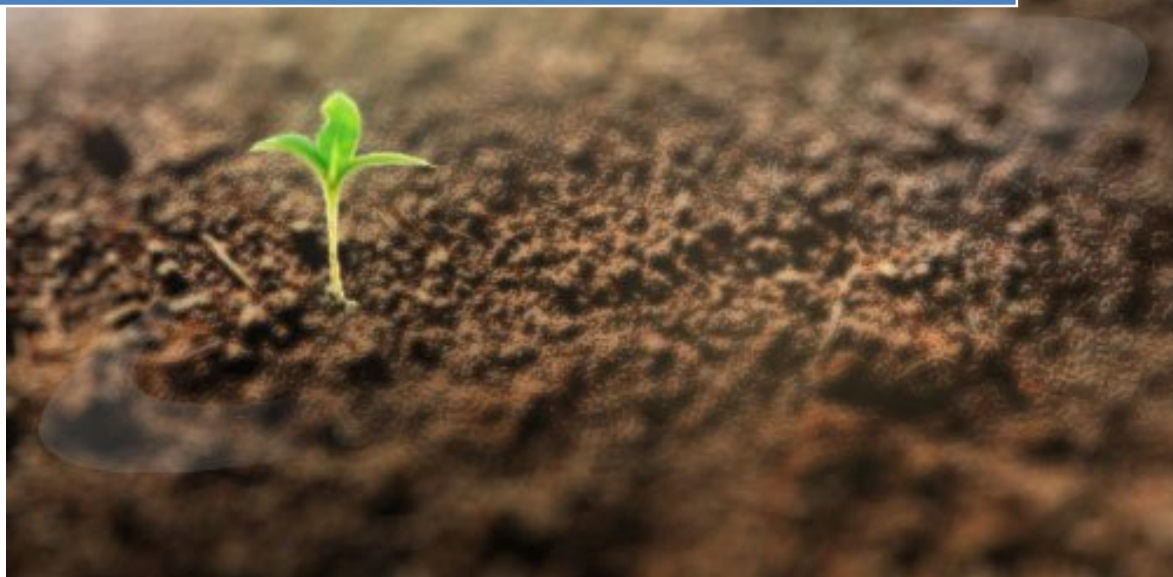


2013

Mid- term Evaluation Report of projects  
under Corporate Social Responsibility  
Rashtriya Chemical Fertilizers



By

National Corporate Social  
Responsibility Hub

Tata Institute of Social Sciences

11/29/2013



REPORT OF  
MID TERM EVALUATION OF PROJECTS UNDER  
CORPORATE SOCIAL RESPONSIBILITY  
AT  
MUMBAI AND THAL

CONDUCTED BY  
NATIONAL CORPORATE SOCIAL RESPONSIBILITY HUB  
TATA INSTITUTE OF SOCIAL SCIENCES  
MUMBAI

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COMMISSIONED BY  
RASHTRIYA CHEMICAL FERTILIZERS (RCF)

November 2013

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In keeping with the DPE Guidelines, National Corporate Social Responsibility Hub (NCSR Hub), Tata Institute of Social Sciences, Mumbai undertook the project of doing an Evaluation Study for Rashtriya Chemical Fertilizers (RCF) in Mumbai and Thal in Raigarh District

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## Executive Summary

Present report is an account of a Mid Term Evaluation of 5 projects initiated under Corporate Social Responsibility of Rashtriya Chemical Fertilizers. This study is done by National Corporate Social Responsibility Hub under its obligations outlined in the MoU signed between afore mentioned parties. The 5 projects for which Mid-term Evaluation was undertaken were-

1. RCF Super 30, implemented by CSRL
2. Khel Khel Mein, implemented by Wockhardt Foundation
3. Mid Day Meal, implemented by ISKCON
4. Mobile Medical Van (Vashi Naka and Cheeta Camp, Mumbai), implemented by Wockhardt Foundation
5. Mobile Medical Van (Thal, Alibaug), implemented by Wockhardt Foundation

Report starts with Introduction as chapter 1. This chapter briefly talks about Rashtriya Chemical Fertilizers and National CSR Hub. It also talks about aims, objectives methodology and process of data collection of the evaluation. The main objectives of the Evaluation were-

- Understand the status of the project on the ground.
- Identify functions that meet the objectives of the project.
- Identify functions that do not meet objectives of the project.
- Identify scope of improvement and suggest recommendations.

Since profile of all the projects was different from the other, in-depth interviews were taken from all relevant stakeholders. For Super 30, the research team undertook in-depth interviews with the Center Manager and Students. For Khel Khel Mein, the team took in-depth interviews with representatives of Wockhardt Foundation, center heads, teachers, children and their parents. For Mid Day Meal the research team took in-depth interviews with representatives of ISKCON, principals and children. Lastly, for the project Mobile Medical Van, interviews were taken from the main beneficiaries as well as the doctor.



Chapter 2, 3, 4 and 5 give a detailed description of the aims, objectives and observations of all the 5 projects (description of Mobile Medical Vans in Mumbai and Thal are described in one chapter) Chapter 5 is then followed by 'Conclusions and Recommendations'. This chapter analyses the findings on the field and suggests recommendations.

The main aim of **RCF Super 30** is to train talented, under privileged children to get through most competitive national level examinations for engineering. In the year 2012, RCF stepped forward to support the project in Thane suburb of Mumbai. With provision of high quality coaching service completely free of cost as its biggest strength, the project is currently facing some problems. For instance, unavailability of Physics teacher and supporting staff at the center. Project would show signs of improvement if-

1. A permanent Physics faculty is hired
2. Library is built in the center
3. Generator is made available to avoid power cuts.

Second project evaluated in this report is **Khel Khel Mein**. This project focuses on education or educational recreation of children living in shanty towns of Mumbai. The aim of this project is to cultivate values and good habits, recreational learning, build social skills, provide health benefits, guidance by qualified and trained teachers and develop bonds of friendship with other children with joy and hope. Khel Khel mein functions through 12 centers out of which 6 are sponsored by RCF. There are many strengths of this project. Centers are beautiful and inviting. Children indulge into various creative activities and learn human values. However, some centers are facing some infrastructural challenges like, lack of drinking water facilities, toilet and study material in Hindi and Marathi. Secondly, project also doesn't have fixed parameters against which progress of children can be measured. The report makes following recommendations-

1. Develop specific parameters to measure progress of children.
2. Follow a well designed module.
3. Design a module for children who have passed out of the center.

4. Provision of drinking water facilities and toilet.
5. Provision of books in native language

The third project which was evaluated was **Mid Day Meal**, with ISKCON as the implementing partner. This project fills a critical gap in Government of India's ongoing Mid Day Meal scheme which caters only to children studying in Government Schools. Mid Day Meal run by ISKCON and funded by RCF provides hot cooked meals to private, un-aided or semi aided schools. The project maintains extremely high standards and its functioning nears perfection. The team couldn't identify any gaps or recommendations for the project.

Fourth and fifth projects that were evaluated are **Mobile Medical Vans in Mumbai and Thal** in Raigarh District. The project addresses an important aspect of social development, i.e, improving access of primary health care for people living in rural as well as underprivileged urban areas. In Mumbai, the project caters to people living in slums of Govandi while in Alibaug, the project targets people living in villages in Thal block. The project in urban as well as rural areas greatly benefits people in many ways like healthcare at no cost, providing effective medication, reduction in people's healthcare expenditure etc. Some weaknesses of the project are on the lines of lack of awareness, need of a community mobilizer and fixing specific parking points of the van. Following recommendations were suggested-

1. Increase in the frequency of visits
2. Need of Social Worker
3. Organization of Health Camps
4. Fixing a specific point of access.

## CHAPTER-1

### INTRODUCTION

Present report is an account of a Mid Term Evaluation conducted for projects initiated under Corporate Social Responsibility of Rashtriya Chemical Fertilizers (RCF). Going by the obligations listed out in the MoU signed with National Corporate Social Responsibility Hub, RCF requested the former to conduct a Mid Term Evaluation study of all its projects. A total of five projects were covered in this study namely-

1. Super 30
2. Khel Khel Mein
3. Mid Day Meal
4. Mobile Medical Van, Chembur Naka and Cheeta Camp
5. Mobile Medical Van, Thal

#### 1.1 Aims and Objectives of the Mid Term Evaluation

All the projects are running in the M ward of Metropolitan City of Mumbai, Maharashtra except Mobile Medical Van in Thal- a block in Raigarh District.

The main aim of Mid Term Evaluation was to understand if the projects initiated under Corporate Social Responsibility of RCF are running effectively on ground or not.

The main objectives of this project were as follows-

- Understand the current status of the project on the ground.
- Identify functions that meet the objectives of the project.
- Identify functions that do not meet objectives of the project.
- Identify scope of improvement.

Mid Term Evaluation or Evaluation can be defined as a rigorous and independent assessment of either completed or ongoing projects to determine the extent to which they are achieving their stated objectives and contributing to decision making<sup>1</sup>. Outcomes of this Mid Term evaluation will throw light on details of the project along with its current strengths and weaknesses. Results

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<sup>1</sup> <http://web.undp.org/evaluation/handbook/ch1-1.html> accessed on November 18, 2013

documented in this report may be used by the company in determining the course of further action of the projects and rectify gaps, if any.

## 1.2 About Rashtriya Chemical Fertilizers

A Government of India enterprise, Rashtriya Chemical Fertilizers is a leading producer of fertilizers in India. Major productions of RCF include- Sujala, Suphala 15:15:15, Suphala 20:20:0, Ujjwala, Microla and Biola. All the products can be used with different soil types and in various climatic conditions. RCF pioneered the manufacture of basic chemicals such as Methanol, Sodium Nitrate, Sodium Nitrite, Ammonium bicarbonate, Methylamines, Dimethyl Formamide, Dimethylacetamide in India. Today R.C.F is the only manufacture of DMF in India.

The company is also equipped with ISO Certification like ISO 9001-2000, ISO- 14001-1996, OHSAS 1800 and many more.

The company defines a set of goals and they are as follows-

- To help increase the national agricultural productivity by providing agricultural inputs and services.
- To provide the above inputs and services with least consumption of real resources and at least cost.
- To manufacture and market industrial chemicals related to agricultural inputs and also others based on similar technology and intermediates, by-products, co-products and waste from the main operations.
- To promote, organize, and perform research and development in products, technology, engineering, soil science and agronomy in furtherance of various corporate objectives.
- To improve the environment and minimize to the maximum extent technologically possible, the harmful emissions, atmospheric discharges and effluents.

### 1.3 DPE Guidelines and National CSR Hub

In 2010, Guidelines on Corporate Social Responsibility were issued by Department of Public Enterprises, Ministry of Heavy Industries and Public Enterprises, Government of India. These guidelines broadly defined Corporate Social Responsibility and its scope for all the Public Sector Enterprises. The guidelines also mentioned that there will be a National Corporate Social Responsibility Hub which will guide the companies to do their activities under CSR in a better and an organized way. Following are the functions of the hub, as highlighted by the guidelines-

1. Nation-wide compilation, documentation and creation of database;
2. Advocacy
3. Research;
4. Preparation of panels for implementing organizations/monitoring and evaluation agencies;
5. Promotional activities, including production of short films, printing of brochures, pamphlets etc;
6. Conferences, seminars, workshops- both national and international;
7. Act as a Think Tank.

