

ANNUAL REPORT 2014-15  
ONM  
CORPORATE SOCIAL RESPONSIBILITY AND SUSTAINABILITY  
INITIATIVES  
OFM  
BHARAT DYNAMICS LIMITED



Submitted by M



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## About ASCIM

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

## About BDLM

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

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## AcknowledgementsM

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### Board Level CSR & Sustainability CommitteeM

Shri J Rama Krishna Rao, IASM Joint Secretary (ES), MoDM	-M	ChairmanM
AVM N B Singh, AVSM, VSM (Retd)M Director (Technical)M	-M	emberM
Shri S. PiramanayagamM Director (Finance)M	-M	emberM
Dr. N. K. RajuM Executive Director (P&A)M	-	Member SecretaryM

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Dr. N. K RajuM Executive Director (P&A)M	-M	ChairmanM
Shri K.Venkateswar RaoM General Manager (Technical Services)M	-M	emberM
Shri Anil Verma AGM (Civil & Infra)M	-	MemberM
Shri L KishanM AGM (CP-BU)M	-	MemberM
Shri C Vijaya Bhaskar RaoM DGM (System Audit)M	-	MemberM
Shri V Murali Krishna DGM (Finance) SG-1M	-M	emberM
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## *Introduction*

Corporate social responsibility (CSR) has attracted worldwide attention in the recent past. Various factors such as globalization, changing norms of business, poverty, environmental concerns, employee safety, demands for transparent business practices, corporate citizenship etc are responsible for the heightened interest of various groups in the fast developing field of CSR

The role of the corporation in the economy has changed significantly over the years, the governments had initially assumed larger role in addressing the issues faced by society and do so even now, but increasingly the role of corporations in improving the living standards of society has been scrutinized, debated extensively and more emphasis is now placed on the engagement of corporations with society apart from just delivering on business performance.

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

Public Sector Organizations follow the Guidelines proposed by Department of Public Enterprises for CSR activities as per the new Companies Act 2013.

## CSR and Sustainability Policy of BDL1M

**Objective:** Corporate Social Responsibility and Sustainability strategies have been developed as Corporate Social Responsibility and Sustainability Action Plan (Long-term, medium-term and short-term), with project based accountability approach. The business plan under CSR & SD shall be integrated with the social and environment concerns related to the business of the company.

The long-term Corporate Social Responsibility and Sustainability Plan shall match with the long term Business Plan. The corporate social agenda must be responsive to stakeholders however at the same time it also needs to be strategic in selecting CSR agenda to pursue.

## CSR & SD Mission Statement1M

In alignment with *Mission* of the company, BDL, through its CSR initiatives, will continue to enhance the quality of life of the less privileged in the society by providing necessary infrastructure and to be a credible and transparent organization striving for the eradication of poverty and maintaining ecological balance.

## CSR & SD Policy Approach1M

- To make the lives of people meaningful within the society by continuously aligning its initiatives to the goals for sustainable development.
- To commit to quality, health and safety in every aspect of the business and people.
- To follow ethical business practices across the supply chain.

## Focus Areas of CSR & SD1M

For purposes of focusing its CSR efforts in a continued and effective manner, the following thrust areas were identified:

- i. Environment Protection
- ii. Infrastructure Development
- iii. Drinking water/ Sanitation
- iv. ealthcare/ Medical facility
- v. Community Development
- vi. Education
- vii. Skill Development / Empowerment
- viii. Disaster Management
- ix. Arts, culture and sport
- x. Waste energy management
- xi. Promotion of renewable sources of energy
- xii. Project for re-use and recycle of waste materials
- xiii. Rain water harvesting
- xiv. Replenishing the ground water supply
- xv. Protection conservation and restoration of eco-system
- xvi. Reduction of carbon emission through energy efficient and renewable energy technologies.

Priority was accorded to activity pertaining to -

- a) Inclusive growth of society, with special attention to the development of weaker section of society and backward districts of the country.
- b) Environment sustainability.

In the first category: The projects focus on capacity building, skill development and infrastructural development for the benefit of the marginalized and under privileged section the local communities and also in the backward regions so that avenues are created for their employment and income generation and they also experience empowerment and inclusion in the economic main stream.

BDL has selected Nalgonda district identified by the planning commission for initiating CSR and SD projects Now BDL have moved on to other districts and states as well for its CSR activities

In the second Category: BDL has planned for environmental sustainability and has taken up projects for water waste or energy Management, Promotion of renewable sources of water, Bio-diversity conversation, projects for reduction, reuse of waste materials, rain water harvesting and replenishing

ground water supply, protection conservation, and restoration of eco-system, reduction of carbon emissions through energy efficient and renewable energy technologies, greening the supply chain and innovation in production and services which have a clear and tangible impact on environmental sustainability.

## **Implementation Process**

### **I. Building CSR & SD commitments:**

#### **CSR & SD COMMITMENT**

- BDL recognizes that its business activities have direct impact on the society and environment alike.
- The Company integrates its business values in an ethical and transparent manner to demonstrate its commitment to sustainable development and to meet the interests of the Stakeholders
- The Company is committed to continuously improving its social responsibilities, environment and economic practices to make a positive impact on society.

### **II Identifying a key implementation focal point and developing an integrated decision-making structure:**

A clear decision-making structure identifies who is responsible for CSR & SD decision-making and action within the company. As CSR & SD implementation involves a number of decisions that could affect the business operations of a company, a decision-making structure has been created to ensure a smooth implementation of CSR activities in accordance with the mission of CSR and Sustainability policy.

#### **Implementation & Monitoring**

- i. BDL has devised internal mechanism to spread CSR and SD awareness amongst the employees. The initiatives are shared in management meetings, CEO's communication to employees and other forums where a group of employees are present.

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

#### **CSR & SD Committee: (Constitution and Functions)M**

- A CSR & SD committee headed by a Executive Director /General Manager will be constituted.
- The Committee shall identify possible NGOs and other agencies for taking up CSR & SD activities on behalf of the Company.
- The Committee, after conducting base line survey, may prepare service activities based on the information gathered.
- The Committee may also take the help of professional bodies in the field (NGOs) or other agencies and prepare the plan for CSR & SD activities for the year
- The Committee will prepare the budget required for the activity/project and obtain approval from the Management.

- The Committee shall liaise with Governmental and other agencies and associate with the NGOs concerned for implementation of proposed activities.
- The Committee shall meticulously document the CSR & SD programmes, expenditure, procurement etc., and put the information in the public domain and Company website.
- The Committee shall monitor and oversee the implementation of the CSR & SD activities programmes approved by the Company.

### **III. Preparing a CSR & SD Operational Plan:M**

#### **Project Based Approach:**

BDL will follow a project based accountability approach to stress on the long term sustainability, where its action plan will be distinguished as short-term, middle term and long term qualified as:

Short Term – Less than one year

Medium Term – 1 year to 3years

Long Term- more than 3 years

While identifying programmes, all efforts must be made to the extent possible to define the following:

- a) Programme objectives
- b) Baseline survey – It would give the basis on which the outcome would be measured.
- c) Implementation schedules- Timelines Prescribed
- d) Responsibilities and authorities
- e) Major results expected and measureable outcomes

### **IV. Reporting and Disclosure:M**

1. Reporting shall be done in following mode :
  - (a) Internal –
    - (i) Nodal officer CSR & SD to submit monthly report to the independent Director heading the Board-level committee.

(ii) Independent director to Board of Directors of the company once in three months/

(b) External-/  
(i) One Para in annual report./

(ii) In company's website./

### **Capacity Building Initiatives:M**

3% of the CSR & SD fund will be spend on capacity building initiatives Members of the CSR & SD committee/team/department will be trained on various aspects of CSR & SD.

### **Need Assessment/Baseline Survey:M**

BDL has signed an MOU with TISS, the NCSR ub TISS in partnership with IPE had conducted the need assessment/ baseline survey for identification of the CSR intervention areas in the Narayanpur and Chottuppall Mandal of Nalgonda District of Andhra Pradesh.

The various intervention areas identified through the need assessment/baseline survey are:

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

### **CSR at BDL from 2010M4: A Snapshot1M**

BDL is performing CSR activities from 1999 Prior to DPE guidelines 2010, activities were in philanthropic mode After guidelines, activities are taken up in a more structured way.

Over the year the policy has been refined and developed through various practices, baseline surveys, capacity building of key managers, orientation and awareness generation among employees, participation in various forums, continued dialogue with different stakeholders, NGOs, academic institutions has shaped the philosophy of CSR at BDL.

Tables I, II contains the spending of CSR from year 2011-12 to 2014-15.

**Table I: CSR Expenditure at BDL from 2011-12 to 2014-15**

All amounts in Rs lakhs

YEAR	2011-12	2012-13	2013-14	2014-15
EXPENDITURE	15	132	288	416

**Table II: CSR & Sustainability activities for the year 2014-15**

Sl No	Activity	Amount Incurred (INR in lakhs)
1	Mid-Day Meal	77.84
2	Health Care	28.27
3	Safe Drinking Water	8.69
4	Bio-Toilets	27.13
5	e-SAGU	6.00
6	Swachh Vidyalaya in Telangana State & AP	48.13
7	Swachh Bharat Kosh	100.00
8	Clean Ganga Fund	100.00
9	Sustainable Development	19.50
10	Miscellaneous	1.12
	<b>Total</b>	<b>466.68</b>

The CSR budget allocation for the year 2014-15 is Rs 851 Lakhs (has been calculated on the basis of profit before tax). Due to procedural exigencies, certain initiatives such as Swachh Vidyalaya program of Rs 487 Lakhs were not completed in full, these activities will be pursued in 2015-2016.

## ***Chapter 1: Methodology***

### **Scope of the Study**

The study includes the preparation of Annual report of 6 major Corporate Social Responsibility & Sustainability projects undertaken by BDL in the year 2014-2015. The activities are as follows:

#### **CSR Projects**

##### **1 Mid-day Meal:**

BDL has supported Mid-day meals to 9403 school children and food distribution vehicle through M s The Akshaya Patra Foundation (TAPF) in the Patancheru Mandal, Medak District, Telangana State during the academic year 2014-15 at a cost of Rs 77.84 lakhs.

##### **2. Health Care**

**A) Mobile Medi-Care Unit:** BDL has provided health care facility and supply of medicines to 1800 elderly population in 20 villages for three financial years i.e., from 2012-15 in Narayanpur Mandal of Nalgonda District, Telangana State. elpAge India is providing health care and supplying medicines to the beneficiaries as per MoU. The amount spent on MMU during 2014-15 is Rs 18.67 Lakhs

**B) Cataract Operations:** BDL has provided Ophthalmic Care for 1200 beneficiaries in Nalgonda District, Telangana State with elpAge India 400 operations were completed in 2013-14 and remaining 800 were done in 2014-15. The amount spent on cataract operations for the year 2014-15 is Rs 9.60 Lakhs

##### **3. Safe Drinking Water:**

BDL has commissioned three water treatment plants in the year 2012-13 for supplying Safe Drinking Water to the beneficiaries through M s Naandi Foundation in Narayanpur,

Janagaon villages of Nayanpur Mandal and Peeplepahad of Choutuppal Mandal of Nalgonda/District, Telangana State. Total amount incurred was Rs 8.69 Lakhs in 2014-15.

#### 4. **Bio ToiletsM**

BDL & M s FICCI, New Delhi entered into MoU for the construction of 4 clusters of Bio-toilets in Balasore District, Odisha during financial year 2014-15. Two Bio-clusters are being constructed by M s FICCI at Jaleswar and Chandaneswar in Balasore District. Total amount spent in 2014-15 for construction of toilets is Rs 27.13 Lakhs

#### **Sustainability ProjectsM**

1. **Solar Street Lights:M** Under sustainability activities of the Company, 10 Solar Street lights were installed at a cost of Rs.4.35 Lakh in our Kanchanbagh Complex, Hyderabad during the financial year 2014-15.
2. Installation of **industrial R.O.** plant in Kanchanbagh unit.

#### **Objective1M**

To prepare an annual report of CSR projects undertaken by BDL in the year 2014-2015.

#### **Report Preparation:M methodologyM**

The data was collected through personal visits and through a survey instrument for beneficiaries of projects. Actual inspection of selected physical facilities was conducted including Mid-day meal scheme, Safe drinking water and healthcare. The report is an assessment of the CSR projects and attempt to understand the functioning of the projects and any changes that have come about due to their implementation.

The relevance in terms of the CSR needs and project offered to the geographic area and assessment of baseline survey.

The efficiency of outcomes, quality of implementation and financial utilization of funds allocated for the project is analyzed.

The uniqueness is assessed with a comparison of CSR initiatives of major PSUs whose CSR budget is similar to that of BDL. The effectiveness is evaluated by comparing with the CSR goals and the ability of the project to be replicated in short term and long term perspectives

The impact on specific indicators will be measured and sustainability of the CSR initiatives is examined. The socio-economic, environmental and awareness of beneficiaries has been studied.

### **Data CollectionIM**

#### 1. Structured questionnaire for beneficiaries

The selected beneficiaries of the Mid-day meal scheme, Safe drinking water and healthcare were interviewed with a brief questionnaire. Data on bio-toilets was taken from operating agency and BDL.

2. Information regarding solar street lights, industrial RO, report of last year's (2012-13, 2013-14) Needs assessment study was collected from the CSR officials of BDL

3. Secondary data on best practices for CSR implementation will be compiled from reputed available resources in published research, contemporary articles and collective experience of ASCI



## **About Akshaya Patra FoundationM**

BDL has signed an MOU with the Akshaya Patra Foundation to partner with the Mid-Day Meal scheme of the state government. In this project 8954 children were fed every day from 63 schools of the Patancheru Mandal at a cost of Rs. 67,15, 500 in 2013-14.

