health and Family Welfare Department have been making constant and sincere efforts to implement schemes to ensure adequate health care services to the people. Steps are being taken to bring about improvement in the health care system of the State. Attention is also paid to take special care of the needs of the people of tribal areas and backward regions.³¹

We believe, Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. "HEALTH FOR ALL" does not mean an end to disease and disability or that doctors and nurses will for everyone. It means that resources for health are evenly distributed and that essential health is accessible to everyone, It means that health begins at home, in school, and at the workplace, and that people use better approaches for preventing illness and alleviating unavoidable disease and disability, it means that people recognize that ill-health is not inevitable and that they can shape their own lives and lives of their families, free from the avoidable burden of disease; and constantly strive to achieve the objectives spelt out in the above mentioned doctrine of "WHO". --- Principal Secretary³²

HPCL had taken various welfare initiatives under its CSR activities. One of these activities was to sponsor Mobile Medical Van in the villages in Paradip, Orissa and in Bihta district of Bihar. Main project objective is to provide awareness, diagnostic and curative services through Mobile Medical Units to the rural community. The van is fully equipped, according to the medical standards, to attend the needs of the patients. The cases which require further treatment shall be referred to the hospitals in the vicinity.

³⁰ <http://icmr.nic.in/BUOCT03.pdf>

³¹ http://www.orissa.gov.in/health_portal/Annual_report/annual_report_07-08.pdf

³² <http://203.193.146.66/hfw/>

⁶ <http://www.wockhardtoundation.org>

Implementing Agency

Wockhardt Foundation is a national, secular, non-profit organization engaged in human welfare and social service activities. It is headed by its inspiration – the noble philanthropist, inspiring thinker, voracious writer, and spell-binding Dr. Huzaifa Khorakiwala⁶. Rural Health Program project is implementing by Wockhardt foundation in Paradip town of Jagatsinghpur district of Odisha with aim to provide basic health care services in rural areas.

Wockhardt-HPCL Rural Health Program

About Mobile 1000

Wockhardt has launched a Project of Mobile 1000 which is also the flagship program of the Wockhardt Foundation, the corporate social responsibility (CSR) arm of Wockhardt. The idea for Mobile 1000, so named because the vision is to have 1,000 vans on the road by 2017. Analysis of research conducted by the National Rural Health Mission (NRHM), government agencies for implementing rural health care was done and the survey showed that 700 million people live in India's 636,000 villages, but that the locales have only 23,000 primary health care centers among them. Some 66% of rural Indians do not have access to critical medicines and 31% of the rural population travels more than 30 kilometers to seek health care. Additionally, rural health centers, where they exist, are short of trained medical personnel.

A typical day in the life of a Mobile 1000 van is carefully planned. A semi-urban area is used as a base location. The team -- a general physician, a pharmacist and a driver -- starts at 9 a.m. and covers about four villages a day, seeing on average 20-30 patients at each village. The van covers about 25 villages in weekly cycles and reaches 22,500 people a year at US\$2.4 per person, a cost that is lower than the NRHM's US\$3 per person because the Mobile 1000 program uses generic drugs. The van has on board primary diagnostic equipment and medical supplies that can treat basic illnesses like cough, cold, fever, infection, malaria, dengue, typhoid and hepatitis. For the more complicated illnesses, patients are referred to the nearest hospital.

The command centre for the entire operation is the Wockhardt Foundation headquarters in Mumbai. Once the van leaves a village, the team sends a report via text message from a mobile phone. All the records are collected after each visit to each village and stored. This way information on how many villages the van visited, how many patients it checked, their gender and ages, the illnesses, the referrals made and so on can be known.⁷ It is equipped with GPS system to enable RCF to track it on real time basis.

In order to provide basic health care services to the rural population of Orissa and Bihar, HPCL supported Mobile Medical Van initiative of Wockhardt Foundation. For the project implementation villages of Kendrapada and Paradip town of Jagatsinghpur in Orissa and Bihta in Bihar have been selected. The RURAL HEALTH PROGRAM provided its services to 25 villages in Paradip town, 8

villages of Kendrapada district of Orissa and 25 villages of Bihta district of Bihar. The Rural Health Program is providing its services more than 100 beneficiaries per day and ultimately covering around 22500 patients per year in each state, i.e., Bihar and Orissa, and providing them basic health care services.

About the Study

The study was to assess the impact of Rural Health Program in the targeted villages of Jagatsinghpur and Kendrapada. For the study 9 villages were selected through simple random sampling. In these villages total 48 people, excluding Rural Health Program doctor, pharmacist and driver, had been interviewed

2. Impact Areas

1. Filling the Gap

Since there was no health care services available in the vicinity of the targeted villages and the villagers were bound to visit to Paradip, which was on an average 10km. away from these villages, to avail any medical facilities, hence providing basic health care facilities at their door steps is a boon for the villagers.

2. Easy accessibility of the health care services

There is at least two points of operations in each village. Most of times the Rural Health Program stopped on these point of operations alternatively on its visit in each village; but sometimes van stopped at both the point on the same day. It's totally depends upon availability of time and also the number of beneficiaries as if van stopped at one point the beneficiaries from that village came to that point without keeping in mind that the van will come to the next point in the same village that is nearer from their households; and as a result the staff of Rural Health Program don't need to go to the another point as they already have covered the entire beneficiaries of that village.

Mobile Medical Van is providing Basic Health Care Services to 25 villages of Paradip town and 8 villages of Kendrapada district which comes under the periphery of 20 km. radius from HPCL refinery unit.

Though the roster and operation point in the targeted villages was prepared without any community meetings or the participation / involvement of villagers or village leader/s, yet once the Rural Health Program reached in their villages and they were informed by the doctor and pharmacist of the van that on certain days it would come to their villages, they remembered schedule for their respective villages as its only one health care services which was providing them services free of cost at their door steps. As in some villages the research team visited and on that day those villages were on roster, it was found that people were waiting for the van so that they could get medicines.

3. Reducing economic burden

Most common disease in the region are fever, cough, cold, anemia, diarrhea, water born skin diseases, especially fungal infection, arthritis, blood pressure, diabetes, hyper acidity, bronchitis allergy, gastritis, hygiene issue with women especially related to menstruation cycle, etc. and since there is no availability of medical services in the entire region, the villagers have to suffer a lot as the average income of the household were not good as the villagers are mainly engaged in agricultural work or work as labourer in the refineries and other plants in Paradip. So, they earning is not sufficient and somehow people manage to survive and fulfill their basic needs. And if someone from family falls ill, then it's a heavy economic burden on them to buy medicines because they have to go to Paradip to purchase medicines even for normal fever or cough and cold. Therefore, they are thankful to Rural Health Program to providing them medicine and putting an economic burden off from them.

Box No. 2

Case Study: 1



Dhameshwar Majhee, 63 years old, is living in Udyabhath village with his wife and two daughters. He had his own boat and was sailing it himself for his livelihood. In 1999, he lost his boat due to cyclone and he was not able to buy another boat, so he had started to work as daily wage labourer on some other boat for his survival. In 2003, he met with paralysis attack on his left part of the body and since then he became bed ridden. Since, he did not have enough financial resources to get proper treatment at nearest hospital i.e. located 5km away from the village. His wife was forced to work as a labourer in the refinery located in Paradip in order to secure daily meal. He had spent around Rs. 40,000/- for his treatment since last 10 years but could not get any relief. But since last one year he was being diagnosed and getting medicines from HPCL sponsored Rural Health Program. He was thanking and giving credit to the doctor, the medicines which he is getting free of cost from Rural Health Program and now he is able to walk in and around his house. Even when the team had visited his place, he was waiting for the van as on that day there was schedule for Rural Health Program in that village.

4. Addressing the need of the people

The people of the targeted villages were happy with health care services, which they were receiving from the Rural Health Program. Extending health services at their doorsteps is a boon for villagers, as there was no other health care services in the entire region and if they need medicine/s even for normal disease/s they have to visit Paradip and also have to spend handsome amount of money. So, Rural Health Program is not only providing them medical services but also reducing their expenses on medicines and that's why the beneficiaries are thankful for Rural Health Program services.

Box. No. 3

Case Study 2



Sushma Nayak, 65 years old widow, living in Nuagarh village with her son, daughter in-law and two grand children. Her son is working as an unskilled labourer in and outside the village, wherever he gets the work. She has been suffering from arthritis and gastritis since last three years. Her son had taken her to government hospital in Cuttack for check up where doctor had diagnosed and recommended for ultrasound test as per doctor recommendation he did the same but it was vain, they were failed to diagnose the cause. Initially they were paying major portion of their income towards medical expenses. These expenses were varying from Rs. 500 to 1000/- per month. She has shared with the impact assessment team that since last one year MMV was providing health care services free of cost which is a great help for her and her family and now they don't need to spend a big portion of their family income towards treatment. Though she had not been cured completely, yet her health condition has been improved very much. She is happy and satisfied with the services offered by MMV implemented by Wockhardt Foundation under the CSR initiative of HPCL and giving her blessing to the service providers and the MMV staffs.

3. Impactful Strategies and Features of the Project

1. Outreach to the beneficiaries

The introduction of Rural Health Program in Paradip town of Jagatsinghpur district of Odisha has been done with aim to provide basic health care services to the inhabitants of the villages located in the periphery of 20 km. radius from HPCL refinery unit in Paradip. The project was initiated on 7th August 2012 in 25 villages of Paradip town but later on 8 more village of adjoining district Kendrapada had been included with mutual consent between HPCL and Wockhardt Foundation. Therefore, presently the Rural Health Program is benefiting 33 villages of Paradip and Kendrapada.

Since the Rural Health Program is bound to provide its services in all 33 villages, hence there is fixed roster for the Rural Health Program so each village can be covered and all the targeted villages can be benefited with its services. As per action plan of implementing organization, i.e., Wockhardt Foundation, the Rural Health Program is mandated to provide weekly health care services to each villages, but number of targeted villages is bigger for one van and also being run on all working days, i.e., 6 days in a week excluding holidays, it's not feasible for the Rural Health Program to cover the targeted villages on every week and therefore, it provides its services to each village fortnightly.

2. Free of cost health care services at door steps

Health care services in the entire region are pathetic. There is not a single Health Sub-Centre in the entire area and people were forced to travel at least 10 km. to avail the medical facilities. Besides, the public transport system is very poor and so accessing the existing health care facilities, which is at a quite long distance, is also very big issue for the villagers. So, Rural Health Program is a great hope for them as they are getting services at their doorstep without paying a single penny; in fact it's saving their money and time as they are getting free services and medicines and also saving their travelling time and transportation cost.

Box No. 1

Puranchandra Mahapatra, a resident of Garromita village of Kendrapada district shared that, he was suffering from diabetes since last two years and have to spend Rs. 500 – 600 per month on his medicine. He told that, if he would get medicine in his village and without paying any money, then why he would go to Paradip to buy medicines and bear the expenses.

3. Roster for Rural Health Program

Since Rural Health Program has to cover 33 villages in a month, hence roster for the van had been prepared so that it would be easy for the staff to get to know on which day which village/s they were going to provide its services. Simultaneously, the beneficiaries would be aware that on which day the MMV was coming to their respective villages so that they could plan their activities accordingly and could get maximum services and support from the Rural Health Program.

4. Comprehensive documentation

The Rural Health Program implementation team members, i.e., doctor and pharmacist, have to prepare the data sheet of the beneficiaries on daily basis. They have prescribed format in which they have to mention village name, beneficiaries details including names, age, sex, services provided, etc. so, after completing their daily services through Rural Health Program, they prepared the report and have to send the report/datasheet to head office to the concerned official/in-charge.

List of Interviews conducted for Rural Health Program Project							
S.no	Name	Occupation	Block	District	Place	Age	Gender
1	Dr.Krishnacandra Patnayak	RURAL HEALTH PROGRAM Doctor			Paradip	64	Male
2	Mr.Paresh Janapruni	Pharmacist			Paradip	40	Male
3	Mr.Mittu	RURAL HEALTH PROGRAM Driver			Paradip	25	Male
List of Beneficiaries							
4	Arun	Stundet from the village	Mahakal	Kendrapada	Gararomita	24	Male
5	Alok	Stundet from the village			Gararomita	23	Male
6	Sangeeta Das	Married women			Gararomita	25	Female
7	Jharona swain	Married women(widow)			Gararomita	60	Female
8	Himanshu Das	Unemployed			Gararomita	45	Male
9	Manoranjan Mahapatro	Labrour			Gararomita	40	Male
10	Swagathika Sain	7th Class student			Gararomita	12	Female
11	Pradeep Kishore Routh	Unemployed			Gararomita	42	Male
12	Purnachandra Mahapatra	Farmer (Diabetic)			Gararomita	50	Male
13	Babaji Malik	Unemployed	Kujang	Jagatsinghpur	Siju	53	Male
14	Dhamesh Malik	Unemployed			Siju	51	Male
15	Aditya Das	construction worker			Siju	37	Male
16	Dholagobinda Parida	Agricultural laboror			Siju	40	Male
17	Kusun Malik	House wife			Siju	50	Female
18	Juni tarai	House wife			Siju	30	Female
19	Jayanthi	House wife			Siju	31	Female
20	Mallika Pradhan	House wife			Siju	50	Female
21	Vishnu Nayak	Agricultural laboror			Siju	52	Male
22	Viju Nayak	House wife			Siju	45	Female
23	Rajini Pradhan	House wife			Siju	35	Female
24	Gelhi Nayak	House wife			Siju	70	Female

25	Swagram Kesav Nayak	Graduate Stundet from the village			Gangadharpur	22	Male
26	Alok Kumar	Unemployed			Gangadharpur	35	Male
27	Vikram	Unemployed			Gangadharpur	35	Male
28	Dherandhra Safai	Agricultural laboror			Gangadharpur	47	Male
29	Kula Swaine	Unemployed			Gangadharpur	55	Male
30	Parvathi Devi	House wife			Gangadharpur	62	Female
31	Thuphan Das	Unemployed			Kothi	43	Male
32	Ashok Nayak	Shop Keeper			Kothi	38	Male
33	Fagulinka	Farmer			Rangiagarh	45	Male
34	Abhi shethi	construction worker			Rangiagarh	43	Male
35	Vichitra Jenna	Agricultural laboror			Rangiagarh	40	Male
36	Chandramani Linka	Agricultural laboror			Rangiagarh	50	Male
37	Anjulika	House wife			Rangiagarh	50	Female
38	Badaran Parida	Unemployed			Rangiagarh	45	Male
39	Dhameshra Majhee	Unemployed(Pas t-sailer)			Udayabata	63	Male
40	Malini Mahapatra	House wife			Udayabata	20	Female
41	Jitendhra Sahu	Driver			Udayabata	35	Male
42	Loknath	Oil refinery laboror			Nunagarh	33	Male
43	Sushma Nayak	House wife			Nunagarh	65	Female
44	Narmadha Nayak	House wife			Nunagarh	30	Female
45	Tulashi Nayak	House wife			Nunagarh	70	Female
46	Satyabama Nayak	House wife			Nunagarh	50	Female
47	Ravindhra Parida	IFFCO laboror			Balidia	36	Male
48	Kirthan Pradhan	Farmer			Balidia	50	Male
49	Daitari Ojha	Farmer			Balidia	52	Male
50	Akshaya Kumar Malik	IOC labour			Pimpla	40	Male
51	Ekan Malik	Oil refinery labour			Pimpla	42	Male

4. Recommendations

After conducting the field study and analyzing the findings of the study, the research team found that providing basic health care services to the villages which do not have easy access to health care was a commendable CSR initiative of HPCL; despite lack of enough man power and resources, the staffs of Rural Health Program are giving their best to make the project successful. But the research team would like to suggest some measures to include in the implementation of the project which would positively influence the project out reach.

- ❖ Shortage of man power was one lacuna in the project implementation and it is affecting the quality of services providing by Rural Health Program. Therefore, there is immediate need to **increase the man power**.
- ❖ In order to make better outreach among the women beneficiaries and also to address their health problems, there is strong **need of female attendant/nurse**.
- ❖ There is need for endemic disease specific **medicines**; to provide quality health care services / intervention in the targeted villages.

5. Conclusion

Despite of some shortcomings, the Mobile Medical Van is addressing the health care requirement of the targeted villages. There is visible impact of the services of the Rural Health Program provided by Wockhardt Foundation under the CSR initiative of HPCL. People of the regions are happy with the services. Since Rural Health Program is the only health care services in the villages, therefore, the project needs to be continued.

Chapter-7 Nanhi Kali Project

1. Background

About the Project

Project Nanhi Kali has been supported by HPCL under its CSR initiative to ensure that girls are provided with quality school education in an enabling environment. The project provides academic, material and social support that allows a girl child to access quality education, attend school with dignity and reduces the chances of her dropping out³³.

Project Nanhi Kali is jointly managed by the K. C. Mahindra Education Trust and Naandi Foundation. **The K.C. Mahindra Education Trust was founded almost 60 years ago in 1953** to transform the lives of people in India through education and financial assistance across age groups and income strata. Since then, we have provided disadvantaged students with more than USD 22.03 million in grants, scholarships, and loans. The program has an outreach upto 95,522 beneficiaries through grants, scholarships, and loans.³⁴

Naandi, which in Sanskrit means a new beginning; is one of the largest social sector organizations in India working to make poverty history. Founded in 1998 Naandi's work has focused on three broad sectors which include **Child Rights, Safe Drinking Water & Sanitation and sustainable Livelihoods**. To date it has impacted over a million lives spread across 7 states in India. Its core ideology revolves around building sustainable development paradigms and revenue models that help improve the quality of life of underserved communities. To this end Naandi Foundation actively seeks partnerships with governments, civil society organizations, private sector and philanthropic organizations to garner their combined resources and skills to impact on key development issues. Being a managing partner of Project Nanhi Kali; Naandi addresses rights of a girl child through education. Currently Project Nanhi Kali has partnered with 21 NGOs for girls ensuring quality education for the girl child.³⁵

The Nanhi Kali (NK) Project covers school-going girls with less privileged background, with priority first generation learners and girls without parents or with single parents. Under the project, academic support is provided to these girls through extra-classes in Mathematics and languages, conducted before or after school hours to supplement school education. The teaching methodology is innovative and goes beyond the conventional ways and makes use of tools such as story-telling and co-operative learning for better concept clarity. In terms of material support, books, stationery, school bags, shoes, undergarments etc. are provided to the NKs to motivate them to go to school by boosting their self-esteem. The project also includes sensitization of the community on girl child

³³ <http://www.nanhikali.org/who-we-are/index.aspx> (accessed on 12 Nov,2013 at 10:30 PM)

³⁴ <http://www.mahindra.com/How-We-Help/Foundations/K.C.-Mahindra-Education-Trust> (Accessed on 4th Feb 2014 at 6.38 p.m.)

³⁵ <http://www.nanhikali.org/who-we-are/managing-partners-naandi-foundation.aspx> (Accessed on 4th Feb 2014 at 6.44 p.m.)

education to enable more and more girls to get access to formal education and prevent drop-outs. The NK project aims at filling the gap in the school education system rather than substituting it.

The 7552 Nanhi Kalis supported by HPCL in the year 2012-2013 as a part of the HPCL Nanhi Kali Project are distributed in the following districts³⁶ –

1. 809 from Mahabubnagar in Andhra Pradesh
2. 1414 from Vishakhapatnam in Andhra Pradesh
3. 914 from Sheopur district in Madhya Pradesh
4. 1000 from Ratlam in Madhya Pradesh,
5. 1495 from Udaipur in Rajasthan.
6. 477 from Kanker in Chhattisgarh
7. 1443 from Gavanpada in Maharashtra

For the purposes of this study the Gavanpada area in Mumbai was considered to understand the effectiveness of these initiatives and assess the overall impact of the project through discussions with all stakeholders such as the NKs who are the direct beneficiaries, their parents, tutors / community activists, and the other NK project team members. Many significant direct and indirect impacts emerged out of these discussions. These findings and observations documented in the report are based on the study conducted at Nanhi Kali centres in Gavanpada area of Mumbai

2. Impact of the Project

i. Improvements in enrolment and drop-out rate in schools-

Improvement in fresh enrolments or reduced drop-outs are long term impacts and can only be observed and studied over a long period of time. However, trends so far show that there is an improvement in the enrolment of girl-child in schools where the programme is targeted. Since being enrolled into the formal education system is an important requisite for being selected as a Nanhi Kali (NK), more and more families in the target area are sending their girl-child to school. This is also having an effect on drop-outs, particularly the primary to secondary drop outs, as parents were keen on transferring the girls only to schools that were covered under the NK project even as they relocated. This is a major shift in mentality since situations like these would otherwise result in discontinuation of girls from schools.

ii. Better attendance in school-

90% of the parents spoken to, during the group discussions said that sending children to schools was easier now, and they were willing to go to school more regularly, since it was followed by the NK class, which they highly enjoyed. The teachers too validated this by saying that the NKs have become more regular in coming to class. Outreach activities of the NK project also ensure that no family / social barriers stop the girl from coming to the schools. There is a system of peer counselling amongst the NKs, who report back to the community activists about the reasons for a fellow NK's absence. The community activists then try to address the issue by convincing the parents others.

³⁶ Consolidated Progress Report, HPCL-Nanhi Kali Project 2012-13

iii. Improved academic performance-

Academic support classes have helped a great deal in the improvement in grades of the girls and in increasing their confidence resulting into greater participation in the class. Since the focus during the NK classes is on improving conceptual learning, this helps a lot in building the fundamental concepts, and therefore, helps them in catching up with the rest of the class.

iv. Enhanced interest in studies-

There is an enhanced interest in academics, coming from conceptual clarity and innovative teaching techniques. Most students spoken to said that they did not like Mathematics earlier as they never understood it, but now they enjoyed solving mathematical problems.

v. Personality development and confidence building-

There is also a change observed in the personality and confidence level of the girls. The peer leaning approach makes each of them take responsibility of the group's learning and therefore boosts confidence. Since the NK class goes beyond just academics and focusses on areas such as health and hygiene, discipline, personality development etc.

vi. Discontinuation of tuition classes-

A majority of NKs had discontinued tuition classes that they earlier went to in order to supplement school education. This not only meant a saving of 150 to 300 rupees per month, but also translated into more effective learning to support classroom education.

vii. Higher aims and aspirations of students-

A very significant impact of the project is change in the limits of aims and aspirations of the girls. The adolescent girls who would otherwise start preparing themselves for marriage are now aspiring to become teachers, doctors and social workers. This is a major impact as it is enabling them to dream higher.

Improvement in performance has been a bigger impact than improvement in enrolment.

-Nanhi Kali – KCMET team

viii. Creating a more gender sensitive society-

More importantly, the project is also bringing about gender sensitivity and a change in perspective towards girl-child desirability and education. It emerged from the interaction with parents and community activists that, as a result of improved academic performance of the NKs and constant sensitization efforts of the NK project team, the families were gradually taking the careers of their girl children more seriously. A majority of parents also voiced their decision to extend the marriageable age of their daughters as they were now more interested in making them independent and self-sufficient.

ix. Adolescence awareness and sex- education

The NKs are also counseled and made aware about the changes in their bodies as they approach puberty and adolescence and are also provided with sanitary napkins. There are also trained on understanding and bringing to notice any acts of sexual harassment against them.

x. Addressing barriers

The project has also broken social and family barriers to bring these girls to school regularly. The community activists frequently engage with the parents and the community in order to smoothen any obstacles created by them in sending the girls to schools.

xi. Impacts on boys and other siblings

One area of concern observed during the study was the discrimination felt by the children in the community who are not NKs, mainly the boys. Boys in the community, both siblings and classmates of the NKs often questioned and complained on not being as privileged. This could have a detrimental effect on the gender dynamics in the family and society at large.

This has been addressed to a large extent by the NK team by also allowing boys and other siblings of the NKs who are not NKs themselves to attend the classes, though material support is not provided to them. Many NKs are also teaching their siblings and friends from the neighbourhood who do not go to the NK class.

xii. Impact of the material support-

The NKs and their parents expressed a strong appreciation for the material support provided to the NKs and said that it motivated them to go to school. Since these NKs come from low income families, this kind of support has significant financial implications in their family expenditure.

xiii. Freedom from households chores-

Many girls in the secondary schools used to help their mothers and family in household work. Some of the parents admitted that now they also been freed from household chores as they now spend more time studying. This is a very crucial impact towards restoring their childhood and innocence.

Ms Shabista Zainab, tutor and community activist for the Nanhi Kali project in Mumbai went beyond her role as a teacher recently, to help a girl studying in class VI in exposing a man who was harassing her for months.

She says that she did it because she took her outreach role very seriously and wanted to address anything that was stopping the girls from coming to school.

xiv. Reaching out to the ones most in need-

The programme targets the most in need individuals when it comes to education. SELECTING girls from poor families, with the criteria of choosing the bottom 30% from a class, in consultation with the schools staff and teachers, helps in identifying those whose education is not given any attention in society. Preference is given to the first generation learners and to children with single or no parents, in order to support their learning after school. This is a big impact area as the education of the girl-child, especially of the slow learners gets completely neglected in underprivileged socio-economic set ups.

xv. Reinforcing the importance of formal education-

Finally, one of the most long-term impacts of the project is reinforcement of the school education system which is the only way to help in the professional growth of the children.

Snippets from discussion with parents of Nanhi Kalis	
<ul style="list-style-type: none">• The parents saw the following benefits from the project:• Good educational support• Saving of tuition fees spent earlier• Material support• More attention received as compared to school and tuitions• Children felt happy and confident• Interest in studies has increased manifolds <ul style="list-style-type: none">• Two-three parents said that they even have to fight their families for sending their daughters to school. But since they are confident that their daughters will do well, they don't mind the household disturbance for the right cause. <p><i>"I even fight with my mother-in-law to send my daughter to school and to the NK class since I now see a potential in her and I don't want her life to become like mine."</i></p> <ul style="list-style-type: none">• <i>The mother of a NK in Mumbai</i> <ul style="list-style-type: none">• A number of boys get upset and sometimes throw a fit about not being allowed to be NKs. <ul style="list-style-type: none">• Six-seven parents said that they even send their boys to school along with their NK girl. <p><i>"He fights with us and asks why are we being partial against him. We tell him that it is because girls have been suppressed for so many years, that we now have special programmes just for them."</i></p> <ul style="list-style-type: none">• <i>Parents of a class VI NK whose brother is in Class IV in the same school</i>	
Perspective of the Nanhi Kali team	
<p>The teachers-cum-community activists had a lot to share:</p> <ul style="list-style-type: none">• Almost all of them said that they had joined because they were passionate about the cause and about teaching as a profession.• They saw their role as community activists (CA) as really big and important.• While most girls come easily after the initial period, some face problems from families and neighbours. In cases like these, the CAs need to interfere.• The CAs often also support the school teachers in taking their classes when required.	

They have a good rapport with the school staff and work in tandem with them to ensure that the children don't get diverging messages.

- They shared that they reach such a good level of connect with the students that they come up and share their personal problems as well – such as cases of domestic violence and sexual harassment.
- There is also art and craft involvement and exposure visits planned to give them a comprehensive learning environment.
- There are regular meeting conducted with parents to sensitize them towards the importance of giving attention to the girl-child.
- They have noticed a sea change in the confidence levels and the body language of the NK after a few months of attending the NK classes.