Any other matter as entrusted to it from time to time by the DPE.

These guidelines were followed by a revised set of guidelines in the year 2013 which laid out the scope of corporate social responsibility in greater detail. The revision also increased the role of National CSR Hub in the context of CSR initiatives of Public Sector Enterprises.

### 1.4 Scope and Methodology of the Mid- Term Evaluation

The evaluation was concerned specifically with understanding how effectively the project was running on the ground. The study does not describe the impact of the project on the targeted beneficiaries.

### 1.5 Geographical Locations of the Study

Since all the projects are located in Mumbai evaluation was conducted in Mumbai. Data on Thal Block is taken from the Impact Assessment report conducted 2 months back

1. Super 30- Thane, Mumbai
2. Khel Khel Mein- Vashi Naka, Mumbai
3. Mid Day Meal- Vashi Naka and Govandi, Mumbai
4. Mobile Medical Van- Vashi naka and Cheeta Camp, Mumbai
5. Mobile Medical Van- Thal, Raigarh District, Maharashtra

### 1.6 Process of Data Collection

Since profile of all the projects was very different from the other, a standard methodology of taking in-depth interview from all relevant stakeholders was followed. Process of data collection had started by evaluating the documents given by RCF. This was followed by collection of secondary data on the given projects which led up to collection of data from the field. Data was collected from all the relevant stakeholders of the projects largely through semi structured interview schedules. For the project Super 30, the research team undertook in-depth interviews with the Center Manager and Students. For Khel Khel Mein, the team took in-depth interviews with representatives of Wockhardt Foundation, Center Heads, teachers and children. In Mid Day Meal the research team spoke with school principals and children using in-depth interview schedules. Lastly, for the project Mobile Medical Van, interviews were taken from the main beneficiaries as well as the doctor.

### 1.7 Ethical Consideration and Limitations

Evaluation was characterized by high degree of ethical standards maintained by the research team. Respondents were reassured of confidentiality and were put at ease when being asked questions. Like any research study, however, there were a few limitations. The process of data collection was stalled for a week due to Diwali celebrations which broke the flow of the study. Secondly, data collected through case study method often cannot be generalized for the entire population. However, physical verification of the projects helped seal all the gaps.

## Chapter-2

### RCF SUPER-30

National CSR Hub's long Association with Rashtriya Chemical Fertilizers has always been in the context of either evaluating meaningful and relevant activities or identifying needs of the communities residing in the company's project affected sites. This has been done under the head of Corporate Social Responsibility of the company. Present report is a descriptive account of RCF's CSR activities in Mumbai and Thal (Raigarh District). All the CSR activities resonate with the existing issues faced by population groups living in the project affected sites and hence are socially relevant.

#### 2.1. About the project

It is a well known fact that scientific and technological prowess is the engine of economic growth and all round development of a nation. Thus, it is important to train manpower to undertake technological innovations. India has many outstanding institutions like Indian Institute of Technology (IITs) and National Institute of Technology (NITs) which specialize in imparting technology related education. However, getting admission in these institutions is not an easy proposition- it requires persistent efforts and focused training. There are numerous coaching classes that train students to pass these exams. However, they are available at a very high price and only in cities. This keeps underprivileged rural children at a big disadvantage in spite of their talent. RCF Super 30 in Thane identified this gap and runs coaching classes for 30 underprivileged yet meritorious students from rural pockets of Maharashtra

RCF Super 30 started with the name 'Abhyanand Super 30' in the year 2003. Main aim of this project was to train those under privileged children who had the potential to get through most competitive national level examinations for engineering. The project was started in Patna, Bihar by Mr. Abhyanand who is currently serving as Director General of Police (DGP), Patna. The project began with coaching just 30 students. In the year 2007 and 2008 all 30 students got through different branches of IIT though out the country. The project then got supported by Corporate Social Responsibility and Social Leadership (CSRL) and started expanding. With the support of other Public Sector Enterprises, Super 30 began in different parts of the country. In

the year 2012, RCF stepped forward to support the project in Thane suburb of Mumbai where the project is called RCF Super 30.

The organization does not have a well defined vision and mission. However, it strives by the core values of Accountability, Non-biased attitude, Non-discrimination, Excellence, and Team work. Broad structure of the organization consists of a Management team in Delhi, followed by Center Heads in different cities with students in the end.

## 2.2. Findings from the field

The research team took in-depth interviews of 5 students studying in Thane coaching center of Super 30. These students were selected randomly.

### 1. Kiran Rao



Kiran Rao in RCF Super Thirty Center, Thane

Age: 18 years

Religion: Hindu

Caste: Schedule Caste

Kiran completed her primary education from a government primary school in her village after which she went on to study in

*“I would like to be an engineer as this profession allows one to be creative. With the knowledge of engineering I can use my knowledge and own thoughts and views to come up with new inventions.”- Kiran Rao*

Navodaya Vidyalaya. She was a bright student throughout her primary and secondary education and secured 87.4% in high school and 76% at intermediate level. Kiran’s father is a farmer and mother is a housewife. She has an elder sister pursuing Bachelor of Arts, two younger sisters and one younger brother in school now. Although, Kiran dreamt of becoming an engineer right from school days, it was very difficult for her to move to a nearby city and enroll herself in a coaching centre to prepare for competitive exams. This problem got solved when the program officer of CSRL visited her school. She sat for the entrance examination of CSRL which comprised of written test, interview and verification of documents such as mark sheets, income certificate of father and medical certificate. After getting through the selection process she was admitted to RCF Super 30. At the center, she finds the environment highly motivating and education oriented



as the students help each other in solving doubts. She also finds the centre manager very cooperative. She admires the faculty providing guidance at the centre and says that her clarity on various concepts has increased manifold after getting admission in RCF Super 30. Although, she has been put into small rooms with only a bed in the name of infrastructure, she does not complain. She finds the environment similar to that of Navodaya Vidyalaya from where she completed her schooling. She further says that if an inverter is placed at the centre, it will help in her studies during power cuts. Kiran dreams to get into IIT Powai.

## 2. Prashant D. Kamble



Prashant in RCF Super Thirty Center, Thane

Age: 17 years

Religion- Hindu

Caste- Schedule Caste

Prashant belongs to a village in Vashim District in Maharashtra and completed his primary education in Zilla Parishad government primary school in the village. After completing his primary education he moved to Navodaya School and completed his schooling with 95% marks in high school and 91% marks at intermediate level. Prashant was sure about good results of class 12<sup>th</sup> board examination but was not sure how to make his way to IITs. When CSRL officers visited Prashant's school to select students for RCF Super 30, his aspirations started taking a definite shape. He was selected for the one year coaching program for IIT entrance exam at RCF Super 30. His selection also put his father's worries at ease. He is a teacher in government school in the village and mother- an anganwadi worker. Both their incomes could not cover the sky-rocketing fees of coaching centers. Although, he is not completely satisfied with the faculties at the centre he is hopeful that some aspects of the center get better soon.

*I am confident to get a seat in IIT.. the center manager is very helpful and ensures healthy competition in coaching class- - Prashant D Kamble*

Availability of a new physics teacher is his prime concern. He also hopes for organic chemistry module should be started soon. He also feels that food served at the centre does not have the

desired taste but did not consider it a priority. He also used to play cricket in the institute compound in evening for recreation but has stopped now because of complaints of neighbors.

### 3. Gopal Zalake



Gopal Zalake in RCF Super Thirty Center, Thane

Age: 18 years  
Religion: Hindu  
Caste: ST

*The Center Manager is very good and helpful.. but the food doesn't taste very good*

Gopal belongs to a small village called “Dhoni” in Vashi district of Maharashtra. He completed his primary education at Zilla Parishad government primary school and then moved to Navodaya

Vidyalaya to complete his schooling. He got 90% marks in high school and 86% marks in intermediate which is reflective of his meritorious academic record. His father had studied up to 7<sup>th</sup> standard and mother is illiterate. Gopal’s elder brother “Rajanand” is 24 years old, pursuing B.A. in Agriculture and is the primary bread winner of his family. Although, Gopal’s seniors always encouraged him to study engineering, he knew his situation well. Competition was cut throat and coaching classes were out of his parents’ reach. But he got new hope when he was selected for the Abhyanand super 30 batch. Currently, he finds the centre’s environment similar to that of Navodaya Vidyalaya and hence finds it comfortable to adjust with. He also praised the behavior of centre manager and the other staff; but complains about taste of food and unavailability of physics faculty. Prashant likes to paint but due to studies he has kept it aside.

#### 4. Dinesh Devasri



Dinesh in RCF Super Thirty Center, Thane

Age: 18 years

Religion: Hindu

Caste: OBC

Dinesh was one of the most meritorious students of his school and secured

93.4% marks in high school and 93.2% marks at intermediate level. He belongs to a small village “Loni” in

Maharashtra and completed his primary education in the village primary school. He then shifted to Navodaya Vidyalaya. His father is a teacher in government primary school, mother is a housewife and his younger sister is in 10<sup>th</sup> standard. He says that before joining Super 30 he was not sure of how to move forward to prepare for engineering entrance exams but after clearing the selection process of RCF Super 30, he got a direction to achieve his dreams. His dream college is IIT Powai. Playing chess and singing are his favorite hobbies but right now he is focusing completely on IIT entrance exams. He finds the environment at the centre highly motivational and calm for the preparation and appreciates the behavior of centre manager, cook, faculties and other staff. He described how peer learning methodology followed at the centre helps him to solve difficult problems given in textbooks without the help of teachers. However, he also showed his concern for the non availability of Physics faculty. He complained of the food provided at the centre and finds it tasteless. He also suggested for the availability of an inverter to be placed at the centre so that students can study during power cuts.

*The environment at center is motivational and calm and helps in preparation. But power cut is a problem- Dinesh Devasri*

## 6. Ram Mahallu



Ram Mahallu in RCF Super Thirty Center, Thane

Age: 18 years

Religion: Hindu

Caste: Kurmi (OBC)

Ram's father is a farmer, mother is a housewife and his younger sister studies in class 12<sup>th</sup>. He completed his primary education at Z.P. Revsa

*The environment at center is supportive but there should be a library. Since there is no library we have to purchase expensive books from the market. Cleanliness of toilets is also a problem- Ram Mahallu*

government primary school at his village and then moved to Navodaya Vidyalaya to complete rest of his schooling. He obtained 85% marks both in 10<sup>th</sup> and 12<sup>th</sup> standard. He always dreamt of becoming an engineer but never knew the path to achieve it. Coming from an agrarian family with limited resources, it was very difficult for him to go to a city and enroll himself with a coaching centre that prepares for IIT entrance exams. His dreams got new wings when he got to know about RCF Super 30 from his teachers and program officer of CSRL. He says that the environment at the centre is highly competitive and provides a healthy environment to prepare for the engineering entrance exams. When bored with studies, he spends some time at terrace. He also finds the staff and faculty highly supportive but does not find the food served satisfactory. He also complains of cleanliness issues of toilets.

## CHAPTER- 3

### KHEL-KHEL MEIN

#### 3.1 About the Project

Khel Khel Mein is a project which focuses on 'Edu-Recreation' of children living in shantytowns of Mumbai. The project was initiated by Wockhardt Foundation in the year 2008. The project functions through Edu-recreational Centers which cultivate values, good habits through recreation. Children coming to these centers build social skills, get guidance by qualified and trained teachers, and develop friendship bonds with other children. This program caters to under privileged children who are deprived to access toys, games and play materials etc.