The Akshaya Patra Foundation is a registered trust working nationwide to end classroom hunger amidst government school children and facilitate education.

The foundation covers 1.4 million children in 24 locations across 10 states of India. Akshaya Patra is one of the world's largest NGO-run school meal program feeding underprivileged children and encouraging education

Akshaya Patra has dedicated kitchens, where the mid-day meal is cooked and then packed and transported to the schools in special vehicles

Akshaya Patra meals meet the nutritional requirements of children, complying with the government norms as per the recommendations of qualified nutritionists. Akshaya Patra's kitchens are technology-intensive, and can cook a minimum of 100,000 meals in less than four and a half hours with minimum human intervention and sustained quality. The cooked food is distributed through heat-insulated, dust-free special purpose vehicles



*Vehicle sponsored by BDL for Mid Day Meal Program*



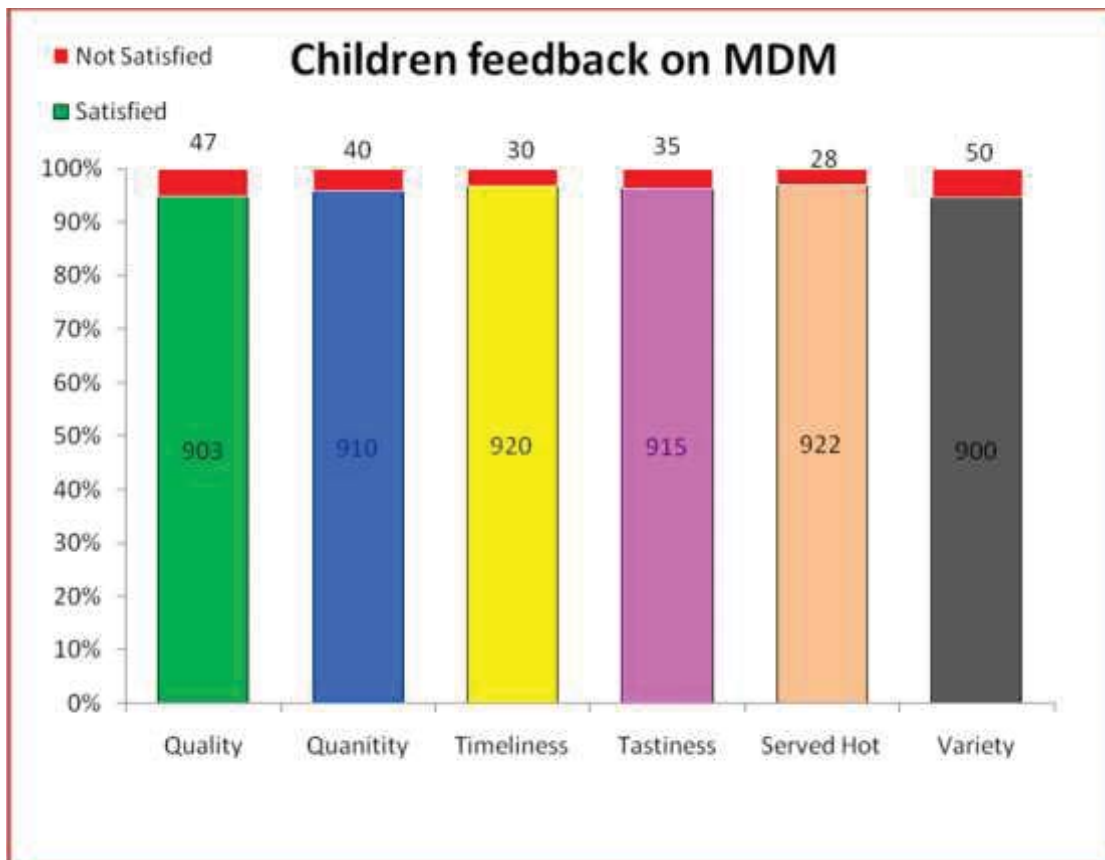
*Food distribution*



*Survey team interacting with students*

### Field Visits to Schools in Patancheru Mandal, Medak District

The ASCI team visited 7 (10%) of beneficiary schools in the Patancheru Mandal. Focus Group Discussions were held along with a structured questionnaire to collect primary data from teachers and students belonging to Zilla Parishad and Mandal Parishad Schools in Medak District (Lakdaram, Isnapur, Rurdaram). A total of 19 group discussions were held in each school with 25 children in each school covering 475 children. A brief structured questionnaire was administered to 70 children each from each school covering 490 children. The total number of students included in data collection was 965 (a little more than 10%) Data was collected through a questionnaire from 35 teachers (5 teachers each in all 7 schools).



**The major findings from discussions and field survey are:1M**

**ChildrenM**

All children attending school consume Mid-Day meal

Children mostly carry their plates from home for consuming mid-day meal

More than 90% of the children are satisfied about the quality, quantity and taste of the mid-day meal.

Rice, dal and few snacks are served in the mid-day meal.

Suggestions:

Children would like to have the following items added to the menu:

More fruits, biscuits, eggs and sweets/ chocolates.

**TeachersM**

100% of the teachers surveyed were very happy with the quality, quantity and taste of the mid-day meal.

Principals and teachers are relieved after Akshaya Patra foundation and BDL started providing mid-day meal, as earlier a lot of time of the teaching staff was engaged in monitoring the preparation, serving etc of the mid-day meal.

The teachers reported that attendance in schools has significantly improved after the mid-day meal scheme with Akshaya Patra and BDL was started.

Teachers have seen visible improvements in the health, stamina and attention span of children in the class after the mid-day meal scheme with Akshaya Patra and BDL started

**IMPACT ASSESSMENM**

- Significant reduction in absenteeism among schools children
- Direct positive effect on physical development of children as adequate nutrition is provided by Akshaya Patra meal
- Improved concentration in classroom facilitating learning process
- Best suited intervention for Patancheru Mandal as majority of the parents work in factories with shift systems and unable to provide for breakfast meal
- Improving social interaction and equity among children and teachers through shared meal



*Focus Group Discussion with students*

## OBSERVATIONS

The following observations were recorded by the team in the schools visited: The children do not have a dedicated seating area where they can consume food and the Telangana state government provides Rs 1000 as remuneration for a person- 'Ayaah' for serving and cleaning the premises, many schools find it difficult to hire a suitable person for this job as the remuneration is less compared to the factory jobs easily available in the Patancheru mandal.

Mr. P P Rathod, Principal, ZPHS, Rudraram/

Principal P P Rathod stated that majority (90%) of the children come from migrant population and work as daily wage labourers in nearby industries. Before the mid- day meal scheme sponsored by BDL and delivered by Akshaya Patra, the school had a problem of drop-outs, now 99% of drop-outs have been stemmed. Further Akshaya Patra conducts periodic sessions on good health habits, life skills etc which also go a long way in improving the health status, education and awareness among children.

### RECOM ENDATIONSM

The mid-day meal scheme project has clear objective of tackling malnutrition and hunger among school going children, Akshaya Patra Foundation is well equipped, professional and following all nutritional guidelines in preparing, transporting and delivering food in time for the children. This project has significant impact on the children in terms of improving their overall health status, improving attendance to school, contributing to education, promoting social interaction as the meal is consumed in a group setting. Overall an excellent project in terms of addressing core needs of Patancheru mandal with significant impact on beneficiaries

## II. Projects in Health: Mobile Medical Care Unit and Cataract1M Operations1M

As mentioned in our introductory chapter, providing quality health care services to the poor is one of the major thrust of the CSR initiative of BDL. In 2014-15, the organisation undertook two major activities in this context – a) continued support to the Mobile Medicare unit programme and b) facilitated in organizing cataract surgeries of the elderly population.

### BACKGROUND

*Of all the needy ones you wish to support, here's one group that has nothing on its side...*

*Not health*

*Not money*

*Not even age*

#### About Helpage India

Helpage India (registered under the Societies Registration Act, 1960) was established in 1978 with a motto to fight isolation, poverty and neglect faced by the disadvantaged elderly population of the country, especially living in the rural areas. The major focus was to improve the quality of life of destitute elders by providing free medicines, ration and conduct cataract surgeries. In 2004 the focus of Helpage India shifted from welfare to development and advocacy. Since then the organisation has focused on creating long term sustainability options for the elderly by creating various livelihood projects and by forming Elder Self Help Groups. <sup>1</sup>

### MOBILE MEDICARE UNIT

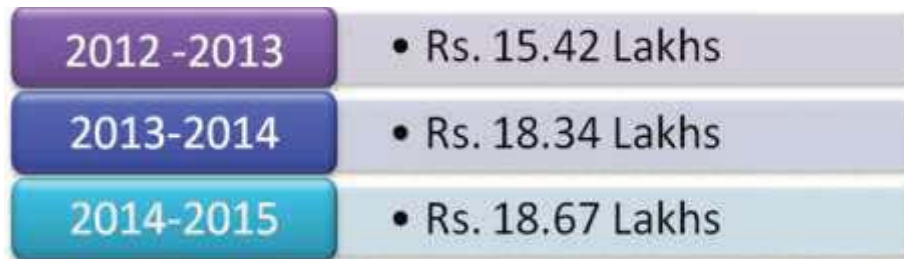
BDL entered into MoU with Helpage India on 10 July 2012 for three financial years (April 2012-March 2015) to provide basic and essential medical services to the poor and needy elderly population irrespective of their caste, creed and religion. As per the MoU the MMU provides healthcare services to men and women who are 55 years or above 55 years of age and belong to the below poverty line (BPL) category.

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<sup>1</sup> Refer to <http://www.helpageindia.org/aboutus.html>

According to the MoU, BDL agreed to bear the expenses (of purchase of the vehicle, medicines, equipment, salaries and other administrative costs) to run one Mobile Medicare unit in Choutuppall Mandal, Nalgonda district at a cost of Rs.65 lakhs for a period of three years

#### **COST BREAK FOR THREE YEARS<sup>1</sup>**



Helpage India collects feedback from the beneficiaries regarding the services of the MMU and submits to BDL. Further the organization maintains socioeconomic and medical record of each beneficiary; list of medicines consumed monthly by the beneficiaries, maintains referral services for emergency cases, keeps track of the prevalence of common diseases in the area and submits monthly report about the MMU to BDL.

#### **COVERAGE AND SITE SCHEDULE OF THE BDL MMU PROGRAMME<sup>1M</sup>**

The MMU supported by BDL provides basic health care services to the elderly people living in the Choutuppall Mandal in the Nalgonda district (map below).



The BDL MMU projects covers 20 villages in the Choutuppal Mandal in the Nalgonda district. They are as follows -

Sl no	Name of the Village	Name of M of M Panchayat	Gram M Day	Timings
	Narayanapur	Narayanapur Gram Panchayat	Monday	9.15 am-1.00pm
2M	Janagam	Janagam Gram Panchayat	Monday	2.00 – 4 00 pm
3M	Chandragoni Thanda	Mohammadabad Gram Panchayat	Tuesday	9:15 am to 10:30 am
4M	Venkombai Thanda	Narayanapur Gram Panchayat	Tuesday	10:30 am to 11:15 am
5M	Dubbagundla Thanda	PeepalPahad Gram Panchayat	Tuesday	11:15 am to 11:45 am
6M	Yenagondi Thanda	PeepalPahad Gram Panchayat	Tuesday	11:45 am to 12:30 pm
7M	Allapur	Allapur Gram Panchayat	Tuesday	12:30 pm to 2:00 pm
8M	PeepalPahad	PeepalPahad Gram	Tuesday	2:00 pm to 4:45

		Panchayat		pm
9M	Rachakonda (Once in two weeks)	Rachakonda Gram Panchayat	Wednesday	9:15 am to 12:15 pm
	Nagavarigudem (Once in two weeks)	Sarvail Gram Panchayat	Wednesday	9:15 am to 11:15 am
	Lingavarigudem (Once in a two weeks)	Sarvail Gram Panchayat	Wednesday	11:15 am to 12:45 pm
2M	Sarvail	Sarvail Gram Panchayat	Wednesday	1:00 pm to 4:30 pm
3M	GangamulaThanda	Janagam Gram Panchayat	Thursday	9:15 am to 10:45 am
4M	PallegattuThanda	Janagam Gram Panchayat	Thursday	11:00 am to 12:00 pm
5M	VachyaThanda	Janagam Gram Panchayat	Thursday	12:15 pm to 1:00 pm
6M	kadapagondiThanda	Janagam Gram Panchayat	Thursday	1:15 pm to 2:00 pm
7M	Kottagudem	Kottagudem Gram Panchayat	Thursday	2:45 pm to 4:30 pm
8M	Gollagudem	Sarvail Gram Panchayat	Friday	7:30 am to 10:00 am
9M	Momhammadabad	Mohammadabad Gram Panchayat	Friday	10:15 am to 12:15 pm
20M	Lakkaram	Lakkaram Gram Panchayat	Friday	1:00 pm to 3:30 pm

**CASES DEALT BY THE MMU1M**

Sl noM	DiseaseM	Sl NoM	DiseaseM
	Asthma	9	Giddiness
2M	Cataract	10	Hypertension
3M	Cough	11	Joint Pain

4M	Constipation	12	Numbness
5M	Diabetes	13	Osteoporosis
6M	Disability (physical, mental, visual)	14	Pain in abdomen and chest
7M	Fatigue	15	Urinary tract infection
8M	Fever		