3. Impactful Strategies and Features of the Project

i. [Cooperative reflective approach](#)

The concept of peer learning has proven to be very effective in increasing the conceptual clarity and the level of learning of the girls, especially of the slow learners, without causing any unhealthy competition or inferiority complex. This is an approach where the girls are grouped in small groups and they learn together and teach each other.

ii. [Innovative teaching tools and techniques](#)

Several other innovative techniques and tools such as use of charts and poems instead of text heavy teaching has been able to connect with the young children better, reviving their interest in subject that they did not like.

iii. [Baseline and end line assessment](#)

The NK project has come up with a very innovative method of continuous tracking of every child's performance, more in terms of their understanding and concepts than just on the basis of marks and grades. Every child is assessed during their induction as a NK on the basis of their level of understanding of concepts. Their gradual progress on understanding of these concepts is continuously tracked throughout. And at the end of every academic year, a comprehensive assessment of each child is carried out on the same concepts as assessed in the baseline. A minute comparison of the two detailed assessment shows the progress along each of these concepts. This has not only helped in understanding specific areas that need to be supported for every child, but has also helped in giving special attention to every child on her need basis.

iv. [Role of community activists](#)

The role of community activists, by far, seems to be the most instrumental in ensuring a wide range of impacts for the project. Without an outreach worker who intensively engages with the community even before the start of the project in an area, this project would have been incomplete, considering the community reservations against girl-child education and benefits. Community activists or outreach workers engage in regular interactions with the Nanhi Kali's parents and the community to ensure that they don't drop out of school. The families are considered an integral

part of the initiative and therefore, counseling and sensitizing the community on gender issues is an important part of the project design. Some of the community activists have even gone beyond their roles to address the issues faced by the girls in from their families or communities for coming to school.

v. [Team selection and training](#)

The NK team is very impressive at all levels, both in terms of composition and selection, and training. The team's passion and drive is responsible for getting such quick and strong outcome at such a short span. Regular and intensive trainings have been provided to them to keep their performance above par.

vi. [Gender sensitization component](#)

One of the strengths of the NK project is the way it has been comprehensively designed and thought through. The gender sensitization component was an essential part for mobilizing the families to send their wards to schools. The idea is to address the issue of girl-child education in totality and in conjunction with the overarching gendered set-up in the society.

vii. [Flexibility to accommodate non-NKs as well](#)

Some of the unintended negative impacts of the project on the non NKs have been neutralized by having the flexibility of allowing even the non-NKs in the class, even if that means an additional burden on the teaching team.

viii. [Engaging with parents regularly](#)

Making the parents involved in the education and development of their girl-child has been an important role that the project has played towards ensuring a more sustainable future for the girls even after they pass out of the NK system.

ix. [Rapport with school staff](#)

Had the project not built a good rapport with the school staff, the students would have received diverging instructions and messages and would have suffered. Moreover, it would have also hindered smooth operations under the project.

4. Scope for Improvement and Recommendations

One area of concern is the unintended negative impacts on the boys and/or siblings, neighbours and other classmates of the NKs who are not NKs. If not explained properly, this may lead to a feeling of bias in them which can be significantly detrimental to their psychological growth. The project is trying to address this to a large extent by also allowing these non NK boys and girls to attend the NK classes, however, a large part of this problem needs to be tackled in the family set up. Therefore, preparing the families to explain and resolve this in a healthy way could be considered as a formal component of the project design. Currently, a lot of community activists are informally doing this, but this needs to be done more structurally and effectively to combat a major unintended problem in the future.

The other related area of concern is targeting, since there are regular new inclusions / admissions in the schools which may even happen after the NKs for a year have been selected in the schools. This may call for a more intensive and frequent scanning for new NK and flexibility in terms of including more number of NKs.

5. Conclusion

Project Nanhi Kali is a very comprehensively designed project that attempts to address the challenges related to girl-child education in socio-economically underprivileged communities holistically by intervening at all possible levels. Their sensitization activities and proactive efforts have been able to bring more girls to schools and retain them into the formal education system for a longer time. The NKs and the parents seemed highly satisfied and happy with the project and the role it is playing in their lives. Enhanced interest in studies, better attendance and higher willingness to go to schools and to NK classes, better academic performance and higher confidence were some of the major unanimously expressed impacts.

An important role played by the NK team is that of community sensitization and mobilization, which is going beyond provisioning direct education to the girl child and is creating a more conducive ecosystem for promotion of girl child education. The project is creating a ripple effect in terms of change in perception. Indirect changes in the thought parents of the girls, such as such as increase in the age of the girl's marriage etc. are important socio-cultural indicators that convey the far reaching impact this initiative is able to create in the community.

Chapter 8 Suraksha

1. Background

About the Project

Project Suraksha is run by TCI Foundation for HPCL. TCI Foundation, the social wing of Transport Corporation of India Limited (TCIL) takes forward the Group's belief in partnering with society at large with the aim of making life better for all. TCI through its social arm has always risen to contribute its bit whenever the country has faced with natural disasters leading to destruction of life and property. It has however, in the recent past been focusing in its thrust areas namely health, education & disaster relief. TCI has to their credit the truckers programme titled "**Kavach**", a large scale HIV preventive intervention programme for the truckers in India, funded by the Bill and Melinda Gates Foundation.³⁷

HPCL and Transport Corporation of India Foundation (TCIF) have joined hands to arrest the spread of HIV / AIDS and other Socially Transmitted Infections (STI) among long-distance truckers. Project Suraksha-Khushi is HPCL and TCIF's joint initiative which focuses on behavioural change communication to encourage adoption of safer sexual behavior and practices by the truckers. This is done in a variety of innovative ways such as :

- Conducting inter-personal communication sessions and informal health games, distributing flyers and leaflets, involving other key local stakeholders such as *dhaba* owners, repair shop mechanics, small retailers etc.
- The second major component of the project is to promote the use of condoms by facilitating an extensive network of outlets around the halt points.
- The third important part of the project is the diagnosis and treatment of STIs at the Khushi Clinics that have been set up at strategic HPCL petrol filling stations on high traffic national highways. These clinics offer free of cost consultation and low-cost medicine to truckers and others from the vicinity for all types of minor health problems. While the primary beneficiaries of the project are truckers, the project has also been extended to the communities in the nearby villages.

For the purposes of this study, Khushi clinics at Sikandara, Uttar Pradesh and Satara, Maharashtra were considered. Therefore, all findings and observations documented in this report are based on the study of project at these two locations.

About the study

As mentioned above, this study was carried out at two project sites, namely Sikandra in Uttar Pradesh and Satara in Maharashtra, out of which the Sikandra site is being directly implemented by TCIF and at Satara in partnership with the NGO Lok-kalyan Charitable Trust.

Group discussions were conducted with all stakeholders; however, **since the primary beneficiaries are floating in nature** because of their occupational requirements, **the ones spoken to were not the ones who had availed any of the facilities earlier**. Because of this

³⁷ <http://www.tcifindia.org> (Accessed on 4th Feb 2014 at 6.57 p.m.)

limitation, several inferences have also been drawn from **the secondary data collected from the site offices of Suraksha.**

2. Impact of the Project

Through interactions with stakeholders such as the Khushi clinic staff at both the locations - including the doctor, counsellor, outreach worker and the project coordinator; the truckers; petrol pump attendants; ICTC staff; *dhaba* owners; condom outlet owners and other small shopkeepers and mechanics in the area around the project site, a range of impacts were observed.

i. Awareness about the problem and the project-offered solutions

One of the major impacts of the project was awareness generation on the subject of sexually transmitted diseases and infections and their control. This includes awareness not only about knowing the symptoms of various STIs but also understanding one's vulnerability to them and the different ways of prevention and treatment. An important component and outcome of achieving this awareness is overcoming inhibitions and being more assertively concerned about one's sexual health. This also brings a sense of empowerment. At both the project locations, the impacts of awareness and sensitization activities were visible. Awareness about the Khushi Clinic and the services offered by it amongst the community were also assessed as an indicator to understand the overall awareness levels and the effectiveness of the programme, both.

The impacts of the awareness and sensitization activities were more visible in the nearby communities, especially the youth, than on the truckers since they are a floating population. The truckers spoken to were not the ones who had earlier attended an IPC session. The community was aware about the clinic, however not everyone was very informed about the services provided

"I had participated in the health games conducted by the clinic staff and learnt a lot. We used to feel shy to talk to our families and elders in the village about a lot of 'these' (meaning topics related to sexual health) issues and would only resort to each other (friends of the same age) for suggestions. This was never adequate since none of us knew much. Interactions with the clinic staff has helped fill this gap. Since Amit (the outreach worker) is also our age, we feel comfortable opening up to him."

- Young man from village Khwajaphool In UP

by it. Some of them had availed the facility for general ailments and not particularly for STIs. Young men expressed their comfort in discussing their private health issues with the clinic staff, which, they said, is something they are not able to do with family and friends are often not well informed. Similarly, the immediate outcome of one of the IPC sessions conducted with the truckers on the day of the visit was also positive. Towards the end of the session, the participants were not only

convinced about the importance of safe sex and using protection, but were also more aware on the right way of using it.

The ICTC counsellors, in Satara as well as Auraiya (Uttar Pradesh), shared that the referred cases that came through the Khushi Clinics were **more aware about their condition and better prepared to face the results** than the other referred cases received from other clinics.

ii. Change in Health Seeking Behaviour

The project is impacting the health seeking behaviour of the target communities as more and more people are approaching the clinics for check-ups and treatment. This is also substantiated by the threefold increase in the number of referred cases actually going to the ICTC in Auraiya in the last one year. Though fortunately no HIV positive cases have been reported as yet from either of the two locations, there is a marked improvement reported in both – quantitative and qualitative terms – in the health seeking behaviour of the truckers. The clinic staff also reported that patients that visited after the first time felt more comfortable in opening up to discuss their problems. The number of patients that actually went to the ICTC after being referred was also reported to have gone up in the last one year.

iii. Treatment of minor diseases and STIs and diagnosis of HIV potential-

The treatment of all kinds of minor diseases, including STIs, and timely diagnosis and reference of suspected HIV cases is one of the major impact areas. The fact that both general and STI related health issues are treated under one roof makes it easier and socially acceptable for a patient with an STI to get treatment from. No HIV positive cases have been found yet, but potential cases have regularly been referred to the ICTC. Treatment and counselling on STIs is also regular.

iv. Practice of safe sexual behavior-

The impact of activities for promotion of condoms was visible in terms of increase in the number of condoms sold in the last one year. Interestingly, while the number of condoms sold every month directly at the clinic has remained almost similar, the higher number of condom sales have been possible mainly through the other outlets. The strategy of increasing the number of these informal outlets has proven to be effective since these outlets have contributed to the increase in sales by more than three times in eleven months. These are basically small cigarette or tobacco shops or repair shops that also stock condoms.

While condom sale was also reported before the intervention, the outlet owners specified that the sale has gone up manifolds after the project and so has the number of truckers coming to buy condoms.

Another important aspect is the correct usage of condoms, which is covered under the IPC. While awareness on the importance of wearing condoms has been emphasised to a great extent under several government and civil society programmes, the effectiveness gets impaired because of lack of knowledge on wearing it the right way.

v. Impact of Health camps-

Health camps are also been organised once a month under the project to cater to all kinds of health problems of the truckers as well as the villagers. Each health camp also has a specific focus health area such as eye, dental etc. and has a specialist doctor as well. The camps have been well received by the villagers as it provides free treatment and medicine and there are no proper health facilities in the vicinity of the villages.

vi. Financial benefits from clinic and health camps

The clinic provides free of cost consultation and low-cost medicine. The health camps provide completely free check-up as well as a free course of medicines. This translates into great financial relief for people from the villages and for the truck drivers and their assistants too and is an important driver to health services access as health often takes a back-seat to finances for the economically less privileged.

Snippets from discussion with truckers and villagers

Most of the truck drivers spoken to after the IPC session agreed with the importance of such informal sessions for awareness and the need for the Khushi clinic network for treatment. They said that the IPC sessions were not just useful in terms of information supply, they also dispelled a lot of myths related to sexual practices that made them and their families vulnerable to deadly diseases.

"I don't want these infections to spread to our wives and children, which is why I take precautions. This session was very useful, it dispelled a lot of our myths. I am attending this session for the first time today."

- A truck driver from Rajasthan in Sikandra

"Since we have a very hectic work-life on the roads, we have no time to seek any medical help on the way. We can't go into the main city from the highway for treatment as there is no time. These clinics make it easier for us to access health facilities while on the go."

- A truck driver in Satara

Perspective of the nearby villagers

Some of the nearby villages were visited around both the sites. The villagers were aware of the Khushi Clinic, however, some did not know that it also offered treatment of STIs. For other health issues, 9 out of the 20 people assembled for the meeting in Satara admitted to having visited the clinic. It was shared that the health camps were conducted at regular interval and around 50 people went to them for minor treatment. No flyers or any other IEC material were distributed in the village.

In Sikandra, four nearby villages were visited. Most of the people, including youth and women knew about the clinic and the health camps. However, only around 25% of them knew that the clinic also offered diagnostic and treatment services against STIs. People said that flyers were distributed regularly about the clinic and the health camps. They expressed a great deal of satisfaction with the health services offered at the clinic since any other medical facility was at least 8-9 kilometers away from the village.

3. Impactful Strategies and Features of the Project

Some of the strengths of the project that are responsible for bringing a change in perspectives, attitudes and behaviour include network and rapport with key resource persons in villages and at key halt points, conducting weekly satellite clinics for expanding coverage, conducting IPCs at different halt points and not restricting to the petrol pump or clinic only, attractively designed posters and other BCC material, affordable services and linkage with ICTC which helps closing the loop once a potential case is identified.

i. [Training of team members](#)

Regular intensive trainings on different areas of the project are provided to the team members. This has helped in effective project implementation and enhanced impacts, particularly in terms of inter-personal communication.

ii. [Model of services: ORW, doctor, Counselor/PC](#)

The team composition has been well planned to cover all needs despite keeping a small team to keep overheads to a minimum.

iii. [Network and rapport with key resource persons in villages](#)

Identifying key people from the local communities from all age groups is an interesting strategy tried out in the project. These people help in reaching out and connecting better with the communities and also, supplement the human resource requirement.

iv. [Satellite clinics](#)

The Sikandra team came up with the innovative idea of having satellite clinics which are basically different locations near the main clinic centre where the clinic is operated from once every week. This is done to increase the radius of reach and to mobilise more people. Even the IPC sessions are not just conducted at one location.

v. [Usage of attractive BCC components](#)

The IEC material developed for BCC is attractive and effective in connecting with the target group.

vi. [Low-cost medicine](#)

One of the major reasons of success of the project is the lost cost of medicines provided at the clinic. This has resulted into the popularity of the clinic amongst both, the truckers and the villagers.

vii. [Linkage with ICTC](#)

The linkage with a nearby ICTC has been effective in closing the loop once a potential suspect case of HIV is identified.

4. Gaps Identified/Scope for Improvement

While the outreach material, such as the posters and pamphlet, developed under the project are very effective as communication tools, a minor of adhesives has reduced the display life of the posters. This is a very trivial issue but is critical for a programme like this, which has a major communications component. Another issue was with the limitation on outreach as a result of not much financial allocation for local conveyance. Not tracking of the repeat patients is also a gap that was observed at both the locations.

Most of the impacts mentioned in this report were observed to be more defined and visible in Sikandra. There is scope for improvement in the performance of the Satara team, which is limiting the impacts in that locations, despite it being a strategically important halt-point. This suggests a need for cross-learnings and horizontal training.

5. Conclusion and Recommendations

The project has been very effective so far in connecting with the target population, especially in Sikandra. The team in Sikandra is very well trained on their role and their engagement with the truckers was found to be very effective. The Satara project, on the other hand, has the benefit of being situated at a strategic location, since it is a major halt point, a number of captive audience is always available for a longer period of time.

To enhance the reach, scope and impacts of the project, tracking of patients diagnosed with STIs in order to observe shifts in behaviour and practices is recommended. This could also be done across locations by giving a card or a registration numbers. Currently, there is no common registration number or any other method, other than personal memory of the clinic staff, of identifying whether or not the patient has been treated at the clinic or any other Khushi clinic set up under the project. This could provide important insights into the actual impacts on the targeted population, especially considering the fact that they are floating in nature. Also, sharing the locations of the current network of Khushi clinics could be a good idea to cause maximum overall benefit to the truckers.

Further, more logistic support to the field staff is suggested for greater outreach and mobilization. Since the outreach worker and the other project members are trying to innovate by conducting clinics and IPC sessions at different spots than just near the clinic, in order mobilize more people, flexibility in mobility will support them in doing this better.

The idea of informal IPC sessions seems to be working well for the project. While the challenge of creating awareness and providing infrastructure to arrest the spread of sexually transmitted infections is immense, and complex because of being related to a number of socio-cultural factors; this intervention is striving in the right direction to make a difference.

Chapter 9 Swavalamban

1. Background

The Swavalamban programme was conceived to provide training and capacity building or skill development to the needy candidates in order to enable them to earn a livelihood for themselves and their families and to supply good quality professionals in various trades and services. Project Swavalamban is a multi-stakeholder programme which includes funding partner (HPCL), implementation partner (CII), and training centers.

CII is a non-government, not-for-profit, industry led and industry-managed organization. Founded over 117 years ago, it is India's premier business association, with a direct membership of over 7100 organizations from the private as well as public sectors, including SMEs and MNCs, and an indirect membership of over 90,000 companies from around 250 national and regional sectoral associations. CII partners with over 120 NGOs across the country to carry forward initiatives in integrated and inclusive approach, which includes health, education, livelihood, diversity management, skill development and water, to name a few. To match the industry manpower needs, CII works on skills development initiatives across the country so as to improve the employability of the working population including school drop outs, semi-skilled and un-skilled workers.

HPCL launched 'Project Swavalamban' all over India for skill-building of youth in multiple trades. The roles and responsibility of HPCL and CII have been clearly stated in the MOU. While HPCL's responsibility is to provide fund support and overall supervision, CII's responsibility is overall execution and periodic monitoring of the project through their training partners.

Below is the description of the training partners for the Swavalamban centres considered for the purposes of this impact assessment study-

Location	Training partner
Guwahati	Skill Pro
Sitapur	Skill Pro
Kolkata	Future Sharp Academy
Purulia	Vernajyoti Educare
Balasore	Orion Edutech

Each training center is to have one exclusive trainer per course. If a center has 3 courses to offer, there would be 3 course trainers and 1 trainer for communicative English cum soft skills. Emphasis is placed on hiring faculty from local areas as they have a better understanding of the local market which helps in proper training delivery as well as final placements. The trainers once recruited undergo ToT (Training of Trainers) under the master trainers. The ToT is a residential training

program scheduled for 3 to 5 days depending on the courses and their capacities. Here the trainers are taken through the training processes, the technical skills and the knowledge transfer part i.e. transferring the skills sets that the trainers possess to the candidates to be trained by them.

The main objectives of the impact assessment study were to understand:

- i. How each stakeholder has met their designated responsibilities;
- ii. To assess the capabilities of the implementing agencies and accordingly help the organization to identify its future CSR plans;
- iii. Identify challenges and scope for improvement in the programmes.

The selection criterion for the beneficiaries is as follows:

- a. BPL youth with household Income less than INR 10,000 per month
- b. Unemployed youth
- c. Preference to children without parents, women, SC/ST, Minorities
- d. Minimum age 18 years
- e. Pre Assessment of the candidate via a written test/interview to identify:
- f. Aptitude of the beneficiary
- g. Understanding of vocational skills
- h. Natural skill sets
- i. Aspirations

The project is regulated through CII's internal monitoring structure which comprises of

Director Skill Development —————> Project Manager —————> CII state personnel

Physical visits to the centers along with monthly monitoring through reports, data collation and MIS is also done. Each training center shares a monthly progress report with CII.

For purposes of assessment, qualitative research methods were used and the tools included semi-structured interviews, focused group discussions, in-depth interviews and triangulation to test the verity of the data obtained from various sources. The stakeholders included both direct and indirect beneficiaries of each project as well as the management of the implementing agency, the implementing team, the coordinating team, HPCL team and all other stakeholders engaged with the project.

The impact of Swavalamban project at given 5 locations has been documented based on the classification of the training partners. The rationale is to give a perspective on the impact, gaps, and challenges of the project at each location and at the same time provide a comparative analysis of the effectiveness in the implementation of the respective partner at multiple locations.

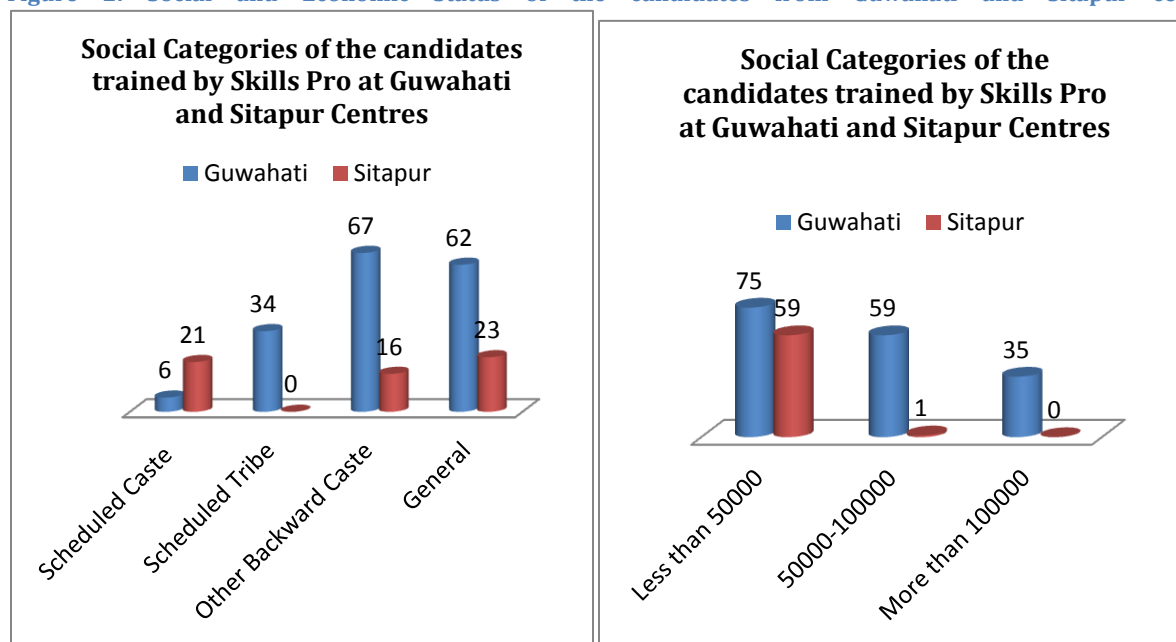
I Swavalamban at Guwahati and Sitapur Centres: Training Partner Skill Pro

j. Impact of the Project

i. Access to institutional job-linked training provided to those in need

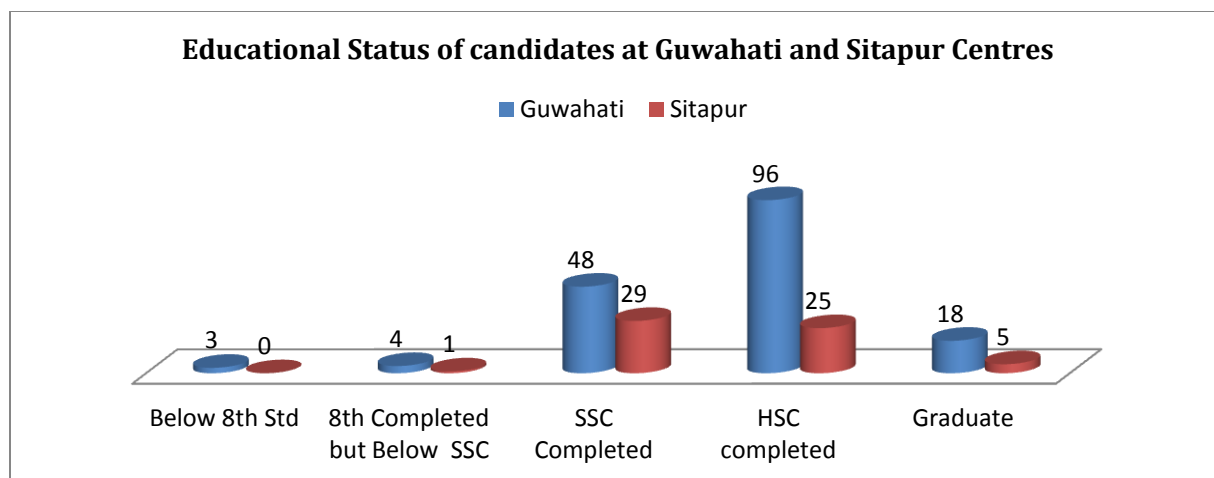
The targeting is based on economic and social criteria which have helped to provide opportunities to those in need. Candidates who were not otherwise able to pursue vocational training due to financial constraints were selected for the training. Guwahati centre targeted **169 candidates** while Sitapur centre targeted **60 candidates** belonging to scheduled caste, scheduled tribes, other backward castes and general category. The Guwahati centre offered training and placement opportunities in Hospitality and retail sector while the Sitapur centre focused on tailoring and computer training courses. Below figure provides the social and economic statuses of candidates selected for training at Swavalamban Guwahati and Sitapur Centres

Figure 2: Social and Economic Status of the candidates from Guwahati and Sitapur centres³⁸



Thus the focus of targeting was on **socially and economically underprivileged candidates** at both centres. Candidates who **dropped out of school or college** education due to financial or social constraints as well as candidates who **lacked requisite educational qualifications** for suitable employment were targeted for the training. Below figure provides the educational status of candidates selected for training at Swavalamban Guwahati and Sitapur Centres

³⁸ Information based on secondary data received from Skills Pro



The training course was therefore not just an opportunity for them to get access to formal training, provide linkages to suitable jobs which is expected to empower them economically.

ii. Employability of trained candidates enhanced

The training has imparted job specific skills to candidates at both centres. At Swavalamban **Sitapur centre**, candidates shared that the training course enabled them to stitch different clothe patterns and they **feel capable of becoming a professional tailor** by the end of the course. Likewise, candidates of computer training course who had never touched a computer in their lives learn to operate computers by the end of training.

Additional skills were imparted to candidates at **Guwahati centre** apart from the job-specific skills. These included training in personality development, anger management, interpersonal skills, spoken English etc. The design of content and curriculum and teaching methods applied by the trainers at the Guwahati was found to be instrumental in enhancing the chances of employment of the candidates and gave them an edge in job interviews.

iii. Aperture to new job/self employment opportunities and career paths

The key objectives of the project are to make the candidates employable and also provide linkages to suitable jobs. The linkage to job was the main attraction of the training for both the candidates and their parents/guardians.

At **Guwahati Centre** candidates who lacked the confidence to obtain jobs on their own or many who felt disadvantaged as they lacked skills and confidence to advance through the interviews were successfully placed at the end of the training. Candidates who did not know about choice of career paths, benefited from the counseling and training at Guwahati centre and are now either employed or in the process of giving interviews. Candidates shared that prior to training; they were either clueless, unclear or not at all exposed to the opportunities available in the job markets. They now take their jobs very seriously and have a strong orientation and inclination to pursue career paths in their sectors. They are aware that better opportunities await them either within their current company or other companies and are pursuing those opportunities.