There are 12 Khel-Khel Mein centers throughout Mumbai out of which 6 are funded by RCF. Following are the locations of the centers-

1. New RNA Colony SRD Scheme Vashi naka Chembur
2. New Bharat Nagar Vashi Naka Chembur
3. R.C. Marg Nagbaba Nagar, Vashi Naka Chembur
4. B.S Ambedkar Nagar, Vashi naka Chembur
5. Gyandeep Building SRA building, Vashi Naka, Chembur
6. Panjarpol, Vashi Naka, Chembur

Wockhardt foundation has also developed a module to educate children which covers various aspects of child development. Module is descriptive and comprises of all activities along with the purpose description, time duration, material needed, preparation needed, process, transition time and expected out come.

## 3.2 Observations

### 3.2.1 RNA colony, Vashi Naka Chembur:

Figure 1: Center Profile of RNA Colony Center at Vashi Naka

Address of the Center:	Jeevandip Building, Type D, Building No. D-1 New RNA Colony, SRD Scheme, Vashi Naka Chembur, Mumbai- 400074		
Name of Center Co-ordinator	Ms. Shamim		
No. of Children	25		
Age of children	Age Group	No. of Children	
	7 to 9 years	7	
	10 to 12 years	18	
Gender	No. of Boys	No. of Girls	
	11	14	
Status of education	School going children	Dropped out children	
	25	-	
No. of Teachers	1		
Gender	Male	Female	
		√	
Educational Qualification	Number	Qualification	
	1	Double Graduation, B.Ed.	
No. of rooms	1		
Toilets	Yes- √		No
Seating Arrangement	Desk- Bench-	On the floor with mats- √	On the floor without mats-
Electricity	Yes- √		No
Drinking water facility	Yes		No-√
Food (Snacks/supplements)	Yes		No- √
	If yes, how regularly?- Sometimes		



Ms. Shamim teaching children in RNA Colony Center

This edu- recreational centre at RNA colony is coordinated by Mrs. Shamim who also serves as tutor. She has an experience of 12 years of teaching along with dual graduation degree. She is also pursuing M.A. currently and also aims for PhD.

Center timings are from 1 to 3 pm from Monday to Friday. The walls of the center were very well

decorated by educational charts and paintings made by students. There were toys and story books placed on shelves at the back of the classroom. The centre also facilitated the students with toilet but did not provide drinking water facility. Even though there are no guidelines or set standards that define the nominal capacity of a classroom, as per research team's observations the classrooms were found to be smaller for group activities.

An interaction with the teacher revealed that she enjoyed interacting with her little students. She believed that behavior and human values, that are the core idea of Khel Khel Mein, could not be taught to students merely by dictating but through a medium which children enjoy, ie, games, stories, poems, artwork etc. Center teacher was also involved in spreading awareness on the center through distribution of pamphlets and posters. There was no first aid facility provided to students at the centre but in emergency situations centre helped in getting treatment from a nearby available doctor. Food items such as biscuits, chocolates were also provided to students weekly and on occasion of any festival and event.

In research team's interactions with parents it was found that parents were also fully satisfied with the centre and found it suitable in their children's all round development. According to them, education imparted at the centre inculcated good manners and increased their creativity. They in fact suggested increasing the duration and the scope of the program too.



## 3.2.2 Bharat Nagar, Vashi Naka, R.C. Marg, Chembur

Figure 2: Center Profile of Bharat Nagar Center at Vashi Naka

Address of the Center:	Bharat Nagar, Vashi Naka, RC Marg Near Ram Temple, Chembur (East) Mumbai- 400074		
Name of Center Co-ordinator	Mrs. Gausia Shekh		
No. of Children	22		
Age of children	Age Group	No. of Children	
	6 to 12	22	
Gender	No. of Boys	No. of Girls	
	12	10	
Status of education	School going children	Dropped out children	
	22	-	
No. of Teachers	1		
Gender	Male	Female	
		√	
Educational Qualification	Number	Qualification	
	1	Studied up to 10th standard and has 5 years of experience of teaching to primary school students.	
No. of rooms	1		
Toilets	Yes-	No- √	
Seating Arrangement	Desk- Bench-	On the floor with mats- √	On the floor without mats-
Electricity	Yes- √		No
Drinking water facility	Yes		No-√
Food (Snacks/supplements)	Yes		No- √
	If yes, how regularly?- Sometimes		





Informal interaction with the Parents

The classroom walls were covered with various colorful charts and posters of good habits, safety measures, poems etc. The shelves with different types of educative and colorful books adorned the classroom. “These arts and colorful earthen lamps,” points a proud Mrs. Samina Khorakiwala, CEO, Khel Khel Mein “are the hands of our children.”

This centre is at first floor of the building. A ladder that is inclined at an angle of approximately eighty degrees is the only way to reach the center. Even though, the classroom was beautiful and looked child friendly, it was too small to accommodate children, toys and various indoor games comfortably. Also, the center didn’t have a toilet. The closest toilet was a BMC toilet, to access which children had to move approximately 100 steps from the centre. Currently, there is no provision of basic health case like first aid kit at the centre but nearby doctors are consulted in case of emergencies. As a part of comprehensive child development students were made to perform daily exercises, solve games and puzzles, do meditation and recite stories and poems. The teacher further said that the program was effective as it helped in cultivating good manners in students. They learnt everything through artwork and play.

Students were also provided snacks and eatables weekly and on occasions/festivals. After successful completion of one batch the next batch is started and the program is advertised through pamphlets, posters and door to door visits. Parents were also found to be very enthusiastic in sending their children to these centers. Their children’s constructive engagement at the center helped them work or perform their daily chores efficiently. They said that they had noticed significant changes in behavior and conduct of their children after attending these classes. Children were now found

*The program has become so popular that they have registered students before starting of the next session- Avril Rodrigues, Program Head, Khel Khel Mein*

to be respecting their elders, doing their home works on time etc. Parents were found to be fully satisfied and suggested running the program in future too.

### 3.2.3 Naga Baba Nagar, Vashi Naka, Chembur

Figure 3: Center Profile of Nagababa Nagar Center at Vashi Naka

Address of the Center:	Suprabhat Society, Building Number 37, Kukreja compound, Anik Village, R.C. Marg, Near Nagababa Nagar Chembur Mumbai- 400074		
Name of Center Co-ordinator	Ms. Shamim		
No. of Children	23		
Age of children	Age Group	No. of Children	
	07 to 09	5	
	10 to 12	18	
Gender	No. of Boys- 14	No. of Girls- 9	
Status of education	School going children- 23	Dropped out children-0	
No. of Teachers	1		
Gender	Male	Female-√	
Educational Qualification	Number	Qualification-M.A. (Pursuing B.Ed.)	
No. of rooms	1		
Toilets	Yes- √		No
Seating Arrangement	Desk- Bench-	On the floor with mats- √	On the floor without mats-
Electricity	Yes- √		No
Drinking water facility	Yes		No-√
Food (Snacks/supplements)	Yes		No- √
	If yes, how regularly?- Sometimes		

Ambience of this center was very lively. The room was decorated with handmade posters, colorful charts (Good habits, poems, fruit names and 7 magical words), wall hangings, handmade crafts and other handmade accessories etc. Mind developing games, puzzles, story books and handmade paintings were kept in shelves. Seating arrangements are made on the floor. This center was being run in a room with an attached toilet in MHADA slum dweller building in Nagababa Nagar.

Mrs. Shamim is the coordinator of this centre and handles the functioning of this centre. The center teacher had a lot of experience to teach children and she managed the centre as a single body. Meditation, yoga, prayer, art & craft, storytelling activities took place every day. Khel Khel Mein project was started in under-privileged socio- economical pockets where children could not get an appropriate atmosphere to learn moral values and good habits. Through the interaction with the child and his/her families, centre head identified that good habits and human



KKM centre of Bharat Nagar

values are missing in the communities. After completing the two month session, changes were observed in children's behavior and

improvement was visible in their drawing and craftwork. Currently, health benefits are not provided to children in the centre on regular basis but snacks are provided to them every week. Before starting the centre community was mobilized through the pamphlet distribution and home visits.

This centre was functioning well as per the opinion of children's parents and they are completely satisfied with its facilities. They had seen positive changes in their children and hope that the process continued.

### 3.2.4 Dr. B.S. Ambedkar Building (No.09)Vashi Naka, Chembur

Figure 4: Center Profile of Ambedkar Building Center at Vashi naka

Address of the Center:	Dr. Baba Sahab Ambedkar building, Runwal Building No. 09, Vashi Naka, Chembur Mumbai- 400074		
Name of Center Co-ordinator	Ms. Smita Halde		
No. of Children	24		
Age of children	Age Group	No. of Children	
	6 to 9 years	4	
	10 to 12 years	14	
Gender	No. of Boys	No. of Girls	
	16	08	
Status of education	School going children	Dropped out children	
	24	-	
No. of Teachers	1		
Gender	Male	Female	
		√	
Educational Qualification	Number	Qualification	
		Pursuing B. Com	
No. of rooms	1		
Toilets	Yes- √		No
Seating Arrangement	Desk- Bench-	On the floor with mats- √	On the floor without mats-
Electricity	Yes- √		No
Drinking water facility	Yes		No-√
Food (Snacks/supplements)	Yes		No- √
	If yes, how regularly?- Sometimes		

Classroom at this centre was found to be bright and lively with colorful paintings and charts pasted on walls. Books and toys were found to be well arranged on shelves at the back of the classroom. The day at the centre started with yoga followed by different activities such as poem recitation, stories, arts and painting depending on the schedule of the day.

The teacher said that she noticed lots of behavioral change before admission and after the completion of 10 week course in children's human values and code of conduct. Students in this set up learnt a sense of self, explore, played with peers and built confidence. She also got a similar feedback from their parents. To enable children to learn language the teacher played rhyming games and made children tell stories. She emphasized that children need to be



Activity time in the centre

imaginative and be in the company of other children to build creativity and become well rounded individuals. Children also got eatables such as wafers and biscuits weekly and also during festivals or any other event. However, students did not receive any sort of health facilities at the centre. To advertise for the new batch, pamphlets were distributed and posters were pasted in the society office.

Interviews were also conducted with parents to collect in depth information about children in order to understand some of the influences that have a significant relationship with their intellectual, social and behavioral development. Parents were also found to be fully satisfied with the whole set up of “Khel Khel Mein” and agree with the fact that the program cultivated good manners and behavior in their children. According to parents, this type of program helped in all round development of children apart from routine school education. They also suggested including dance classes and outdoor games to increase the effectiveness of the program.