### COMPOSITION OF THE MMU1M

The MMU comprises of the following personnel –

Doctor – 1  
 Social Protection Officer – 1  
 Pharmacist – 1  
 Driver – 1

### LIST OF MEDICINES USED BY THE MOBILE MEDICARE UNIT (MMU)1M

Sl No.M	Name of the medicinesM
	ALBENDAZOLE (400 mg)
2.M	AMLODIPINE BESYLATE ATENOL (5+50 mg)
3.M	AMLODIPINE (2.5 and 5 mg)
4.M	AMOXICILLIN AND CLAVULANATE POTASSIUM (625 mg)
5M	AMOXYCILLIN (250 and 500 mg)
6.M	ANDRE (10 ml)
7.M	ASPIRIN (75 mg)
8.M	ATROVASTATIN (10mg)
9.M	AZITHROMYCIN (500mg)
	BENZYL BENZOATE 25 % (100 ml)
.M	BETAMETHASONE 0.05% (20 mg)
2.M	BETAMETHASONE 0 10% (20mg)
3.M	BISACODYL (5 mg)
4.M	BUDESONIDE (100 mcg)
5.M	CALCIUM ELEMENTAL (500mg) + VITAMIN D3 (250mg)
6.M	CARBIMAZOLE (10mg)

17.M	CEFIXIME (200 mg)
8.M	CETRIZINE (10mg)
9.M	C LORAMPHENICOL APLICAPS (1%)
20.M	C LOROQUINE PHOSPHATE (250 mg)
21.M	CINNERAZINE (25 mg)
21.M	CIPROFLOXACIN (500 mg)
23.M	CIPROFLOXACIN EYE / EAR DROPS (0.03% - 5 ml)
24.M	CLOTRIMAZOLE OINTMENT (1% -15 ml)
25.M	COUGH SYRUP (PEDIATRIC) – 60ml
26.M	DERIPHYLLINE RETARD (150 and 300mg)
27M	DIAZEPAM (2 mg)
28M	DICLOFENAC GEL (30 mg)
29M	DICYLOMINE + PARACETAMOL
30M	DIETHYLCARBAMAZINE CITRATE (100 mg)
31M	DIGOXIN (0.25 mg)
32M	DOMPERIDONE (10 mg)
33M	DRIED ALUMINIUM HYDROXIDE GEL 250 mg+ MAGNESIUM HYDROXIDE+ACTIVATED DIMETHICONE 50 mg (ANTACID)
34M	ENALAPRIL (5 mg)
35M	ETORICOXIB (60 mg)
36M	FLURBIPROFEN EYE DROPS (0.03% - 5ml)
37M	FRUSEMIDE (40 mg)
38M	GLIMIPERIDE ( 1and 2 mg)
39M	GLIMIPERIDE 1 mg+ MELTFORMIN 500 MG SR
40M	GLIPIZIDE (5 mg)
41	HYDROCHLORTHIAZIDE (25 mg)
42M	IBUPROFEN (400 mg)
43M	IRON + FOLIC ACID + CYANOCOBALAMIN
44M	ISAPGHULA HUSK (100 mg)
45M	ISORBIDE 5 MONONITRATE (20 mg)
46M	ISOSORBIDE DINITRATE (10 mg)
47M	LDOPA-CARBIDOPA (100 mg)
48M	LEVOFLOXACIN (500 mg)
49M	LINIMENT OF TURPENTINE (100 ml)
50M	LIQUID PARAFFIN + MILKOF MAGNESIA (170 ml)
51M	LOSARTAN (25 and 50 mg)
52M	LOSARTIN+HYDROCHLOROTHALAZIDE
53M	METFORMIN (500 mg)
54M	METFORMIN SR (500 mg)

55M	METOPROLOL (50 mg)
56M	METRONIDAZOLE (200 mg)
57M	NEOSPORIN (5mg)
58M	NITROFURANTION (100 mg)
59M	ONDANSETRON (8 mg)
60M	ORS (21, 8 mg)
61M	OXYMETAZOLINE NASAL DROPS
62M	PANTAPRAZOLE (40 mg)
63M	PARACETAMOL (500 mg)
64M	PARACETAMOL SUSPENSION (PEDIATRIC)
65M	PHENYTOIN (100 mg)
66M	POVIDONE IODINE (5%)
67M	PREDNISOLONE (5 and 10 mg)
68M	PRIMAQUINE (15 mg)
69M	PROCHLORPERAZINE MALEATE (5 mg)
70M	RABEPRAZOLE SODIUM (20mg)
71M	RANITIDINE (150 mg)
72M	RISPERIDONE (1 mg)
73M	SALBUTAMOL (100 mg)
74M	SERTRALINE (50 mg)
75M	SILVER SULFADIAZINE + C LOR EXIDINE (1 % - 15 mg)
76M	T YROXINE (25, 50 and 100 mcg)
77M	TINIDAZOLE (500 mg)
78M	UNIENZYME
79M	VITAMIN B COMPLEX
80M	VITAMIN B COMPLEX + C
81M	VITAMIN C (500 mg)

The team conducted both in-depth interviews and focus group discussions (FGD) with the beneficiaries to elicit responses on various aspects of the BDL MMU programme. The team visited five villages as part of their fieldwork. In each village the team conducted FGD with a group of 30 people (15 men and 15 women). A total of 180 (10%) old people were included in the group discussions and interviews with structured questionnaire for mobile medical care.

The next section will present findings from the in-depth interviews as well as from the FGDs

## INTERACTION WITH THE MMU STAFF AND THE BENEFICIARIES

The team from ASCI visited the Helpage India office at Choutuppal on 14 July 2015 and conducted in-depth interviews with the Social Protection Officer and the doctor to gather data on the basic healthcare facility in the area, problems faced by the elderly people of the area, their needs and concerns, services provided and coverage of MMU, community participation in planning of the service and ways in which quality of life of the elderly people can be improved on a sustainable basis.

On 14 July 2015, along with the MMU doctor and other staff, the project team also visited some of the villages such as Chandragoni Thanda, Venkombai Thanda, Yenagondi Thanda, Allapur and Peepalpahad to talk to the beneficiaries (both men and women).

Dr. Richard S, Mobile Medical Care Unit/

Dr. Richard has been working with Helpage India since July 1, 2015, prior to him Dr. Sridevi was serving in the MMU. Dr. Richard is of the opinion that they are providing good service to senior citizens by checking overall health. He believes that services can be improved by having basic sutures and equipment for performing simple surgical procedures such as wound dressing. Despite prescribing medicines for BP, diabetes etc. There is no way to know the blood sugar levels of senior citizens unless the citizen gets the lab procedure done at a Government or private laboratory. Most of the senior citizens suffer from joint pains for which Diclofenac Gel is provided. The van gets heated up during summer months and traversing the whole district is very difficult for the doctor and staff. The doctor believes that addition of simple diagnostic procedures and availability of materials to treat wounds etc which will benefit old people.

MR. C H Ramesh, Social Protection Officer/

In 2012, Mr. Ramesh joined Helpage India as a Social Protection Officer. Since then he has been an integral part of the Mobile Medicare Unit Programme at Choutuppal Mandal of the Nalgonda District. According to Mr. Ramesh, Helpage India runs 10 MMU in Andhra Pradesh and Telangana.

Prior to launching the health care service in Choutuppal Mandal, Helpage India conducted a baseline/survey (August-September, 2011) to identify the elderly population (both men and women) in the villages in the Choutuppal Mandal. The baseline survey also documented the socioeconomic profile of the elderly people, their health-related problems and the healthcare services and facilities available in the area.

It was on the basis of the baseline survey that the villages were chosen, stakeholders identified and the MMU service started in the Choutuppal Mandal. Since inception, the MMU project in this mandal has been supported by BDL.

The MMU provides basic healthcare services to the elderly in this region. Earlier, the elderly villagers had to travel 4-5 kms to access healthcare services. MMU has reduced their burden of travelling and provides healthcare at doorstep. In case of critical cases the MMU provides referral services which to a great extent ease access to treatment for the old men and women in hospitals in Nalgonda and Hyderabad.

Mr Ramesh said that health camps are organised periodically to make villagers aware about the services of the MMU. The MMU team works closely with the Sarpanch of the villages for smooth running of the programme as well as to disseminate information about the service. They also take monthly feedback of the beneficiaries which are reported to BDL. The MMU project has been a boon for the old villagers

## **BENEFICIARIESM**

Name: Maroni	Age: 55 years
Gender: Female	Village: ChandragoniThanda
District: Nalgonda	Health Problems: Joint Pain

Maroni, a native of the ChandragoniThanda is an agricultural labourer and suffers from severe joint pain. She said there is no nearby Primary Health Care (P C) where she can go for treatment. There is also no medicine shop in the vicinity.

She came to know about the MMU from another village. The team of MMU later visited her village and explained to them the services the mobile medicare unit will offer to them Maroni avails of the

services of the MMU regularly. She is extremely satisfied as she has got medicine for her joint ache for free. The medicine has reduced her pain and has helped her to work longer in the field. She said she will continue to use the services of MMU as she is satisfied with the timeliness of service, attitude of the doctor and the supporting staff and stock of medicines. Maroni complained about the absence of an ambulance service in the village

She wants MMU to provide injections in addition to the basic medicines. Otherwise she has to travel to Narayanpur government hospital to get them and incur travel expense of Rs 100

Name: Dwali	Age: 57 years
Gender: Female	Village: ChandragoniThanda
District: Nalgonda	Health Problems: Joint Pain

Dwali is an agricultural labourer and suffers from knee pain. According to Dwali, the MMU service in their village has been a boon for them as there are no medicine shops or P C nearby. Prior to the MMU service, for medicine or for any kind of treatment, the villagers had to travel to Narayanpur or Choutuppal to access PHC and government hospital respectively.

In 2012, epage India started their service in this area and since then Dwali has got medicines for her joint pain from the MMU. Dwali said she came to know about the MMU through the health camp, epage India had organised for the elderly villagers

Like Maroni, Dwali is highly satisfied with the timeliness of service, attitude of the doctor and the supporting staff, stock of medicines and follow-up services of the MMU. However, she is highly dissatisfied with the ambulance service in the village. Dwali's suggestion was epage India should also arrange for an ambulance service along with the MMU. She also wants the MMU to arrive early (before 9am) as after check-up they go to work.

Name: Korralakka	Age: 57 years
Gender: Female	Village: ChandragoniThanda
District: Nalgonda	Health Problems: Joint Pain, headache, hypertension

Koralakka suffers from body ache every day due to long hours of work on the field. Prior to the MMU service, Korralakka would travel 3 kms to Narayanpuram for treatment and to buy medicine

for her joint pain and other problems. After the arrival of the MMU in her village she avails the service of the medicare unit regularly. Like other villagers she is extremely satisfied with the service of the MMU. The MMU has reduced her health-related expenses. Korralakka said she can now avail of regular health check-up free of cost.

She said Helpage India collects feedback from the villagers regarding the service of the MMU from time to time. The organisation also conducts health camps to make them aware about healthy living.

Name: Jagna	Age: 73 years
Gender: Male	Village: VenkombaiThanda
District: Nalgonda	Health Problems: Arthritis

Jagna, an agricultural labourer, came to know about the MMU through a survey Helpage India had conducted prior to launch of the medicare unit. The team, according to Jagna, spoke to all the elderly people in his village and explained to them the services which would be provided by the MMU. Since 2012, Jagna and many others have been availing of this service.

The MMU has become the lifeline of the villagers in the absence of a medicine shop and a PHC in the vicinity. Jagna is contented with the service of the MMU, its staff, stock of medicines and its follow up services

However, he suggested the MMU should go beyond providing basic healthcare services and attend to critical cases too. A holistic healthcare service will be more beneficial for the elderly villagers living in VenkombaiThanda.

Name: P Rupla	Age: 65 years
Gender: Male	Village: VenkombaiThanda
District: Nalgonda	Health Problems: Arthritis

P Rupla suffering from arthritis said earlier he had to travel to Narayanpur to get treatment and medicine. He would incur cost of Rs. 150-200. The MMU service has reduced his medical expenses drastically and also made it easier for him to access basic healthcare services

Similar to other beneficiaries, Rupla is highly satisfied with the services of MMU but also has a few suggestions for its improvement. According to Rupla, the MMU can cater to only basic ailments. For critical cases they have to travel to the government hospitals. Rupla's suggestion is that MMU should help them with critical cases too, especially provide an ambulance service so that they can reach hospital without hassle.

Name: P Lakshmi	Age: 70 years
Gender: Female	Village: VenkombaiThanda
District: Nalgonda	Health Problems: Hypertension, leg pain, fever

P Lakshmi like the other beneficiaries is grateful to BDL & epage India for initiating the MMU service in their village. Lakshmi came to know about the services of the MMU through her children. She avails of the healthcare facility on a regular basis. Lakshmi now gets treated for her hypertension, joint ache by the MMU doctor and is happy with the treatment.

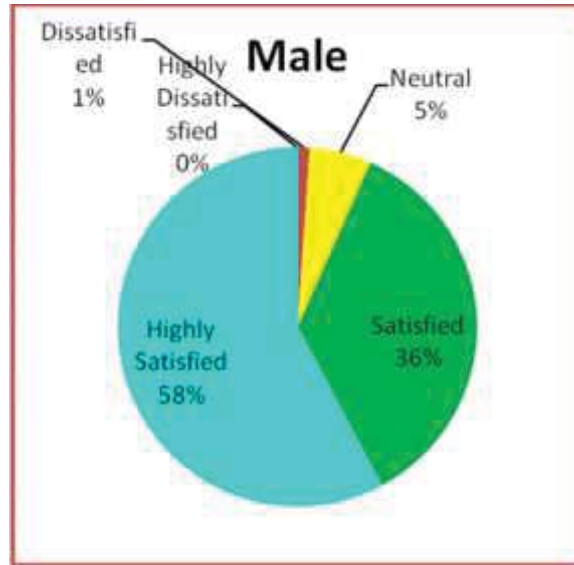
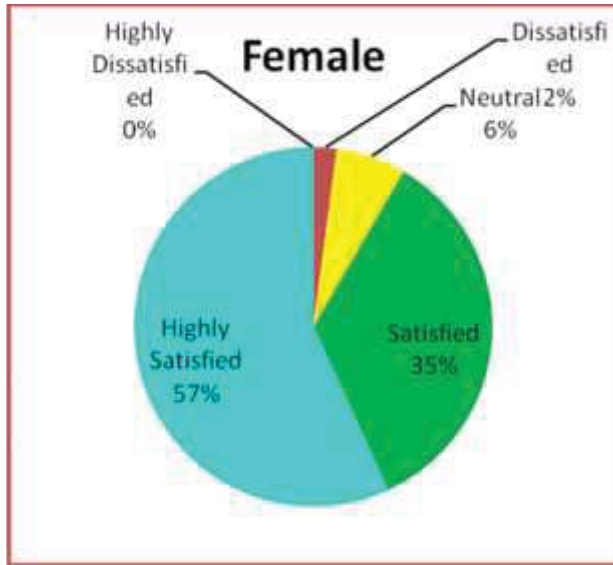
## OBSERVATION

The team observed that the elderly villagers are aware and are contented with the services of the MMU. Interactions with the villagers highlighted that each has a health card which helps them keep a track of their health problems. The MMU service has significantly improved the quality of life of the older people. They now can access regular health check up and also have medicines for their body ache and other basic health-related problems. Regular visits of the MMU and the health camps organized by BDL & epage India have raised the awareness of the villagers regarding health-related problems.