Candidates at the **Sitapur centre** also shared similar experiences. Many candidates after completing tailoring course have either started their own centre or are engaging in home-based work with newly acquired skills. Candidates are even motivated to start a group enterprise if given the necessary support.

Some of the placed candidates of computer training course, Sitapur centre shared that they were satisfied with their jobs, while some others expressed dissatisfaction. It was noted that even those who were currently dissatisfied with their jobs sought better opportunities to work. They recognized that the training course had given them a platform on the job market and it was now for them to use their strengths to rise up the ladder.

The **scale of impact** with respect to provision of employment opportunities was found to be **higher in case of Guwahati centre as compared to Sitapur centre** (Refer Point in v. in section 3 below)

iv. Economic empowerment

Candidates from **Guwahati centre** shared that their current jobs have enabled them to contribute to family income. Many have single parents and many are sole earners of the family. Therefore their incomes are crucial to sustenance of family. Purchasing power has increased; many are able to save.

The income range of candidates from CRR and Hospitality courses offered at Guwahati centre was **Rs. 3,000/- to Rs. 7,500/- & Rs. 2,500/- to Rs. 7,500/- per month respectively**

Candidates from tailoring course of **Sitapur centre** are either engaged into self employment, home based work or working at a local tailoring shop. They earn income from **Rs. 1500/- to Rs. 3000/- per month³⁹** depending on the magnitude of work based on local demand. Candidates who are not able to earn livelihood were satisfied that they are able to save money from the personal expenditure spent on tailoring. Candidates of the computer training course have also been employed locally and are earning between **Rs. 3000 to Rs 6000 per month⁴⁰**.

In addition to above mentioned areas of impact following impacts areas were observed in especially case of Guwahati centre:

³⁹ Information is based on discussions with the candidates

⁴⁰ Information based on data provided by Skills Pro

v. Development of personality

Candidates at Guwahati centre see a change in themselves. They have been able to cultivate qualities such as discipline, punctuality and accountability during the training and on job. They shared have matured as persons and see themselves as more responsible, patient and confident persons.

vi. Resolution of professional challenges with effective counseling:

Candidates shared to have banked on the advices of the trainers while making decisions about choice of jobs, change of jobs, location of jobs, etc. If they experience any issue at workplace, they count on the trainers to address the problem for them and guide them. They like to remain in touch with the trainers even after receiving placement.

vii. Bridging of the gap between local industry demand and supply of skilled candidates

Guwahati centre has been effective in bridging the gap between the industry requirements and supply of matching skilled human

resources. The project has been successful in balancing the demand of the employers and interests of the candidates. This effort has helped the industry to meet its human resource requirements and for candidates to find suitable employment *locally*.

No observations could be made about impact with respect to fulfillment of industry requirements at the Sitapur centre as meetings with employers at Sitapur or Lucknow could not be arranged during the period of research study.

viii. Post-placement support

Post-placement support provided to the candidates helps them to find newer and better suited jobs; to deal with the challenges of work environment as well as arbitration with employers in case of any issue.

"I have to be patient even when my customer gets angry; I have learnt to technique of anger management."

"While dealing with customers you cannot be reticent, you have to be confident, take correct orders and have to be pleasant while delivering the order. Job teaches you learning's of life. I am happy that I am able learn all this."

- Candidates of Guwahati centre

Many candidates could not afford the bus fare and cycled to their office earlier. With the source of income from their jobs, they have now purchased motor bikes on loan. Standard of living has risen not only for the candidates but entire families. Candidates feel empowered as they have disposable income to spend on things they could not afford earlier.

-Guwahati Centre

Snippets from discussion with Parents⁴¹ of Candidates from Guwahati Centre

Parents expressed **happiness with the quality of training** provided. They are happy to see a difference in the personalities of their children who are now considering their careers seriously, are more confident and capable of successfully handling interviews at big companies. They see a change in the interpersonal skills of their children. Parents shared that candidates who used to be petulant earlier, shared that they had mellowed and become patient. Parents attribute these **developments in their personalities** to the training and their jobs which have helped their children to mature as persons.

Parents shared that the training and jobs have **invigorated new interest and meaning in lives** of their children who were earlier listless and unhappy with life. They look forward to work each day and are also encouraged to pursue further studies with a hope to make better careers. Parents are happy that children are now aspiring for higher positions in the organization. The training has raised new hopes in the lives of the candidates.

"I have seen my son as a happy man after a very long time since his mother's death. My son is only source of my happiness. I thank God and the teachers at the training centre for bringing a new ray of hope in our lives." - Parakh's father

Candidates are provided **pre and post-placement counseling** support. This helps candidates to make right decisions about their careers especially in the absence of any other guidance in their lives.

Gopalnath received job opportunity in Delhi with a package of Rs. 6000 per month. The decision to migrate to Delhi would disturb his life majorly. With timely intervention due to the strong rapport that the trainers had developed with Gopalnath, they precluded his migration to Delhi and found him equally paying job in Guwahati. Gopalnath is now able to earn the same package, save more and also live with his family in Guwahati

The training has helped children to **get employment** which was otherwise difficult to attain. Children are able to contribute family income. The surplus income is used as **savings** in many families. According to many parents the candidates are **sole earners** of the family. The contribution of the candidates has **increased the purchasing power** of the family. Health insurances and other similar perks from jobs benefit the entire family.

"I was hospitalized for 15 days and also underwent a surgery. My son could cover all the hospitalization and operation expense with the insurance provided by his company"

- Gopalnath's mother

⁴¹ For the purposes of study, the research team considered a sample size of 10% for parents to get their perspectives. A bigger sample was not feasible due to short notice requests made to the parents for the meeting as well as their own prior personal or professional commitments.

Employers' Perspective⁴² on Swavalamban Project at Guwahati Centre

Employers expressed satisfaction with the candidates trained from Guwahati centre and consider them better suited for jobs in comparison to both- the candidates from other training centres as well as freshers. Swavalamban candidates were judged to be better, based on following parameters:

- a. Better orientation on job requirements as well as career opportunities
- b. Patience
- c. Job commitment
- d. Discipline
- e. Better followers
- f. Better grasping and learning abilities

The above mentioned abilities not only give the candidates trained under Guwahati centre an edge, but also help the supervisors/managers to effectively manage their work.

Employers were satisfied that due to availability of trained candidates at mid-levels of retail as well as hospitality sectors, major gap in job requirements and availability of matching skills was bridged. They also depend on Swavalamban's team to avail resources even at short notice. According to many employers their challenge with respect to hiring of efficient candidates has been resolved with help of the Swavalamban team.

Employers such as Big Bazaar, Hotel Rajdhani etc., offering short internships were happy with their engagement as project Swavalamban not only helped in meeting their requirements for resources especially during peak sale seasons but also enabled them to identify resources through personal observation of their.

Most employers **hired 70%- 90% percent** of the total Swavalamban candidates that they interviewed.

Employers are also satisfied that **Swavalamban team acts as a mediator** to address issues if any between the management and candidate.

Some of the suggestions from the employers included:

- Increased focus of training on communication skills, confidence building and grooming.
- Some supervisors shared interest in participating as guest faculties to help in better orientation of the candidates for jobs.

⁴² For the purposes of study, the research team considered a sample size of around 30% for employers to get their perspectives. Representation of employers for both retail and hospitality sectors was considered.



When Mousumi Deka lost her job due to closure of a brand retail outlet at the Big Bazaar, the Guwahati team made efforts to absorb her within Future Group the company owning Big Bazaar. With consistent efforts of the team, Mousumi Deka was able to find a new job immediately after she became unemployed which saved her from relapsing into the state of

2. Impactful Strategies and Features of the Project

The discussion below is **largely in the context of Guwahati centre** to highlight the **impactful strategies** that have contributed in the success of the project and meeting all its objectives.

i. Effective targeting and outreach strategy

The targeting was focused on candidates from underprivileged economic backgrounds. **Door to door targeting strategy** helped the team to mobilize candidates who matched the socio-economic and educational criteria of the project's target group and assess the need for each candidate thoroughly. Strategy such as establishing an outreach centre with help of local NGOs for 50 candidates was applied to reach out to candidates from rural backgrounds, as they were unable to afford travel upto Guwahati.

The **female to male ratio** of candidates in both CRR and Hospitality courses was **40:60**. Out of total enrolled candidates in CRR and Hospitality course, **91% and 90%** respectively were interested and applied for jobs at the end of training.⁴³

ii. Collective effort of trained and expert faculty

The team of trainers and project coordinator at Swavalamban Guwahati centre worked collectively and used their experience and expertise to create multi-faceted and holistic impact of the

project. The close and strong rapport with both candidates and employers two crucial stakeholders of the project can be attributed to the **networking strength** of the trainers as well as their ability to establish **long term connection with the candidates and employers**.

The expertise of the team is also evident in the application of **innovative training methods** such as internships for candidates at major companies, conducting exposure visits companies, mock interview practice etc. The trainers also covered topics such as anger management etc. which were not part of the training content but important for successful training of the candidates. Establishment of an **outreach centre** is also a highlight of the innovative outreach strategy of the team.

⁴³ Information based on secondary data received from Skills Pro

iii. Network with employers for successful placements

The Guwahati centre team has established a strong rapport with **around 18 employers** in Guwahati for both jobs and internships of the candidates. The HR manager's/executives are satisfied with their association with the team as well as the quality of training provided to the candidates. The strength of the networks with Human Resource Managers of the companies has helped the team to even expand their employers' network. The HR Managers of these companies remain in touch with the Project coordinator even after they make a transition to a new company and continue to engage with the Swavalamban team for their new hiring. **85% candidates from CRR and 84% from Hospitality** who were interested applied for jobs were successfully placed. **74% candidates from CRR and 71% from Hospitality** that were successfully placed were continuing with the employment during the study⁴⁴. Issues with manager, distance, long hours

The table below provides the list of employers and number of male and female candidates placed with each employer⁴⁵

Table 1: Employers' list and number of candidates employed per employer-course wise and gender wise- Guwahati Centre

Name of the company	Number of candidates placed- Customer Relations and Retail			Number of candidates placed- Hospitality		
	Female	Male	Total	Female	Male	Total
Bajaj Allianz	1	2	3	0	1	1
Bajaj Capital	1	1	2	0	2	2
Beatrix Restaurant	0	2	2	0	3	3
Big Bazaar	9	8	17	0	0	0
CCD	2	0	2	0	1	1
Domino's Pizza	2	12	14	3	5	8
Global Computer Institute	1	6	7	0	0	0
Hotel Nakshatra	0	0	0	0	2	2
Hotel Rajdhani	0	0	0	9	7	16

⁴⁴ Information based on secondary data received from Skills Pro

⁴⁵ Information based on secondary data provided by Skills Pro

Regency						
Hotel Vishwaratna	0	0	0	0	3	3
HUB Shopping Mall	1	3	4	0	1	1
KFC	4	14	18	1	2	3
Kiranshree Portico	0	0	0	2	0	2
Pantaloons	2	0	2	1	0	1
Sohum Shoppe	2	0	2	0	1	1
Style Forum	4	4	8	0	1	1
Tata Indicom	1	0	1	0	0	0
Westside	1	1	2	0	0	0
Cumulative Total	31	53	84	16	29	45
Total employed for CRR & Hospitality= 129 out of 169			Percentage of employed candidates from total 169 certified candidates (CRR+Hospitality)= 77%			

iv. [Motivational interactions with the alumni](#)

The alumni of the training course are invited to share the experiences of their journey with Project Swavalamban and their current endeavors. Such discussions are not only motivational for existing batches but also help to clarify doubts that they may have about the training course, jobs, careers etc. through direct interactions with the experienced alumni.

v. [Pre and Post-placement counseling support](#)

All candidates receive constant guidance and counseling throughout the training and till they receive employment. The highlight of the project is its holistic approach wherein the team remains in touch with the alumni and provide them with post-placement support and counseling whether it is with respect to change in job or guidance in handling work related challenges. **10% candidates from CRR and 12% from Hospitality courses** were successfully placed second time⁴⁶.

vi. [Free of cost training](#)

The free of cost nature of the training was an influential factor encouraging participation of the candidates. All candidates considered for the purposes of the study at both **Guwahati and Sitapur**

⁴⁶ Information based on secondary data received from Skills Pro

centres shared that they could join the training only because it was free of cost. The unaffordability of such skills/vocational trainings was shared to be the reason for them not having attended similar training before.

In case of Sitapur Centre, free of cost training was provided and placement/self employment after training have been achieved to some extent. (Refer Point in v. in section 3 below). Following were the gaps identified especially in case of Sitapur centre that needs to be addressed to achieve desirable impacts.

3. Gaps Identified/Scope for Improvement

i. Targeting

One of the objectives of the Project is to reach out to candidates who are in need of jobs and help them enter the mainstream job market by making them employable. It was observed that many candidates who were selected for the computer training course at *Sitapur* centre were not interested in jobs immediately and had joined the course to either obtain computer skills and learning purposes only.

*Eight candidates⁴⁷ from the ex-batches of computer training course of 2012-13 were considered for the purposes of the study. **Two out of eight candidates** from the computer training course **were working candidates**. Remaining six candidates had joined the course for learning purposes. These candidates shared that they had not received interview opportunities as well. (Refer point v. below)*

Based on the information provided by Skill Pro, it was observed that **57% candidates from tailoring course and 73% candidates** from Computer training course at Sitapur centre were interested and had applied for jobs

ii. Content development and evaluation

While the Guwahati centre received course curriculum and syllabus from the Head Office of Skills Pro, the **content** for both tailoring and computer training course was **developed by the training staff** of the Sitapur centre. It was observed that **no support was provided by the Skill Pro Head office** in matters of content, course and curriculum development as well as evaluation to the Sitapur centre. Lack of systematic mechanism for development of content negatively affects the quality of training imparted to the candidates at the Sitapur centre. The discrepancies between two centres run by same training partner needs to be attended to and existing gaps needs to be bridged to meet the potential standards of the project.

iii. Incomplete training

The training in computer delivered at Swavalamban Sitapur centre's was informed to comprise of MS Office and Internet. However, interaction with the former and current batch students led to the

⁴⁷Eight candidates made around 25% of the sample size

knowledge that they were not trained on internet browsing or application as there was no internet facility at the centre. Also the **students lacked clarity** on what they should expect to learn from concepts of MS Office.

Only two out of eight candidates from the computer training course considered for the purposes of the study, felt confident about using MS Office. **None of the candidates** had learnt internet browsing and application.

iv. Lack of comprehensive approach in training

It was observed that while the Guwahati centre imparted additional skills required for holistic training such as personality development, spoken English etc., the Sitapur Centre did not undertake any such courses. *Uniform approach in training to maintain highest standards across centres is desirable for achieving common goals of the project across centres.*

v. Inadequate of placement opportunities

Only two out eight candidates from the computer training batch considered for the purposes of the study received placement. Remaining candidates shared that they had not received an interview opportunity. The candidates were satisfied that they had learnt basic computer operations and it is useful to have basic understanding of computer. Thus the targeted candidates' expectations were not found to be aligned with the aims of the project. (Refer point i. above)

As per the information provided by Skill Pro it was observed that:

- **57% candidates** (17 out of 30) from tailoring course **and 73% candidates** (22 out of 30) from the computer training course were **interested and had applied for jobs** at the end of training
- **24% candidates** (4 out 17) from tailoring course and **41% candidates** (9 out of 22) from the computer training course of those interested and applied for jobs **received employment/self-employment** at the end of training

The table below provides the list of employers and number of candidates placed with each employer⁴⁸

⁴⁸ Information based on secondary data provided by Skills Pro

Table 2: Employers' list and number of candidates employed per employer-course wise- Sitapur Centre

Name of the company/employer	Number of candidates placed- Tailoring		Number of candidates placed- Computer Training	
	F	M	F	M
Sangam Tailor,Sitapur	4	-	0	-
Idea Call Center , Lucknow	-	-	2	-
V-Mart Sitapur	-	-	5	-
Vodafone Call Center,Lucknow	-	-	2	-
Cumulative Total	4	-	9	-
Total employed for Tailoring and Computer Training course= 13 out of 60		Percentage of employed candidates from total 60 certified candidates (tailoring and computer training course)= 22%		

For tailoring course as well, not all certified candidates were linked to jobs and several candidates were awaiting suitable job opportunities or support for self-employment after the course. Thus it was found that even those candidates who were interested in placements could not be placed or successfully employed. The implementing team informed that the reason for this gap in placement was..

vi. Training for staff

The training team at Sitapur centre had not received any special training for the project. They were found to use their existing skills acquired from local training and had not received any project specific orientation or training.

In addition to the above gaps, following areas were identified in both centres with scope for improvement

vii. Books/reading material for courses

Candidates are not provided with any books or reading/training material. Such a material can be provided and preferably in the regional language such that it will be useful to the candidates even after training is completed.

viii. Certificates needs to be provided on time

Candidates at Guwahati centre had not received the certifications. Though arrangement for provisional certificates is made by the Guwahati Centre, it is important that candidates are provided certificates without delay after the training, to enable them to use it, as well as to avoid the inconvenience of follow up with the centres.

4. Conclusion and Recommendations

Project Swavalamban is an effort to fulfill the CSR statement of HPCL with respect to:

“Serving the community by developing capacity in the community to achieve the goal of enhancing human excellence and improving quality of life”.

The Project has made a economic and social impact on the target community. Following are a list of recommendations to enhance the impact and to bridge existing gaps in the project across different centres:

- A more focused targeting to ensure selection of only such candidates interested and in need of training and jobs should be organized
- Regular training for all team members
- Up-to-date syllabus and curriculum matching the industry requirements to be developed and disseminated by the concerned training partner across centres
- Comprehensive approach in imparting the training and covering curriculum in alignment with the industry requirements of skills sets is desirable. Additional courses such as basic spoken English, personality development, anger management which are crucial to service industry should be covered in the training across centres. Scope for cross-learning among centres as a part of capacity building efforts of team should be encouraged
- Innovative teaching methods such as use of multi-media, role plays etc should be incorporated in the training methods for enhanced learning
- Necessary logistical support for eg., internet facility for computer training course should be provided meet the envisaged requirements for successful completion
- Strong network of employers and providing necessary support to the ground staff in developing the same is necessary to achieve the goal of economic empowerment.

II Swavalamban at Balasore Centre: Training Partner Orion Edutech

1. Impact of the Project

i. Access to institutional job-linked training provided to those in need

Under the project the implementing, CII has targeted those candidates who belong to the socially and economically deprived section of the society. They wanted to take vocational training so that they would be able to be engaged in some livelihood option/s but were unable to pursue because of financial constraints.

Under the Swavalaman project, CII had imparted vocation training to 90 beneficiaries in Balasore. During interaction with the staffs of implementing organization it was found that training was giving in batches and average number of beneficiaries in one batch was 30. All the beneficiaries were male youths.

Below table-1 provides is the course wise distribution of candidates at Balasore centre operated and list of candidates interviewed during the course of study.

Table 3: Details of the candidates

Location	Balasore		
Courses offered	Customer relations	Retail	Hospitality
Total number of candidates enrolled	30	30	30
Total number of candidates who successfully completed the training	30	30	30
Total number of candidates certified	30	30	30

For the impact assessment study, 17 respondents had been taken in to consideration out of which 14 were the beneficiaries selected through random sampling. Under the project, the beneficiaries have received skill development training in three trades, i.e., BPO, Hospitality and Retail Management. Present batch has been getting training in retail management. Average number of beneficiaries in each batch is 30 and in a given year 90 students are getting training from the Balasore centre. The team had got a chance to interact with 14 beneficiaries.

List of Interviews conducted for Swavalmban Project									
S.no	Name	Occupation	Education Qualification	Presnt City	Place	Ag e	Gende r	Trade	Batch
1	Srikanth	Executive at CII	MBA	Balashor e	Bhuban eswar	27	Male		
2	Pradeep Kumar	Asst.Executi ve at CII		Balashor e	Balaso r e	27	Male		
3	Vikram	Trainer at CII Center	Graduation	Balashor e	Balaso r e	26	Male		
4	Atanu Kumar Das	Unemployed	Btech Machanical 2 year	Balashor e	Balaso r e	19	Male	Retail	2013
5	Raj Kishore Patra	Working in CCD	12th and Hotel Managemen t	Bhubane swar	Balaso r e	27	Male	Hospi tality	2012
6	Sawan Kumar Panda	Entrepreneur	ITI	Balashor e	Balaso r e	24	Male	Retail	2012

7	Anil Kumar Chand	Vodafone	12 th	Balashore	Balasure	24	Male	Retail	2012
8	Subham Das Adajkri	Unemployed	ITI	Balashore	Balasure	18	Male	Retail	2013
9	Goutham Das	Student	Diploma in Applied Electronics Bhubaneswar	Bhubaneswar	Balasure	19	Male	Retail	2013
10	Manojkumar Das	Unemployed	12 th	Balashore	Balasure	18	Male	Retail	2013
11	Sanjeev Kumar Biswal	Unemployed	12 th	Balashore	Balasure	18	Male	Retail	2013
12	Arup Kumar Das	Unemployed	12 th	Balashore	Balasure	18	Male	Retail	2013
13	Shubham Bindhani	Unemployed	12 th	Balashore	Balasure	19	Male	Retail	2013
14	Jagdish Nayak	Unemployed	12 th	Balashore	Balasure	18	Male	Retail	2013
15	Ratikant Sethi	Unemployed	12 th	Balashore	Balasure	19	Male	Retail	2013
16	Maheshwar Biswal	Unemployed	12 th	Balashore	Balasure	19	Male	Retail	2013

i. Capacity building/employability

At Balasore centre apart from vocation training in BPO, Hospitality and Retail Management, the beneficiaries were provided soft skills trainings, like computer education, spoken English, etc. so that they could match to the demand of the market. The beneficiaries shared that along with the vocation training, computer education and English classes had helped a lot. It had boosted their confidence because most of them did not have exposure to computer education. Besides, now they are able to read and understand English and it has created a strong feeling among them that they could do anything.

ii. Job linkage after training

Since the main objective of the vocational training was to make the candidates competent enough to get job. The implementing organization not only equipped the beneficiaries with certain skills through training but also tried to provide suitable job opportunities to them in Balasore or nearby towns.

iii. Aperture to new career paths

During interaction with the staffs of the implementing organization and the trainer, the research team found that the beneficiaries were from lower socio-economic background and did not have any exposure to such kind of the training. Even they did not know what kind of opportunities available for them. But after getting the training they were now aware about that the requirement of the market and available job opportunities. And also they were confident about that the training would always be helpful for their better future.

iv. Economic empowerment

Though the team had got opportunity to interact with only three beneficiaries from the previous batch (2012), they shared that after completing the course they were provided opportunity to get job/s and made them economically in a better condition. Besides, they shared that whenever they needed any support / help from the staffs of the implementing organization or the trainer, they found always positive and supportive responses even after completing the course long time back.

Box No. 1

Raj Kishore Patra, presently 27 years old, is the only child of his parent. His father was a hawker and used to sell vegetables in Balasore. After completing 12th standard, he had to discontinue his studies as his father was not able to afford the cost of his education. Therefore, he had nothing to do and used to spend his time idle. He came to know about the course from one of his friend and he joined the training course in hospitality in 2012. After completing the course, he got the job in Café Coffee Day (CCD) with Rs. 4500/- as honorarium. Presently, he was promoted as Brew Manager with increase in the salary to Rs. 7600/-and working in Bhubaneswar. Now he has shifted to Bhubaneswar with his parents and he is the only bread earner for the family. He is very much happy and thankful for the training which had enabled him to support his family financially.

In addition to above mentioned areas of impact following impacts areas were observed:

v. Development of personality

During interaction with the beneficiaries, it was shared with the research team that the training programme was a boon for them. It has influenced their personality in various ways, like, improvement in their thinking, inter-personal skills, etc. Beneficiaries responded that during the training they had learnt how to talk to the people of different age group and gender; and they further added that that was not only helpful for their professional life but also had a positive impact on their personal life.

vi. Professional challenges resolved with effective counseling

The beneficiaries shared that most of the time they had interaction with the trainer during the training course and this helped them a lot. The trainer has always given them proper guidance and career counseling. Even after getting the job, the beneficiaries of the previous batch (2012) added that they still in touch with the trainer and if they had any issues or problem at their workplace, they had contacted the trainer and got the sound advices and guidance.

vii. The gap between industry demand/requirements and supply of skilled candidates bridged locally

No observations could be made about impact with respect to fulfillment of industry requirements as meetings with employers at Balasore could not be arranged during the period of research study.

viii. Post-placement support

Post-placement support provided to the candidates helps them to find newer and better suited jobs; to deal with the challenges of work environment as well as arbitration with employers in case of any issue.

2. Impactful Strategies and Features of the Project

i. Effective targeting and outreach strategy

For the training course, the implementing organization had targeted those candidates who belong to lower socio-economic background. In addition to that, the candidates were mobilized who had completed at least 10th standard so that it could be easy for the implementing organization to place the beneficiaries after the training programme.

ii. Collective effort of trained and expert faculty

For implementation of the project and imparting the vocational training, CII had signed agreement with Orion Edutech. According to the agreement, Orion Edutech was responsible for managing all the logistics of the training programme, i.e., appointing trainer and providing course material for the training programme. The trainer provided by partner organization was well qualified and had relevant experience in imparting vocational trainings. Besides, the staffs of CII were also actively participated in the implementation of the training programme in order to provide best possible

training to the beneficiaries. In addition to the training, beneficiaries were also trained how to face the interview by giving exposure to the mock interview so that they would feel comfortable in facing employer during their post training job interviews.

iii. [Free of cost training](#)

The training including the course material was provided free of cost to the beneficiaries; and that was main encouraging element in the training programme for the beneficiaries was that there was no training cost involved because most of the candidates were not able to afford the cost of such kind of vocational training.

iv. [Network with employers](#)

The staffs of the implementing organization and the trainer have tried their best to develop good network with the employers so that the beneficiaries could be placed after completing the training programme.

v. [Motivation through interaction with alumni](#)

Though the alumni of the training programme are in touch with the trainer, yet no alumni meet was organized so that the alumni could share their experiences about the training programme and its benefits in their professional life.

vi. [Pre and Post-placement counseling support](#)

Apart from providing fruitful guidance and career counseling to the beneficiaries throughout the course, i.e., before joining the training programme till completing the course, the staffs of the implementing organization and the trainer are also in regular touch with the alumni so that if they need any kind of support, they can get that timely so that they can be able to face the challenges at their work places.