### 3.2.5 Gyandeep Building SRA building, Vashi Naka, Chembur

Figure 5: Center Profile of Gyandeep Building Center at Vashi Naka

Address of the Center:	Gyandip Building No. 03, Building No. 12, Sub Plot No. 08 SRA Scheme Chembur, NRHP QTR Anil VLG Mumbai- 400088		
Name of Center Co-ordinator	Ms. Manali		
No. of Children	24		
Age of children	Age Group	No. of Children	
	6 to 8	3	
	9 to 12	21	
Gender	No. of Boys	No. of Girls	
	15	09	
Status of education	School going children	Dropped out children	
	24	-	
No. of Teachers	1		
Gender	Male	Female- ✓	
Educational Qualification	Number	Qualification- graduate	
No. of rooms	1		
Toilets	Yes- ✓	No- ✓	
Seating Arrangement	Desk- Bench-	On the floor with mats- ✓	On the floor without mats-
Electricity	Yes- ✓	No	
Drinking water facility	Yes	No-✓	
Food (Snacks/supplements)	Yes	No- ✓	
	If yes, how regularly?- Sometimes		

Centre environment was adequate to create an educational atmosphere for children. This centre was handled by the Ms. Manali who is a graduate and had one year of work experience. This centre like all other centers was run for two hours. The schedule of these activities was well planned. It started with a prayer, and then went on to group activities, art & craft, storytelling and meditation/breathing. After completing the 10 week long session, center head measured the improvement in children in their behavioral pattern, art & craft skills and language. Health benefits were not provided to children and snacks were distributed to them once in a week. But at the end of each batch the teacher along with centre head go for door to door visit and also paste posters for new batch in society office to spread the information on new admissions.

An interaction with the parents said that the two hours spent in this centre helped children to release their stress. Parents are completely satisfied with the facilities which were provided in the centre.



### 3.2.6 Panjarpol, Vashinaka, Chembur

Figure 6: Center Profile of Panjarpol Center at Vashi Naka

Address of the Center:	Room No. 354, Panjapole, Gautam Nagar, Dinakwari Road Chembur, Mumbai- 400088		
Name of Center Co-ordinator	Mrs. Nirmala Rai		
No. of Children	22		
Age of children	Age Group		No. of Children
	6 to 9		10
	10 to 12		12
Gender	No. of Boys- 09		No. of Girls- 13
Status of education	School going children- 22		Dropped out children- 0
No. of Teachers	1		
Gender	Male		Female- √
Educational Qualification	Number		Qualification- MA, B. Ed
No. of rooms	1		
Toilets	Yes-		No- √
Seating Arrangement	Desk- Bench-	On the floor with mats- √	On the floor without mats-
Electricity	Yes- √		No
Drinking water facility	Yes		No-√
Food (Snacks/supplements)	Yes		No- √
	If yes, how regularly?- Sometimes		



Bright colorful wall paintings narrate various stories of a small world of children. Creative arts and crafts help teachers to teach and students to learn in a unique manner. This centre is run in a slum area on the first floor of a house in Panjarpol region. The center runs in a small room which is not sufficient for the strength but there is a big terrace which is an advantage. There is no toilet facility and they have to access community toilet while studying in the centre. This centre is managed by Ms. Nirmal Rai who takes care of this centre and teaches children. She has completed her M.A. and B.Ed. She is handling this centre as a single body and she is comfortable in managing the strength. Children are involved in different activities within the time from of two hours such as prayer, chart reading, puzzle, games, drawing story and brief up. After completing the session of two weeks behavioral changes have measured in the children which are easily reflected in their behavior. Health benefits are not provided in the centre and there is no first aid kit available in the centre. Before starting this centre home visits were made and pamphlets were distributed the community so that people are aware of this initiative. Snacks are provided to the children once in a week.



Panjarpol Center

During the interaction with parents, research team came to know about the high satisfaction of parents with this project. This centre has been running since January in this community. Parents saw improvement in their children's performance in art & craft, language improvement and behavioral changes. They also reported that children are excited to go to the centre.

### Summary

*“If a seed of lettuce will not grow, we do not blame the lettuce. Instead, the fault lies with us for not having nourished the seed properly” – Buddhist Proverb*

The above proverb aptly sums up the sentiment behind Khel Khel Mein. The program has been designed to foster the growth of children living in different slum areas in Mumbai. Early childhood education in these centers focuses on children’s learning through play, based on well researched module. The faith in the power of recreation and subsequent learning is the core idea behind this initiative and is found to be very well executed in all the centers. The curriculum for this program has been so designed that children learn more efficiently and gain knowledge through activities such as play, art, social games, recitation of poems and stories etc. The whole concept stems from children’s natural curiosity and tendency to “make believe” in educational lessons. The idea of the program seems to be completely apt as the experiences that a child draws from early childhood education contribute significantly to the formation of the synaptic connections in the brain and hence leads a child towards a better future with good moral values.



Art and Craft made by Children

On the operational side of the project, the whole set up seems to be functioning well. Room space seems to be too small to accommodate all children. However, non availability of large rooms especially in slum areas of Chembur is a big challenge and cannot be neglected. Non availability of toilets, however, is a big concern- especially in the centers at Bharat Nagar and Panjrapole. The whole idea of this project is to impart moral values within small children through art and recreation but there are no well designed parameters on the basis of which this growth can be assessed.

Thus, despite the minute challenges faced by the centers, they are functioning very well providing all round development to children.

## CHAPTER- 4

### MID DAY MEAL

#### 4.1 About the Project

National Program of Nutritional Support to Primary Education, popularly known as Mid Day Meal was started in 1995 in an attempt to enhance enrollment, retention, and attendance while simultaneously improving nutritional levels among children in school<sup>2</sup>. However, this scheme is applicable only in Government Schools across India. Reality on the ground reveals that there are many schools that are privately owned or partially aided by the government, that cater to the educational needs of children who come from extremely under privileged backgrounds. Children coming to these schools are as much in need of nutritional scheme like Mid Day Meal as children studying in government schools.



Children having Mid day meal

ISKCON Food Relief Foundation (IFRF) a not for profit charitable trust registered with Charity Commissioner fills this important gap in government's policy. The vision of the organization is- *"removing hunger and up-scaling learning opportunities for underprivileged children"*<sup>3</sup>. The mission of the organization is to *"provide hygienically cooked, balanced, nutritious, wholesome Mid-Day Meal food to children in municipal and government aided schools in India to improve access to good food and promote education."*<sup>4</sup>

With this vision and mission, ISKCON Food Relief Foundation (IFRF) started a Mid-Day Meal Program in 2004. This program caters to the nutritional needs of lacs of students across the country. The objective of the organization is to provide nutritional meal to children every day. While this project was started in the country in 2004, IFRF's association with RCF started only in the year 2011. IFRF was a clear choice for RCF as the organization is known for its excellent service and high quality of Mid-Day Meal.

<sup>2</sup> <http://www.childlineindia.org.in/Mid-day-Meal-Scheme.htm> Accessed on December 6, 2013

<sup>3</sup> [http://delhimdm.com/vision\\_m.php](http://delhimdm.com/vision_m.php) accessed on December 6, 2013

<sup>4</sup> [http://delhimdm.com/vision\\_m.php](http://delhimdm.com/vision_m.php) accessed on March 31, 2013

IFRF has 2 kitchens/cooking stations in Mumbai which cater to a total of 700 schools in Mumbai. Out of these, Mid-Day Meals for 24 schools are being funded by RCF. In the beginning of RCF and ISKCON's association, RCF funded only 8 schools. However, an Impact Assessment Study conducted by National CSR Hub revealed that there were many schools which needed this service. Thus, the list was increased to 24 schools.

## 4.2 Process of the Preparation of Mid-Day Meal

The research team visited the cooking stations- kitchens, of IFRF to understand the process of cooking Mid-Day Meals and also physically verify the process of cooking meals.

Raw material for cooking food like vegetables, grains and spices comes from wholesale markets like APMC market, and Food Corporation of India and stored in storehouses. These storehouses are placed right next to the kitchens so that the movement of raw materials to cooking stations is convenient and hassle free. Cooking stations are highly mechanized and maintain high standards of cleanliness. As informed and validated by documents, all the kitchens are ISO certified. As soon as one enters the kitchen, one has to wear a plastic cap and robe and a separate set of footwear in order to avoid any dirt/infections to enter the cooking stations. With such high standards of hygiene, quality of food during the entire process of cooking is closely examined. Utensils are washed in three stages to maintain the quality of food. Utensils are sterilized and serving spoons are also sent by the ISKON.

After the meal is cooked, it is poured into stainless steel containers of 10 kg capacity. When poured into containers, the meal has a very high temperature and is hot enough when opened for children to eat. The quality and quantity of the food is measured by 2 head cooks.

As soon as the meal is poured into a container it is sealed. At the time of acceptance of Mid-Day Meal school-coordinators/teachers are supposed to accept the containers only if the container is sealed. If the seal is broken at the time of delivery, the container is supposed to be returned back to the cooking station. After the containers are filled they are transferred into vehicles which take them to different schools spread across Mumbai city. After the containers have been distributed, vehicle goes back and collects all the containers and returns back to the cooking stations where they are washed and kept ready for the next day.

After delivery of the meal, school authorities sign a challan which contains the quantity of the food delivered for each day. One copy of this challan goes to the IFRF office, one is kept by the school and one is given to the funder- in this case RCF.

RCF is not only funding Mid-Day Meals for children studying in the above given 16 schools, it has also given tiffin boxes to all the children for them to take it home. They are asked to get their tiffin boxes to school every day so that Mid-Day Meals can be served in them. Mid-Day Meals never fall short of the quantity required and children are encouraged to take as many servings of food as they want. Teachers, too, sometimes, have the Mid-Day Meal

### 4.3 Findings from the Field

#### 4.3.1 Hygiene and Food Quality

*“Over 400 children were treated for food poisoning on 25th November, 2013 after they consumed cakes provided under the mid day meal scheme of government in a suburban school.”*<sup>5</sup> Food quality is an important requirement as students are susceptible to any form of contamination that may occur during grain procuring and cooking processes. RCF and ISKCON take utmost care of the quality of food to be delivered in schools. Hygienic practices are adopted at every stage- right from procurement of grains, to its cleaning and storage, to use of water, fuel, and utensils. As mentioned before, personal hygiene is ensured through caps and gloves worn by staff during cooking and these



Cooking station, ISKCON

are washed every day. The kitchen is also treated for pest control on round the clock basis and entire kitchen staff undergoes medical tests and checkups on regular basis. As far as the quality of food is concerned, each and every school was found to be happy with the quality of the food and wanted the service to be continued.

<sup>5</sup> Sonawala D. and Venkatraman T., “The Indian Express”. Dated: 26<sup>th</sup> November, 2011



#### 4.3.2 Food Quantity

As was observed in the visit to the cooking station, **different meals were provided on different days comprising of dal rice, pulav, sambhar rice and khichadi.** ISKCON follows a well planned delivery mechanism under which food once cooked is packed in especially designed stainless steel containers. After packing, supervisor of the kitchen examines the daily chart of schools covered under the program and the number of children for whom meals are to be sent. If on a particular day, the number of students to be fed is less, then the principal or the coordinating faculty of the school conveys the same to ISKCON and quantity of food is delivered accordingly. This avoids unnecessary wastage of food. The same fact was also expressed by the principal of Glorious English School. The administrator of the Bal Kalyan Nagari supporting orphan and homeless children also agreed with this.