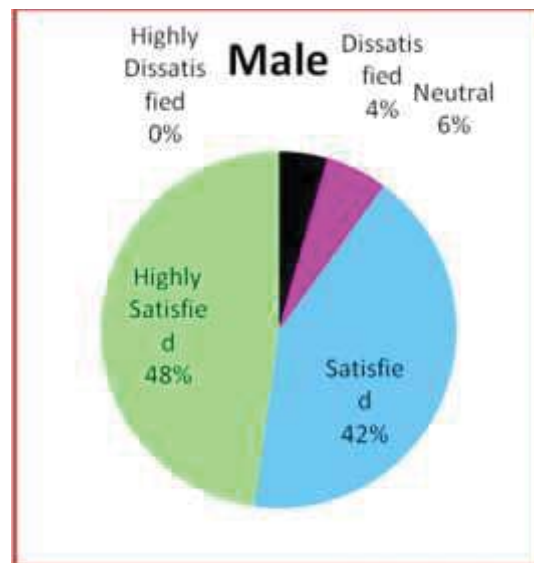
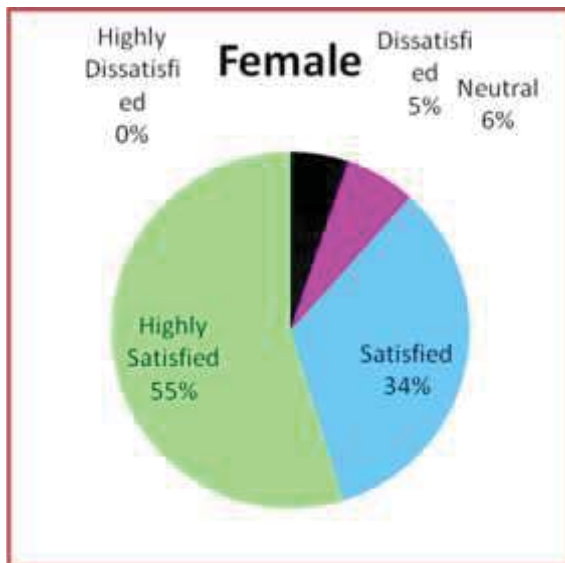
The MMU team is caring, helpful and friendly towards the older people. The visits are made on time and the MMU team tries to address to the best of their capacity the varied problems of the older people of the villages. A total of 95 old women and 90 old men were included in the FGDs and structured interviews with questionnaire.

# IMPACT ASSESSMENT

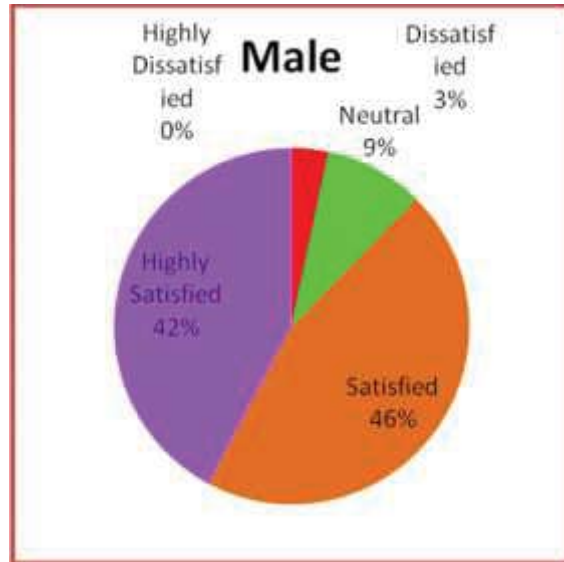
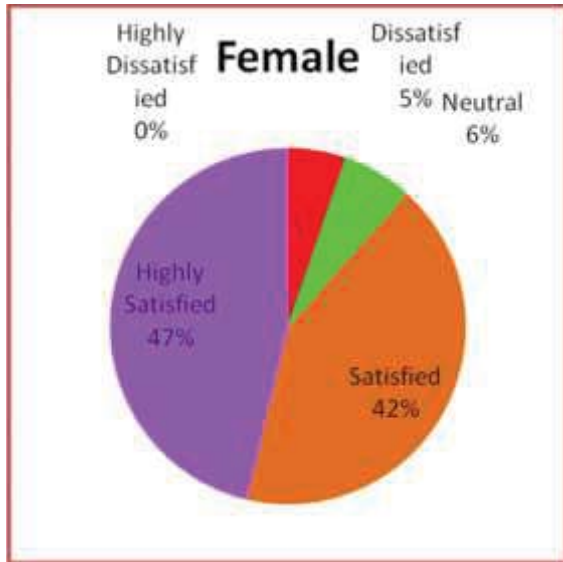
## Timeliness of service1M



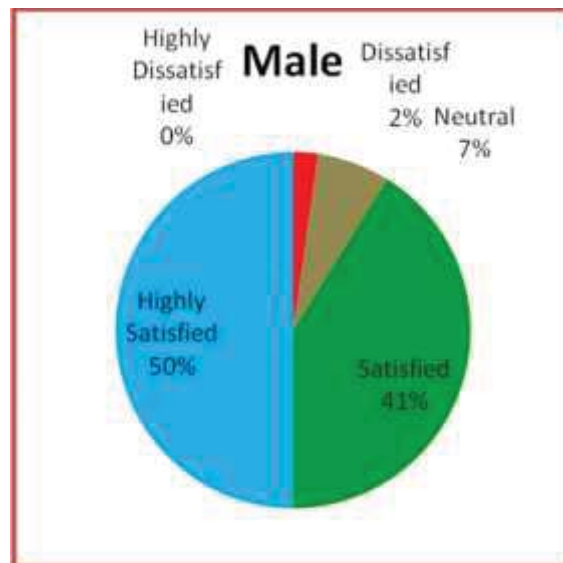
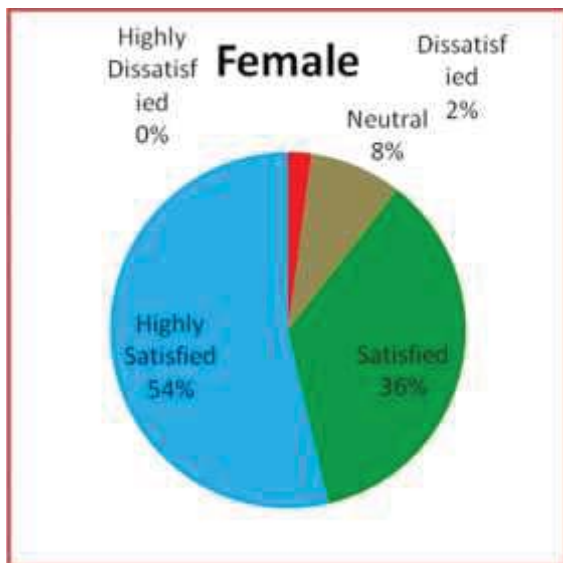
## Availability and attitude of the doctor1M



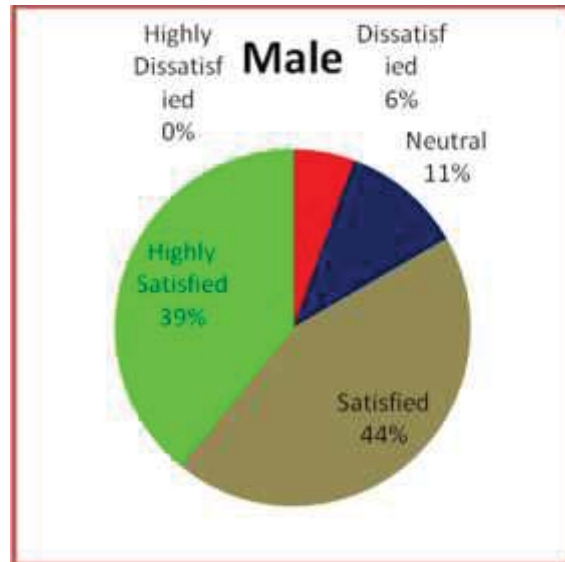
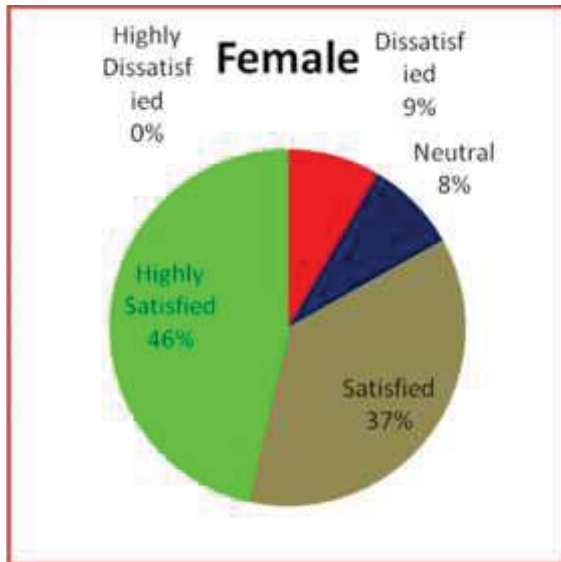
### Treatment outcomes1M



### Availability of medicines1M



### Ease of availing services1M



*Interaction with the Social Protection Officer of the Mobile Medicare UnitS*



*Time schedule of MMU displayed near the Panchayat Office*



*Patient getting treatment from MMUS*



*Beneficiaries collecting medicines from MMU*

## RECOMMENDATIONS

Some of the broad recommendations which emerged in course of discussions with the beneficiaries are as follows –

- ❖ To initiate an ambulance service to deal with cases of emergency
- ❖ MMU should have diagnostic kit to conduct tests for diabetes
- ❖ MMU should provide injections and intravenous (IV) fluids

## CATARACT SURGERYM

In 2007, Sight Savers International, conducted a situational analysis of eye care scenario in India. As per their report, the rate of cataract prevalence is highest in India and the intensity of the problem increases after 50 years of age. <sup>2</sup> In this light, another major initiative of BDL in the domain of health was providing ophthalmic care to the elderly people of Nalgonda district. On 1 November 2013, BDL signed MoU with Helpage India to provide assistance for 1200 cataract surgeries. Since January 2014 eye camps were organized to make the elderly people aware of the various eye-related problems, conduct a free ophthalmic check-up, identify the elders with cataract, understand the severity of their problems and plan strategies for intervention.

The enrolment criteria in the eye camp were: a) patient should be the age of 55 years and above; b) should belong to the below poverty line (BPL) group and c) should suffer from visual impairment (partial blindness, cataract)

### COST BREAKUP

As per the MoU, an amount of Rs 14, 40,000 (Fourteen lakhs and forty five thousand) was sanctioned by BDL for conducting 1200 cataract surgeries. The budget break of one cataract surgery is as follows –

Project head	Budget (Rs)
Project implementation expenditure to be incurred by hospital	1000
Publicity/ awareness	
Cost of IOL, surgery, medicines, expenses of hospitalization and doctor's expenses	
Patient care (including follow up) – food, transportation and spectacles	
Coordination, management and administration charge of the hospital	
Project monitoring and administration cost of Helpage India	200
<b>TotalM</b>	<b>200M</b>

<sup>2</sup>[http://www.sightsaversindia.in/wp-content/uploads/2014/06/16482\\_Eyecare-in-India-A-Situation-Analysis.pdf](http://www.sightsaversindia.in/wp-content/uploads/2014/06/16482_Eyecare-in-India-A-Situation-Analysis.pdf)

## COVERAGE OF THE BDL EYE CARE PROJECT

The BDL Eye Care Project covers elderly people living in the villages of Nalgonda district. The table below provides a list of villages covered under the project.