3. Gaps Identified/Scope for Improvement

i. [Targeting](#)

Though the implementing organization, i.e., CII, had tried to target those candidates who were socio and economically backward, yet they was no fix selection criteria. It was not kept in mind whether the candidates were interested in particular course or not. There was no orientation programme so that the candidates could choose the course according to their interest. Even during interaction with the beneficiaries of the retail management, the team observed that some of them even did not able to answer why they had joined the training programme and what would be its benefits. They simply responded that they were spending their time idle and then they came to know about the course and so they had joined the training programme.

ii. [Content development and evaluation](#)

The course material provided to the beneficiaries was in English and since the candidates were not so much educationally sound to comprehend that. Besides, standard of the course material was very high and it was not easy for the beneficiaries to understand.

iii. Lack of comprehensive approach in training

The training centre was located 15 km. away from the district headquarter, which was drawback of the project implementation part. The beneficiaries had to travel 15km every day to attend the session and it was very difficult for most of the beneficiaries to afford that travelling cost. In addition to that, for the training classes CII has taken one class room on rent basis in Modern Engineering and Management Studies but there were no fix class room whenever and whatever class room were free, the trainer used to use that class room, which is creating lot of trouble for the beneficiaries because they have to wait for the free class and also there were no fixed class timing.

4. Conclusion and Recommendations

Project Swavalamban is an effort to fulfill the CSR statement of HPCL with respect to:

“Serving the community by developing capacity in the community to achieve the goal of enhancing human excellence and improving quality of life”.

Project Swavalamban has made an economic and social impact on the target community. Following are a list of recommendations to enhance the impact of the project:

- ❖ Current Balasore Training Centre is located 15 km away from Balasore town. Most of the people are travelling every day to attend the training programme. Due to distance students are not coming to the centre regularly and as a result they are not able to take best possible benefits from the training. The team has observed the same thing during its visit of the centre. In order to make the training programme effective training centre should be relocated in the town.
- ❖ There should be fix timing for the classes.
- ❖ Presently only one trainer looking after the entire training centre and he should be supported with one more trainer.
- ❖ There was structured course material only for the retail management but no syllabus for the hospitality or BPO courses. So, there is need to provide structure course materials for rest of the two courses.
- ❖ The course material provided to the beneficiaries is in English and most of the beneficiaries' mother tongue is Oriya, therefore, they are not able to refer the material which is providing by Orion Edutech under the training programme. Thus, the course material should be in

vernacular language for all trades so that it will be easy for the candidates to comprehend that.

- ❖ There should be proper procedure for selecting a candidate for the training programme so that candidate can get training in that trade in which s/he has interest.
- ❖ Innovative teaching methods such as use of multi-media, role plays etc should be incorporated in the training methods for enhanced learning.

III Swavalamban at Kolkata and Purulia: Training Partners Future Sharp Academy and Vernajyoti Educare

i. Future Sharp Academy, Kolkata

The total number of candidates enrolled in retail, ITeS and hospitality were 122, 18 and 59 respectively. Out of these, 89 in retail (15 females, 74 males), 7 in ITeS (4 females, 3 males) and 54 in hospitality (14 females, 40 males) had successfully completed their training and were certified.⁴⁹ The remaining candidates had dropped out due to personal reasons. During the course of the study, the research team was able to meet 4 beneficiaries trained under retail and 1 under hospitality.

Table 4: List of Students Interviewed trained by FSA

Name	Age/Sex	Category	Religion	Course	Currently Employed With
Sutapa Paral	22/F	General	Hindu	Retail	Monginis, Kolkata
Shormishtha Sardar	20/F	SC	Hindu	Retail	Monginis, Kolkata
Jhuma Roy	21/F	SC	Hindu	Retail	The French Loaf, Kolkata
Dipannita Mondal	23/F	SC	Hindu	Retail	Westside, Kolkata
Moumita Das	19/F	General	Hindu	Hospitality	Dominos, Barasat

It should be mentioned here that observations could not be made about impact with respect to fulfillment of industry requirements at either of the centers as meetings with employers could not be arranged during the period of research study.

1. Impact of the project

1. [Economic Empowerment](#)

⁴⁹ Data provided by Training Partner

Since the selection criteria largely focuses on social and economic conditions, candidates who were not able to pursue further studies due to financial constraints or other problems, after doing the course, have been placed with leading companies in the fields of hospitality, retail and ITeS. These jobs are expected to empower them economically thereby easing their financial burdens.

2. [Industry Recognized Certificate](#)

Being a part of Future group, FSA has adequate infrastructure required for training purposes. Theory and practical classes are given equal importance. Candidates are given the courses of their choice and get trained in labs with true-to-life simulated learning. Candidates also gain an industry recognized certificate course from Future Sharp & NSDC.



3. [Personalized Attention](#)

Each batch does not have more than 25 – 30 students so as to maintain the teacher student ratio for maximum direct one to one interface on a daily basis. This helps the faculty to give personalized attention to the students depending on their strengths and weaknesses. It is emphasized that candidates are atleast 10th/12th pass. In FSA, almost 131 candidates had cleared their class 10th/12th exams. Around 15 candidates were either pursuing graduation or had completed it.

4. [Innovative teaching methods](#)

Innovative teaching methods are used to enhance student performances. For example, since personal grooming is essential to these trades, students were given smileys based on their grooming levels. A 'before' picture of each candidate when he/she joined the course and an 'after' picture towards the end of the course were taken. This approach was used to show the candidates how they have been able to groom themselves.

5. [Multiple Placement Opportunities](#)

Each student is provided with multiple placement opportunities after the completion of the course. Ample mock interviews, group discussion, and resume writing sessions are conducted prior to placements.

2. Impactful Strategies and Features of the project

i. Ability to make a career

Future Group and National Skill Development Corporation have strategically tied up to form Future Sharp Skills Limited, to train and provide sustainable livelihood to youth. Most of the candidates come from lower economic backgrounds with financial constraints and family problems. Courses like these open up new avenues for them and reinstall the belief that they too stand a chance to make a career for themselves. For some of them, this training has helped to earn a side income and learn something new. Swavalamban has given the beneficiaries the opportunity to stand on their feet, which they consider their biggest achievement.

ii. Conceptual Understanding

The course was taught in English and Bengali. Candidates felt that the course is very interactive and detailed and the study material was easy to understand. They were taught the concepts of each trade in detail. This includes understanding the industry, its history, scope and growth opportunities; understanding business processes; learning the basics of finance in everyday functioning; building product knowledge. Academy and classroom infrastructure were maintained in a neat and orderly manner. As part of their practical training, they were taken on store visits once a week. To help better understand customer interaction, they were taken to the stores to observe live interactions with customers. Later on, role plays were enacted. Computers and PPTs along with skill based modules were frequently used as part of teaching methodology. Prior to placements, candidates were made to give mock interviews.

iii. Functional Skills

Functional skills like how to lead a team, how to sell & interact with different people, how to build practical skills needed to succeed in the industry, understanding what customers want and offering excellent service, learning the functions of different roles like : Sales & Customer Service, Cashier, etc., improving business profitability and controlling losses along with behavioral skills like building good English & communication skills and personality development including grooming, professional behaviour and a positive attitude towards work are other skills that candidates have learnt.

3. Challenges

The biggest challenge faced by FSA is convincing candidates to work outside West Bengal. Most students do not want to migrate and refuse to take up jobs outside the state citing family pressure.

Moreover, vocational education or skill development is not considered important. Parents are unaware about how such skills can provide growth opportunities to their children.

4. Gaps Identified/Scope for Improvement

1. Most candidates said that the course duration should be increased to a minimum of 3 months as the syllabus was hurried into. Some felt that the course duration was sufficient for those having a good command over the English language but not for those who struggle with it. Also, those trained in retail; felt that practical training is not sufficient due to the short duration of the course.
 2. Stress needs to be put on spoken English and Hindi as this is essential to work in the retail or hospitality sector. Classes for English communication should be taken in English.
 3. Video/audio aids in classes need to be used more often. These tend to remain in memory for longer periods of time.
 4. According to some candidates, FSA should take a test before job interviews to assess strength and weakness of each candidate.
 5. Publicity and awareness strategies should be made more effective. FSA has the resources to expand and youth in rural areas should also be targeted. Students from current batches can be utilized to publicize the course as they will be best able to highlight the strengths of such training.
-

B. Vernajyoti Educare, Purulia

VJE works in the Junglemahal area of West Bengal and provides skill development to youth from BPL backgrounds. Most candidates are SC/ST, live in kachha houses in extremely interior naxal affected areas and are first generation learners. Special care is taken to select those students who have studied up till class 10th/12th. Agriculture/farming has been their primary occupation.

VJE runs a residential training program where candidates stay and receive training in the center located in Purulia. VJE had enrolled 151 candidates out of which 140 were males while the rest were females. And out of these, 132 candidates were trained, certified and placed.⁵⁰ During the course of the study, the research team was able to meet only 6 beneficiaries (2 females, 4 males).

Table 2: List of Students Interviewed trained by VJE

⁵⁰ Data provided by VJE.

Name	Age/Sex	Category	Religion	Course	Currently Employed With
Raja Ram Mahato	21/M	General	Hindu	Hospitality	Country Sweets, Ahmedabad
Chandrani Mahato	20/F	OBC	Hindu	Hospitality	Azharuddin Resorts, Diu
Parvati Singh Sardar	23/F	ST	Hindu	Hospitality	Raigarh
Rabi Lohar	21/M	SC	Hindu	Hospitality	Hotel Marina, Goa
Arup Mahato	20/M	OBC	Hindu	Hospitality	Has offers, not decided where he wants to work
Uttam Mahato	20/M	General	Hindu	Hospitality	Country Sweets, Ahmedabad

1. Impact of the Project

i. [Access to institutional job-linked training provided to those in need](#)

Since all candidates are from BPL backgrounds, this training has empowered them financially and enabled them to get a job without paying anything. Most trainees start their careers with a minimum salary of Rs. 5000 with free food and lodging and other perks. Greater confidence, introduction to professional community, employment with growth prospects and personal development along with development of a skill base are some of the other major impacts that this project has created.

i. [Conceptual Understanding](#)

Concepts like understanding the hospitality industry, its history, scope and growth opportunities, being up-to-date about local tourist sites, entertainment/dining options in current city, current events (e.g. exhibitions, festivals, etc.) and learning key factors that are vital to the growth of the hospitality industry are taught to the candidates.

ii. [Functional skills](#)

Functional Skills like how to lead a team, how to identify different types of guests (e.g. business guests, vacationers, etc.) and interact with them appropriately, handling guest complains tactfully and solving their problems promptly, understanding what guests want and offering excellent service, learning about billing systems, practice operation and execution of in-room dining service, banquet & restaurant service and welcoming guests, completing check-in formalities and assisting them with luggage handling along with behavioral skills that include developing good English conversational skills, building good communication skills and personality development – grooming, professional behavior, positive attitude and confidence building are some of the skills and qualities that the candidates learn.

iii. On the job learning

The course duration is one month followed by six months of industrial training. The medium of instruction is Bengali and English and the curriculum is designed for 200 hours following the guidelines of MES. In-built assessments, both formative and summative are used to assess if the curriculum is at par with industry standards.

Parents⁵¹ Perspectives

The research team was able to speak to parents of some of the beneficiaries. The parents believe that this project will enable their children to stand on their own feet and contribute to better their existing living conditions. Some of them have observed a change in the attitude of their children.

His mentality has changed. Our financial conditions and the lack of a good job had pushed him into depression. Now, he has overcome it. His confidence level has increased."

Jaidev Manki's father

This training also marks a departure in the way of life of the children. For years, agriculture has been the mainstay of these candidates. This course will provide the children with something different and something more lucrative to do.

"I do not understand what job he does exactly but I know that it is a good and respectable job and he will make more money in his lifetime than I did. Probably his children will not have to get into agriculture."

2. Impactful Strategies and Features of the project

- Students are required to give **Rs. 500 as refundable deposit** once they have enrolled. If they do not complete the course, this amount is not given back to them. This strategy acts as an incentive for them to complete the course.
- Before every batch's valedictory session, the management asks for **feedback from all companies where the candidates had been placed**. This gives them a clear picture of how each student has performed.
- Since VJE has been set up only recently, they do not have mobilization teams that carry out awareness activities. The management itself travels to all the interior areas and does door

⁵¹ For the purposes of study, the research team considered a sample size of 10% for parents to get their perspectives. A bigger sample was not feasible due to short notice requests made to the parents for the meeting as well as their own prior personal or professional commitments.

to door mobilization. **Personal attention** is provided to each student. Candidates are free to call the management at any hour regarding any problem they may face.

- Trainers rely primarily on the **human interface** and communications to impart knowledge and use physical activities supported with multi-media presentations on computers. Through role plays, candidates have learnt how to interact with guests, hospitality requisites like housekeeping, kitchen duty, room service etc.
- Post completion of training, VJE carries out an **impact analysis** to study the career of each student.
- As the training duration is spread over 6 months, it gives ample time to the trainer to gauge the understanding level and prepare a **development plan at an individualistic level** for each student. Lots of classroom assessments and role plays also help in the same.

3. Challenges

While the study material is easy to understand and the theoretical aspects taught well, candidates have class notes for reference as use of computers is limited. Also, due to the center being located in an interior area, the students do not get practical training in terms of exposure visits and placement interviews. Secondly, the male female ratio in class is 25:5. VJE faces a hard time in mobilizing girls to come for the training as parents are unwilling or girls are married off early.

VJE has a 1,500 sq. ft. training center with a classroom for a batch of 30 students as well as sleeping hall and bathrooms. So far, electric supply was not available and they had to run on generator. They are trying to get regular supply now. Hence, more often than not, their infrastructural cost exceeds the budget cost.

4. Gaps Identified/Scope for Improvement

1. There should be more use of technology especially audio/visual aids. Provision of computers would equip students with technical skills. VJE is in the process of building a lab. Regular mandate from HPCL will help the same.
2. VJE has a very short term course. Its duration should be increased to 3/4/6 months as most students said that they need to spend more time learning technical and practical skills.

5. Conclusion and Recommendations

India is one of the fastest growing economies with the second largest labour force in the world but it faces a severe deficit of skilled and employable manpower. The CII-HPCL sponsored fast track course in Retail and Hospitality – Swavalamban is a social intervention to help and support the marginalized youth and enables them to become employed/self-employed for economic mainstreaming. Students are trained by industry professionals and experts. With 100% placement assistance, students start working in front-end jobs in good companies.

Since both the training partners in West Bengal cater to vastly different populations, cross-learning among centers as a part of capacity building should be encouraged. Also, necessary logistical

support towards activities like computer trainings, regular store visits, more frequent use of multimedia should be provided so as to meet the requirements for successful completion.

Chapter – 10 Project - Unnati

1. Project background

Computers have brought up a revolutionary change in the past couple of decades. They are everywhere now and are being used by everyone. They are being used in every field as they provide the facility of storing large data safely which can be easily accessed and managed. They play vital role in our daily life owing to facilities it provides which are beyond our imagination. Their wide application has made the computer education a must. As computers are being used widely these days, gaining computer education is the need of time. One should be equipped with the basic knowledge of computers, its operations and applications. Both basic and practical knowledge completes the basic computer education.⁵²

With objective to provide basic computer education to the students belonging to weaker section of the society HPCL has provided financial assistance to UNNATI project under its CSR initiative. The implementing partner for the project was NIIT.

Implementing Agency

NIIT is a leading Global Talent Development Corporation, building skilled manpower pool for global industry requirements. The company which was set up in 1981, to help the nascent IT industry overcome its human resource challenges, has today grown to be amongst world's leading talent development companies offering learning solutions to Individuals, Enterprises and Institutions across 40 countries. Leading IT journal Dataquest has conferred upon NIIT the 'Top IT Training Company' award successively for the past 20 years, since the inception of this category.

NIIT's training solutions in IT, Banking, Finance and Insurance, Knowledge Process Outsourcing (KPO), Business Process Management (BPM), Executive Management Education, Vocational Skills, School Learning Solutions and Communication and Professional Life Skills has impacted over 35 million learners since inception. NIIT's expertise in learning content development, training delivery and education process management make it the most preferred training partner, worldwide.⁵³

About the Project

To provide computer familiarization to the students of school HPCL and NIIT has signed MoU. The project is aim to provide computer education to 4100 students of semi – urban and rural areas of India. The objectives of the project are:

⁵² <http://mgmt.talkingvillage.com/article.x/1998>

⁵³ <http://www.niit.com/aboutniit/Pages/Overview.aspx>

- i. Computer familiarization classes in schools in cities and town – both private and government.
- ii. Computer education will be provided to the students of 6th to 12th standard.
- iii. Orientation to computer “MS Office” packages to the students.

About the Study

For study purpose out of 23 schools of pan India, where computer education are being imparted, the research team visited 2 schools; one in Jabalpur and another in Chhindwara. A research team from TISS NCSR Hub had visited Government Girls Higher Secondary School, Jabalapur and Navin Jawahar Government Boys High School in Chhindwara. The team had conducted individual interviews with the beneficiaries, principal, school teachers and the staff of implementing organization. Besides, Focus Group Discussions (FGDs) were also conducted to get views of different stakeholder.

Semi-structured interview guides and FGD Guides were used for qualitative and quantitative data and to assess the impact of the project. Anecdotes were also recorded to get beneficiaries expression about the implementation and its benefits and shortcomings. Non participant observation was also used to develop an understanding of about the effectiveness of the project implementation and to observe the expression and body language of the beneficiaries. Sample size for the study was 39- more than 15% of the beneficiaries.

2. Impact of the Project

i. [Access to computer education](#)

Under HPCL sponsored UNNATI project 120 students of “Government Girls Higher Secondary School, Jabalpur and 120 students of “Navin Jawahar Government Boys High School, Chhindwara” had got basic computer education. The Students are provided education according to state government syllabus. The targeted students are from VI to X standard.

ii. [Getting computer education despite of socio – economic barriers](#)

The children are coming from different locality and areas, yet their economic background are the same; they all are coming from families belong to lower economic strata of the society. The reason behind that is that the cost of education in public schools is too dearer for their parents to afford and in government schools they don’t need to pay for anything because as per RTE guidelines school can never charge a single penny from the students under any head/s.

In Jabalpur, NIIT has selected girls’ school for the implementation of the project which was a good move because it has given opportunity to the girls to get an exposure to computer education. The patriarchy in the state is very rigid. The girl child is deprived of various facilities and exposure related to their education and computer education is one of them because computer education is not in their syllabus; secondly, their parents are not able to afford private computer education as it

is very much costly for them and finally, If parents are able to afford cost of education of good public / private schools, they prefer to send their male children in that school because they are in mindset that investing money on the educating their girl child in good but costly schools will be of no use as they think it will not give them any monetary return. Therefore, they don't bother about the quality of the education rather prefer save money as much as possible. And as a result most of the girl children do not get proper attention of their parent with respect to their education.

In Chhindwara, the school administration informed the research team that more than 90% students in the school came from lower economic background. Parents / guardians of most of the students work as labourer or street vendors. Even the economic conditions of their families are so bad that after school time, the students have to work with their parents and support their families. It was also shared that during the festival seasons the students did not attend the school, rather they prefer to help their parents because there used to rush in the market for shopping and they were able to make good money by providing helping hands to their parents; and sometimes parents forced them to be engaged with them during that time. Even when the research team visited the school, the team also observed that during that time Ganesh Chaturthi festival was going on and therefore, number of the students in the school was very low. The students were engaged in with their parents in selling things. Thus, their studies used to suffer a lot.

Box No. 1

The teachers and principal shared that “they avoid going to market during festival seasons or in any fair in the city because they used to meet with their students selling things there which make them upset and they feel bad.

iii. Exposure to new horizon

Computer is now a need of the era and now it's not a luxury but a necessity of life. During interaction with the beneficiaries in the targeted school in Jabalpur, the team found that only 2-3

students had got the opportunity to get exposure to the computer just because of her male siblings; otherwise they heard about computer and seen it many times but never got an opportunity to touch it and work on it.

In Chhindwara, the condition was the same. None of the students did have prior knowledge of computer. It was their first exposure to learn working on computer.

Box No. 2

The students shared that – *“Humare liye to Computer ko Chuna bhi ek sapna tha, lekin iss project ki wajah se humara yeh sapna hakikat ban saka hai.”* (Touching a computer was a dream for us but due to this project our dreams came true.)

iv. Increase in confidence level

Present age is an era of science and technology and computer is a unique invention by human for the human kinds. Now computer has influence in one or another way of our daily life. So, asking about whether the beneficiaries know the benefits and scope of computer education in their present and future life or not, the students had responded affirmatively with zeal and confidence.

v. Realizing their dreams

Beneficiaries shared that that the computer was useful in every aspect of their life; like higher studies, professional degree or diploma, preparation and applying for competitive examination, etc. Even applying for the government scholarship for their studies, they need to apply on line through computers. The research team could easily observed the confidence in the voices of the students related to the benefits of the computer education; though they did not get much time to do practice on computer during their practical classes, yet they became familiar with the computer and its scope. As computers are being used widely these days, gaining computer education is the need of time. One should be equipped with the basic knowledge of computers, its operations and applications. Some beneficiaries shared that they wanted to be doctor and some would for teaching programme and some would go competitive examination; and for that they know that knowledge of computer would be a necessary skill for their educational and professional growth.

3. Impactful Strategies and Features of the Project

i. [Theoretical knowledge followed by practical exposure](#)

The methodology for giving computer education was giving theoretical knowledge followed by practical exposure. As per the course syllabus for the computer education is to impart basic knowledge of computer application, i.e., MS Office. The beneficiaries are being given theoretical knowledge of MS Word, Excel, Power Point Presentation, and MS Paint. First, the trainer explains the theory portion of the application, then let the beneficiaries do the practice on the computer of that particular part of the application so that they can learn that part of application in both ways, i.e., theoretically and practically.

ii. [Free of cost training:](#)

The main highlight of the project was that none of the beneficiaries had been charged any fee for the computer training. It was provided them free of cost which had encouraged the students to join the classes and get benefits from that. Besides, parents had also been given their consent because they had to pay nothing for the course.

iii. [Collective efforts of implementing organization and school administration](#)

For the computer training under the Unnati project, all the beneficiaries were selected from class VI to X. They were selected by the school administration on the basis of their trimester and half-yearly marks. The students who had performed better and scored marks were selected for the course as the school authority / administration has thinking that providing computer education to the brightest students would provided better result as they would able to grasp the computer education easily and would be helpful for them in future or they would able to utilize it because they are good in studies.

For the implementation of Unnati project in the targeted school in Jabalpur district, NIIT had deployed one trainer supported by one assistant. The project for providing basic computer education to the beneficiaries was for 40 working hours. It was started in December month of 2012 and completed in January 2013. Duration of the computer class was for two hours in a day of which one hour was for theory class and another one hour was for practical class. The theory class for all 120 students was conducted together but for the practical classes they had been divided into groups. Each group comprised 20 students.

Since the computer education is not in the course curriculum of the school, hence there was no class scheduled for that and during the school time it was not possible for the student to attend the computer classes, therefore the school administration of the targeted school in Jabalpur had scheduled the training classes after the school hour. Before scheduling the computer classes after the school hours, the school administration had taken consent from their parents to allow their children to stay in the school after the school period in order to attend the computer classes.

In the targeted school in Chhindwara NIIT has provided one trainer for the implementation of computer education programme under Unnati project. In Chhindwara the computer classes are scheduled from 10.45 in the morning to 4.30 in the evening. The computer classes are divided in to three batches and each batch has 40 students.

Since computer education is not in the course curriculum of state government education syllabus, therefore, no class is scheduled for the computer education. But in the targeted school in Chhindwara the school administration and the teachers are so enthusiastic and always think about to provide all possible opportunities and exposures to the students, so they scheduled computer classes in such a way so that the students could get computer education without disturbing their classes during the school time. Thus, this has helped beneficiaries in both ways; firstly, they don't need to stay after the school time for the computer classes. Secondly, their regular classes are not disturbed.

iv. Imparting computer education in Local Language

Since the academic instruction in the school is in Hindi and also the students feel comfortable with that language as it is their mother tongue, hence the computer education was imparted in Hindi so that the students could easily comprehend the theory portion.

4. Gaps Identified / Scope for Improvement

i. Availability of computers

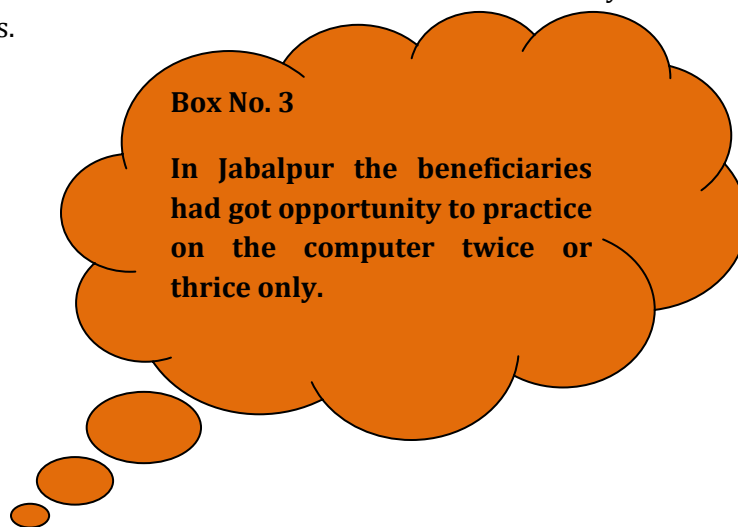
It was proposed in the project proposal that HPCL would provide five computers to school permanently and five computers would be provided by NIIT for the training period only. But in Jabalpur the project was implemented only through those four computers provided by HPCL. During interaction with the NIIT staff regarding not providing computers to the school from NIIT, they informed the team that they had brought up the proposed computers to the school but there were no space for installing those computers, so it was taken back to the NIIT office.

Due to lack of the proposed number of computers it's not possible to implement the project effectively and gets the desired impact on the beneficiaries. Since the number of beneficiaries is 120 and availability of the computers were four, while it was proposed ten in numbers so that each beneficiary could have enough time to practice on computer during practical classes, the students did not get enough time to learn from practical class which is very much essential in computer education. Even during interaction with the respondent it was shared to the research team that it's very hard to get opportunity to practice on the computer because numbers of computers were very low in proportion to the number of children and they did not get proper time to practice on it during practical class as they had wait for their turn.

ii. Batch Size

The computer education was divided into two parts, theory and practical classes. In Jabalpur all the beneficiaries had to attend the theory classes together but for the practical classes beneficiaries were divided into groups comprising 20 students in each group. Each beneficiary got opportunity to work on computer twice or thrice but only for 10 minutes.