*Our school runs on minimal infrastructure and this scheme helps us to motivate students for studies and other related activities-*  
Principal, Glorious English School

#### 4.2.3 Punctuality

All the surveyed schools were found to be running in two shifts- morning and afternoon and hence all schools required food in both morning and afternoon sessions. Cooked food is always placed in containers and is carried by dedicated fleet of delivery vans to respective schools. Driver of the vehicle is accompanied by a helper who assists him in unloading the containers. The vans are dispatched from the food loading point to the schools with sufficient calculated time margin taking traffic and road conditions in consideration to ensure timely delivery of food. **All schools under the scope of this study were found to be fully satisfied with the timings and punctuality of the vans and delivery of food.**

*I have never noticed the delivery van coming late and the food remains warm and fresh even if we open it after two hours of delivery.- Mr. Kantlal Jaiswal,*  
Principal of Trombay Public High School

#### 4.3.4 Safety

Safety of food is an important aspect in ensuring good health. Improper safety, packing and



Safety Pattern of the packaging

handling can lead to food poisoning which can also prove fatal. As mentioned before, the food delivered to schools is packed in stainless steel boxes with a seal. Principal and other coordinating staff of schools have been guided not to accept the food containers if seal is found to be broken. Boxes used for packing are cleaned to protect the quality of food inside.

This type of packing also helps in regulating water or moisture content of the meal to keep it as fresh as possible. This safety regime comprises of several steps such as sterilization of utensils, separate spoons for serving which are changed on regular basis. **Principals and coordinating staff of almost all schools were found to admire safety measures of the food provided to them and were completely satisfied with ISKCON and RCF's joint Mid Day initiative.**

#### 4.3.5 Attendance

This MDM program of RCF is being conducted in slum areas where it is very hard for parents to feed nutritious food to their children twice in a day. This has adverse affects on children's education. Moreover, deteriorating health does not support proper functioning of mind and body which may create problems in learning and concentration of children. The tasty food served under MDM scheme has played a pivotal role in increasing the attendance of children in schools.



Increment in attendance of the class

In few schools, attendance rate has been reported to be considerably high after introducing MDM in schools.

## CHAPTER- 5

### MOBILE MEDICAL VAN

#### 5.1 About the Project

Mobile Medical Van is a project of Mobile 1000 which is the flagship program of the Wockhardt Foundation- the CSR wing of Wockhardt Group of Hospitals. The aim of Mobile 1000 was to provide basic primary health care services to those who for many reasons cannot get access to existing healthcare services. The mission of Mobile 1000 is “to operate 1000 Mobile Health Vans to provide free primary healthcare to 25 million Indians in rural India<sup>6</sup>” In congruence to this, the mission of Mobile 1000 urban is “to provide primary healthcare in urban localities through Mobile Medical Vans<sup>7</sup>”. This too, is provided free of cost. Mobile 1000’s association with RCF started in the year 2012. Seeing its success in Thal, Raigarh District, the project was also started in suburbs like Govandi and Trombay. A cursory look at the situation of Govandi, more specifically



Mobile Medical Van in the community

Vashi Naka and Cheeta Camp, reveals that this suburb is susceptible to various diseases due to its close proximity with the dumping ground. This dumping ground is India’s largest dumping

ground and receives 5,500 metric tons of garbage, 600 metric tons of silt and 25 tons of bio medical waste daily.<sup>8</sup> Recurrent fires at the dump have caused conditions unfit for habitation for residents of the Govandi and other adjacent areas.

Mid Term Evaluation was conducted in the following locations-

1. Tata Nagar
2. Limboni Baug and Assisi Nagar

<sup>6</sup><http://www.wockhardtoundation.org/pro-vision-1000.aspx> accessed on March 30, 2013

<sup>7</sup><http://www.wockhardtoundation.org/pro-mhr.aspx> accessed on March 30, 2013

<sup>8</sup> Stuti Sukla, Poor Civic Amenities, water woes and health hazards, Jan. 28, 2012.

<http://www.indianexpress.com/news/poor-civic-amenities-water-woes-and-health-hazards/904787/> and Report by PRATHAM on child Ragpickers. [http://pratham.org/images/paper\\_on\\_ragpickers.pdf](http://pratham.org/images/paper_on_ragpickers.pdf). Accessed on 26th November, 2013



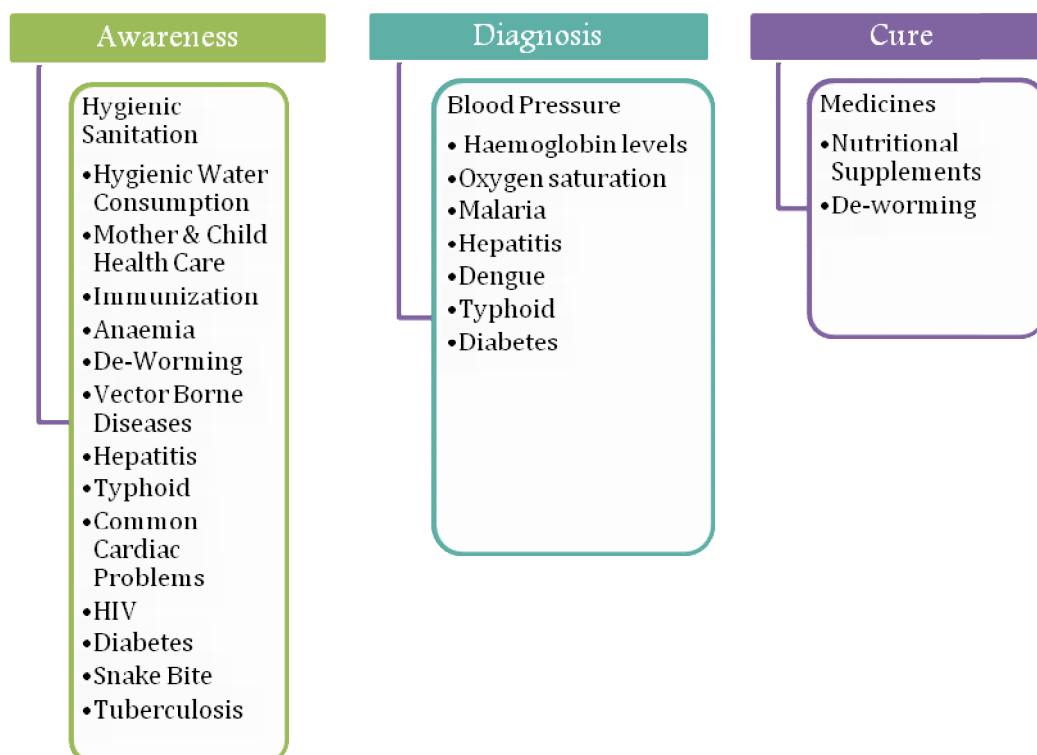
3. Bhim Nagar and Gautam Nagar
4. Jai Ambe Nagar
5. Nirankari Nagar and Sanjay Nagar 2
6. Padma Nagar, Chikalwadi, Indira Nagar

#### Ground level situation of Vashi Naka and Cheeta camp

Aforesaid locations are found in squalid slum regions of Vashi Naka and Cheeta camp with people living in hand to mouth situation. To reach families who struggle everyday with poverty and lack of health care in overcrowded slums in these locations, Wockhardt in association with RCF initiated a Mobile Medical Van. This van provides primary healthcare services and free medicines to people living in these areas. These urban slum dwellers face inadequate housing, poor hygiene and lack of safe drinking water and sanitation. Neglected living conditions, poverty and expensive medical services make people in these localities susceptible to various health hazards such as widespread infection, dehydration, high level of malnutrition in children under five, airborne diseases such tuberculosis and measles etc. Most of the patients in these communities live in hand to mouth situation and are so poor that they do not seek medical help. Hence, taking healthcare directly to these vulnerable pockets of Govandi fills a critical gap in the existing health care system.

*The doctor helps in spreading awareness regarding sanitation and cleanliness*  
-Mrs Mariyam Shekh, a beneficiary

Following services are provided to people by the Mobile Medical Van.



## 5.2 Findings from the field

### 5.2.1 Quality of Service

Each fully equipped mobile medical van is staffed with a doctor, a para medical staff and a driver so that immediate health care needs of people can be diagnosed, treated and proper referrals can be made.

Following services are provided:

- i) Early identification and care for patients having chronic diseases such as diabetes and hypertension, and to provide them continuous supply of free medicines.
- ii) History of treatment and patient's record is also maintained in registers and prescription slips are given to patients.
- iii) Patients are also given pamphlets that guides them about various do's and dont's to keep their environment clean and hygienic enabling them to lead a healthy life.

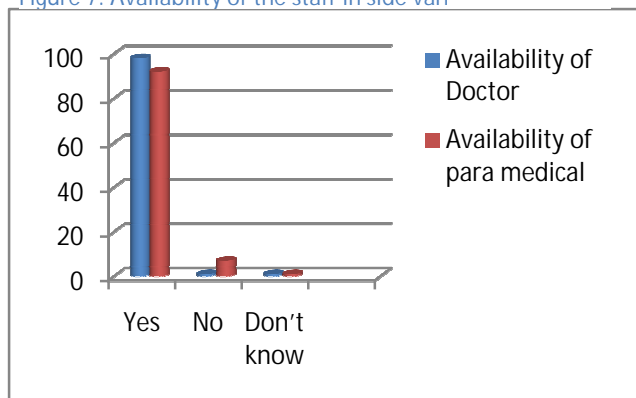
Pamphlets describing tips and guidelines on mother and child healthcare are also distributed.

Informal conversations patients in six different locations covered under the scope of this study were found to have a level of satisfaction for the type of services they availed from the medical vans. However, people in almost all the locations demanded for shade to stand in the queue and additional facilities for blood and urine tests. There were also few people in these locations who complained of ineffectiveness of medicines and non availability of medicines that they were already consuming prior to the medical van services.



Dr. Pallavi while examining the patients

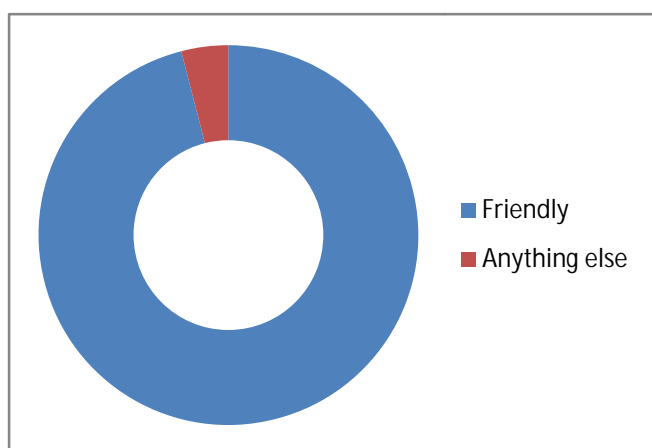
Figure 7: Availability of the staff in side van



Source: Research Team's Analysis

The graph clearly represents that the beneficiaries of this van very well knew the differentiation between doctor and Para medical staff. The data shows that in more than 95% of cases doctor is present in the van. In 85% of cases, people agreed with the fact that the Para medical staff was also present in the van

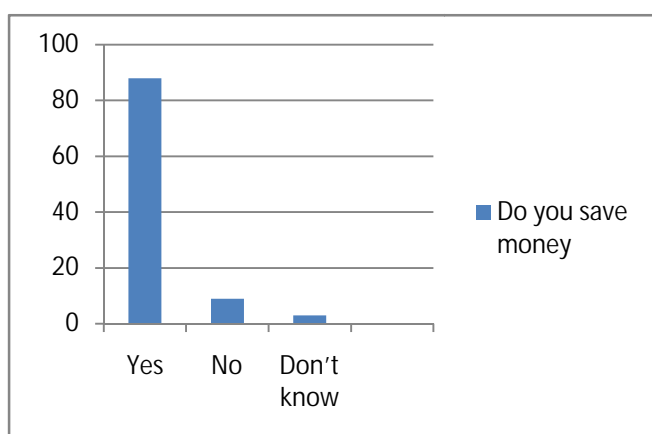
Figure 8: Behavior of the medical team



Source: Research Team's Analysis

A major section of population in different locations finds the behavior of the medical team friendly. They say that the doctor in the van treats them with full attention and also gives different suggestions and precautions to be followed. This helps them to understand the illness, its reasons and the medication well.