Sl no	Name of the village	Sl no	Name of the village	Sl no	Name of the village
	Alair	31M	Kondamadugu	61M	Thungathurti
2M	Aleru	32M	KoyyalaGudam	62M	Thuruguda
3M	Allapuram	33M	Lakkaram	63M	Timmapur
4M	Anajipur	34M	Mailaram	64M	Tirumalgi
5M	Aregudem	35M	Malkapur	65M	Tukkapur
6M	B.B. Nagar	36M	MandollaGudam	66M	Vasalamarri
7M	Bhuvanagiri	37M	Marumalli	67M	Valigonda
8M	Bilyathanda	38M	Mothkur		
9M	Bollepally	39M	Munugode		
	Bujalapuram	40M	Musipatel		
	Cheelamakondur	41M	Nagaram		
2M	ChinnaKandur	42M	Nelapatla		
3M	Choutuppal	43M	Neredcherla		
4M	D. Naagaram	44M	Pahilwarapuram		
5M	Damacharla	45M	Pallerla		
6M	Eredipally	46M	Parupalli		
7M	Garudepally	47M	PeddaKandur		
8M	Gundala	48M	Peddapadishala		
9M	Gundala	49M	PeepalPahad		
20M	Gundram Pally	50M	Piligundlathanda		
21	Hajipur	51M	Puttapaka		
22	Hussanabad	52M	Raghavapuram		
23M	Ibrahimpuram	53M	Raghunathpuram		
24M	Janakipuri	54M	Raheemkhanguda		
25M	Jangam Pally, Yadhagirigutta	55M	Rajapet		
26M	Janpahad	56M	Ramanapet		
27M	Kakkireni, Ramannapet	57M	Repaka, Mothkur		
28M	KalmeetaThanda	58M	Suraram		
29M	Kanchanpalli	59M	Swamulavari		
30M	Konapuram	60M	Thanged Pally		

Total number of beneficiaries covered under the project for 2014-15 were 800. The cataract surgeries took place in two hospitals – a) MS REDDY LIONS HOSPITAL and b) SADHURAM LIONS EYE HOSPITAL.

## PROJECT IMPLEMENTATION MEMBERS (from Helpage India)1M

- Mr. Stanley Oguri, Project Coordinator
- Mr. V. Yetendra Yadav , Deputy Director, Programme & State Program Manager (SPM)

## INTERACMION WITH THE EYE CARE SMAFF AND THE BENEFICIARIESM

The team conducted both in-depth interviews as well as FGDs with the beneficiaries.

A total of 120 patients (10%) were included in the group discussions and interviews with a brief questionnaire. The next section will discuss the findings from the in-depth interviews as well as from the FGDs.

Mr. Stanley Oguri, Project Coordinator  
Mr. V. Yetendra Yadav, Deputy Director and State Programme Manager

Mr. Stanley Oguri was cooperative and supportive and provided relevant information and contacts pertaining to the eye care project. We then spoke to Mr. V. Yetendra Yadav who provided us with the relevant data of the beneficiaries, the hospital details and the medicines given to the beneficiaries. Mr. Yadav mentioned that the constant endeavour of Helpage India is to improve the quality of life of the old people living in the Narayanpur and Choutuppalmmandals. He said that the research and development wing of Helpage India is working in close collaboration with eminent scientific organization to refine their programme and project deliverables

## BENEFICIARIESM

Name: Shakamma                      Age: 65 years  
Gender: Female                      Village: Allapur  
District: Nalgonda

Shakamma, living in Allapur, came to know about the ophthalmic care provided by Helpage India when they organized eye camps in their thanda. Shakamma had problems with her vision During the eye camp, she approached the elpage India team. After examining both her eyes, the

doctor in the team told her that she will have to undergo cataract surgery in both her eyes. The organization arranged for her free cataract surgery in their supportive hospitals

elpage India arranged for a vehicle to take Shakamma to the hospital, provided her with all the medicines after the surgery and also dropped her home. elpageindia also organized for her follow-up check up. Shakamma is extremely satisfied with the organization's services and arrangement pertaining to timeliness of cataract operation, availability and attitude of the doctor, treatment outcomes, attitude of the paramedical staff and ease of availing the service.

Name: Peddaramula	Age: 75 years
Gender: Female	Village: Allapur
District: Nalgonda	

Peddaramula has been suffering from eye problems for a long time which affected her mobility. When elpage India visited her thana to generate awareness about ophthalmic problems, she approached the doctor in the eye camp to get her eyes checked. Like Shakamma she was advised to under cataract surgery in both her eyes

After the surgery, Peddaramula's vision has improved a lot. She no longer leads a restricted life and can go to the field for work. Peddaramula is grateful to elpage India for organizing the eye camp in their thana and making them aware about eye-related problems and relevant treatment. Many villagers in her Thana have undergone cataract surgery for free and are leading better lives now.

Name: Yellama	Age: 65 years
Gender: Female	Village: Allapur
District: Nalgonda	

Yellama, an inhabitant of Allapur, was suffering from low vision for a few months. She attended the eye camp organized by Helpage India in 2014 and got her eyes tested. On examination, the doctor advised Yellama to under cataract operation. The beneficiary was referred to an eye hospital where she underwent the surgery. The team from elpage India helped her in the entire process. Currently she has better vision. She is happy with the services of the MMU team and the care and support she got both pre and post cataract surgery.

Name: Lachhai	Age: 75 years
Gender: Male	Village: PeepalPahad
District: Nalgonda	

Lachhai, a resident of the PeepalPahad village, had poor vision in both eyes. When Helpage India organized an eye camp in their village last year; Lacchai's family members took him to the eye camp for check up. The doctor in the eye camp suggested cataract operation for the both the eyes. Lacchai said the team of Helpage India helped him to access MS Reddy Lions hospital without any hassle and get the operation done for free. After the operation, the beneficiary was provided with food, transport to go back home and medicines.

Lacchai is satisfied with the MMU team and the support services provided by them regarding his eye operation.

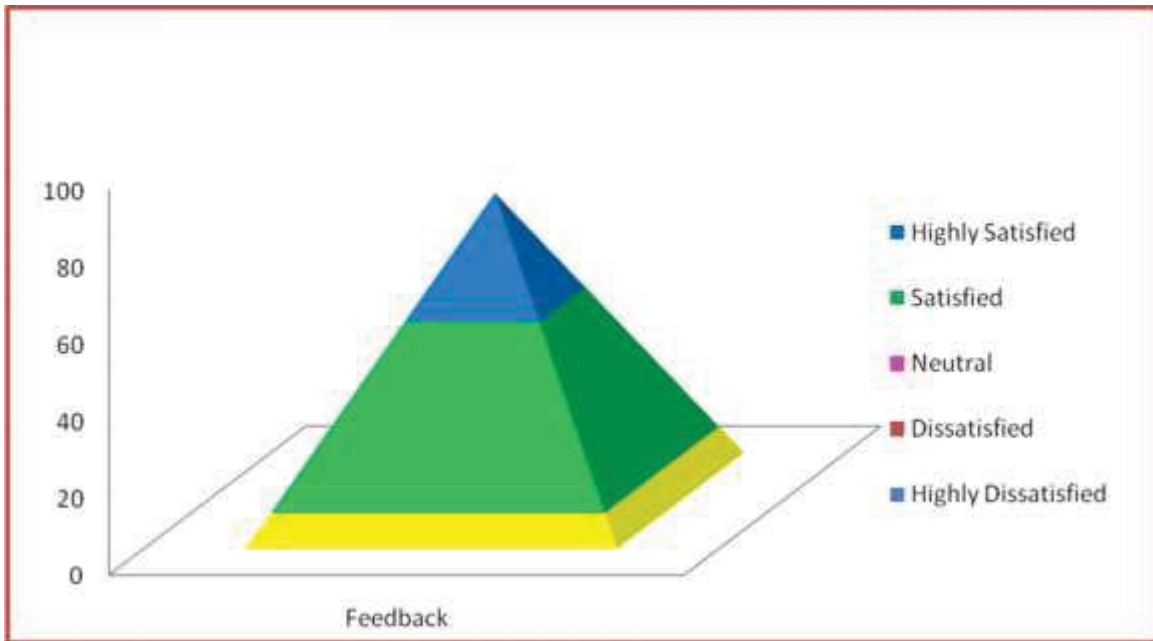
## OBSERVAMONM

The team observed that the eye camps organized by BDL & Helpage India gave an opportunity to the elderly people to meet doctors and get their vision checked. The camps have also made them aware of eye-related problems. Those suffering from cataract were further recommended to get their surgeries done. Helpage India arranged for their surgeries in their associated hospitals. The organisation also provided other support services pre and post surgery which have been a huge help of the older people.

Due to an absence of an ophthalmologist in the MMU, proper follow up has not been always possible in case of some beneficiaries. Therefore, although they have undergone the cataract surgery, very few beneficiaries said that their vision is still 'cloudy'.

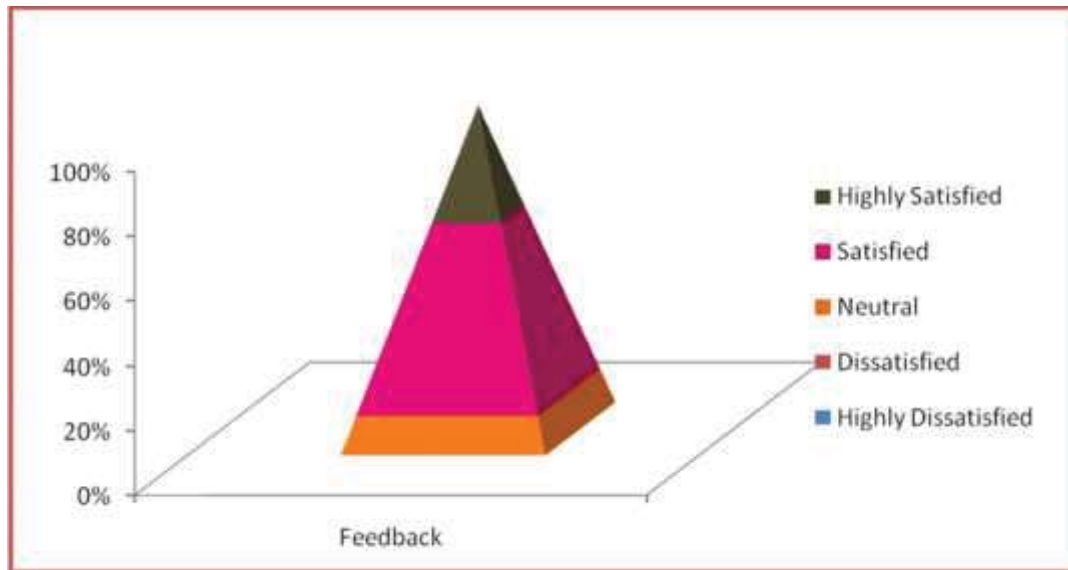
## IMPACT ASSESSMENT

### Timeliness of cataract operation1M



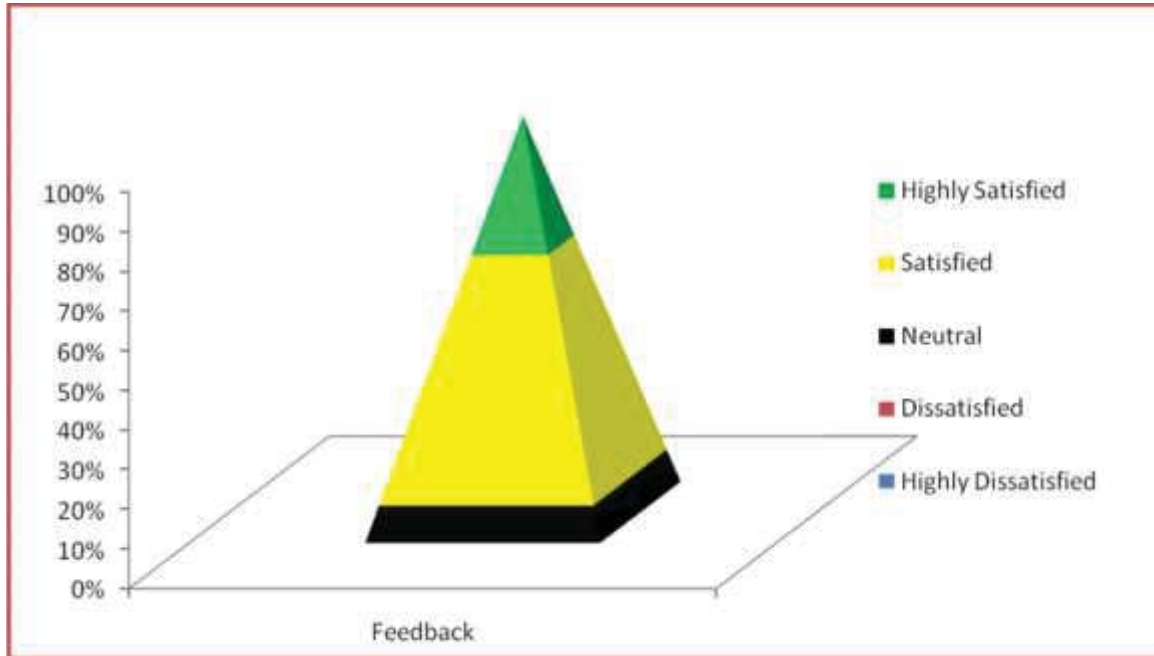
Timeliness of Service					
	Highly Dissatisfied	Dissatisfied	Neutral	Satisfied	Highly Satisfied
Feedback	0	0	8	43	29
%	0	0	10%	53.75%	36.25%