It was the main flaw in the project implementation because providing theoretical knowledge to 120 students together is a tough task as the trainer would not be able to pay proper attention on each beneficiary. Besides, computer education was a new thing for them as almost none of the beneficiaries did have any prior exposure to computer nor it is in their course curriculum, therefore, they need proper attention so that they can learn theory portion in a proper manner. In addition to that, there is little possibility for the beneficiaries to get actively involved in the class comprising 120 students and that leads to lost their interest as they are unable to get desired inputs in the theory class.



iii. Course Material

Though the medium of instruction for the computer training classes is Hindi in the targeted schools in Jabalpur and Chhindwara, yet the course material provided to the beneficiaries in Chhindwara is English which is a drawback of the project because most of the students come from such educational and family background that English is still an alien language for them and they don't able to read that on their own; and that's why they have to be depended on the trainer or teachers. Even if they wish, they can't read at their home in order to try to learn the theory portion. Thus, it's wastage of money and effort to provide course material in English while the beneficiaries are not able to comprehend.

iv. Duration of the Training Programme

Apart from that, the students were not satisfied with the duration of the project, which was for 40 working hours as it was very less duration. Computer was a new thing for them and since they had no prior exposure to computer education and most of the students did not have conducive

environment to revise whatever they had been taught in the theory classes or learnt in the practical classes. Therefore, it was not easy for them to grasp the syllabus in such a short time frame.

v. [No completion of Course Syllabus](#)

As mentioned in the MoU signed between HPCL and NIIT that apart from providing basic computer education the implementing organization would provide an exposure of internet and e-mail to the beneficiaries but during interaction with the students it was found that there was not even theory class on internet and e-mail. As we all know that internet is a good source of knowledge and helpful in every aspect of life, yet the implementing organization failed to complete that important part of computer education.

vi. [Change in attitude and approach of school administration](#)

There is need to be change in the attitude in school administration and they should actively participate in the project implementation process because without their involvement the benefits from the project cannot be possible because the trainer will provide her/his services only for the project period and its totally depends upon the school administration and teacher to utilize the resources to give benefits to the students. In Jabalpur all the computers given by HPCL were packed and were put in to almirah because neither teachers nor the school administration was ready take responsibility to look after the computers; therefore, the students were unable to practice on those computers.

5. Recommendations

After having a detailed interacting with the various stakeholders of the project and analysis the findings of the project, the research team found that the computer education in the government schools in Jabalpur and Chhindwara was a good initiative under the Unnati project because the students of the targeted schools did never have exposure to the computer learning which keeping them behind to take benefits from the development of the nation because computer has become a most important part of our daily life and it can't be avoided. On the basis of their observation and analysis, the research team would like to suggest some measures which would be helpful in getting better result from the project.

Duration of the project should be at least for three months because these students do not have any prior acquaintance with computer and 40 hours training is like a crash course for them; it is very difficult for them to grasp all the basic features and applications.

Numbers of computers should be sufficient in number as numbers of beneficiaries are very high in comparison to the availability of computer because in the absence of enough computers the beneficiaries are not able to do practice on computer and it's not easy for anyone to understand the computer applications and features without getting practical exposure.

Course materials should be in local language so that the students can read and understand that on their own after the classes.

6. Conclusion

It can easily be observed the happiness on the faces of the beneficiaries because none of them have previous exposure to computer education and it was a precious gift for them to learn computer and work on that because they had never imagined that they would ever get opportunity to learn computer because their parents do not have enough money to pay for the computer education. Besides, they are getting full support from the school administration in learning the computer and now they are hoping that they have got the platform to show their ability and perform better in order to achieve their dreams. Thus, the project Unnati has not only providing the beneficiaries a chance to get basic computer education but also motivating them to strive for their dreams and better carrier.

Chapter- 11 Sri Satya Sai Heart Hospital, Rajkot

1. Project background

Heart disease is a broad term that includes all types of diseases affecting different components of the heart. Heart means 'cardio.' Therefore, all heart diseases belong to the category of cardiovascular diseases.⁵⁴ Some of the more common ones are coronary heart disease, hypertension, stroke and peripheral arterial disease.⁵⁵

Heart disease has emerged as the number one killer among Indians, a new survey has revealed. According to a recent study by the Registrar General of India (RGI) and the Indian Council of Medical Research (ICMR), about 25 percent of deaths in the age group of 25- 69 years occur because of heart diseases. If all age groups are included, heart diseases account for about 19 percent of all deaths. It is the leading cause of death among males as well as females and in all regions of India. According to the World Health Organization, heart related disorders will kill almost 20 million people by 2015, and they are exceptionally prevalent in the Indian sub-continent.⁵⁶

Under its CSR activities, HPCL has taken various initiatives for the welfare of the society; one of these initiatives was to sponsor the services of Sri Satya Sai Hospital, Rajkot. HPCL had sponsored 200 patients of the hospital who needs heart surgeries.

About the Project

HPCL and Sri Satya Sai Heart Hospital, Rajkot has signed MoU with aim to do heart surgeries of 200 poor patients. The objectives of the project are:

- i. To operate 200 heart surgery.
- ii. Prescreening medical camps in the remote and economically disadvantage areas of Gujarat.

About the Study

Semi-structured interview guides were used for qualitative and quantitative data and to assess the impact of the project. Out of 200 beneficiaries 10 have been interviewed. Other stakeholders considered for the study include staff of implementing organization, management of Sri Satya Sai Hospital, family members of the beneficiaries and HPCL team.

⁵⁴ <http://angioplastyexperts.com/types-of-heart-diseases.htm>

⁵⁵ <http://health.india.com/topics/heart-disease/>

⁵⁶ <http://www.dnaindia.com/health/report-heart-disease-no1-killer-of-indians-1866673>

2. Impact of the Project

i. Accessibility to Cardiac Surgery for poor people

The Satya Sai Heart Hospital is a specialized hospital in providing health care services in heart related problems and diseases. It is providing services to heart patients from last twelve years. The hospital only provides its services to the patients who are economically challenged as the treatment of heart diseases especially cardiac surgeries are extremely expensive and patients from lower economic strata are unable to access to existing heart care medical services. The criteria for accessing the services at the Sri Satya Sai Hospital in Rajkot are that the family income of the patients must be less than fifteen thousand. The research team found that most of the beneficiaries were worked as farmer cum agricultural labourer, unskilled labourer, vendors, small business, etc. and they were not able to afford the cost of cardiac surgery on their own.

ii. Addressing the issue of economic burden

Sri Satya Sai Heart Hospital is not only providing OPD services and doing heart surgeries for the patients, who are from poor family background, but it is also relieving them from a daunting economic burden caused by such a surgery. Since the hospital serves only those patients who belong to lower economic strata, the services are provided free of cost to each beneficiary irrespective of caste, creed and religion. This protects the poor beneficiaries from the vicious trap of indebtedness.

Besides the surgery, the hospital has facilities for various tests, like, ECG, Pathology, etc. but the hospital does not have facility for Angiography Test; so, if there is requirement for that test, the hospital has tied up with Sterling Hospital in Rajkot for the facility and the hospital does the test at the discount of 50%. In addition to that, for the surgery there is requirement of blood depending on the condition of patients and type of surgery, hence Sri Satya Sai Hospital collaborated with Red Cross Society for the requirement of blood and the beneficiaries get the blood just at half rate which also reduces their economic burden.

iii. Outreach to the beneficiaries

Though Sri Satya Sai Hospital is located in the heart of Rajkot city because for the required test for heart problems / diseases, heart surgeries and post surgeries care it is necessary that the hospital should be situated in the city area, yet the hospital has its reach to not only in Gujarat but also have beneficiaries from other states of India. Since the hospital only provides services to the patients from poor and marginalized families, hence its major focus is to cover the rural part of India as the people of rural India still do not have access to any specialized health care services specially related to heart care.

In order to reach the rural and poor people Sri Satya Sai Hospital organizes various heart checks up camps in different cities with a slogan “Dil without Bill” so that the rural population of that area can easily reach to the camps and screening of their hearts are done by the specialist doctors. If it is

found that there is requirement of any kind of heart surgeries, the patients are given appointment for the heart surgery in the camp itself.

In addition to that, the hospital maintains details of each beneficiary, so if a camp is planned to be organized, the previous beneficiaries of that area are informed in advance so that they can visit the camp/s and their check up can be done to determine if there is any post-surgery problem or not. Besides, at the time of discharge the beneficiaries are also advised that if they have any problem related to surgery or any other heart problem/s, they can visit the hospital any time without appointment so that their problems can be addressed.

iv. Addressing the need of the people

In the present time, heart problem/s is very much common not only in the city but also in the rural parts of the country. But the condition of the rural population is dismal because there are no facilities available for heart care in rural areas. So, the heart camp/s provides the people an opportunity to get access to the specialized heart care services.

Box No. 2



Prakshbhai H. Pipariya is an inhabitant of Latipa village of Jamnagar district. He has 4 acres of agricultural land. He was suffering from heart problem and had done check up in U.N. Mehta Civil Hospital in Ahmadabad. The doctor told him that his valve would have to be replaced and he would need at least Rs. 2 lacs for the surgery. But he did not have enough money; therefore, he was planning to sell his land for the operation. Then, one of his acquaintances from the neighbouring village informed him about Sri Satya Sai Hospital, Rajkot and advised him to visit the hospital. He visited the hospital and the surgery was done free of cost for Rheumatic Valve Replacement in the month of April, 2013. Now he is fine and conveyed his gratitude to the hospital and HPCL for not only for giving him a second life by having done the operation but also that his land and his dignity were restored. Land is the only source of livelihood for his family; and if his land was sold for operation, his family might have been trouble for livelihood for rest of the life.

Besides, providing free cost of heart surgery to the poor patients it is also helping them to continue livelihoods without any financial burden on them. As most of the patient are poor and not in a condition to access the available heart care facilities in private hospitals, because it's beyond their affordability. Sri Satya Sai Hospital's intervention with partners such as HPCL, to provide high standards of medical facilities, has prevented many beneficiaries from suffering severe health issues or falling into the trap of vicious poverty cycle, as many would be bound to sell their lands or lose their livelihood options.

Box No. 4



Govind J. Gagiya, 45 year old, is head of the family of 8 members. He is a farmer and had 4 acres of land. Since the agriculture is rain fed and due to vagaries of monsoons last couple of seasons farm productivity is very low. He was suffering from heart problem since last one year and had taken treatment from Civil Hospital, Jamnagar but there was no improvement from that. The condition was so severe that he had issues walking around his house too. One relative from his neighboring village informed him about the Sri Satya Sai Hospital, Rajkot. He was diagnosed in the hospital Rheumatic Heart Disease – Severe Mitral Stenosis + Severe Organic Tricuspid Regurgitation and operated for Mitral Valve Replacement in April 2013 under the sponsorship of HPCL's CSR project. After the operation he was advised not to be engaged in physical labour work and hence he is now working as a driver in order to sustain his family needs. He was thankful of Sri Satya Sai Hospital for the operation and wishes that everyone would be able to avail such kind of services.

Box No. 3



Chnadresh Haribhai Mehta, 45 years old, is a resident of Rameshwarnagar in Jamnagar district of Gujarat. He is the only bread earner for his family. He works as a peon at a Chartered Accountant office in Jamnagar. In 2006-07 he had suffered from severe heart attack and was admitted in Jamnagar hospital for 15 days. In March 2013, he again had pain in his chest. Then, he was suggested by some relative to visit the Sri Satya Sai hospital in Rajkot. He visited the hospital for check up and diagnosed as Ischemic Heart Disease, CAD -Double Vessel Disease. He was admitted to the hospital and operated for Coronary Artery By-pass Grafting. He and his family (wife and Son) were showing their gratitude to the services of Sri Satya Sai Hospital and were thankful for giving him a second life.

v. Increased awareness and sensitization of stakeholders

Apart from providing free of cost services of screening of heart in the camp/s and further heart surgeries to the identified patients, Sri Satya Sai Hospital also creates awareness among the common masses about the heart problems and diseases and its available treatment/s. Since in the rural part of the country there is dearth of awareness amongst the rural population related to heart disease/s, its consequences and available possible treatment for that particular disease/s.

Along with the heart screening, Sri Satya Sai Hospital also uses Information, Education and Communication (IEC) materials, like banners, leaflets, etc., to create awareness in the camps. The participants of the camps are sensitized about the heart related problems / diseases and what are the available treatments for the same.

vi. Friendly environment for the patients

The beneficiaries shared that the environment of the hospital was exceptional. The behavior of doctors, para-medical staffs and other staffs of the hospital were cordial and motivating.

Even the family members of the beneficiaries were very much happy and satisfied with the services of Sri Satya Sai Hospital. During the visit of the research team to their houses, the family members along with the beneficiaries were showing their gratitude and thankfulness to the services of the hospital. For them the hospital is serving the mankind in real sense.

Box No. 5

Family members shared that it was their family member/relative was admitted in the hospital and that's why they were present in the hospital to look after them for their own satisfaction; otherwise there was no need for their presence as the hospital's staff gave better care than relatives.

Beneficiaries shared that they never felt that they were in a hospital. It felt like they were in a temple and everywhere there were peace and calmness, which helped them to heal rapidly.

3. Impactful Strategies and Features of the Project

i. Free of cost services

Since Sri Satya Sai Hospital in Rajkot only provides its services to the patients, who belong to economically weaker section of the society and do not have enough income to afford the cost of heart care services, hence the hospital address their economic issue by providing its services free of cost to each beneficiaries. For availing every heart care facility available in the hospital, the patients do not need to pay any money to the hospital administration which is a boon for the poor patients who are unable to get treatment for their heart diseases / problems because of economic barrier.

ii. Quality heart care services to the patients

Though the hospital providing it services in charity mode and never asked for any fees from the patients but it does not ever compromise with the quality of its services. The hospital has Out Patients Department (OPD) for registration and check up of the patients. Facilities, like Echo Cardiogram Machine (ECG), X-Ray Machine, Pathological laboratory, fully equipped Intense Care Unit (ICU) and pre and post Surgery Wards, etc. are available free of cost to the patients. There are two well equipped operation theatres (OT) for the cardiac surgeries where experienced and good

cardiac surgeons provide their services for the benefits for the poor patients. Sri Satya Sai Hospital does the following heart surgery inside their premises:

- **ASD** (ARTERIAL SEPTAL DEFECT)
- **CABG** (CORONARY ARTERY BYPASS GRAFT)
- **CMV / OMV** (CLOSED MITRAL VALVOTOMY / OPEN MITRAL VALVOTOMY)
- **MVR** (MITRAL VALVE REPLACEMENT)
- **PDA** (PATENT DUCTUS ARTERIOSUS)
- **VSD** (VENTRICAL SEPTAL DEFECT)

Box No. 1

Beneficiaries shared that they would have died off, if Sri Satya Sai Heart Hospital, Rajkot had not done surgeries for their heart problems. It's their second life which they were living because of the Hospital as in other hospital they need to pay more than 2 lakhs for the same surgeries which was beyond their affordability.

iii. Free Accommodation and Food to the Patient and their attendants

Apart from free heart surgery, Sri Satya Sai Hospital provides three times food not only to the patients but also to the attendant as one family member/relative is allowed to stay in the hospital with patients. If there is more than one family member, the hospital has tied up with a nearby dharmashala named "Pathikashram" which provides patients' family member accommodation at the rate of just Rs. 6 for a night. This shows that apart from providing economic help to the economically backward families and individuals, it also includes a humanity factor which helps providing the patients with a second life.

4. Gaps Identified / Scope for Improvement

During visit to Sri Satya Sai Heart Hospital, Rajkot and interaction with the beneficiaries, the team observed that the hospital had implemented the project in a proper manner. Despite of that, the team observed that there were following areas which need improvement:

i. Branding visibility of HPCL

The team observed that the branding visibility of HPCL as funding agency was missing during the implementation. Though Sri Satya Sai Hospital had sent letter to each beneficiaries stating that their operation was sponsored by HPCL, yet there was no logo of HPCL on that. Not even the discharge

paper or diagnosis paper had any sign of branding visibility of HPCL so that the beneficiaries and their family members could easily know who was sponsoring the operation cost.

ii. [Acknowledgement letter in English](#)

Though Sri Satya Sai Hospital, Rajkot had sent acknowledgement letter to each of the beneficiaries stating that HPCL had been provided financial assistance to the hospital under its CSR initiative for their heart surgeries. But the letter was in English and since all the beneficiaries of the CSR project of HPCL are from poor background and most of them are not comfortable in understanding English; therefore unable to comprehend what is written in the letter. It has to be kept into consideration that in order to reach to the beneficiaries their local language should be used. If there is any document that they cannot read then the objective of the same is lost.

5. Recommendations

Based on detailed interaction with the various stakeholders of the project, i.e., staffs of implementing organization, beneficiaries, family members of the beneficiaries, etc., and analysis the findings of the project, the research team found that sponsoring the heart operations of the poor patients showed the humanistic approach of HPCL under its CSR activities. This intervention of Sri Satya Sai Hospital and HPCL has saved lives of hundreds of patients.

Following measures are suggested towards increased visibility and awareness about HPCL's role in the project:

Firstly, the branding visibility of the HPCL should be kept in the mind during the implementation of the project. During the camps and distribution of leaflets and other IEC materials, the branding visibility of HPCL as a donor agency should be ensured.

Second, acknowledgement letter should also be in vernacular language as it would be easy for the beneficiaries to comprehend it and the branding visibility of HPCL would also be ensured.

Third, there is need of more advocacy camps on the issue of heart diseases and its treatment so that awareness can be created among common masses and they can also be sensitized about the issues and concerns of heart diseases. The camps organized by the hospital to identify beneficiaries can be used as platform for creating more awareness on preventive measures as well.

6. Conclusion

During the visit of the houses of the beneficiaries and interaction with them and their family members and relatives, it was not difficult to observe the bliss along with the gratitude on their

faces. They were not able to afford the cost of the heart surgeries, which had done free of cost for them under the financial assistance of HPCL. Thus, by sponsoring the heart surgeries of the patients, HPCL with Sri Satya Sai Hospital, Rajkot had given a second life to the beneficiaries. If it had not been sponsored most of the patient would not have been able to afford the cost of the operation. Not only did it save the beneficiary but also impacted the life of entire family and their livelihoods in a positive way.

Chapter 12 Conclusion and Recommendations

The CSR Purpose statement of HPCL is:⁵⁷

- Serving the community is the **purpose** of our business
- Ensuring sustainable business process - financially, environmentally and socially, is our **effort**
- Using core competence, expertise and technology of our business to reach the common people, especially the underprivileged, is our **aim**
- Developing capacity in the community is our **strategy**
- Enhancing human excellence and improving quality of life is our **endeavor**

I. Strategic Importance of HPCL's CSR Projects

The strategic importance of any CSR project can be determined based on its success in achieving the goals of triple bottom line, that is, people, planet and profit. This research study assesses the success of the HPCL CSR projects in achieving the goals in terms of benefit to *people*. For this purpose, following parameters have been considered by the NCSR Hub team:

- a. Whether the projects are in alignment with Schedule VII to Companies Act 2013 for enumerating possible areas of CSR interventions?
 - b. Whether projects align with the principles stated in the CSR purpose statement of HPCL
 - c. Whether the projects are of social value and promote inclusiveness while achieving the desired objectives and impacts on the targeted stakeholders?
 - d. Whether the projects have long term vision and mission?
 - e. Whether the implementing partners have demonstrated capability in effectively implementing the CSR projects of HPCL?
 - f. Whether or not HPCL has gained visibility for its CSR interventions among various stakeholders?
 - g. Whether the beneficiaries' have a comprehensive understanding of the project as well as of the objectives underlying HPCL's intervention?
 - h. Whether the projects are located strategically so as to-
- i. Benefit the communities directly affected by the company's operations as well as for creation of shared value.
 - ii. To ensure constant channels of communication and rapport building between HPCL and the target beneficiary community as well as all other stakeholders of the project.

⁵⁷ <http://www.hindustanpetroleum.com/En/ui/CorporateSocialResponsibility.aspx#Purpose> (Accessed on 15th November 2013 at 7.40 p.m.)

Following are broad observations on the strategic importance of HPCL's nine CSR projects based on above listed parameters:

- All the nine projects of HPCL are in alignment with the Schedule VII to Companies Act 2013.
- Each area of intervention identified by HPCL is closely aligned with its CSR Purpose statement as well as the vision and mission of the company.
- The areas of intervention identified and supported by HPCL such as disability, skills development, girl child education, mid-day meals, community health services in rural areas, tertiary health services to the underprivileged, prevention of HIV/AIDs, computer education for school children in rural areas and support to rescue operations for children in vulnerable circumstances reflect some of the key developmental and social challenges of India. Each project is of very high social value in terms of their relevance to national socio-economic development goals, the focus in their targeting of beneficiaries from marginalized socio-economic backgrounds and promotion of inclusive development. Each CSR project also has a long term vision and mission in addressing these critical challenges..
- Identification of implementing agencies, such as ADAPT, Akshaypatra, KCMET and Nandi Foundation, CII, Childline Foundation, TCIF, Wockhardt, Sri Satya Sai Hospital, NIIT, which have demonstrated capabilities in implementing the CSR projects with HPCL, is one of the key strengths of the HPCL's CSR projects from strategic perspective. However, there is need for some implementing agencies such as CII and TCIF to demonstrate stronger commitment in effective and efficient implementation of the projects across all centres/locations. Also a better monitoring mechanism by HPCL is desired for mid-course corrections and to achieve potential impact of the project.

Each of the areas of intervention require long-term and sustained commitment and have a tremendous scope for expansion both in terms of number of beneficiaries as well as developmental verticals and horizontals that they are addressing. However, it is important that each implementing partner, especially those which are executing projects at Pan-India level maintain highest standards of outcome delivery and impact to their best potential across different locations. The scale and quality of impact was found to be varying in case of projects such as Suraksha and Swavalamban as has already been documented. Cross-learning's, capacity building of the team, identification of motivated and committed professionals in the team and designing of more standardized and robust internal reporting and monitoring system are crucial to maintain the momentum and maximize impact across locations.

- There exists considerable visibility for HPCL's CSR intervention both to the online audience on relevant websites as well as other stakeholders including direct and indirect beneficiaries through branding efforts. There is scope for improving this visibility by

exploiting all platforms of branding, campaigning and awareness etcetera especially in projects such as Childline and Sri Satya Sai Hospital etcetera.

- Beneficiaries are aware to a great extent about HPCL as a company and funding agency of the projects. However, to enhance the understanding about the projects and the underlying vision and mission of HPCL among the beneficiaries, a stronger rapport with the company is desired. Such a rapport is hard to be established through mere monitoring activities by company officials. Given that each of the projects is a flagship project also for the implementing partners, HPCL's role is often limited to funding and monitoring of the projects. It is desirable that HPCL establishes a stronger relationship with the community and has larger involvement in identifications of CSR project locations as well as in facilitating the planning, implementation and monitoring of projects.
- The Company Act 2013 as well as DPE guidelines are emphatic that while determining the locations of the CSR projects preference should be given to communities from areas that are directly affected by the company's operations. However, none of the locations of CSR projects considered for this study are its major operational sites. This is true for majority of HPCL's CSR project locations.

Recommendations to enhance the strategic value of the HPCL CSR projects

1. For locating the projects in areas of strategic importance to the company, it is recommended that:
 - A mapping of all CSR locations be done to categorize locations into:
 - Category A- Locations which are in and around the areas of operations;
 - Category B- Locations which are not in areas of operations but located in backward districts;
 - Category C- Locations which are neither, in and around operational areas of HPCL nor in backward districts but there is a strong need for the HPCL's CSR intervention in one or more areas of development.
 - Based on needs of the target beneficiary, existing or new projects should be undertaken by HPCL in the order of preference in locations falling within Category A, followed by Category B and Category C as defined above.
 - Based on needs of the community, impacts of the projects and optimum utilization of funds,, HPCL should make an informed decision to continue or discontinue its projects in certain locations.
 - Existing projects of high social value impacting sections of society that are often neglected in the process of development such as persons with disability and truckers are strongly recommended for continuation.
 - A decentralized approach through larger and closer involvement of the regional offices in the identification of locations as well as in facilitating the planning,

implementation and monitoring of these projects will help in realizing the corporate social responsibility towards the population directly affected by company operations as well as in creation of shared value by HPCL.

2. Truckers are one of the major stakeholders in the commercial operations of the company. Project Suraksha is an effort to address the health problems of truckers related to STIs/HIV/AIDs due to the vulnerable working conditions. Another area of intervention for benefit of truckers can be to impart orientation or training to truckers on relevant skills or safety methods relevant to their occupation. Orientation and sensitization of truckers on issues of safe sexual behavior, STIs, HIV/AIDs can be an integral part of such training. This will help in bringing about behavioural change at entry level of truckers and prepare them better to cope with the vulnerabilities of their occupation.

Other broad recommendations for:

A. Improved monitoring mechanism by HPCL

A comprehensive and systematic monitoring mechanism ensuring regular involvement of HPCL team is expected to enhance the outcome and impact of the projects. The monitoring mechanism of HPCL can be streamlined by ensuring:

- ❖ Regular and defined number of visits of the respective team members to the project locations.
- ❖ Developing a customized checklist and monitoring format for the visiting team of each project to measure and track outcomes on certain standardized parameters.

B. Use of technology

Use of technology can help to either bridge existing gap in implementation or monitoring of the projects wherever relevant. Below are few suggested areas for technological applications:

- ❖ Akshaypatra- Use of audio-visuals for creating awareness on issues of health and hygiene among students as well as their parents and to develop better understanding of the projects and implementation approach among all direct and indirect beneficiaries.
- ❖ Suraksha- Since the primary beneficiaries form a floating population, and is expected to avail the facility at any of the Khushi clinics within the network, use of technology (such as online system using unique registration IDs, smart cards etc.) for tracking of beneficiaries to assess and monitor the coverage of the project could be useful. The data can be used to assess the impact of the project by tracking repeat visits to the Khushi clinics. Such an exercise will help in

strategic planning of the projects with respect to targeting of locations as well as implementation strategy, and will help in understanding the project's effectiveness in attracting truckers after their first visit.

- ❖ Swavalamban- Audio-visual method of training especially in order to overcome barriers of time constraint and language are recommended. Audio-visual methods of teaching will also help to generate better learning results by enabling better understanding of the subjects among the candidates.

It is worth a mention here that **ADAPT has been already using technology effectively** to bridge the gap in functionality of the PWD. Innovative and user friendly keyboards, hearing and talking aids etc. are being used to facilitate learning amongst them.

C. Improved reporting framework

The framework of reporting can be improved for more effective monitoring and assessment of the projects. Below are suggested performance based indicators that can be incorporated in the existing report formats:

❖ Akshaypatra:

An annual or six-monthly assessment of Body Mass ratio and similar other relevant and scientific method of assessing the impact of the project in terms of improved physical and health conditions of the beneficiaries will be useful in better assessment of the impact of the project. Such data if obtained should be analyzed and incorporated in the reporting framework. Additional resources can be deployed for such an exercise to ensure that the quality of the project does not suffer due to lack of human resources. Baseline information on the same parameters needs to be collected for every new student. class, school covered under the project. The same parameters could also be studied in a few control (not covered by the project) schools in the same area of the intervention schools to compare the relative benefits of the project.

❖ Child Rescue Van:

The quarterly narrative report could include details of the movement, outreach, rescue and medical interventions for each case with the help of the van along with case studies. The structure for the same already exists in the form of the rescue van reporting format. This will enable HPCL to assess the spread of programs and the number of beneficiaries. This will also serve as a mechanism to alert both parties about possible gaps that may require rectification.

❖ Nanhi Kali:

The Nanhi Kali reporting format at present is more activity-based than achievement-based. Only a few parameters, such as enrolment, change in numbers and performance have been reported. The reporting format should cover progress made on other tangible and intangible aspects such as increase in confidence, better conceptual clarity, effects of community mobilization, impact on parents and families, change in aspirations etc. Some of the ways in which this can be done are suggested below.