Figure 9: Financial Benefits to the Community



Source: Research Team's Analysis

More than 80% of population in different locations feels that they have saved money in getting treatment from the medical van. People in different locations feel that the private hospitals and clinics around them are very expensive and these services cannot be availed in normal ailments such as cold, cough, headache etc. Hence they find the services of mobile medical van handy.

### 5.2.2 Punctuality

It was observed that the medical van did not reach the location at the stated timings on any of the places. However, the van waited till the end to see all the patients and left only after all patients

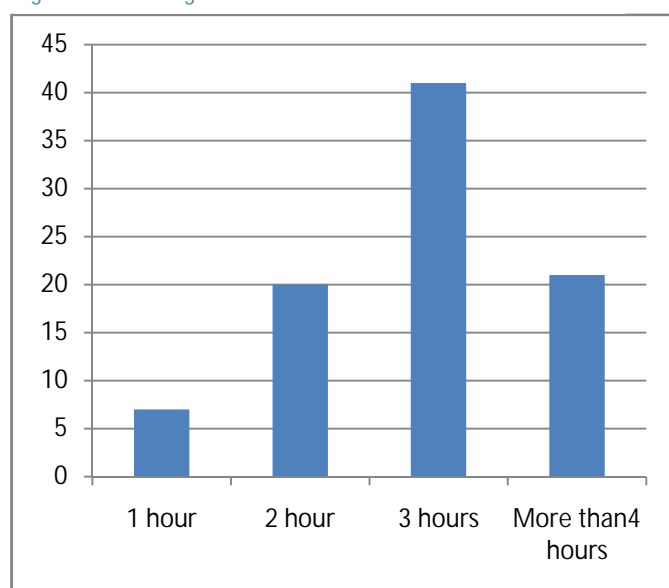


Patients waiting for their number

were attended. Public opinion shows that they were satisfied with this healthcare system but at the same time they hoped that the van should come on the stated time.

Sometimes the van comes around 1 or 2 hours late..maybe because of traffic..that leads to extended wait time in hot and humid conditions  
-Mrs Fatiza Bano. Resident chikalwadi

Figure 10: Waiting time of the Van



Source: Research Team's Analysis

**Also, there is no mechanism to coordinate with the medical van.** The waiting time further adds to the time that the patient waits in the queue for check up. This often delays them for their work. During repairs of van and other emergencies, there is no proper mechanism defined to inform the beneficiaries.

### 5.2.3 Manpower

At every location beneficiaries showed requirement of an additional manpower who can manage people in the queue to make the service smoother. People availing the facility of medical van at Nirankari Nagar expressed the requirement of a community mobiliser who can tell



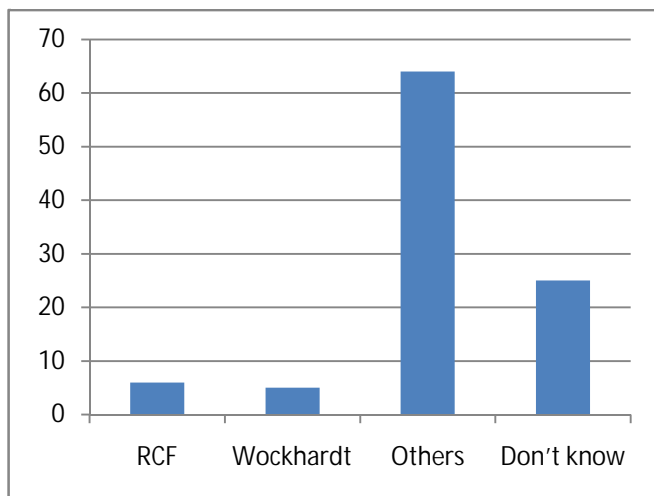
Patients while accessing the MMV

them about the arrival of

medical van so that they do not have to wait in uncertainty. Similar need is also sensed in rest of the localities also.

### 5.2.4 Awareness about MMV and RCF:

Figure 11: Who sends the van?



Source: Research Team's Analysis

Many people are not aware about Mobile Medical Van and who sends it. During the evaluation most people were found to be accessing this van for the first time. A strong need to sensitize community people was felt by the team. The objective and function of the van should be clearly articulated to the community. Services of the van and nature of the facilities need to be explained to the beneficiaries. People

were found to have unrealistic expectations out of the van because they were not aware about the services it was meant to provide. People were not clear about the timings of the van, time period of the van and sponsor of the van, which shows lack of awareness about the van in people.

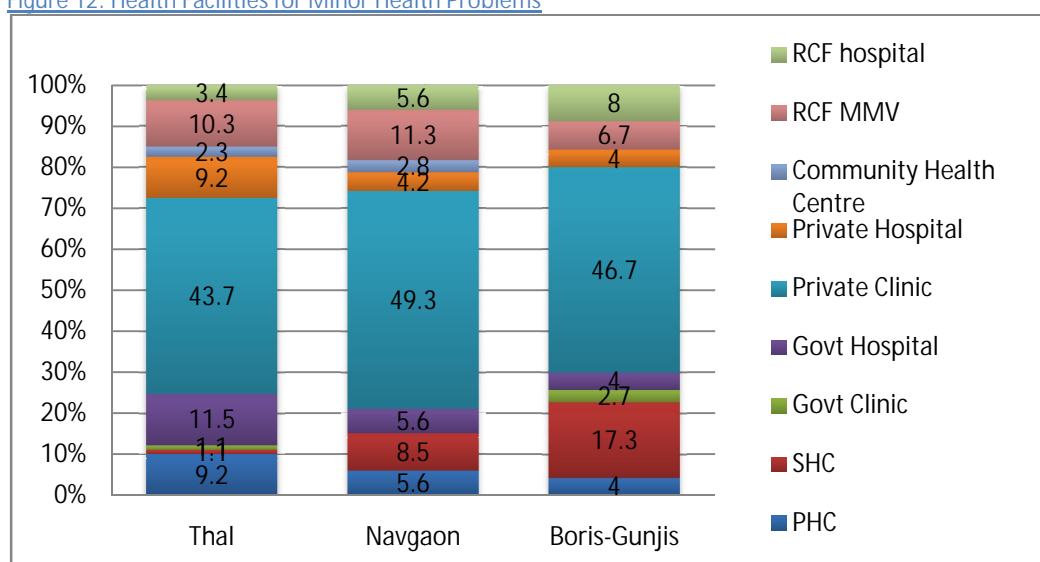
### 5.3 Mobile Medical Van, Thal

This project comes under the rural chapter of Mobile 1000- an initiative of Wockhardt Foundation. Mobile Medical Van in Thal block was initiated in 2012 based on the recommendations of the ‘Needs Assessment Report for RCF, Thal’ conducted by National Corporate Social Responsibility Hub in the year 2011. The project covers all villages under Thal, Navgaon and Borris-Gunjis Gram Panchayat. The functioning of Mobile Medical Van in the villages of Thal block is exactly like the functioning in of Mobile Medical Van in Vashi naka, Mumbai. The van starts from a semi-urban area as a starting point. 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. 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.

A cumulative analysis of the three gram Panchayats of Thal, Navgaon and Borris-Gunjis shows that in case of minor illnesses the MMV facility of RCF is being utilized by (9.4 %) HHs in case which is a noteworthy contribution given the duration of its operation has been less than a year till now.

The **MMV facility** provided by RCF has a **huge potential for demand** of its services especially in case of **minor illnesses** due to the nature of its services.

Figure 12: Health Facilities for Minor Health Problems



Source: Report of Impact Assessment & Evaluation of CSR Projects at RCF Thal and Trombay units



It was found that for major illnesses the **MMV facilitates early diagnosis of certain illnesses** and also refers the patients to government or private hospital for further treatment.

The common diseases affecting the studied population included cold, cough, fever, skin rashes, low count of White Blood Cells, Malaria, Rheumatology problems, orthopedic problems, diabetes, kidney stone and asthma etc.

### 5.3.1 Quality of Services Availed

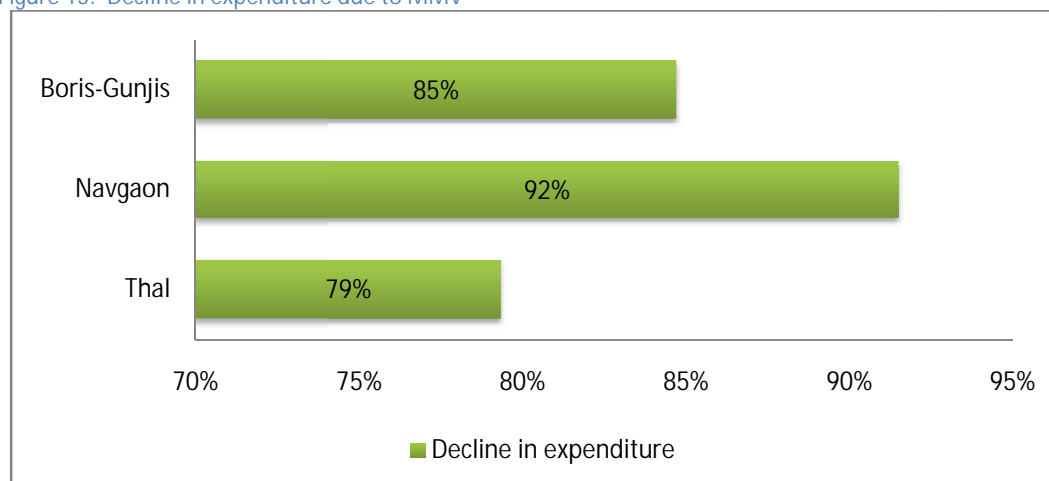
In **Thal** **53.2%** of the households had availed services under the **awareness category** such as hygiene, sanitation, hygienic water consumption, mother and childcare, immunization, anemia, de-worming, hepatitis, typhoid, cardiac problems, diabetes and tuberculosis, 36.4% households had availed **diagnostic services** such as Blood Pressure check, Hemoglobin check, Malaria, typhoid and Diabetes and 42.9% had **taken curative medicines etc.** from the MMV.

In **Navgaon** 40% of the households had availed services under the **awareness category** such as hygiene, sanitation, hygienic water consumption, anemia and typhoid, 22.2% households had availed **diagnostic services** such as Blood Pressure check, Hemoglobin check, Malaria, typhoid, Oxygen saturation and dengue and 34% had taken **curative medicines etc.** from the MMV. There were cases of diabetes and due to the Koli community (which is engaged in occupation of fishing) being present in large percentage there were incidences of cuts and bruises for which they said that TT injection would be useful. However, on interaction with the MMV Doctor it was found that there is a SHC nearby and for injection like TT, they can avail the facility of the SHC.