### Availability and attitude of the paramedical staff



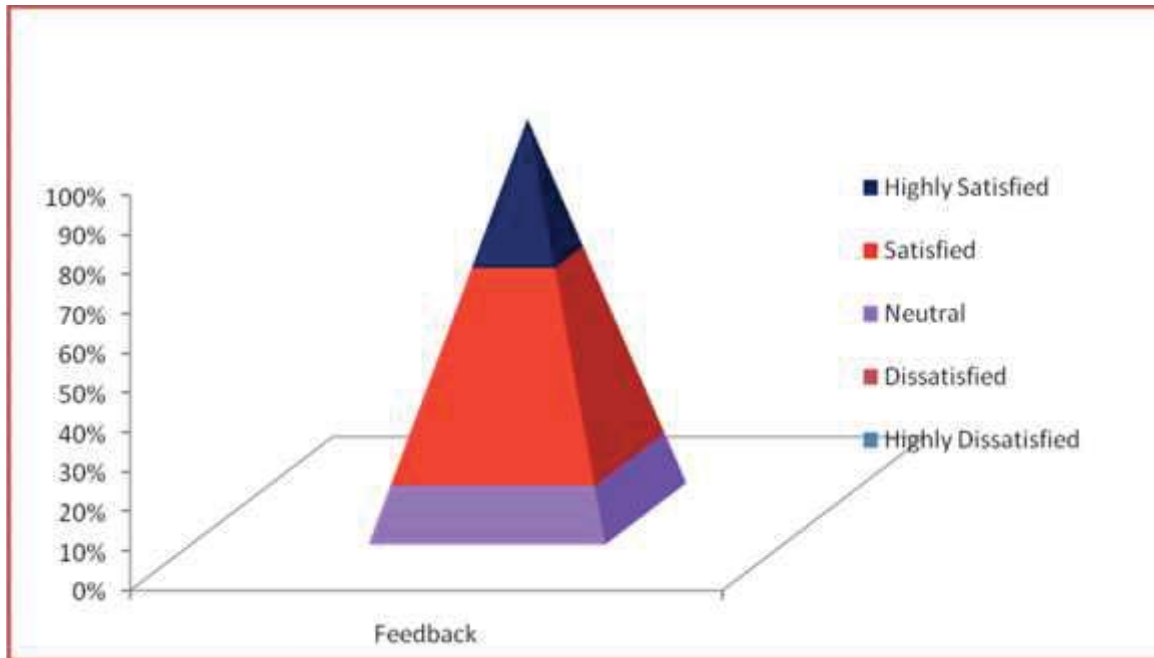
Availability and attitude of the paramedical staff					
	Highly Dissatisfied	Dissatisfied	Neutral	Satisfied	Highly Satisfied
Feedback	0	0	9	44	27
%	0	0	11.25%	55%	33.75%

### Treatment outcomes1M



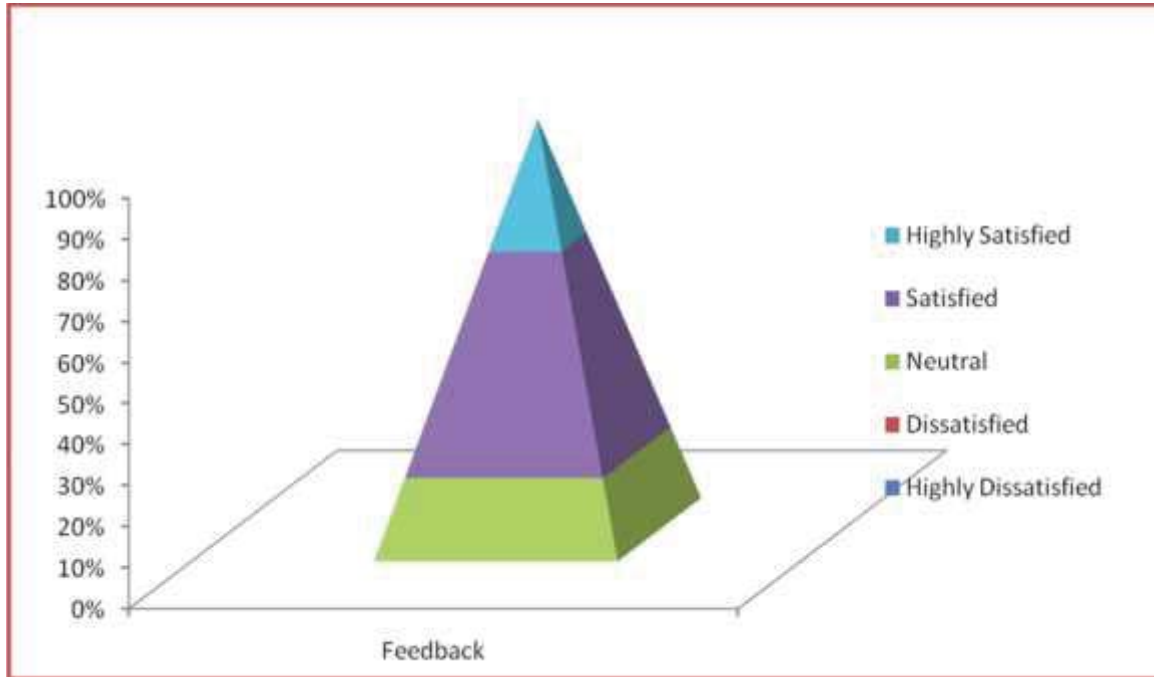
Treatment outcomes					
	Highly Dissatisfied	Dissatisfied	Neutral	Satisfied	Highly Satisfied
Feedback	0	0	7	47	26
%	0	0	8.75%	58.75%	32.50%

### Availability of medicines1M



Availability of medicines					
	Highly Dissatisfied	Dissatisfied	Neutral	Satisfied	Highly Satisfied
Feedback	0	0	11	41	28
%	0	0	13.75%	51.25%	35%

### Ease of availing services1M



Ease of availing services					
	Highly Dissatisfied	Dissatisfied	Neutral	Satisfied	Highly Satisfied
Feedback	0	0	15	41	24
%	0	0	18.75%	51.25%	30%



*Screening camps organised by Helpage India to detect cases for cataract surgery*

**RECOM ENDATIONSM**

Some of the broad recommendations are as follows –

- ❖ To organize eye camps at regular intervals
- ❖ To provide an ophthalmologist in the MMU team so that there is proper follow up post surgery and all villagers go to the hospital to collect their spectacles. Moreover, an ophthalmologist will be able to detect partial blindness at an early stage and can refer the elderly people to the associated hospitals.

### III. Project: Safe Drinking Water1M

According to a baseline survey conducted by the Tata Institute of Social Sciences (TISS), water in some of the mandals in the Nalgonda district contain high fluoride which is harmful for teeth and bones and can lead to dental or skeletal fluorosis. The acceptable amount of fluoride content in water is 0.6 to 1.2 mg/l but in this area as the survey highlighted the fluoride content ranges between 0.1 to 8.8 mg/l and as a consequence had detrimental effect on the health of the people living in this district. It is in this light that BDL chose to focus on providing safe drinking water to the poor people of the community as part of their CSR initiative.

## BACKGROUND

### About Naandi FoundationM

Naandi<sup>3</sup> Foundation is a public charitable trust established in the year 1998 with a mission to eradicate poverty. Dr. K Anji Reddy served as the founding chairman and the organization is currently chaired by Anand Mahindra. This is a new generation social organization working towards providing innovative, cost effective and sustainable solutions in the areas of safe drinking water, child development and sustainable livelihoods. Initiatives of Naandi foundation in these areas have touched the lives of almost three million people in some of the most backward regions of 13 Indian states. Naandi Foundation partners with various state governments, corporate houses, national and international organizations to enhance the quality and expand the coverage of basic public service delivery.

### Key activities of Naandi FoundationM

The target group of the organisation are –fluoride prone and drinking water scarce area community. The core activities of Naandi Foundation include –

- Safe Drinking Water

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<sup>3</sup>Naandi in Sanskrit means *new beginning*

- Child Rights
- Sustainable Livelihood

## SAFE DRINKING WATER

On 29 September 2012 BDL signed MoU with the Naandi Foundation for a period of 3 years to set up three water purifying plants in three villages in the Nalgonda district. The partnership has a two-fold objective: a) to provide access to safe drinking water to the rural communities and b) to educate the local communities on water related issues. According to the MoU, Naandi is responsible for installation, commissioning and maintenance of the community water center for a period of 10 years after which it is handed over to the community. It collects the user fee of 10 paise per litre for the plant maintenance.

BDL is responsible for providing financial support for procuring and installing the machinery as well as supporting Naandi with operations and maintenance cost for 3 years.

BDL spent a sum of Rs 61 Lakhs (Sixty one Lakhs) for 3 water plants which includes 3 years maintenance.

### COVERAGE OF THE BDL SUPPORTED SAFE WATER PROGRAM ME1M

As mentioned above BDL supported Naandi Foundation to set up water purification plants in three villages of the Nalgonda district namely – Narayanpur, Janagaon and Peepal Pahad.



In both Narayanpur and Janagaon number of beneficiaries range from 300 to 350. During summer months there is an increase in the number of beneficiaries. PeepalPahad is a smaller village hence, number of beneficiaries range from 180-200 households.

**TIMING OF THE WATER CENTRE1M**

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

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

**TEAM MEMBERS OF THE NAANDI COMMUNITY WATER SERVICE PVT LTD1M**

There is a well-organized, trained and experienced team who facilitates in the implementation of the project activities. At the village level, there is a water center operator and a community organizer who handles the day to day operations of the water center and conducts extensive community mobilization activities to spread awareness about safe drinking water, respectively. There is a technician who visits the plant regularly for preventive maintenance, a breakdown analyst, a territory officer who takes in charge of 10-15 plants depending on distance, a cluster head who takes in charge of a cluster of plants (30-35 plants) and finally a zonal head who is in charge of a total zone.

## INTERACTION WITH THE STAFF AND THE BENEFICIARIES

The team visited the location of the water plants (Narayanpur and Janagaon villages) on 24 July 2015. We conducted both in-depth interviews and FGDs to collect responses from the concerned stakeholders. A total of 75 villagers participated in the group discussions and responded to a brief questionnaire.

The following section will discuss the findings from the interviews and the FGD.

Shivani and Anusha, in charge, safe water drinking programme, Naandi Foundation/

Both Shivani and Anusha mentioned that their project primarily aims at community connect drive. The major thrust is to instill ownership of the plant among villagers, create awareness safe drinking water and its impact on health, governance of the plant and minimum price regulation that is levied on the users to meet the operational expenditure. These activities give the necessary impetus for smooth running of the plant. Naandi Community Water Services continues its engagement with the village till their capacities are built.

In addition, the organisation as part of its community connect programs, conducts door to door activities, target group meetings with SHGs, health workers and the Gram Panchayat. Through such activities Naandi Foundation educates people about the importance of safe drinking water and sanitation practices for maintaining good health.

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

Shivani and Anusha also spoke about the challenges involved in implementing and running the programme. The major challenges include -

- Community participation and adaptability
- Majority of the villagers work as daily wage labourers in the agriculture field from morning till evening and are using the water from the bore wells in the field for the drinking purpose. Thus the card which is designed for providing water for one month for a family of 4-5 members is used for 2 months.

- Electricity supply in the plant is available for only 6 hours - 3:00am to 6:00 am and 12:00 – 2:00 pm which hinders the production of sufficient treated water for the villagers

Naandi Foundation is satisfied with its partnership with BDL. However, since electric supply is one of the major problems which impedes the smooth operation of the water centre, the organisation feels exploring an alternative source of energy supply to run the water plant can further improve the coverage of the water plant in these villages

Pavani, Territory Officer/

Pavani was extremely supportive and provided us with all the necessary information regarding beneficiaries, accompanied us to the villages where Naandi has set up the water centres and also helped us to conduct interviews with a few households in the villages of Narayanpur and Janagaon.

Pavani along with the community organiser organizes awareness camps and S - G meetings twice a month to disseminate information about the water purification plant and the importance of safe drinking water. Naandi Foundation has designed various Information, Communication and Education (IEC) materials such as flipcharts, pamphlets and brochures to disseminate information to the community.

Each household has a card and they pay Rs. 60 per month for 30 cans (each of 20 litres) of water. Earlier, these villagers would pay Rs 6 – Rs 8 for one can of water. Now they pay only Rs. 2 for one can of water. According to Pavani, this has drastically reduced the expenses of the household for drinking water and has resulted in saving for the families. She has been associated with this programme since 2013 and in these years there has been no complaint from the villagers as regards the service of the water centre or quality of drinking water.

Pavani also spoke about the disruptions in power supply and how it impacts the operation of the water plant. According to her if there was uninterrupted power supply in these villages, they would have been able to reach out to more villagers and improved their quality of life.

## **BENEFICIARIES1M**

Name: V. Chinnamurthyalu	Age: 59 years
Gender: Male	Village: Narayanpur
District: Nalgonda	Health Problems: None

V. Chinnamurthyalu living in Narayanpur village used mineral water for drinking and cooking because of the high fluoride content in the water and for washing and other purposes he was dependent on tap water. Before Naandi Foundation established the water centre in their village, Chinnamurthyalu bought water from other water plants at a higher price. At Naandi's water centre he pays only Rs. 2 per 20 litres can of water compared to other water plant where he paid Rs 8 per can. Since 2013, Chinnamurthyalu has been a member of the water centre and said that the low price of water has led to greater savings in the household. Another major problem was with the timing and location of the other water plant.

Naandi's water plant is located at a convenient location and the timings are also suitable for his family. Through Naandi's campaigns on safe water he and his family have learnt about the significance of hygiene and safe drinking water and the impact on health.

Name: Sravan Kumar	Age: 59 years
Gender: Male	Village: Narayanpur
District: Nalgonda	Health Problems: None

Sravan is a school teacher in the Narayanpur village. He also bought water from another water plant but was not satisfied either with the quality or the price he paid for purified water. Sravan has been accessing Naandi's water plant since 2013. He said the quality of water is much better as Naandi Foundation ensures proper maintenance of the water plant and treatment of water. The space within the water centre is clean and the staff are cordial and cooperative.

Sravan found the awareness camps organised by Naandi extremely useful. The timings are also suitable so is the location of the water centre. Sravan suggested setting up another water centre in their village so that greater number of people can have access to quality and safe drinking water at a reasonable price.

Name: V. Kamma	Age: 34 years
Gender: Female	Village: Narayanpur
District: Nalgonda	Health Problems: None

The water plant is located opposite Kamma's house so she is very happy. She said earlier she had to walk a long distance to fetch water. Now she utilizes that extra time to work in the field. Kamma said incidence of water borne diseases in her locality has reduced a lot. Kamma's entire family has attended the awareness camps organized by Naandi and are well aware about issues of health, water and hygiene.