- Results of the baseline and the end-line assessment that the NK team carries out should be shared. This could be represented in tabular or graphical form to show how a sizeable number of girls have moved from a certain level of understanding to the next / higher levels. This is being recorded by the NK team but this is not being reported as of now, a useful value addition gets lost. Their report is currently more based on what activities were conducted in the reporting period.
- The NK team could identify indicators to report on certain other parameters such as: number of NKs that continued with the project despite the relocation of houses; improved participation in the NK class or their respective schools because of higher confidence. These are qualitative parameters, progress across which cannot be measured but can definitely be reported as case studies or as quotes / evidences / key observations.
- For the effects on community mobilization, the team could capture change in household attitude over a period of time. Things like changes in the marriageable age and aspirations for young girls which come out easily during conversation with the families will be easy to figure out. This could be reported by covering a section of parents each time from the area where community mobilization has been carried out in the reporting period and highlight the evolution in attitude as progress.

❖ Rural Health Program:

- Monthly reporting of number of patients (males, female, children, senior citizens) should be provide village wise. This can be documented in a common table.
- Information on endemic diseases identified, treated and need to treated in particular month should be provided.

❖ Suraksha:

- The reporting for primary beneficiaries (truckers) and secondary beneficiaries (allied population) should be segregated.
- A tracking system developed with help of technology will help in better monitoring of the project on day to day basis. This will help in making mid-course corrections or re-strategizing the implementation as and when required and making informed decisions on targeting of beneficiaries.

- Information on condom distribution should be segregated at the levels of clinic and distribution outlets. Further detailing on data on distribution from outlets existing prior to establishment of the clinic and from outlets formed due to establishment of the clinic will help in understanding the impact in terms of condom distribution and accordingly create benchmarks for targeting.

❖ Swavalamban:

The reporting format should include detailed narrative report with relevant case studies as well quantitative data analysis of the following:

- The socio-economic background of the candidates (eg, caste, gender, and family income), educational background of candidates etc should be documented. In short, analysis of the number of selected candidates for each batch, based on the various parameters of eligibility should be documented in the report.
- Report should indicate the placement status of the candidates such as the number of placed candidates, number of candidates to be placed, those who are disengaged by their employers and efforts for the second placement opportunity etc.
- Efforts taken at all stages of implementation from mobilization, targeting, selection, training, placement and post-placement support should be documented.
- Feedback from all candidates (present and alumni as much as possible) as well employers can be obtained and synopsis of the same can be documented in the report.

❖ Unnati:

- Socio-economic background of students (caste, family income) can be provided
- Analysis of data based on school wise and class-wise number of male and female students benefiting from project can be documented.
- Case studies how the program has benefited the students in their future education at least upto school level. This information can be collected by NIIT from schools.

General recommendations for inclusion in reporting formats of all reports

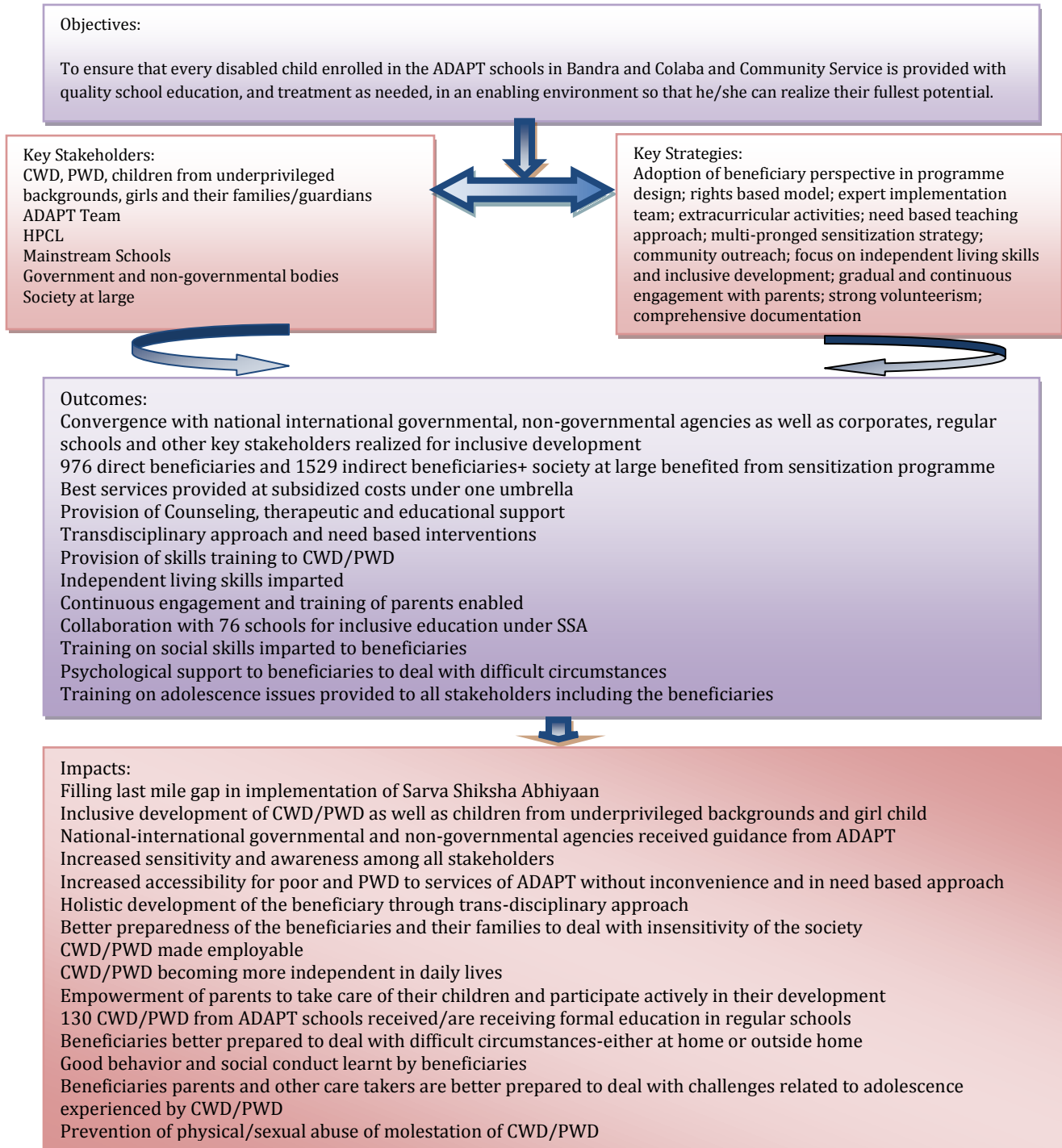
- HPCL should encourage its implementing partners to document both successes and failures of the project at periodic intervals. Factors such as key efforts, key strategies, team performance etc. leading to successes in the projects as well as challenges and shortcomings leading to failures should be documented.
- Highlights of major activities and achievements should be documented.
- Case studies and relevant pictures should be used.

In the following section a summary of each project is provided through an impact value chain. Project wise broad observations and recommendations are provided to improve the impact of each project

II. Project Wise Impact Value Chain and Broad Recommendations

1. ADAPT

A. Impact Value Chain



B. Observations and Recommendations

The objective of HPCL's CSR intervention through ADAPT is:

*"To ensure that every disabled child enrolled in the ADAPT schools in Bandra and Colaba and Community Service is provided with **quality school education, and treatment as needed, in an enabling environment** so that he/she can **realize their fullest potential**."*

It is important to note that all three objectives of quality school education, treatment as needed and enabling environment are closely intertwined and interdependent for achievement of the broader goal which is to help the child realize his/her '**fullest potential**'. Quality education cannot be provided to Children with Disability in absence of necessary treatment and enabling environment. Similarly, treatment alone will not help the child achieve fullest potential in absence of quality education and enabling environment and in the absence of enabling environment both objectives are bound to fail in realizing fullest potential for the child.

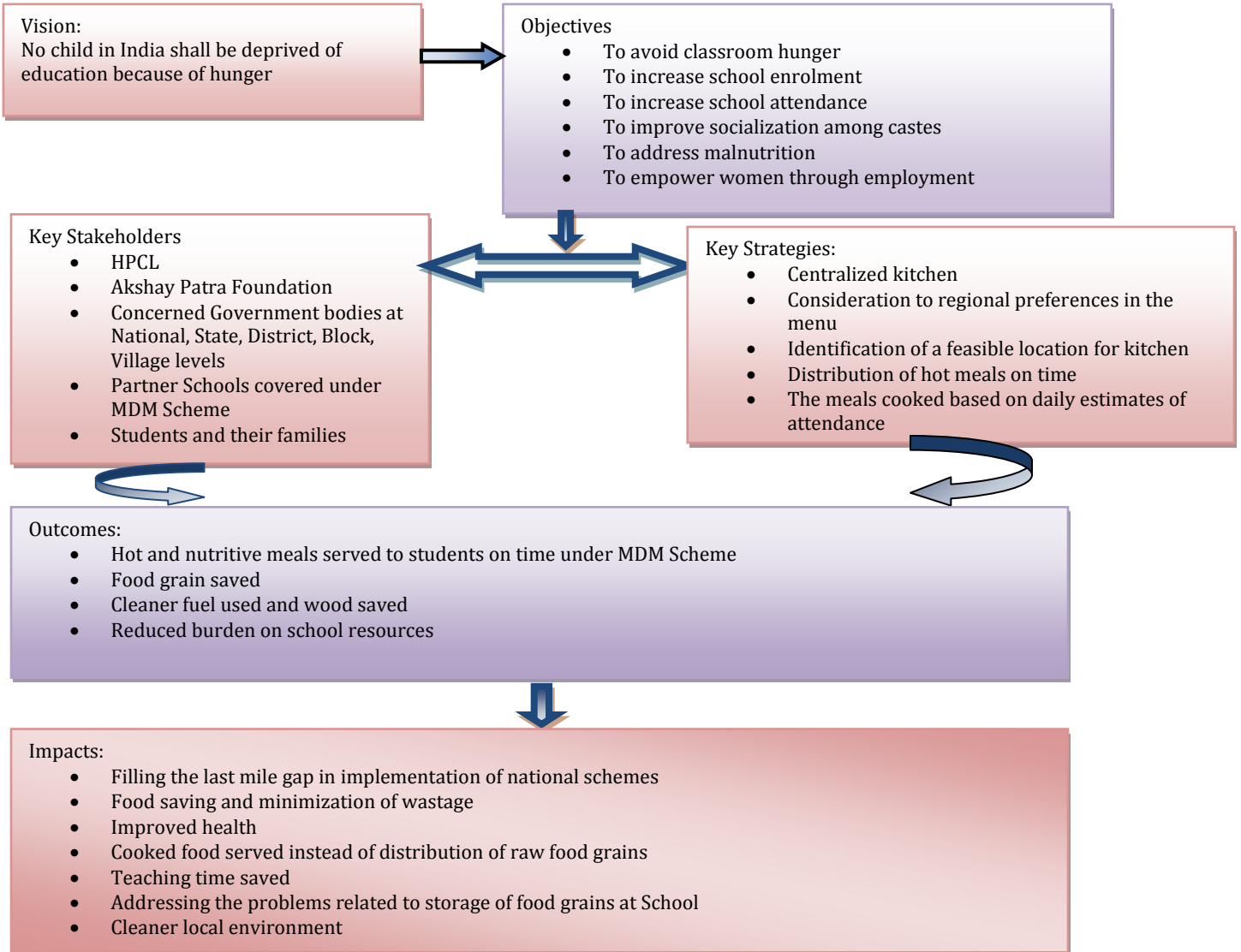
This study shows that all 300 children and youth with disability are receiving quality education with best national and international practices; treatment as per their need such as physiotherapy, speech therapy, occupational therapy, counseling etc. as well as an enabling environment within the Bandra and Colaba schools, Skills Development Centre at Chembur and day care centres at Dharavi. However, it is important to understand that while objectives of quality education and treatment can be largely fulfilled at ADAPT schools and centres itself, with little intervention with other stakeholders; fulfillment of the objective to create an enabling environment is not limited within the scope of ADAPT but goes beyond to family, friends, community and society at large. ADAPT's efforts in achieving all three objectives through its rights based approach is commendable. However, given the strong reluctance and stigma attached to disability, in a disability-insensitive society, **the efforts need to be scaled, strengthened and supported by all stakeholders** involved.

In achieving its goal of creating an enabling environment of the 300 children with disability at ADAPT, **HPCL** may like to consider larger involvement through **support for large scale awareness and sensitization campaigns for inclusive and disability friendly society**.

ADAPT has a strong parent's support. This support can be strengthened to leverage fullest potential of parent's involvement. An effort to **organize the parents** in the form of **Parents' support groups** and reinforcing existing efforts on community sensitization can be explored by ADAPT with support of HPCL to create better environment of children with disability to develop. (Refer Section 5-Recommendations, Chapter-3)

2. Akshay Patra

A. Impact Value Chain



B. Observations and Recommendations

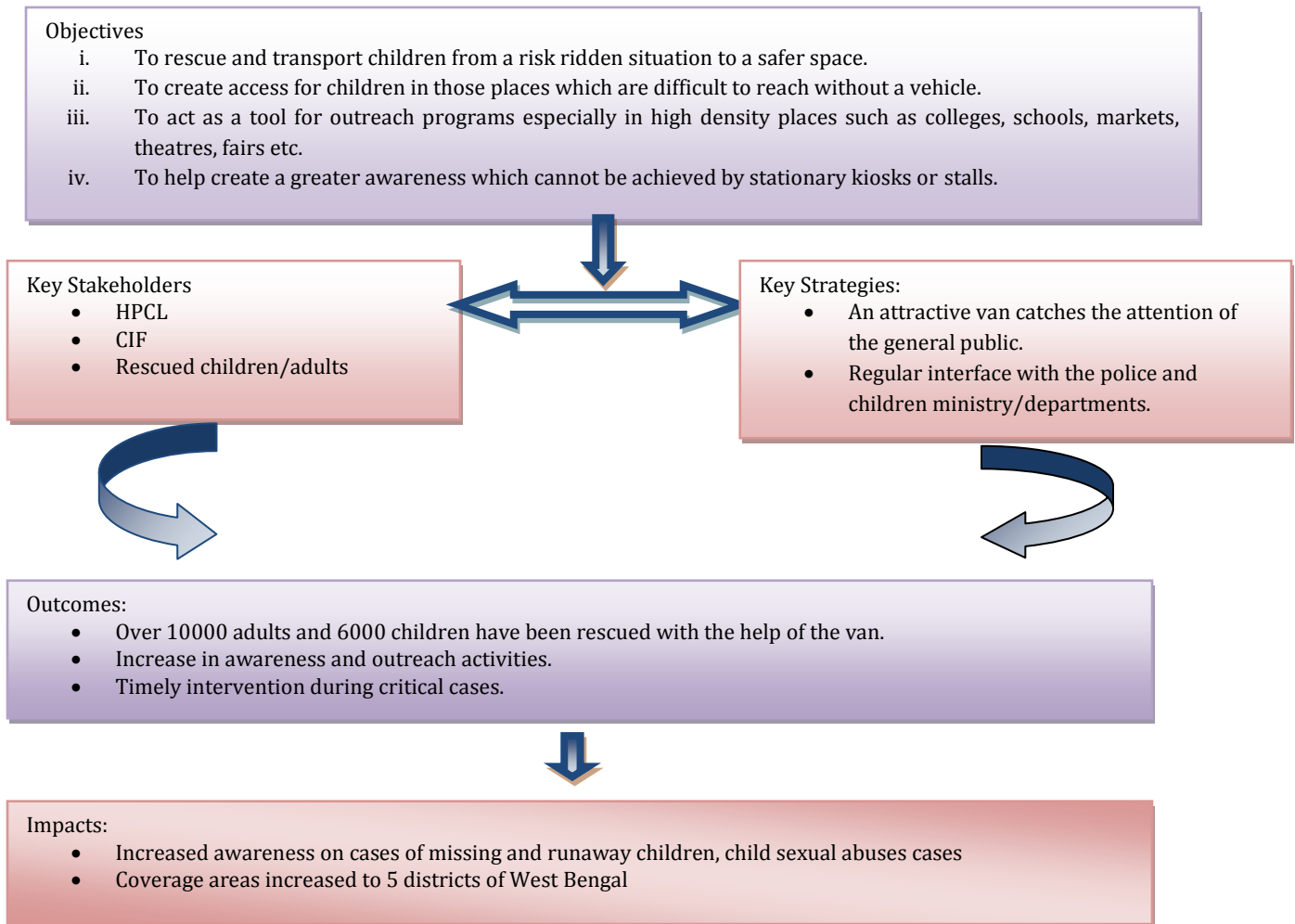
The HPCL-Akshaypatra MDM initiative has been effectively implemented in Kamrup district of Assam. Following two measures are recommended to enhance the impact of the program on a sustainable basis for its beneficiaries as well as to develop evidence based mechanisms for evaluation of the program on regular basis and mid-course corrections:

a. Inclusion and provision of necessary support for sensitization and awareness activities on nutrition among all key stakeholders such as School Management, teaching/non-teaching staff, and most importantly the students and parents’.

b. Tracking the outcome of project by using standard and measurable baseline and end line indicators per beneficiary will help in better internal monitoring, evaluation and impact assessment of the project by HPCL and Akshay Patra. (Refer Section 5- Conclusion and recommendations, Chapter 4)

3. Child Rescue Van

A. Impact Value Chain

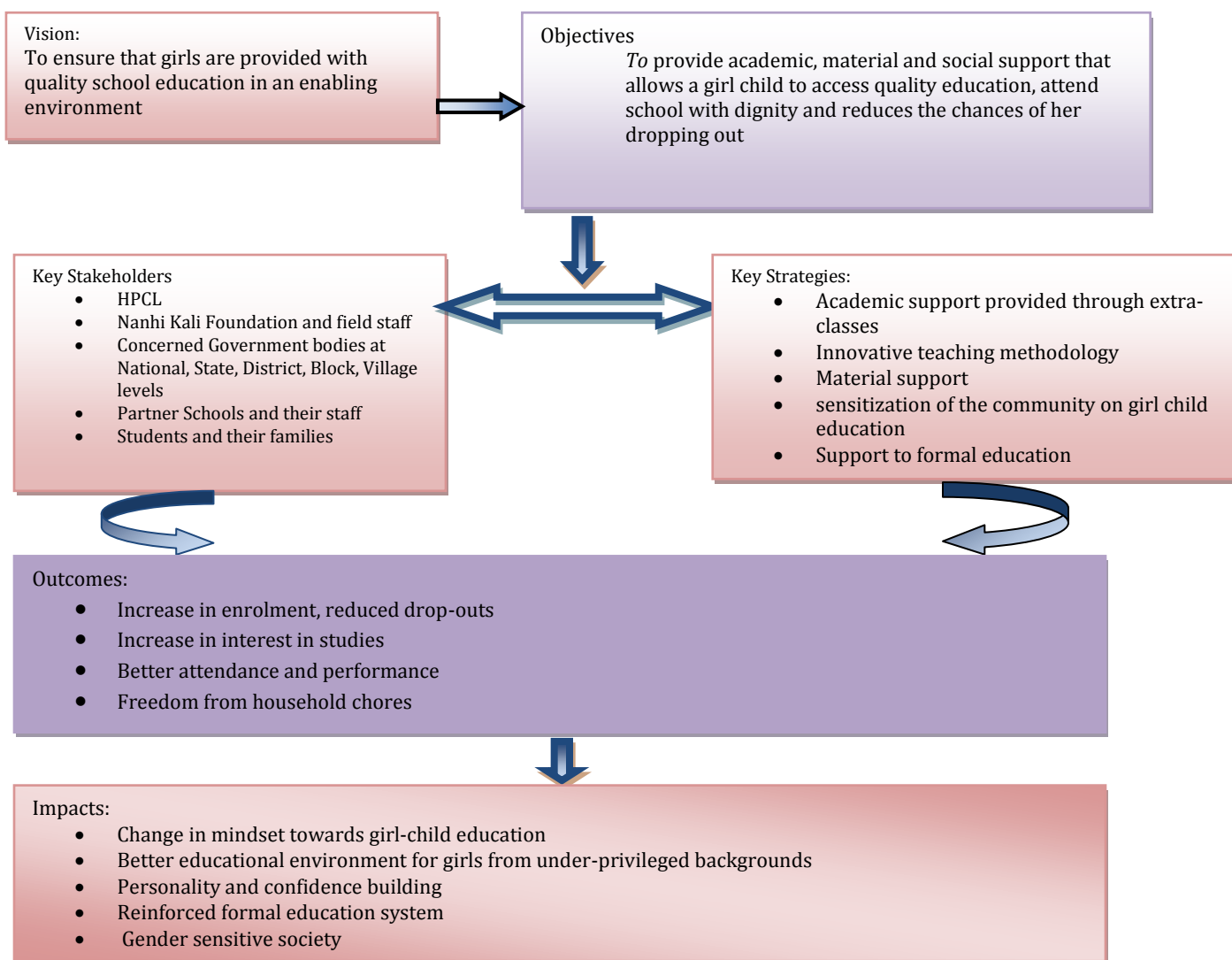


B. Observations and Recommendations

- It is recommended that CIF fulfill all responsibilities as mentioned in the MoU to increase branding and visibility of HPCL.
- While CIF Kolkata should look at the creation of a resource mobilization team so as to tap into existing local resources and chart out an effective resource mobilization strategy, HPCL's role, though an important effort to fulfill the "last mile gap" in protection of child rights, has a very limited scope of expansion.

4. Nanhi Kali Project

A. Impact Value Chain

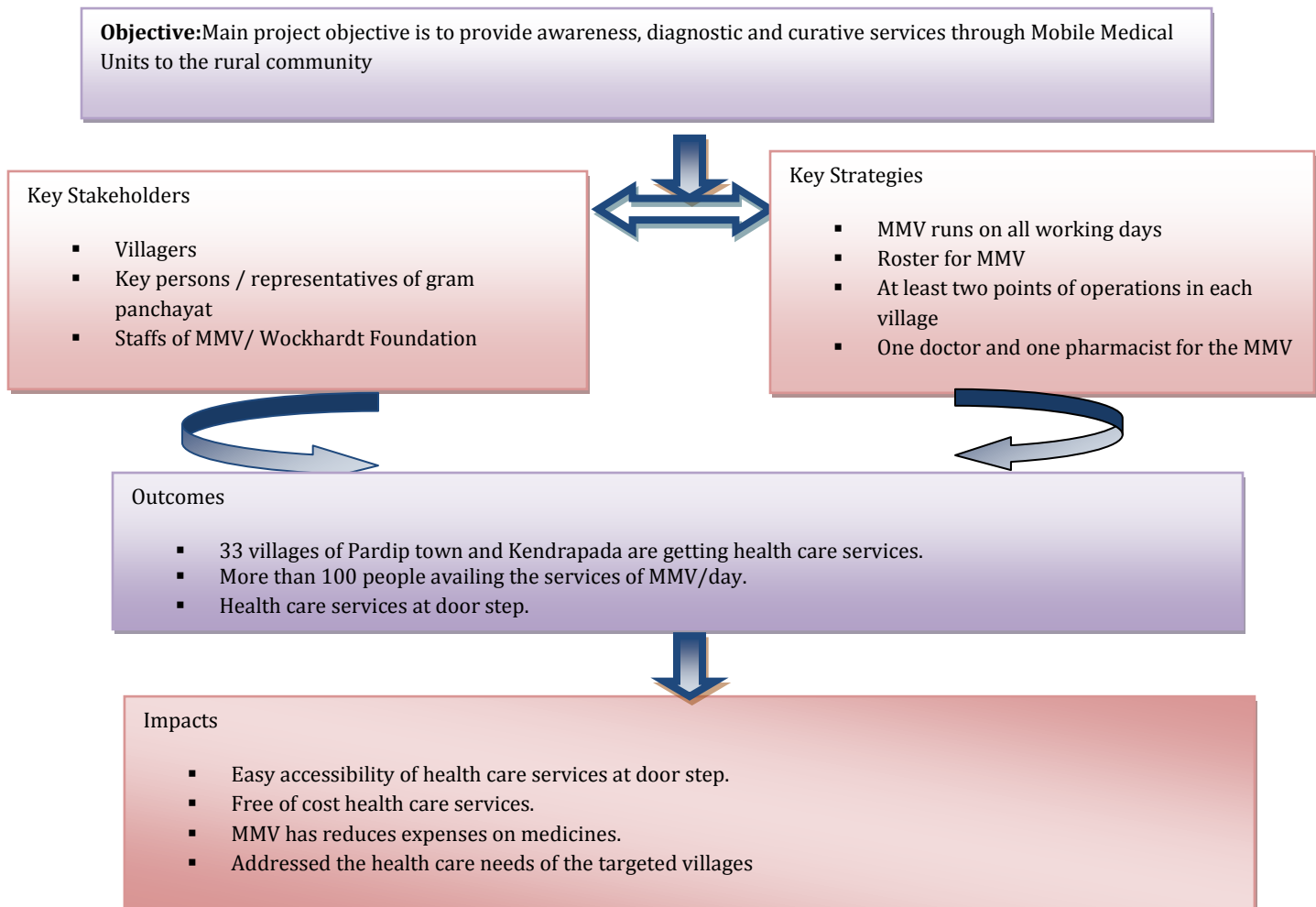


B. Observations and Recommendations

- One area of concern is the unintended negative impacts on the boys and/or siblings, neighbours and other classmates of the NKs who are not NKs. Therefore, preparing the families to explain and resolve this in a healthy way could be considered as a formal component of the project design. Currently, a lot of community activists are informally doing this, but this needs to be done more structurally and effectively to combat a major unintended problem in the future.
- The other related area of concern is targeting, since there are regular new inclusions / admissions in the schools which may even happen after the NKs for a year have been selected in the schools. This may call for a more intensive and frequent scanning for new NK and flexibility in terms of including more number of NKs.