In **Boris-Gunjis** 26.2% of the households had availed services under the **awareness category** such as hygiene, sanitation, hygienic water consumption, immunization, de-worming, hepatitis, typhoid, cardiac problems, diabetes and vector borne diseases, 23.6% households had availed **diagnostic services** such as Blood Pressure check, Hemoglobin check, Malaria, typhoid, diabetes and dengue and 19.6% had taken **curative medicines etc.** from the MMV.



Figure 13: Decline in expenditure due to MMV



Source: Report of Impact Assessment & Evaluation of CSR Projects at RCF Thal and Trombay units

The MMV service is free of charge as well as available within the village and has therefore helped to bring down the cost incurred by the villagers. In Thal, 79.34% of the households claimed that there has been a decline in their expenditure towards healthcare due to the presence of the RCF MMV, in Navgaon 91.5% households said that their expenditure has gone down and in Boris-Gunjis it was 84.7%.

**The villagers were very impressed and satisfied with the kind and caring attitude of the MMV team.** They were happy to share with the team that the Doctor was very kind and polite and took interest in each of his regular patients.

### 5.3.2 Punctuality

The entire week's schedule of the MMV is pre-decided and strictly followed. The days and hours of the MMV are fixed and each day is fixed for a particular village. Majority of villagers who were aware of the MMV facility informed that the MMV visited the village regularly and on the scheduled time.

In **Thal Gram Panchayat**, the 75% of the households reported that the MMV visits the respective village on scheduled day of the week and 2% said that the MMV does not come regularly. Remaining 23% HHs were either not aware of the facility or could not provide any information.

In **Navgaon Gram Panchayat**, 74% of the households informed that the MMV visits the village on scheduled day of the week and remaining 26% HHs were either not aware of the facility or could not provide any information.

In **Boris-Gunjis Gram Panchayat**, 55% of the households reported that the MMV visits the respective village on scheduled day of the week and 2% said that the MMV does not come regularly. Remaining 43% HHs were either not aware of the facility or could not provide any information.

All three villages informed that the **MMV always visited the village with the entire team** which included- a doctor, a pharmacist and a driver.

### 5.3.3 Awareness about MMV and RCF

The MMV strives to reach out to all the households in the villages and through its mobile services resolves the challenges of accessibility and cost. The main objective was to improve the health status of the villages

To be successful in the project it is very crucial to spread awareness about the facilities and the services that can be availed. Campaigns are very important in the villages to make all the households aware of the MMV. At the launch of MMV Project campaigning was undertaken by the Thal and Borris Gunjis Gram Panchayat. Different mechanisms were used by the Gram Panchayats for different villages which have been detailed in the Table 3 below. Navgaon Gram Panchayat did not undertake any village level campaigning

## CHAPTER- 6

### CONCLUSIONS AND RECOMMENDATIONS

#### 6.1 RCF SUPER 30

The idea of RCF Super 30 is a brilliant concept and has been recognized not just nationally but internationally. In these times of cut throat competition and the long standing urban-rural divide that the country has been facing, this project performs an important function of refining the talent of highly capable students. With the support of some corporations and now RCF, the project has expanded to 7 cities. The research team visited Super 30's Thane Center and discovered the following strengths, weaknesses, opportunities and challenges.

STRENGTHS	WEAKNESS
1. This project is <b>working immensely well in fulfilling its core objective</b> of providing focused training to qualify to premiere engineering institutions. It helps them in enhancing their competitive strength.	1. <b>Teachers are not regular in coming to classes. Irregularity of teachers</b> makes students suffer and waste time ultimately hampering their studies.
2. Provision of training to 30 children <b>free of cost</b> . This is hugely beneficial as students belong to economically underprivileged backgrounds.	2. <b>Lack of library</b> for students creates problem in accessing books at the same time.
3. <b>Professionals</b> in the field who have 15+ years of experience in coaching students or IIT pass outs <b>are hired for coaching students</b> .	3. Due to space constraint, 30 students have to live in an extremely congested space. <b>This compromises on cleanliness and hygiene of the center</b> . Moreover, <b>lack of permanent support staff</b> aggravates this situation.
4. The Centre provides <b>facilities</b> of lodging, fooding and coaching all, <b>under one roof</b> .	4. Sometimes students have to face the problem of <b>power cut</b> off which hampers their studies and schedules.
5. Creates an environment of <b>peer learning</b> .	5. The competitive environment can put students under stress for which there is <b>no separate counseling facility</b> .
6. <b>Center Manager is friendly, co-operative and diligent</b> towards her duties	6. Many students complained about the <b>quality of food prepared</b> . Thus, some efforts should be taken in that direction

OPPORTUNITIES	CHALLENGES
<ol style="list-style-type: none"> <li>1. Location of the Center in a residential colony in Thane is a <b>safe place for children to study in</b>. With this environment, students have a productive environment to study.</li> <li>2. With RCF as its funding partner, the center can expect <b>smooth functioning</b>.</li> </ol>	<ol style="list-style-type: none"> <li>1. Hostile attitude of the colony members towards students playing cricket comes in the way of their recreation.</li> </ol>

### 6.1.1 Recommendations

**6.1.1.1 Recruitment of Permanent Faculty:** The most unique quality of Super 30 which got the concept fame and recognitions is its coaching. However, Thane Center of RCF Super 30, is struggling to find permanent faculty, especially for Physics. Students try to study the subject on their own, but often need a teacher's help to understand a few concepts. There should be recruitment of permanent faculty for every subject so that students can get proper guidance on appropriate time.

**6.1.1.2 Need of a Library:** Students in the center have to incur expenditure on expensive books because there is no library facility. It is important that a coaching center has library facilities and hence should be provided.

**6.1.1.3 Need of Generator:** Unlike most of Mumbai, Thane faces many power cuts. This becomes a problem for students. Thus, a generator can be provided to the center. Regular Monitoring by RCF would help in updating their facilities.

### 6.2 Khel Khel Mein

Play is an important and inseparable part of children's life as it not only provides fun but is also helpful in healthy development of a child. The beauty of recreation lies in the fact it helps children try out new skills, explore their imagination and creativity thereby developing relationships with other children and people in their lives. If randomly a child is asked what he likes to do best, the answer is unanimous: to play. This fact was taken into consideration by Wockhardt Foundation which launched a program known as Khel Khel Mein where play is combined with learning with the help of a tutor. Under this program six edu-recreational centers have been established in collaboration with RCF at different locations in Vashi Naka region.

Wockhardt foundation is working immensely well to provide a platform to children for their essential growth and development, where they are provided toys, games and other recreational material.

STRENGTHS	WEAKNESS
1. The <b>centers are child friendly</b> and beautifully decorated.	1. In most of the centers there is <b>no facility of drinking water</b> which is one of the basic necessities. Students are supposed to carry their own water bottle.
2. The project <b>inculcates human values</b> such as respecting elders, obeying parents and teachers etc. in small children living in slum areas	2. Some centers <b>lack toilet facilities</b> for instance, centers near Ram Mandir, Vashi Naka and in Panjrapol. Children go to BMC toilet leading to wastage of time and exposure to unhygienic toilets
3. The <b>centre provides study material comprising poems, stories</b> etc. to students making learning easy and enjoyable.	3. There is <b>no fixed parameter</b> against which the progress of children is measured- except for feedback from parents.
4. Students are <b>encouraged to paint and do art work</b> which helps increase their creativity thereby making learning more effective.	4. <b>Lack of books in Hindi and Marathi</b> , given that students are comfortable in these languages.
5. The center <b>hunts for talent</b> through different events such as poem and art competitions in order to develop it further.	
OPPORTUNITIES	CHALLENGES
1. The project has a <b>well designed module of teaching</b> and learning. Centers should try to follow it as much as possible.	1. Centers are located in economically underprivileged pockets of Mumbai. <b>Space constraint</b> in these areas is a big problem which is <b>also seen in the centers</b> .
2. Communities where these centers function are aware about the quality, aims and objectives of the center. Thus, they have the <b>capacity to expand</b> and undertake more child centric programs	2. Most of the centers have <b>unclean and unhygienic surroundings</b> . This makes children susceptible to various diseases.

<p><b>3. Wockhardt Foundation is an established name</b> in social sector. Thus, the project can explore opportunities of collaboration with other likeminded organizations.</p>	
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### 6.2.1 Recommendations:

**6.2.1.1 Develop Parameters to evaluate growth of students:** Project Khel-Khel Mein, has meaningful objectives of imparting human values and exposing children to playful and creative learning. It would be really helpful for the growth of the project if they define certain fixed parameters to measure the progress of children. This would also help the project to review their methodologies and bring about necessary changes.

**6.2.1.2 Follow the well designed Module:** The project has a well designed and fairly descriptive module which has details on each and every activity to be taken up. It also outlines the expected outcomes of the activity. All centers should try and follow the module as much as possible to achieve stated outcomes. Though the research team recognizes the fact that everything on paper cannot be followed in practice, the centers could consider functioning in the large framework of the module. This would assign objectives to each activity taken up at the center and make the process of learning more focused.

**6.2.1.3 A Module for children who have passed out:** Every module lasts for 10 weeks, after which a new batch of students is accepted. The project could consider designing a mechanism by which children who have already passed out of the center can come back for their further development. Growing up children need continuous support and encouragement. This will also facilitate role modeling and peer learning for small children. Such an expansion of scope and objectives will certainly require more financial support. RCF's continuous support to Khel Khel Mein would be quintessential in this regard.

**6.2.1.4. Provision of Drinking water facilities and Toilet:** Centers can provide clean drinking water facilities to children. Currently, they are expected to get their own water bottles. In case water in their water bottles gets over, the center should provide water. Centers should also try their level best to arrange for toilets in their centers. Though the research team

recognizes the space constraint centers function in, this is one need that they should try to immediately seek to fulfill.

**6.2.1.5 Provision of Books in Native Language:** It was observed that most books in the center were in English. While making children learn English is need of the hour, exposing them to books in Hindi Marathi will also enhance their learning.

### 6.3 Mid Day Meal

Mid Day Meal project implemented by ISKCON fills a critical gap in the Government's scheme of Mid Day Meal meant only for children in Government Schools. There are various private schools in Mumbai wherein children of under privileged backgrounds study. However, these schools do not come under the purview of Mid Day Meal scheme as they are privately owned. Thus, organizations like ISKCON through their own Mid Day meal Scheme fill this gap and provide hot cooked meals to children. This is one of the best initiatives that RCF supports under its Corporate Social Responsibility. Following is an analysis-

STRENGTHS	WEAKNESS
<ol style="list-style-type: none"> <li><b>1. Provision of hot cooked, meals</b> that are tasty and sufficient in quantity to children.</li> <li><b>2. A timely delivery of food</b> to all schools everyday in ensured.</li> <li>The kitchen as well as food maintains <b>high standard of cleaning.</b></li> <li>High in nutritional content and variety in the menu.</li> </ol>	<ol style="list-style-type: none"> <li>1. None</li> </ol>
OPPORTUNITIES	CHALLENGES
<ol style="list-style-type: none"> <li>With many private schools catering to the educational needs of poor children, this project has an <b>enormous scope of expansion.</b></li> </ol>	<ol style="list-style-type: none"> <li>1. None</li> </ol>

#### 6.3.1 Recommendations:

As mentioned before, Mid Day Meal project of RCF is possibly one of its best initiatives under CSR. The implementing agency- ISKCON performs all tasks related to preparation, distribution and accounting of Mid Day Meal near perfection with very few or no flaws in it. The research team could not find any points of recommendations.