Kamma also suggested that the organization should set up another water plant so that more villagers can be part of Naandi's water community.

Name: M. Balaya	Age: 70 years
Gender: Male	Village: Narayanpur
District: Nalgonda	Health Problems: Joint ache

Balaya used water from the river for cooking, drinking and washing purposes. The high level of fluoride affected his health. He has severe knee pain now and cannot work in the field for longer hours. Balaya came to know about Naandi's water centre through his neighbours and became a member of the water community. According to Balaya, his knee pain has reduced and his health has improved. The drinking water also tastes better. He has advised all his friends to be a member of Naandi's water centre and access their purified water.

Name: Naresh	Age: 21 years
Gender: Male	Village: Janagaon
District: Nalgonda	Health Problems: None

Naresh, a resident of Janagaon village, used to drink Krishna water. But after Naandi Foundation set up a water treatment plant in their village in 2013, he had a better option. Since then Naresh has been a member of this water centre and comes everyday to collect water from this water plant.

Radha, the community organizer (also an Accredited Social Health Activist), conducted door-to-door campaign to make villagers aware about the importance of safe drinking water and its impact.

on their health. Naresh came to know about Naandi's water community service through this campaign. Naresh is extremely satisfied with the service of the water plant and says it has been a boon for the village.

Name: Mangamma	Age: 25 years
Gender: Female	Village: Janagaon
District: Nalgonda	Health Problems: None

Mangamma said she would collect water from river Krishna which did not taste good. Also she spent a lot of time getting water for her household chores. Since Naandi set up the water plant, her drudgeries have reduced. She no longer has to walk long distances to collect water. Mangamma now comes to the water centre to collect water on specified timings. The water tastes much better. Also incidences of water borne diseases have reduced. Mangamma is satisfied with the services of the water plant and the attitude of the staff.

Name: Anjaiyya	Age: 25 years
Gender: Female	Village: Janagaon
District: Nalgonda	Health Problems: Knee ache

Anjaiyya suffers from knee pain due to high level of fluoride in her drinking water. Like other villagers she also used to collect water from the river which impacted her health. Since 2013, Anjaiyya has become a member of Naandi's water community and comes here regularly to fetch water

Her knee pain has not subsided completely but has reduced considerably. The water tastes better now and is easier to fetch from the water centre.

## OBSERVATION

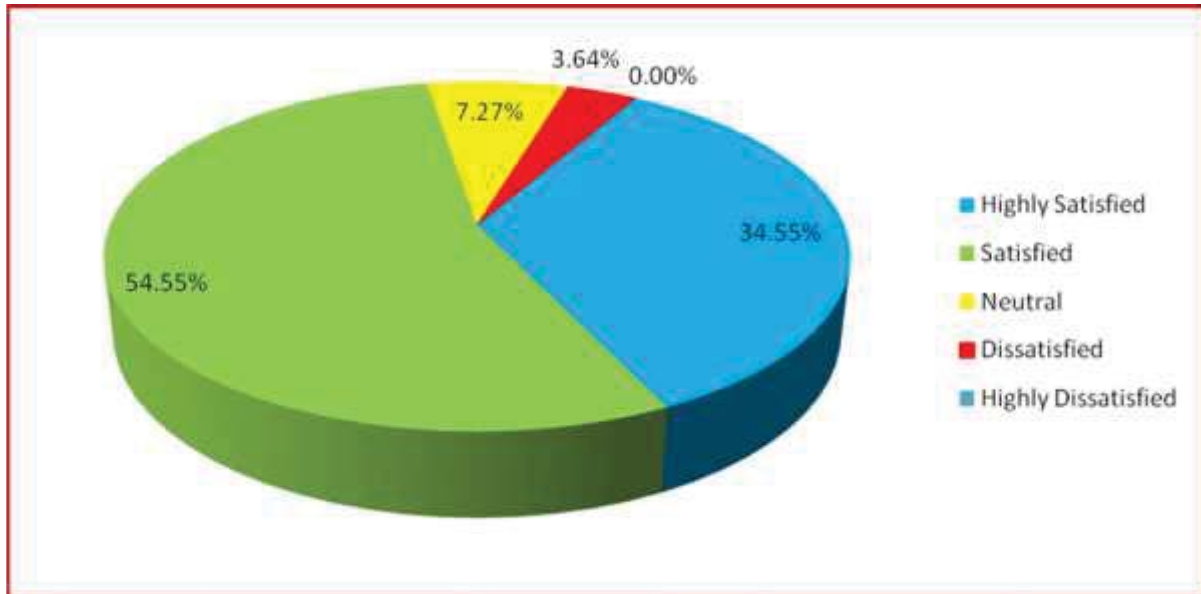
The team visited Narayanpur and Janagaon villages and interacted with the villagers as well as with the community organizer, territory officer and the operator. The territory officer and community organizer conduct door-to-door campaign to make people aware of the importance of safe drinking water. We observed that the villagers are aware of the benefits of safe drinking water. The water centre in these villages have been a boon for the villagers as they get purified water at a much lower price. Also they do not have to walk long distances to fetch purified water. The villagers are satisfied

with the service of the water centre and wants Naandi Foundation to set up another water plant so as to expand their coverage and also be able to provide them with extra purified water during the summer months.

Interaction with some of the villagers highlighted that incidence of water borne disease and their joint ache have reduced drastically as they are consuming purified water from the water centre.

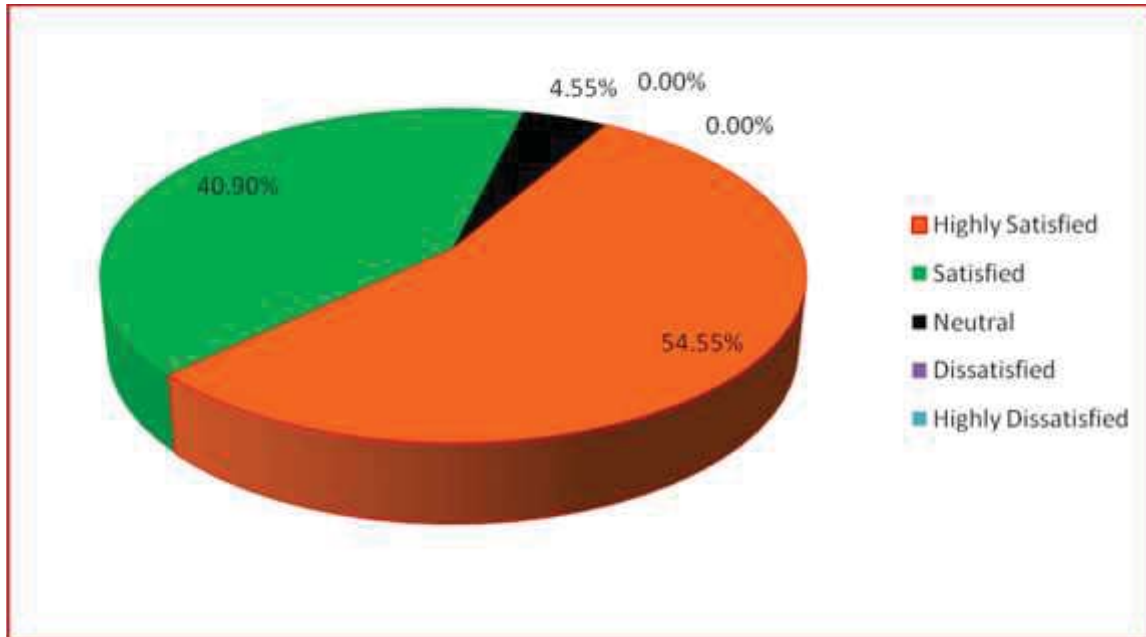
**IMPACT ASSESSMENT**

**Timeliness of service1M**



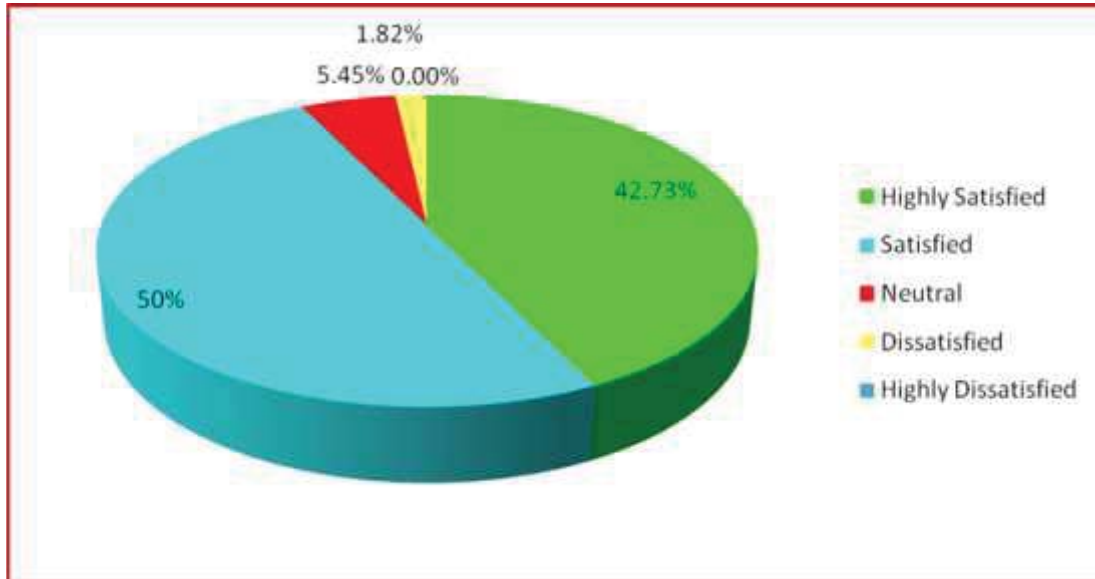
Timeliness of service					
	Highly Satisfied	Satisfied	Neutral	Dissatisfied	Highly Dissatisfied
%	34.55%	54.55%	7.27%	3.64%	0.00%
Feedback	38	60	8	4	0

### Quality of water1M



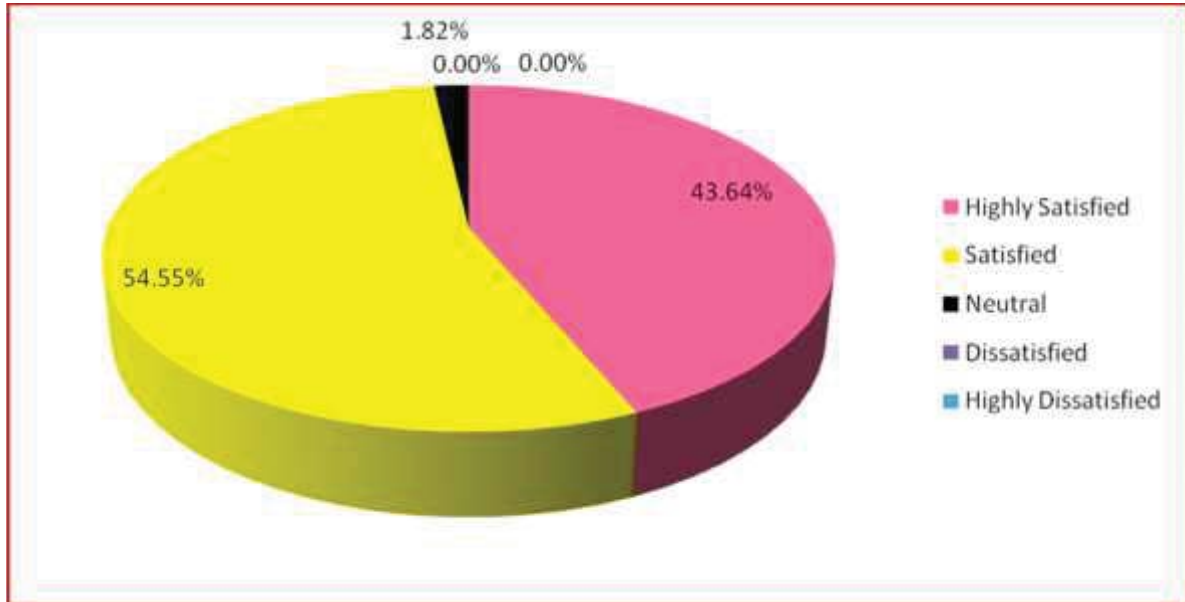
Quality of water					
	Highly Satisfied	Satisfied	Neutral	Dissatisfied	Highly Dissatisfied
%	54.55%	40.90%	4.55%	0.00%	0.00%
Feedback	60	45	5	0	0

### Attitude of the staffIM



Attitude of the staff					
	Highly Satisfied	Satisfied	Neutral	Dissatisfied	Highly Dissatisfied
%	42.73%	50%	5.45%	1.82%	0.00%
Feedback	47	55	6	2	0

### Ease of availing services1M



Ease of availing services					
	Highly Satisfied	Satisfied	Neutral	Dissatisfied	Highly Dissatisfied
%	43.64%	54.55%	1.82%	0.00%	0.00%
Feedback	48	60	2	0	0



*Register and water card for the beneficiaries*

*RO Water Plant at Janagaon*



*R O Water Plant at Narayanpur*

### RECOM ENDATIONSM

- ❖ To set up another water plant in the Narayanpur village so to expand the coverage of beneficiaries
- ❖ To explore alternative sources of energy for running the water purification plants

## IV. Construction of Bio toilets by FICCI at Balasore1M

BDL signed a MOU for construction of 4 clusters of bio-toilets with the Federation of Indian Chambers of Commerce and Industry, Centre for Technology Commercialization in January, 2014. BDL and FICCI agreed to partner with a goal of providing Clean, Safe Drinking Water and Hygienic Sanitation facilities to the people of Odisha – Balasore District as part of BDL’s corporate social responsibility.