5. Rural Health Program

A. Impact Value Chain



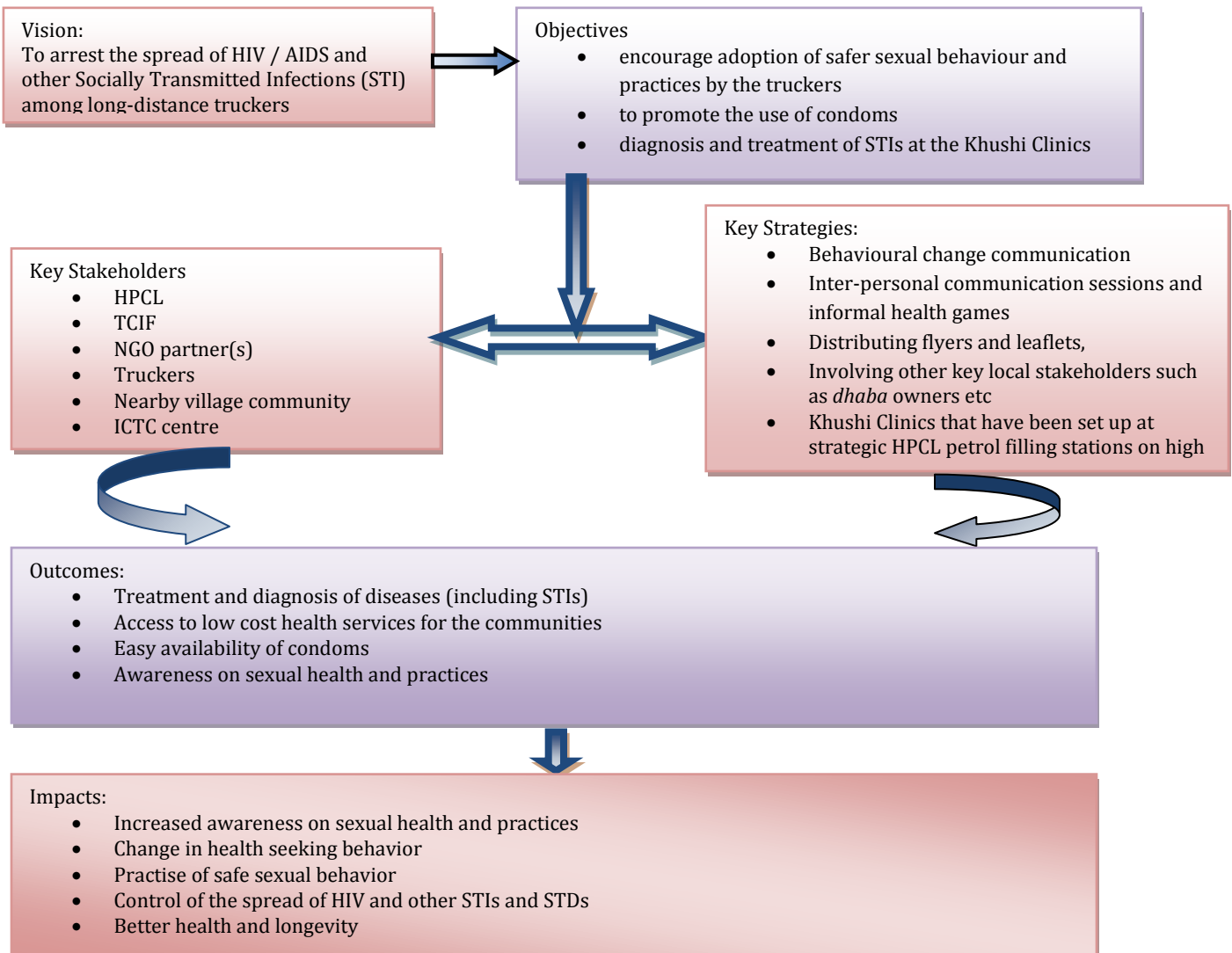
B. Observations and Recommendations

- Shortage of human resources was one gap identified in the project implementation and it is affecting the quality of services providing by MMV. Therefore, there is immediate need to **increase the size of the project implementation team**.
- In order to make better outreach among the women beneficiaries and also to address their health problems, there is strong **need of female attendant/nurse**. Identifying female community workers locally or existing ASHA workers or ANMs who can act as linkage between the community (especially women) and Rural Health Program team, can be explored.

- There is need for **up graded, effective and good quality “disease specific medicines”** to provide quality health care services / intervention in the targeted villages. Considering provision of medicines for endemic diseases may be looked into.

6. Suraksha

A. Impact Value Chain



B. Observations and Recommendations

The impact of Project Suraksha was assessed for year 2011-12 at Shoolagiri, Tamilnadu and Ravulapalem, Andhra Pradesh. It is pertinent therefore to compare the assessment of the project in 2011-12 with 2012-13 for better understanding of the key implementation strategies, gaps and challenges and most importantly the impact of project in different implementation sites. As mentioned above, the present study focuses on assessing the impact of the project at Sikandara and Satara clinics for 2012-13.

Following are the key observations based on a quick comparison of the findings of both studies⁵⁸:

- While language barriers were found to be major inhibiting factor rendering IPC sessions as well as staff training and overall project ineffective in 2012 study, no such limitation affected the implementation of the project in Sikandara and Satara clinics. This could be attributed to the regional differences of project locations and lack of requisite communication skills in team at Shoolagiri and Ravulapalem clinics.
- 2012 study also concludes that focus in targeting of allied population especially from nearby villages to increase the footfalls is a factor contributing to lower footfalls of the truckers in the clinic due to low self-esteem and reluctance and stigma attached to discussing issues related to sexual behavior, STIs or HIV/AIDS. This study of 2012-13 observes that though focus on allied population is an important and beneficial component of the project and does not necessarily inhibit the truckers from visiting the Satara and Sikandara clinics, a more focused and segregated targeting of primary beneficiaries-truckers, from the allied population-villagers etc. is desirable. To have a qualitative impact of the project for the primary beneficiaries and **more focused approach in targeting and as well as outreach with respect to truckers is recommended.**
- The 2012 study finds that satellite clinic is an important component of the project implementation strategy and suggests need to leverage the satellite clinics for conducting more IPC sessions. This study of 2013 highlights satellite clinic as an impactful strategy adopted by the Sikandara clinic. This strategy was however not applied at the Satara clinic as according the implementing team the targeted number of footfalls was achieved at the clinic itself due to its strategic location. It is worth mentioning here that **the implementing team of Sikandara has been using satellite clinics for IPC sessions** as well as general medical check up and medicine distribution.

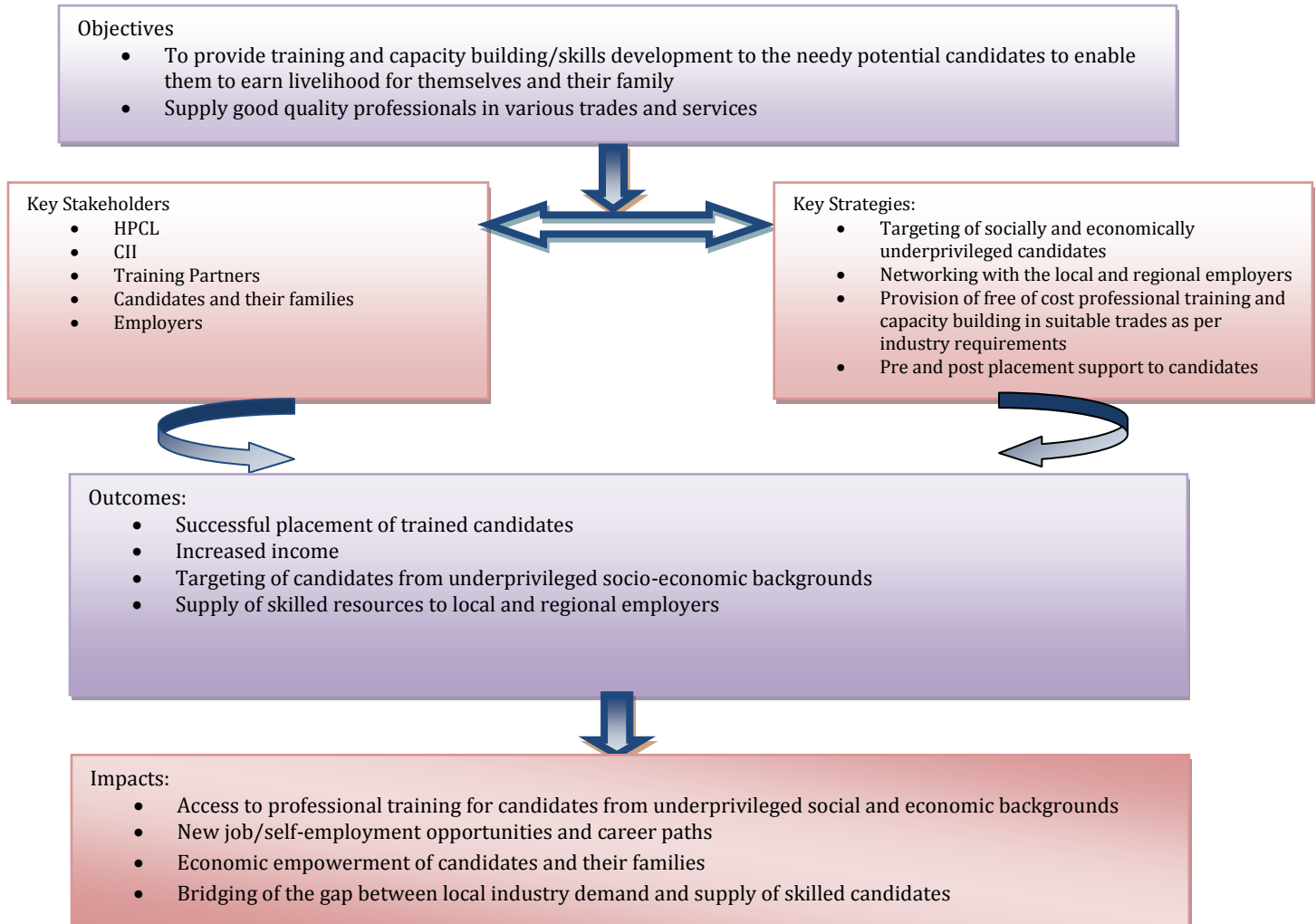
A **summary of key recommendations** (Refer Section 5-Conclusion and Recommendations, Chapter 8) for Project Suraksha is below:

- Tracking of patients diagnosed with STIs through a card or registration number in order to observe shifts in behavior and practices. This can be done across locations.
- Sharing the locations of the current network of Khushi clinics for example, in the form of a colorful map on a pamphlet could be a good idea to maximize overall benefit to the truckers.
- More logistic support to the field staff is suggested for greater outreach and mobilization.
- Cross learning and horizontal training of the project staff.
- Overcoming the existing gaps such as poor quality adhesive etc., inhibiting the use of communication material is desirable. This gap was noted only at Satara.

⁵⁸ Report of Impact Assessment of 5 flagship projects of HPCL, NCSR Hub TISS, 2012

7. Swavalamban

A. Impact Value Chain



B. Observations and Recommendations

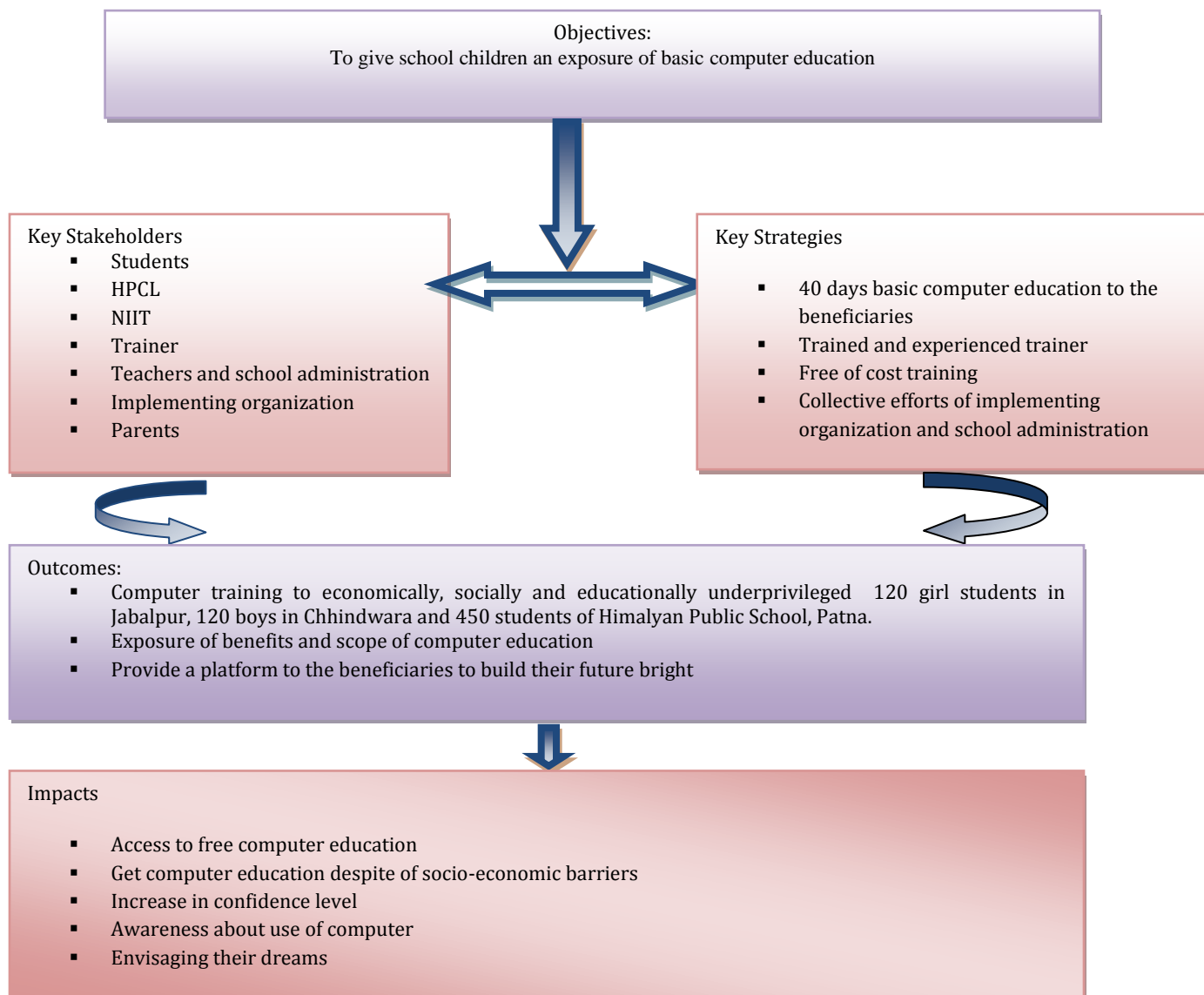
The project succeeds in achieving its objective when implemented effectively and diligently. Swavalamban Guwahati Centre run by training partner Skills Pro is an apt example for this and offer learnings on impactful intervention. However for meeting the high standards of skills development across all centres a set of key strategies and recommendations are discussed here. Specific recommendations for locations and training partners covered in this study for impact assessment of Project Swavalamban are discussed in detail in Chapter 9 of this report.

The following discussion also draws relevant comparison with the findings of the Impact assessment study of Swavalamban in 2012 for different locations and training partners.

- **Focused targeting** keeping in mind the purpose for selection of only such candidates interested and in need of training and jobs should be organized across centres. This gap was also identified in the Study of 2012 wherein lack of clarity about the expectations from the course lead to wrong targeting of beneficiaries.
- A thorough **orientation of the targeted beneficiaries** with respect to the likely skill sets to be developed, job opportunities and career pathways **at the time of selection** to give them a clear understanding of the project goals and outcomes as well as to eliminate candidates who may not be in need of jobs offered after completion of the course.
- Regular **training for all team members** across centres
- Up-to-date syllabus and curriculum, **matching the industry requirements** should be developed and disseminated by the concerned training partners across centres. Additional courses such as basic spoken English, personality development, anger management which are crucial to service industry should be covered in the training syllabus across centres. It is worth mentioning here that the team of Swavalamban Guwahati centre already covers these aspects of training due to their relevance, despite these not being clearly defined in the syllabus provided by Skills Pro (training partner)
- **Content development** is a major component of the training and was found to be neglected by the training partners. Proactive role of training partners on this front is crucial for effective training delivery.
- **Innovative teaching methods** such as use of multi-media, role plays etc should be incorporated in the training methods for better learning.
- Scope for **cross-learning** among centres as a part of capacity building efforts of team should be encouraged
- **Necessary logistical support** for eg., internet facility for computer training course should be provided to meet with the envisaged requirements for successful completion
- Strong **network of employers** and providing necessary support to the ground staff from CII or implementing training partners in developing the same is necessary to achieve the goal of economic empowerment.
- Administrative delays were major issues pointed out in the Study of 2012. However, apart from **delays in certifications**, no other administrative delays emerged in this study of 2013. This delay however needs to be rectified across all centres.
- A need for more **pro-active support** from CII to its training partners as well as from the training partners to its training team at various locations in terms of handholding and provision of necessary training material, capacity building of the team as well as strategies in mobilization and targeting of candidates and providing placement opportunities is strongly recommended.

8. Unnati

A. Impact Value Chain



B. Recommendations

- **Duration of the computer classes** should be for six months.
- **Numbers of computers** should be at least ten as numbers of beneficiaries are very high in comparison to the availability of computer.
- **Course materials** should be in local language.

A. Impact Value Chain

“Providing financial assistance towards heart surgery to socially and economically backward people”



Key Stakeholders

- HPCL
- Sri Satya Sai Heart Hospital, Rajkot
- Beneficiaries
- Family members
- Doctors
- Para-medical staffs

Key Strategies

- Regular camps for outreach to the new and old patients
- Economic criteria for patients selection
- Free of cost surgery
- Free of cost accommodation and food
- Fully equipped operation theatres and other facilities
- Experienced cardiologist and para-medical staffs



Outcomes

- Heart surgery of 200 patients
- Quality heart care services to the poor patients
- Escape from being a victim of vicious circle of indebtedness because of cost of heart surgery
- Awareness about heart diseases and its consequences and simultaneously knowledge about the available treatment/s.

Impacts

- Access to cardiac surgery to the poor patients
- Addressed the issue of economic burden
- Job linkage after training
- Outreach to the new and old patients through camps
- Addressed the needs of heart care services
- Awareness about heart diseases

B. Recommendations

- More focus on awareness on heart diseases from **preventive perspective** through health camps can be considered.
- **Acknowledgement letter** should also be **in vernacular language**.
- **Brand visibility** of HPCL as a donor agency should be **ensured**.

Annexures - Tools

1. Guidelines for Semi-structured interview and Focused Group Discussions Project ADAPT

I. Parents of students from ADAPT schools/centers

1. How many days in a week does the child come to school?
2. The role and importance of computer education, physical education, dance, yoga, music, art, drama, sex education and Audio visual sessions in the curriculum.
3. The role and importance of the extra-curricular activities
4. The role and importance of therapy for the development of your child
5. Support received from ADAPT in terms of benefits from the government schemes?
6. Feedback on parents' support group if any?- its functioning, impact and suggestions for improvement
7. Feedback on benefits/challenges of need based transport facility facilitated by ADAPT. Charges for the same?
8. Feedback on Vocational training
9. Support provided to child with respect to hormonal changes and sexual developments?
10. Feedback on counseling sessions

II. Parents from the home management programme

1. Description of the home management programme including for individual and group sessions from the parents' perspective
2. The role and importance of counseling (if provided) for yourself and child?
3. The role and importance of therapy for the development of your child
4. Support received from ADAPT in terms of benefits from the government schemes?
5. Feedback on home management programme- successes, impact, failures, challenges, improvements?
6. Feedback on parents' support group if any?- its functioning, impact and suggestions for improvement
7. Feedback on counseling sessions

III. CWD from ADAPT schools

To understand-

1. The impact of curriculum design and execution:
 - a. The role and importance of computer education, physical education, dance, yoga, music, art, drama, sex education, and Audio visual sessions in the curriculum
 - b. Impact of each component in terms of learning
 - c. Feedback on each component
2. Role of extra curricular activities and educational trips
3. Feedback on resource support to for ADAPT students as well as mainstream school students transferred from ADAPT
4. Feedback on benefits/challenges of need based transport facility facilitated by ADAPT.
5. Feedback on Pre-vocational training for students
6. Feedback on counseling sessions
7. Experience of studying in an inclusive school. Challenges-benefits
8. Feedback on Pre-vocational training for student
9. Feedback on counseling sessions

IV. Special Educators

To understand:

1. The curriculum-
 - a. The mechanism of delivering computer education, physical education, dance, yoga, music, art, drama, sex education and Audio visual sessions in the curriculum.
 - b. Desired impact of each components & expected outcomes from each of these components of curriculum on the learning's of the students.
 - c. Challenges in delivering these elements if any.
 - d. Strategies applied to overcome the challenges.
2. Role of extra-curricular activities and engagement of parents in the same
3. Elements and delivery of resource support to ADAPT students as well as mainstream school students transferred from ADAPT
4. Do the sensitization programmes and other initiatives of ADAPT hinder the daily functioning of the school?

5. Relationship with the partner schools in achieving the goals of inclusive education; continuum services; capacity building, other support and sensitization etc.
6. Role in the trans-disciplinary team of self and other team members in planning and implementation of therapy for the child?
7. Innovative methods used in the therapy?
8. Challenges, successes, failures, if any while working with the team
9. Strategies to overcome challenges and learning from failures?
10. Trainings received-impact, suggestions for improvement?
11. Frequency of formal meetings with specific agendas among SE as well as with the trans-disciplinary team? What is follow up and importance of such meetings
12. Feedback on Pre-vocational training for students
13. Feedback on counseling sessions
14. Strategies used to help children and youth with disability as well as their parents with respect to their hormonal changes and sexual developments
15. Need for any further support.

V. Therapists

-
1. Role in the trans-disciplinary team of self and other team members in planning and implementation of therapy for the child?
 2. Innovative methods used in the therapy?
 3. Challenges, successes, failures, if any while working with the team
 4. Strategies to overcome challenges and learning from failures?
 5. If any Baseline and regular assessment of the progress of the client maintained? How? (Task Analysis Checklist, etc.?)
 6. Need of counseling
 7. Feedback on Pre-vocational training for students
 8. Strategies used to help children and youth with disability as well as their parents with respect to their hormonal changes and sexual developments

VI. ADAPT's Management

Background:

1. Vision-Mission
2. Who comprises of the ADAPT team? Qualifications of each team member?
3. Challenges in creating/retaining a team?

Understanding the mechanisms/approaches for:

1. Which of the services provided by ADAPT are supported by HPCL and for which ADAPT is accountable to HPCL?
2. Targeting of beneficiaries-criteria for identification; challenges in targeting the potential beneficiaries if any.
3. Delivering the services to the beneficiaries with respect to-
 - a. Team members-qualifications; motivations etc.
 - b. Existing Capacities of the team
 - c. Capacity building of the team
 - d. Actual approach of implementation
 - e. Desired outcomes and impact
1. Challenges; successes; failures if any
4. Strategies to overcome challenges and learning from failures?
5. Inclusive training
6. Preparation of students and enabling their inclusion in mainstream schools
7. Follow up support provided to students/parents when included in the mainstream schools
8. Imparting of independent living skills; social skills and communication skills among CWD.
9. Relationship with the partner schools in achieving the goals of inclusive education; continuum services (*addressing issues such as lack of awareness; attitudinal barriers; lack of trained manpower; lack of fiscal support; architectural barriers; barriers of transportation*); capacity building, other support and sensitization etc.
10. Understand -Roles of stakeholders such as children, youth with disabilities and their families; partner schools and its management, staff, peers; Parent Teachers' Association (PTAs); the neighborhood; Lions Club, Rotary Club; public and private service providers
11. Who are the target groups in sensitization programmes of ADAPT?
12. What is the desired impact of such sensitization programmes?
13. Who is in charge of the sensitization programmes from the team?
14. How do you ensure that the sensitization programmes and other initiatives of ADAPT do not hinder the daily functioning of the school?
15. Therapy:
 - i. Who are the target beneficiaries for the therapy?
 - ii. Cost attached to the therapy for the beneficiaries?
 - iii. If any Baseline and regular assessment of the progress of the client maintained? How? (Task Analysis Checklist, etc.?)
 - iv. Role of each stakeholder in the trans-disciplinary team of physiotherapist; occupational therapist; speech therapist; social worker; doctors; Special

- educators; and parent in the planning and execution of the program for the client?
- v. Any challenges in engaging with the specialists in therapy?
16. Does the social worker visit homes of the students?
17. Is there any follow up/support in terms of creating disable friendly environment and architecture at home of the students? What is the approach? Who are the beneficiaries? What is the regularity?
18. How are the parents, extended family and neighborhood of the child sensitized?
19. Functioning of parents' support group and its impact as well as challenges/failures if any? Actions taken to overcome challenges and learning are from failures?
20. Counseling facility- target beneficiary, functioning, counseling specific to hormonal changes and sexual developments especially for the youth with disability and their parents, Special educators; successes, failures, challenges and impact.
21. Capacity building of the team including community workers and volunteers
22. Pre-vocational training for students-types of skills, structure, team, implementation approach, desired impact, outcomes, challenges, plan ahead
23. Experience of working with HPCL

VII. Counselors

To understand

1. Counseling facility- target beneficiary, functioning, successes, failures, challenges and impact.
2. Counseling with respect to hormonal changes and sexual developments in the CWD and youth with disability and counseling mechanisms for parents and trainers to deal with the changes?

VIII. Community workers

1. Motivation/inspiration to the work
2. Association with ADAPT- how and since?
3. Roles and responsibilities
4. Experience-challenges, successes and failures
5. Capacity building?
6. Feedback on Pre-vocational training for students

7. Counseling for community worker- if there is a need and existing mechanisms for the provision of same
8. Suggestions for improvements?

IX. Volunteers

1. Motivation/inspiration to the work
2. Association with ADAPT- how and since when?
3. Roles and responsibilities
4. Experience-challenges, successes and failures
5. Capacity building?
6. Feedback on Vocational training for students
7. Counseling for community worker- if there is a need and existing mechanisms for the provision of same
8. Suggestions for improvements?

X. Non-teaching staff/ helpers of ADAPT

1. Motivation/inspiration to the work
2. Association with ADAPT- how and since when?
3. Roles and responsibilities
4. Experience-challenges, successes and failures
5. Capacity building?
6. Counseling - if there is a need and existing mechanisms for the provision of same
7. Suggestions for improvements?

2. Guidelines for Semi-Structured interviews and focused group discussions

Project-Akshay Patra, Guwahati

Children

1. Since when have they been coming to school?
2. If recent, was the mid-day meal a reason?
3. What did they do when they weren't coming to schools?
4. What did they do when meal wasn't provided in the schools?
5. Since when has the meal been given to them in the schools?
6. How many times? What time?
7. What does it include?
8. Is it sufficient? (ask more questions on quantity to understand if it is enough)
9. Do they carry anything else from home?
10. Taste? DO they like it?
11. Check if they get this kind of nutrition at home. Compare with what do they have at home and also with they had earlier for lunch.
12. Has there been any change / improvement / deterioration in the food over time?
13. Do they waste it? Why?
14. Any change in attendance because of the meal? Are they more regular?
15. Are they more interested in studies / school? Do they like school more? Better concentration / focus?
16. Any change in grades / marks / academic performance because of any of the above?
17. Will they come to the school even if food wasn't provided?
18. Do they feel stronger?
19. Any change in participation in sports / more physical activity after this?
20. How far do they live? How long does it take to reach school? When do they start in the morning? Especially for the long distant students - If there wasn't food provided in the school, would they be carrying their food with them?

Parents

1. Family income / occupation?
2. Who all work in the family?
3. How many kids go to school? Is mid-day meal provided in all schools (if kids go to different schools)
4. Did this child work? Does he / she work now?
5. Monetary losses because of this?
6. Since when have they been going to school?

7. If recent, was the mid-day meal a reason?
8. What did they do when they weren't coming to schools?
9. If working earlier, how do they feel about not having an extra working hand?
10. What did they do when meal wasn't provided in the schools?
11. Since when has the meal been given to them in the schools?
12. How many times? What time?
13. What does it include?
14. Is it sufficient? (ask more questions on quantity to understand if it is enough)
15. Do they send anything else from home?
16. Taste? DO their kids like it? What do they tell them about it?
17. Compare with what they give at home. Pick specific items and ask if they can afford to provide it for their children?
18. Has there been any change / improvement / deterioration in the food over time?
19. Do they send their children to school more regularly now (for food)?
20. Are they more interested in studies / school? Do they like school more? Better concentration / focus?
21. Any change in grades / marks / academic performance because of any of the above?
22. Will they send them to the school even if food wasn't provided?
23. Any change in participation in sports / more physical activity after this?
24. How far do they live? When do the kids start for school in the morning? Especially for the long distant students' parents - If there wasn't food provided in the school, would they be giving them food to carry?
25. Any savings in monthly expenditure now that one child eats at school?
26. Does this have any other implications on any siblings at home? Good, bad any.