## 6.4 Mobile Medical Van

**Mobile Medical Van** which is a part of Mobile 1000 of Wockhardt Foundation has been providing commendable primary health care services in the underprivileged pockets of Mumbai. Following is an analysis-

STRENGTHS	WEAKNESS
<ol style="list-style-type: none"> <li>1. The project brings <b>primary health care services to the doorsteps</b> of economically disadvantaged sections of population.</li> <li>2. People have <b>saved a lot of money</b> (approx. Rs 150/visit) every time they access the van instead of a hospital.</li> <li>3. <b>Friendly and co-operative medical team</b> helps people to talk about their problems to the doctor.</li> <li>4. <b>Medicines are good</b> and benefit people.</li> </ol>	<ol style="list-style-type: none"> <li>1. In each of the locations visited, there are <b>no fixed parking points</b> for the van to stand. Due to this, often times people don't come to know whether the van has come or not.</li> </ol>
OPPORTUNITIES	CHALLENGES
<ol style="list-style-type: none"> <li>1. The areas that are being covered by the van currently are surrounded by areas with similar socio-economic background. Thus, there is scope for the van to increase the scope of their project.</li> <li>2. Van should try to follow a pre-decided schedule to ensure a time and cost effective healthcare services delivery.</li> </ol>	<ol style="list-style-type: none"> <li>1. None</li> </ol>

### 6.4.1 Recommendations:

**6.4.1.1 Increase in the frequency of visits:** Given the increasing demand of Mobile Medical Vans, visit to a locality can be made twice a week.

**6.4.1.2 Need of a Community Mobilizer/Social Worker:** A community mobilizer or social worker from the community can be appointed who can guide the people in a particular locality about the medical van and the facilities available in it. He can also be the coordinating person who the doctor can be in touch with.



**6.4.1.3 Organization of Health Camps:** Separate health camps twice in a month can be organized so that needy patients can go for full health checkups such as blood checkup, eye tests. Through these camps awareness building about specific disease can also be done.

**6.4.1.4 Fixing a specific point of access of the Van:** This will eliminate any confusion in the people's minds about the location of van and their experience of accessing services will improve.

## Annexures

### Abhyanand Super 30- Thane

#### Interview Schedule for the Center Head

Name of the Center Head:		
Since when have you been working here?		
Which year and where was the project started?		
Who are the founding members of the organization?		
Since when has RCF been sponsoring this project?		
No. of students sponsored by RCF	Total no. of students	No. of students sponsored by RCF

1. What is the relationship between CSRL and Abhyanand Super 30?

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2. What is the vision-mission of the project?

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3. What is the program design?

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4. Has the program design been changed in the past? What kinds of changes have come?

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5. What has been your success rate like?

Year	No. of students enrolled	No. of students getting admission in IIT	No. of students getting admission in NIT	No. of students getting admission in other Engineering Colleges

6. On what basis were these 30 students selected by RCF?

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7. How is the progress of, RCF sponsored 30 students reported to RCF?

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8. How many full time faculty and part time faculty are there for students?

Full Time Faculty	
Part Time Faculty	

9. What is the qualification of the faculty teaching here?

Number of teachers	Qualification

10. What kind of facilities is being provided to students?

Accommodation (Infra-room, cot, study desk)	
Food (No of meals, quality)	
Health	
Study Material	
Other	

11. What are your other sources of funding?

.....

.....

12. What kind of problems do children face during their training here?

.....

.....

13. Is there a counseling cell in the coaching?

.....

.....

14. Have you encountered any difficulties in working with RCF?

.....

.....

15. Do you need any support from RCF in provision of any more facilities?

.....

.....

## Khel Khel Mai

## Questionnaire for Wockardt Foundation

1. What is vision of the organization?

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2. What is the mission of the organization?

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3. What led you or the founding members of the organization to start such an initiative?

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4. What was the motive behind using the approach of 'joyful learning' for this initiative? Why do you call your centers Toy Libraries?

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5. How do you shortlist the center sites?

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6. Tell us about the composition of the centers in general

a.	No. of Children	
b.	No. of Teachers	
c.	No. of Attendants (If any)	
d.	Any other employees	

7. How big is the center?
- No. of rooms-
  - Toilets-
  - Availability of water
8. What are the working hours of the centers?

9. Do all the centers work simultaneously in all parts of Mumbai or do one/two at a time?

10. Out of all the centers, how many are sponsored by RCF?

11. Describe a day at the Center.

12. There are 5 pillars of Khel Khel Mai.

1	Joy	How do you do that?		
2	Social Skills	What kind of social skills?	How do they get ingrained?	How do you assess that?

3	Recreation	What kind of activities?		
4	Learning			
5	Health	What kind of activities?	Do you have a tie up with some hospital/clinic?	Is it free of cost?

13. Do you design a course curriculum?

Yes.....1

No.....2

If yes, who designs it?.....

14. What is the qualification of the center co-ordinators?

.....

15. How did you arrive at certain specific outcomes like elimination of addiction, importance of friendship? It could have been anything else.

.....

.....

16. How many of the expected outcomes have been achieved? Explain.

All Children understand the harm that addictions create	Yes/No/In process	Any details:
All children understand the importance of being together and friendship	Yes/No/In process	Any details:
All children understand the value of health and education and 50% of them start to apply personal hygiene.	Yes/No/In process	Any details:
They expect at least 5 – 10% of the children leave their bad habits in 6 months and 30 % leave their bad habits in next 2 – 3 years.	Yes/No/In process	Any details:
They expect most of the dropouts to go back to school	Yes/No/In process	Any details:

17. What is the Monitoring and Evaluation System?

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18. Who are your other sources of funding?

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19. Have you encountered any difficulties while dealing with RCF?

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20. Do you require RCF's support in any other activity?

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## KHEL-KHEL MAI

### CENTER PROFILE

Address of the Center:		
Name of Center Co-ordinator		
No. of Children		
Age of children	Age Group	No. of Children
Gender	No. of Boys	No. of Girls

Caste	SC	ST		OBC	Gen	
Religion	Hindu	Muslim	Christian	Sikh	Buddhist	Others
Status of education	School going children			Dropped out children		
No. of Teachers						
Gender	Male			Female		
Educational Qualification	Number			Qualification		
No. of rooms						
Toilets	Yes			No		
Seating Arrangement	Desk- Bench-		On the floor with mats-		On the floor without mats-	
Electricity	Yes			No		
Drinking water facility	Yes			No		
Food (Sancks/supplements)	Yes			No		
	If yes, how regularly?					

## MID-DAY MEAL

### INTERVIEW SCHEDULE FOR SCHOOL PRINCIPAL AND/OR COORINATORS

1. Name of the school		
2. Name of the respondent		
3. Designation		
4. Is the school:	Pre Primary+ Primary (KGI, KG II+ Std I to V).....1 Primary to Secondary (from KG I to Std X).....2 Primary to Secondary (from Std I to Std X).....3 Any other.....	
5. When was Mid-day meal started by RCF in this school?		
6. Was there Mid Day Meal scheme available in your school before the involvement of RCF?	Yes.....1  No.....2	If yes, why was it discontinued?
7. Is MDM optional or compulsory for students to take?	Optional.....1 Compulsary.....2	
8. Who supplies utensils in which food is served?	School.....1 RCF.....2 Children.....3	
9. Is the food delivered on time every day?	Yes.....1  No.....2	If no, what do you think are the reasons behind this irregularity?

10. Is there anyone from the school who verifies the quality and/or quantity of food?	Yes.....1  No.....2	If yes, who?
11. Is the quantity of food sufficient for children of all age groups?	Yes.....1  No.....2	
12. Is there variety in the Mid Day Meal?	Yes.....1  No.....2	If yes, then please give the menu list.....
13. Have you ever come across an experience wherein the quality of food was not good?	Yes.....1  No.....2	If yes, how many times?.....
14. Please describe what was wrong with the food?		
15. What happens to the excess food, if any?		
16. Do you think RCF can support you in any other way?		

## **BENEFICIARY QUESTIONNAIRE**

1. Date of the Interview (DD/MM/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Name of the locality: \_\_\_\_\_
3. Name of the interviewer(s): \_\_\_\_\_
- PLEASE ENCIRCLE THE CODES GIVEN.
- WRITE 'NA' IN CASE OF NO ANSWER

1. Name of the respondent: .....

2. Details:

Gender: Male            -        1

Age (in years): \_\_\_\_\_

Female                -        2

3. What is your religion:

- |                       |   |
|-----------------------|---|
| i. Hindu.....         | 1 |
| ii. Muslim .....      | 2 |
| iii. Christian.....   | 3 |
| iv. Sikh.....         | 4 |
| v. Buddhist.....      | 5 |
| vi. Jain.....         | 6 |
| vii. Other.....       | 7 |
| viii. Don't know..... | 8 |

4. Which caste do you belong to?

- |                              |   |
|------------------------------|---|
| i. Scheduled Caste.....      | 1 |
| ii. Scheduled Tribe.....     | 2 |
| iii. Nomadic Tribe.....      | 3 |
| iv. Denotified Tribe.....    | 4 |
| v. Other Backward Class..... | 5 |
| vi. General.....             | 6 |
| vii. Don't know.....         | 7 |

5. Which day of the week does the van come to your locality?

Monday.....1

Tuesday.....2

Wednesday.....3

Thursday.....4

Friday.....5

Saturday.....6

6. Does the Van come regularly on the above mentioned day?
- i. Yes.....1
- ii. No.....2
7. Since when has the van been coming?.....
8. Who sends this van?
- i. RCF.....1
- ii. Wockhardt.....2
- iii. Other-.....3  
(WRITE AS DESCRIBED)
- iv. Don't know.....4
9. For how long does the van wait in this area?.....
10. Do you think this time is enough?
- i. Yes.....1
- ii. No.....2
- How much longer should it wait?.....
11. What kind of services do you get from the van? (TICK AGAINST THE ONES APPLICABLE)

Cure	Diagnosis/Check Up		Awareness
Medicines:	Blood Pressure.....1	Hepatitis.....5	Hygiene.....1
Yes.....1			
No.....2	Hemoglobin.....2	Dengue.....6	Mother and Child Care.....2
Don't Know.....3			
	O2 Saturation.....3	Typhoid.....7	Immunization.....3
Nutritional Supplements	Malaria.....4	Diabetes.....8	Vector Borne diseases and other diseases.....4
Yes.....1			

No.....2		
Don't Know.....3		Knowledge of Prevention against diseases.....5

12. Is a doctor always present in the Van?
- i. Yes.....1
- ii. No.....2
13. Is a pharmacist always present in your van?
- i. Yes.....1
- ii. No.....2
14. Are you charged for these services?
- i. Yes.....1
- How much (per visit)? .....
- ii. No.....2
15. Behavior of the medical team is
- i. Friendly and willing.....1
- ii. Rude and distant.....2
- iii. Anything else.....
- (WRITE AS DESCRIBED)**
16. Do you think you have saved any money on your health expenditure over the last 3 months?
- i. Yes.....1
- How much/visit? (approx.).....
- ii. No..... 2
- iii. Don't know..... 3
17. Do you think the service can/should be improved?
- i. Yes.....1
- How?
- .....
- .....
- ii. No.....2
18. Does the team refer you to the hospital in case of a serious health ailment?
- i. Yes.....1

Where.....

ii. No.....2