Teachers / school authorities

1. When was this project started in the school?
2. Was any food provided before that?
3. If no, what did the kids do earlier?
4. What is included in the food?
5. What backgrounds did these kids come from? If they worked? What did parents do?
6. Have they seen any change (increase) in the enrolment in the school because of the mid-day meal?
7. Has there been any change in regularity / attendance of the kids?
8. Have they noticed any change in interest / concentration in studies amongst the kids?
9. Any change in academic performance resulting from any of the above?
10. Any improvement in children's involvement in sports / physical activity?

11. Have they observed any change in parents' perspective towards formal education / schools

3. Guidelines for Semi-structured interview and Focused Group Discussions Project Childline

Name:

Designation:

Mobile:

Email:

I. Project Brief:

1. Please provide a brief description of this project.
2. What is CIF's perception of this project?
3. What are the objectives of the project?
4. Who are the key stakeholders in the project? Please specify the roles and responsibilities of each stakeholder.
5. How is CIF involved in this project?
6. What is CIF's expectation from this project? (Please provide short term and long term expectations separately).
7. What are CIF's awareness strategies towards promotion of
8. How do you get to people who do not know the number?

II. Governance Statement:

1. What is your internal mode of evaluation and monitoring, if any?
2. What documentation is available to record progress of the project?
3. How often are progress reports sent to funding agency?

III. Channelization of Funds:

1. Please give details of the funds disbursed for this project.
2. What is the payment mechanism?

IV. Rescue Van Coverage:

1. Has the van's operational area increased during April 2012 to March 2013?
2. Which are the areas covered by the van?
3. Which are the activities that the Van has helped in carrying out?
4. Has CIF carried out any new activities after the van's operation?
5. What is the van's operational duration? (Time and No. of days per week)
6. What is total cost spent on the Van as against the budgeted cost? Has it exceeded the budgeted cost? By how much?

7. Does the van have GPS? Are the GPS details (id/password) shared with HPCL officials?
8. Is there a pre-defined schedule for the van's operation?
9. Is there record of van's coverage? Is it daily/weekly/monthly?
10. How many people are present in the Van during operation?
Name:
Designation:
11. What are the facilities available within the van?
12. Does the van have insurance?
13. What are the operational challenges faced?
14. What are the non-operational challenges faced? (By the van staff)
15. How does the van operate in the absence of the staff? Is there provision for replacement?
16. Before the van how were these operations carried out?
17. Does the van reach on time during rescue operations?

V. Beneficiary Status:

1. How many children and people have been covered under CIF's outreach programme since the van's operation from April 2012 – March 2013?
2. How many children and people have been rescued since the van's operation from April 2012 – March 2013?
3. How many children and people have required medical intervention since the van's operation from April 2012 – March 2013?
4. What is process of operation once the beneficiary has been rescued?
5. What kind of support does the beneficiary receive from CIF once rescued?
6. Are there regular follow ups? How often?

VI. Improvement of the Programme:

1. Scope for improvement/further assistance to upgrade this programme.

4. Guidelines for Semi-structured interview and Focused Group Discussions Project Rural Health Program

I. Beneficiaries of Mobile Medical Van

Focused Group Discussions

- **Basic Information:**

1. Name:
2. Caste:
3. Type of House:
4. Number of Members:

- **General Health Queries:**

1. Major Health concerns in the family
2. Minor Health concerns in the family
3. Major Health concerns in the Village
4. Minor Health concerns in the village
5. Health facilities available
6. Distance of Health facilities

- **Specific Issues:**

1. Health concerns faced by Women
2. Health concerns faced by Children
3. Health concerns faced by PWD
4. What are the Health Concerns?
5. What facilities are availed?
6. Issues in accessing the health facilities
7. Other issues, if any?

- **MMV Facilities:**

1. Understanding about MMV
2. Facilities provided by the MMV (Knowledge of facilities)
3. Knowledge about regularity of MMV? (days and hours)(schedule)
4. How was the information about MMV facilities and its location and schedule provided in the village?
5. If people are not aware, what the reasons?
6. Point of operation-which are the locations?
7. Is the point of operation convenient- especially for women, children, senior citizens and PWD?
8. Who was involved in decision making process w.r.t point of operation and route of the van?

9. Knowledge about regularity of staff members in the MMV?
10. Point of operation
11. Convenience with the point of operation?
12. Awareness about the MMV facilities?
13. Knowledge about regularity of staff members in the MMV?
14. Awareness session about the MMV?
15. What methods followed for awareness?
16. Who is providing the MMV?

- **Service Availed:**

1. Facilities availed?
2. Have there been any referrals?
3. Any cost involved in availing the services?
4. Relationship with the staff
5. Comfort level with the team to discuss health problems- especially gynaecological issues

- **Benefits:**

1. Benefits in terms of Cost, Travelling, counselling, referrals, attitude, convenience and other benefits if any.

- **Understanding avenues for improvement**

II. Implementing Agency - Wockhardt

- 1) What is the vision and mission of the organization?
- 2) What are the main objectives of the programme?
- 3) How do you see the partnership between the vision and mission of the organization and the objectives of the programme?
- 4) How did you identify the need for this programme in this location?
- 5) What are the specific facilities provided under the MMV?
- 6) How did you identify the services that are provided currently under MMV? (Was any guideline/needs assessment referred?)
- 7) Who are the key stakeholders from the implementing agency? Specify their roles and responsibilities.
- 8) Do you plan to expand or limit any of the current services provided?
- 9) If Yes, then what are the reasons?
- 10) What are the major health concerns that have come up in the specific locations?
- 11) What is the monitoring mechanism?
- 12) What is the coordination mechanism between RCF and the implementing agency?

- 13)How is the coordination mechanism between implementing agency and the local bodies?
- 14)How do you reach the population settled in difficult geographical locations?
- 15)How is the response of beneficiaries to the MMV facility?
- 16)Share some success stories of MMV.
- 17)According to you, what is the role of MMV in improving the health conditions (cover accessibility, cost, services, and convenience aspects?)
- 18)Describe the process of implementation. (Selection of project and location and beneficiaries)
- 19)What are the challenges you face in the implementation of the programme?
- 20)How do you bring about community participation?
- 21)If collaboration, then what are the challenges in execution of the project?
- 22)How do you plan to improve the participation of the community
- 23)What are the scopes of improvement in the project?

5. Guidelines for Semi-structured interview and Focused Group Discussions Project Nanhi Kali

III. Students from Nanhi Kali schools

Focused Group Discussions

1. Number of days for which the girls attend school
2. Knowledge about HPCL, Nandi Foundation, Project
3. What are the challenges faced with respect to education
4. How have they benefited from the project with respect to overcoming the challenges?
5. Why is this project important to them-their perception?
6. How many of the Nanhi Kali's attend after school classes
7. If Yes, Why. If No, why not?
8. What do they do in the after school classes
9. Feedback on teachers in the after school classes with respect to-
 - a. teaching method;
 - b. learning environment;
 - c. overall relationship;
 - d. evaluations
 - e. motivation level
 - f. help provided in case of difficult subjects/chapters
 - g. Any additional expectations from the classes?
 - h. Do the teachers come and meet their parents?

- i. How often?
 - j. What do they discuss in these meetings?
 - k. What happens after these meetings?
 - l. Parents' meetings? - need, impact in terms of behavioral change and support from parents?
 - m. Aims and aspirations of Nanhi Kali's
10. Feedback on:
- a. Teachers' training and lesson plans
 - Is there any change in the relationship with the teacher?
 - What do you like about the teaching methods?
 - b. Exposure visits/ Extracurricular activities?
 - c. Role and importance and participation in Nanhi Kali clubs
 - d. Are there any other girls in their community who do not go to the school?
 - e. If yes, what to they tell them.
 - f. Do they speak about the project to their friends, relatives?
 - g. Knowledge about Nanhi Kali project's enrollment drive

IV. Boys students from Nanhi Kali Schools

1. Support provided to girl child- what is the impact on boys studying in the same school class?
2. How are the boys oriented about this support and its need-do they feel discriminated or do they become more sensitive?

V. Parents of the Nanhi Kalis

(Names; area, age of parents to be documented)

1. How many days in a week does the child come to school?
2. How did they come to know about the project?
3. What do they know about the project?/Perception about the project
4. What do they know about role of HPCL, Nandi Foundation and BMC schools in the project?

5. Knowledge about enrollment drives?
6. What is their perception about the girl child education? Before and after involvement with the project?
7. What are their dreams about the daughters?
8. How often do they meet the tutors?
9. What do they discuss in the meetings?
10. Are you aware of the measures to assess progress of NKs.
11. Importance of such meetings with the tutors?
12. What is their involvement in the education of their daughter?
13. Who of all stakeholders involved in their daughter's education are playing the biggest role according to the parents?
14. How do they rate their own involvement?
15. How can they be better involved?
16. Did they receive any training? If Yes, on what?
17. If no, do they need any kind of training? If Yes, on what?
18. Do they meet parents of other NKs?
19. If Yes, how often. If No, would they be willing to meet? Why?
20. How do they keep track of developments in their daughter's education?
21. Rate the Satisfaction:

Education Kit	Provides all necessary material	Additional things needed to be added	Does not meet the need
Teaching provided by tutors	Excellent	Can be improved	Very bad
Interaction of the tutors with parents	Regular	Irregular	Not at all
Interaction of the tutors with parents	Very important	Not so important	Not required at all

22. Knowledge of Nanhi Kali clubs
23. How do the siblings of Nanhi Kalis and their friends perceive them?
24. Any other support required?
25. Do they speak about the project to friends/relatives?
26. Have they been able to convert any drop outs to go to school? If Yes, how? If No, what are the challenges?

Semi-Structured Interviews

VI. Tutors

1. Name
2. Age
3. Address
4. Qualifications
5. Years of experience in the past
6. Years of experience with NK project
7. How did you get associated with the project?
8. Why did you choose to work in the project?
9. What are your roles and responsibilities in the project? Describe
10. What is the system of reporting?
11. Are NKs regular in attending the classes?
12. What is the measure of assessing NKs progress
13. Do you get adequate support from- school, students, parents and seniors in the project?
14. If Yes, how? If No, explain
15. Did you receive training?
16. If Yes, what comprised of the training?
17. How often are the trainings conducted?
18. If Yes, what comprises these trainings? If No, do you feel the need for conducting trainings more often? On what issues?
19. Do you have team meetings?
20. What do you discuss in the team meetings?
21. Are these meetings useful? How?
22. How often do you interact with the parents?
23. What do you discuss?
24. Do you think such meetings are useful?
25. Challenges faced if any?
26. What parts of your job do you like the most?
27. What part of your job is the most challenging?
28. How do you address the challenges faced?
29. Who helps you to address day-to-day challenges in teaching and otherwise w.r.t the project?
30. How can you improve the current programme of teaching as well as interaction with parents?
31. Additional support required if any?

VII. BMC School Management at Teachers

1. Name of the School
2. Names of the representatives
3. How long is the school associated with the Nanhi Kali project
4. Feedback on project- vision, mission, goals, plan ahead, implementation approach, Nanhi Kali project team
5. Experience of association with HPCL, KC Mahindra Trust and Nandi Foundation
6. Roles and responsibilities of the school management and the teachers in project implementation
7. Strengths of the project
8. Challenges
9. Suggestions for improvements

VIII. Nanhi Kali Project's Management

Background:

- a) Vision-Mission
- b) Who comprises of the Nanhi Kali project team? Qualifications of each team member?
- c) Challenges in creating/retaining a team?

Understanding the mechanisms/approaches for:

1. What activities are covered under the project- explain entire project implementation cycle?
2. Targeting of beneficiaries-criteria for identification; challenges in targeting the potential beneficiaries if any.
3. Delivering the services to the beneficiaries with respect to-
 - a. Team members-qualifications; motivations etc.
 - b. Existing Capacities of the team
4. Capacity building of the team
5. Actual approach of implementation
6. Assessment of the progress of NKS- measures, outcomes
7. Desired outcomes and impact
8. Challenges; successes; failures if any
9. Strategies to overcome challenges and learning from failures?
10. Who are your key stakeholders

11. Mechanisms to engage with each stakeholder?
12. Relationship with each stakeholder- strengths, challenges
13. Strengths of the project
14. Areas for improvements that the team is currently working on
15. Plan ahead
16. Sustainability of the project

6. Guidelines for Semi-structured Interview⁵⁹

Project Swavalamban

Implementation Agency - CII

Name:

Designation:

Mobile:

Email:

I. Project Brief:

1. What is CII's perception of this project?
2. What was the basis for selection of the locations?
3. Who are the key stakeholders in the project? Please specify the roles and responsibilities of each stakeholder.
4. How is CII involved in this project?
5. What is CII's expectation from this project? (Please provide short term and long term expectations separately).

II. Governance Statement:

1. What is your internal mode of evaluation and monitoring, if any?
2. Are there any progress reports available from each of the training centers?
3. If no, why not?

III. Channelization of Funds:

1. Please give details of the funds disbursed for this project.
2. What is the payment mechanism?

IV. Selection Strategy:

A. For Beneficiaries:

1. What is the criterion for eligibility of the beneficiaries?
2. What is process of selection of beneficiaries?
3. How many courses do you offer?
4. What is the duration of the course?
5. How many students are trained in one batch?

⁵⁹ Tools used for Impact Assessment Study of IL&FS-GAIL Skills Development Project 2013 were largely used as basis and further customized as per requirements for assessment of Project Swavalamban.

B. For Trainers:

1. What is the process of selection of trainers?
2. What are the trainers' minimum qualifications?
3. Are the trainers trained?
4. How often is the training conducted?
5. If yes, how does that help the programme?
6. If no, why not?
7. How many trainers are engaged per course and per batch?

V. Other Support:

1. Does CII offer any infrastructural support to the training center?
2. If yes, what kind?
3. Targeting, mobilizing, strategizing
4. Use of technology
5. Issue with certification last year – check how certifications have been done this year

VI. Improvement of the Programme:

1. What will be your suggestion to improve/upgrade this programme?

Faculty at Training Centres

Name:

Age:

Sex:

Academic Qualification:

Where are you from?

I. Association with the Centre:

1. How long have you been teaching at the centre?
2. What is the selection process for faculty?
3. What is the selection process for students?
4. Are you involved in identifying candidates for each course?
5. Are you involved in structuring/administering the entrance test?
6. Do you have any responsibilities at the center apart from teaching?

II. Association with the Course:

1. Are you involved in selecting course material and class work?
2. What is the duration of one class?
3. How many students are there per class?

4. Is there use of any technology for imparting the lessons?
5. If yes, are the students trained to use such technology?
6. Is any after class tutoring offered?
7. Strengths/weaknesses of the course
8. Since students come from diverse backgrounds, how do you give them personal attention?
9. Explain a typical day in class, time, duration and topics covered?
10. After from text books what are the other real-time training methods that are used?
11. What the evaluation parameters or certification guidelines that you have in place?
12. Is any after class tutoring offered?

III. Placements:

1. Do you think your students are well prepared to enter the job market?
2. How involved are you in preparing the students for placements?
3. Are students provided counseling?
4. What happens to students who are not placed?
5. How often does a former student return to the center for another placement?
6. Is there interaction with former students?
7. How many students have gotten placed from your course/batch?

Students from 2012 - 13 Batch

Name

Age

Gender

Caste

Married

Where do you live?

Course trained in

I. Socio-economic Background

- i. No. of members in the family
- ii. Main source of income
- iii. Any other sources of income (if yes, specify)
- iv. Who is the main income earner in the family?
- v. Monthly income

II. Academic Background:

- i. Till where have you studied?

- ii. Are your family members educated?
- iii. If yes, specify who and till where.
- iv. Have you dropped out from school/college?
- v. If yes, specify.

III. Mobilization & Selection Process:

- i. How did you come to know about the skills development programme?
- ii. Did you appear for any selection test before enrolment?
- iii. What comprised of the selection process?
- iv. Did you get the course of your choice?
- v. Are you happy with the process of selection?
- vi. Specify answer in case of Yes/No

IV. Rate your level of Satisfaction

Study Material	Easy to understand		Mediocre (Difficulty in relating to the themes)		Did not understand the material
Infrastructure	Neat and orderly		Medium Maintenance		Poorly maintained and not good for studying
Stationery	Adequate supplied		Some supplies		None were distributed
Practical Experience	Extensively trained		Medium training		Not enough training
Customer/Client Interaction (tick all that applies)	Live training		Simulated training		No training
Technology used in training (tick all that	Computer	Tablet	Videos	Power point presentation	Technology specific to the course

applies)					
Teacher	Explained study material adequately	Explained only some portions of the material supplied	Did not explain the material		
Teacher	Was available for after class questions every day	Was available some days	Was not available		
Placement interviews	Trained with mock interviews	Some training	No training		
If placed, salary range	2000-4000	4000-6000	6000-8000	Above 8000	
If worked earlier what was the monthly income from your earlier job?					

V. Training Delivery Process:

- i. Medium of Instruction
- ii. Duration of course
- iii. Is course duration sufficient?
- iv. If no, specify
- v. How many classes did you have in a day?
- vi. How many instructors taught you the course?
- vii. Are you satisfied with the quality of teaching?
- viii. If no, why?
- ix. What skills have you learnt at the center?
- x. Suggest improvements for the training delivery process.

VI. Post Training Delivery Process:

- i. Was the course you did of your choice?
- ii. If no, why did you do the current course?
- iii. What was promised when you enrolled for the current course in terms of benefits?
- iv. What are your expectations from the course? (Short term and Long term)
- v. As per your course, which company/entity is considered a good employer?
- vi. Will you recommend the course to your friends?

VII. Post Course Completion:

- i. Where do you work?
- ii. What is your job profile?
- iii. What benefits are you entitled to in your current job?
- iv. Have you been able to apply the skills you learnt in your job?
- v. Are you satisfied with your placement/job?
- vi. If no, why?
- vii. Are you in touch with the training centre now that you're working?
- viii. In what other ways can the programme be improved?

Training Centers

I. Background:

1. How did you identify the need for selected skills?
2. How were the locations selected?
3. Please specify the objectives of the project?
4. What are your expectations from this project?

II. Stakeholder Engagement:

1. Who are the key stakeholders in this project? Please specify roles and responsibilities of each stakeholder.
2. How is your agency involved with this project?

III. Mobilization Process:

1. What is the number of seats per batch?
2. Are all seats filled?
3. How many students are there in a batch?
4. Which are the locations for targeting beneficiaries?
5. Describe the mobilization process. Is documentation for the same available?
6. Describe selection process of beneficiaries. Is there an eligibility criterion? If yes, please elaborate.

IV. Training Delivery Process:

1. Which courses do you offer?
2. How many trainers are there per course?
3. Please provide details of trainers.
4. How are trainers selected?
5. Do trainers undergo any training prior to session commencement?

V. Infrastructural Support:

1. What are the facilities required for training?
2. Which facilities are available?
3. Further assistance required towards infrastructural support.

4. Does infrastructural cost exceed the budgeted cost?

VI. Curriculum:

1. How is the curriculum designed?
2. Is there a team that designs it?
3. Is there a standard followed while designing the curriculum? Specify.
4. What can be done to improve/update the curriculum?
5. Is there any mechanism to assess if the curriculum is at par with the requirement of the industry? Explain.
6. What is the mode of teaching? Is any form of technology used while teaching?
7. Since students come from diverse backgrounds, how do you give them personal attention?
8. Explain a typical day in class, time, duration and topics covered?
9. What technology do you use for imparting the lessons?
10. Are the students trained to use the computer, tablet, headset or others?
11. After from text books what are the other real-time training methods that are used?
12. Is any after class tutoring offered?
13. Strengths/ weakness of the course

VII. Evaluation:

1. What is the evaluation process post completion of training?
2. What is the success rate?
3. What is the failure rate?
4. What is the mechanism of attending to the failed trainees?
5. Have any students dropped out? If yes, why?
6. How many students have successfully completed the training?

VIII. Placements:

1. How are placements organized?
2. How many candidates have been placed so far?
Placed in: Unorganized/Organized Sector
Area of Work:
Income:
3. What happens to students who are not placed?

IX. Certification:

1. Does the certificate have industry recognition?
2. If no, then how are placements organized?
3. What is the number of students that are certified?

X. Post Placement:

1. Is there record of the placed students?
2. Is there regular interaction with them?
3. How many candidates have switched from their first placements?
4. Is there any alumni meet with current students?
5. Is there any scope for improvement in post placement support?

XI. Other:

1. What are the other areas which require support/improvement?

7. Guidelines for Semi-Structured Interviews and Group Discussions Project Suraksha

Following are the broad guidelines that were kept in mind during group discussions with the beneficiaries to assess the impact of the project

1. Beneficiaries

1.1 Truckers

- i. Awareness levels of the Khushi clinic- its location, objectives, services
- ii. Feedback on need for Khushi Clinics
- iii. Feedback about the Interpersonal Communication Sessions/Mid Media Game in terms of- increase in awareness levels with respect to STIs, HIV; demystification of earlier beliefs, significance of HIV testing, inclination to visit Integrated Counseling and Testing Centre (ICTC), on knowledge of other Khushi clinics located at other points, importance and willingness to use condoms
- iv. For truckers who have visited the clinic, in addition to areas covered under point (iii) - feedback about the services provided at the clinic; overall experience during visit to the clinic; willingness to revisit the clinic at same or other locations, willingness to disseminate information about the clinic among other truckers.

1.2 Villagers

- i. Awareness levels of the Khushi clinic- its location, objectives, services, how many people in the village know about the clinic
- ii. Feedback on need for Khushi Clinics- where does it rank in preference vis-à-vis other health facilities for minor illness, STIs
- iii. Feedback about the quality of services provided at the clinic including the team members and overall environment and privacy.
- iv. Feedback on health camps- number, regularity, benefits, importance
- v. How many villagers especially youth have participated in the Mid Media Games?
- vi. From Youth in the village: Feedback about the Mid Media Game in terms of- increase in awareness levels with respect to STIs, HIV; demystification of earlier beliefs, significance of HIV testing, inclination to visit Integrated Counseling and Testing Centre (ICTC) , importance and willingness to use condoms
- vii. How many adults-both men and women have visited the clinics for STI problems?
- viii. How many have taken their partners to the Clinic for diagnosis and treatment of STI?

- ix. Feedback both men and women on Counseling and treatment of STIs in terms of- comfort level in discussing the problem, usefulness of the counseling, usefulness of the treatment, willingness to visit the ICTC
- x. Are they willing to disseminate information about the clinic among other villagers or have they already done so?
- xi. Is there any change in perceptions/awareness with respect STIs, HIV and AIDs especially among youth? Do they have informed discussion about these issues among peers?
- xii. Relevance of the clinic especially to the youth

Other stakeholders

1. Condom distributors

- i. Awareness levels of the Khushi clinic- its location, objectives, services
- ii. Feedback on need for Khushi Clinics
- iii. Have they been selling condoms from the beginning or after the establishment of the clinic?
- iv. Have the team members of the Khushi Clinic been supportive/influential/instrumental in the starting of condom distribution outlet?
- v. Has there been any change in trend in sale of condoms over a period of time
- vi. Do they play any role in spreading information about the clinic. If yes, how?

2. Dhaba owners and Petrol Pump workers

- i. Awareness levels of the Khushi clinic- its location, objectives, services
- ii. Feedback on need for Khushi Clinics
- iii. Do they play any role in spreading information about the clinic? If yes, how?
- iv. Is there any change in the number of customers at petrol pump or dhabas due to presence of clinic or satellite clinics at the Dhaba?

Non-participant observation of the IPC and Mid Media Sessions was also done

Implementation Team

-
- i. Roles and responsibilities of each team member
 - ii. Process/method of implementation- from outreach to counseling/linkage to ICTC wherever necessary- its importance
 - iii. Trainings received
 - iv. Implementation Strategies applied
 - v. Challenges, Strengths and weakness

TCIF Management

- i. Identification of locations from feasibility perspective
- ii. Target setting of number of beneficiaries-rationale and method
- iii. Feedback and clarifications while doing a comparative analysis of both clinics

8. Guidelines for Semi-structured interview and Focused Group Discussions Project Unnati

Beneficiaries of Project Unnati

Focused Group Discussions

- **General Queries:**

7. When was the training program
8. Duration of the training program
9. Duration of classes
10. Any training related to computers prior to the NIIT training

- **About Unnati:**

8. Basic understanding of the training
9. Why is there a need for computer education
10. Programs taught in the training
11. Discuss the mode of training
12. Attitude of trainers and teachers towards training
13. Access to computers
14. Availability of reading material
15. Number of tests conducted and performance in the test

- **Other facilities:**

17. Number of hours/ days spent on computers practically
18. Were the number of computers provided enough?
19. Knowledge gained
20. Understanding of the internet
21. Awareness about the Project?
22. Regularity if teachers/ trainers
23. Who is providing the project Unnati?
24. Certificates received?

- **Benefits:**

2. What are the benefits from the project?
3. How will they help in future development?

- **Understanding avenues for improvement**

- **Check for visibility of HPCL (Banners/ posters etc.)**

Implementing Agency - NIIT

- 1) What is the vision and mission of the organization?
- 2) What are the main objectives of the programme?
- 3) How do you see the partnership between the vision and mission of the organization and the objectives of the programme?
- 4) How did you identify the need for this programme in this location?
- 5) What was the process of identification of schools?
- 6) What are the specific facilities provided under the project?
- 7) Who are the key stakeholders from the implementing agency? Specify their roles and responsibilities.
- 8) Do you plan to expand or limit any of the current services provided?
- 9) If Yes, then what are the reasons?
- 10) What is the monitoring mechanism?
- 11) What is the coordination mechanism between HPCL and the implementing agency?
- 12) How is the coordination mechanism between implementing agency and the local bodies?
- 13) How is the response of beneficiaries to the Computer facility?
- 14) Are there any attendance/ regularity issues?
- 15) Share some success stories of Project Unnati.
- 16) How are the trainers selected?
- 17) According to you, what is the role of Project Unnati in improving the understanding and learning of computers in children?
- 18) Describe the process of implementation. (Selection of project and location and beneficiaries)
- 19) What are the challenges you face in the implementation of the programme?
- 20) How do you bring about community participation?
- 21) If collaboration, then what are the challenges in execution of the project?
- 22) How do you plan to improve the participation of the community?
- 23) What are the scopes of improvement in the project?

School Authorities

1. When was the training commenced?
2. What was the implementation process?
3. What was the degree of involvement of school authorities in the implementation?
4. How were the teachers selected for training?
5. Infrastructure provided under the project
6. Benefits of the project

7. Scope of improvement

Teachers/ Trainers

1. What was the duration of the training?
2. Components of training?
3. Number of hours of training?
4. Any methods of training taught?
5. Was the number of computers sufficient?
6. Students/computer ratio?
7. Level of awareness and usage of computers in the nearby region
8. Development since the training?
9. Benefits from the training
10. Scope of improvement