The Centre for Technology Commercialization, FICCI has signed a MoU with DRDO and initiated a long term programme **“FICCI-DRDO ATAC (Accelerated Technology Assessment and Commercialization) Programme”** under which FICCI has a mandate of assessing and commercializing the DRDO innovations which have civilian applications. Bio-Digester is one such social technology developed by DRDO, which is also the part of DRDO-FICCI ATAC PROGRAMME. The bio-toilets are constructed by FICCI using the Bio-Digester technology.

### BACKGROUND

#### About FICCI

Established in 1927, FICCI is the largest and oldest apex business organisation in India. Its history is closely interwoven with India’s struggle for independence, its industrialization, and its emergence as one of the most rapidly growing global economies.

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

**Project Objective:** FICCI, DRDO and BDL are committed to work under “SWACHH BHARAT ABHIYAN” and help contributing to the cause of making India “open defecation free”.

## Project DescriptionM

2 clusters of bio-toilets are completed at Jaleshwar and Chandaneswar in Balasore District, Odisha state. BDL is awaiting the reaction of the community before proceeding to the next 2 clusters



## IMPACT ASSESSMENM

Out of the 4 proposed clusters of bio-toilets, 2 have been recently completed at Balasore. It is too early to assess the impact of the same. BDL will have to monitor the citizen education and awareness about bio-toilets by FICCI, as a good communication campaign has to be developed and implemented about the usage, cleaning, benefits etc to the targeted beneficiaries in order to ensure adaption and utilization of the bio-toilets by the people of Balasore.

## Chapter 3: New Initiatives

### eSaguM

Since independence, the government has undertaken various initiatives to educate the farmers through mass media such as radio, television and newspaper; by organising capacity building workshops, training programmes and developing web portals. Despite the positive initiatives, a survey conducted by National Sample Survey Organisation in 2005, revealed gaps in knowledge about modern farming techniques and other logistics among the farmers of our country. This led International Institute of Informational Technology (IIIT), Hyderabad in collaboration with Media Lab Asia and Acharya N G Ranga Agricultural University to devise a tool which would be cost-effective, sustainable and provide quality personalised agriculture-related advice to every farmer without the farmer asking a question. This tool came to be known as *eSagu* (the word *Sagu* means *Cultivation in Telugu language, so eSagu means eCultivation*)

To quote Professor P. Krishna Reddy<sup>4</sup>:

The *eSagu* system aims at providing farm-specific agricultural expert advices to the farmers in a timely manner by exploiting developments in ICTs. The expert advice is generated by agricultural experts based on the latest information about the crop situation received through Internet in the form of both digital photographs and corresponding text. The expert advice is delivered on a regular basis (typically once in a week) from the sowing stage to the harvesting stage. In this system the villages are grouped into clusters of about five villages each. For each major crop in the cluster, we select a sample number of farms. The co-ordinators (progressive and educated farmers) will be selected, trained and deployed in village clusters for crop data collection and advice delivery purpose. The coordinators upload the

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<sup>4</sup> Excerpt from an interview with Professor P.Krishna Reddy on 20 August 2015 by the ASCI team

photographs and crop status data of these sample farms once in 10 days to the eSagu portal. The agriculture experts access the system to deliver expert advisories and prepare crop-specific advice summaries. Subsequently, the printouts of advice summaries, which consists of colour photographs and advices, are disseminated to all the farmers by displaying on notice boards in the village and adjoining villages. Farmers access the advisories through notice boards in the villages

In 2006, the concept was first implemented in 8 centres covering 38 villages in the Warangal district of Andhra Pradesh. Currently, the eSagu is implemented in three districts: Medak, Ranga Reddy, Warangal



*Farmers se king information*

*Discussions with farm rs*



*Agricultural Scientist analyzing photo sent by farmer*



In 2014-15, BDL joined hands with IIIT, Hyderabad and Acharya N G Ranga Agricultural University to implement eSagu (through which agricultural scientists will provide expert advice in crop production, crop management, crop protection by getting the crop status in the form of digital photographs and other information) in 30 villages of Medak district, covering an area of 15000 acres. The cost of the project will be Rs 42.44 Lakh. The main objective of implementing eSagu is to enhance the agricultural knowledge of the farmers in the district from agricultural scientists which will facilitate in increasing crop productivity. The amount spent in the year 2014-15 is Rs 6.00 Lakhs.

## INDEPTH INTERVIEW WITH PROFESSOR P. KRISHNA REDDYM

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

According to Professor Reddy, the 30 villages in which eSagu has been implemented were selected in consultation with the Joint Director of Agriculture of Medak district and Additional Directors of Agriculture of Gajwel, Narsapur and Sangareddy divisions. It was decided to take five villages each in six mandals which have diverse cropping pattern.

### **Awareness workshops in villages and response of farmers:M**

In each village, farmer meetings have been conducted to make them aware of eSagu. Prior to the eSagu, farmers would access information regarding crops from agricultural officers, pesticide dealers or neighbours. Now, farmers are gradually adapting to the system.

During meetings with farmers, it emerged that they were facing several problems related to crops. The farmers were positive that timely advice through eSagu will sort out their problems and augment productivity of the crops.

### **Benefits of eSagu:M**

In every village a notice board is fixed by identifying the gathering places. The problems concerning crops are captured by the coordinator once in 10 days and sent to expert scientist at the eSagu main center. For each crop, the advice sheets are prepared. Each sheet consists of advice given by the scientist along with the colour photographs. The sheets are displayed on the notice board. The sheets are changed once in 10 days.

The farmer sees the notice board and finds the crop-specific advice summaries for the major active crops grown in the cluster. Farmer sees the colour photographs (captured production problems) and corresponding actionable advices for each active crop problem. If his/her crop faces the similar problem, the corresponding actions mentioned in the advice will be followed.

### **Challenges involved:M**

- Illiteracy and cultural gap: Several villages have considerable portion of illiterate farmers. Bringing awareness is the major challenge.
- Convincing the farmer regarding the usefulness of the agro-advisories.
- Availability of advised chemicals in farmer's vicinity.
- Coordinator and agricultural expert play a major role. Identifying suitable coordinators who have enough literacy, agricultural and computer knowledge is a challenge.
- Imparting regular crop and computer related training.

### Proposed impact of eSaguM

- Improving farmers' income: Farmers will get additional income by reducing inputs and getting additional yield.
- Mutual sharing and discussion: Enabling mutual sharing and discussion: Disseminating the knowledge at community level through notice board enables mutual sharing and discussion and leads to right practice.
- Empowerment: Education of farmers about best agricultural practices will improve their knowledge in particular and knowledge level of the society in general will be improved.

### Swachh Vidyalaya

As part of the Swachh Vidyalaya, BDL has allocated a sum of Rs 500 lakhs to build toilets in Government Schools in the districts of Medak, Rangareddy & Nalgonda in Telangana State and Vishakhapatnam in Andhra Pradesh State BDL along with industan Pre Fab (HPF), SSA Telangana and SSA Andhra Pradesh is implementing the project. Accordingly 193 toilets are being constructed. The table below provides the details of the project

S noM	Name of the DistrictM	No. of toiletsM
1	Medak	29
2	Ranga Reddy	45
3	Nalgonda	55
4	Visakhapatnam	64
	<b>TotalM</b>	<b>93M</b>



*Senior officials from BDL  
monitoring the  
construction of toilets*

## Swachh Bharat1M

Government of India has launched the Swachh Bharat Abhiyan on 2 October 2014 to pay homage to Mahatma Gandhi's tenet 'Cleanliness is next to Godliness'. BDL organized an oath ceremony on 2 October 2014 in its corporate office. The programme was attended by the CMD, D(F), D(P), ED (P&A) and all officers and employees of BDL. In this programme all officers and employees pledged their support to the Swachh Bharat Abhiyan.



*Pledge taking ceremony*



*Plantation in factory premises by CMD*

## **Adoption of villages1M**

Another major initiative of BDL as part of its CSR was adoption of villages to improve the quality of life of the villagers. This is a four year project (2014- 18). The organisation has allotted a consolidated sum of Rs.487. 50 lakhs to initiate socioeconomic and infrastructure development in the villages BDL has adopted two villages (one in Telangana and one in Andhra Pradesh) under this project –

- ❖ Kyasaram village, Medak district, Telangana
- ❖ Gondupalem village, Vishakhapatnam, Andhra Pradesh

BDL will undertake following development activities:

- Safe Drinking Water Plants
- Toilets in Houses
- Community Halls
- Health Centres
- Toilets in Primary Schools

## **Contribution to Swachh Bharat Kosh1M**

BDL contributed Rs 100.00 Lakhs for Swachh Bharat Kosh/

## **Contribution to Clean Ganga Fund1M**

BDL contributed Rs 100.00 Lakhs for Clean Ganga Fund

## ***Chapter 4: Sustainable Development Activities (2014-15)***

### **Solar lightsM**

The Bharat Dynamics Limited installed 10 solar lamps (each of 36W) in front of the canteen building in the Kanchanbagh area.

The installation of 10 solar lamps has resulted in annual energy savings of approximately 1971 Kwh and has also led to an approximate savings of Rs 15,374 per annum. Further, the installation of solar lamps has reduced carbon emission level.

Total expenditure on Sustainable development projects for the year 2014-15 is Rs 19.50 Lakhs. This includes solar lights at Hyderabad and Vizag units.

Other than the Kanchanbagh area, BDL has set up a 24 KWp solar plant in the Bhanur Unit to meet the power requirements of the administrative building of the organisation.

The plans for 2015-2016 and 2016-2017 are to set up a 200 KWp and 5 MW Solar power plants.



***Solar  
Panels***



*Solar street lights*

### Reverse Osmosis (RO) Plant

In 2014-15 another significant sustainable development (SD) activity of BDL comprised of setting up a RO plant in its organisation. The Pollution Control Board has issued a directive for processing the output water from Effluent Treatment Plant (ETP). Following the diktats of the Pollution Control Board, BDL installed an RO plant in 2014-2015 to process the output water from ETP. BDL spent an amount of Rs. 130 lakhs to set up the Industrial RO plants in its premises.

The RO plant demineralises the water (which has minimum TDS and required P value) and the water is then stored in a separate tank. The clean water is recycled back in to the Electroplating Shop which meets 85 percent of its input requirement.



## **Chapter 5: CSR Activities planned for**

**2015-16**

CSR and Sustainable Development activities planned for the year 2015-16 is detailed below./

s nM	Workplace/districtM	StateM	Name of the projectM	expenditureM planned 2015-M 6M
				(Rs. In Lakh)
	Medak	Telangana	Mid-Day Meal(academic year)	75.00
<b>2M</b>	Nalgonda	Telangana	Health Care	24.02
<b>3M</b>	Nalgonda	Telangana	Safe Drinking Water	5.40
<b>4M</b>	Rangareddy	Telangana	200 KW Grid Tied Solar Power Plant	190.00
<b>5M</b>	Medak	Telangana	e-SAGU	36.44
<b>6M</b>	Balasore	Odisha	2 Cluster of Bio-Toilets	63.70
<b>7M</b>	Medak, Nalgonda, Ranga Reddy and Vizag	Telangana and Andhra Pradesh (AP)	175 Toilets in TG State & AP	438.87
<b>8M</b>	Medak and Vizag	-do-	Village Adoption (487.50/3)	162.50
<b>9M</b>	Rangareddy	Telangana	Industrial RO plant at KBC	130.00

<b>Proposed projectsM</b>				
	Vizag	A P.	Mid-day Meal	37.50
	Vizag	A.P	Healthcare	36.79
<b>2M</b>	New Delhi	New Delhi	ASHA Schools War widows/Soldiers lost limbs	350.00
<b>3M</b>	Medak	Telangana	Construction of school	100.00
<b>4M</b>	Amravati	Maharashtra	Skill Development Programme	100.00
<b>5M</b>	Medak, Nalgonda, Ranga Reddy and Vizag	Telangana and Andhra Pradesh (AP)	35 toilets in government schools	87.50
<b>Sustainability projectsM</b>				
<b>6</b>	Hyderabad	Telangana	Haritha Haram – Raising plantation in 19 lakes	70.00
<b>7</b>	Hyderabad	Telangana	Mission Kakatiya (Rejuvenation of lakes)	162.01
<b>8M</b>	Ranga Reddy	Telangana	Cleaning and plantation around compound wall at KBC	20.00
			<b>TOTALM</b>	<b>2089.73M</b>

## **Chapter 6: Impact Assessment**

### **IMPACT ASSESSMENT CRITERIAM**

The following criteria are used to evaluate the impact of CSR and Sustainability initiatives of BDL: /

<b>Assessment Criteria</b>	<b>Assessment QuestionsM</b>
Relevance	<p>Did the overall goal match needs of the project area?</p> <p>Did the project's baseline data correctly address needs of the area?</p>
Efficiency	<p>What out puts were achieved and whether they were according to the plan?</p> <p>Was the implementation schedule as planned?</p> <p>Was the project cost within planned limit? Was the fund utilization prudent?</p>
Effectiveness & Uniqueness	<p>Did the outputs help achieve the goal?</p> <p>Did the project have any unique feature? Comparing the inputs to the extent of goals achieved, can project implementation be considered to be effective?</p> <p>Can the project be replicated?</p>
Impact	<p>What were the various tangible and intangible positive and negative impacts (Socio-economic, Environment, Policy, Technology, and Awareness) on different stakeholders of the project?</p>
Sustainability	<p>Will the impact created by the project sustain?</p> <p>Considering the present course of project, is the project sustainable?</p> <p>If not, what modifications and corrections need to be done with project execution methodology?</p>

Each initiative is compared with Millennium Development Goals and Baseline Survey conducted by BDL.

## IMPACT ASSESSMENT MATRIX

The impact assessment matrix is developed as a tool which combines an evaluation of selected CSR activities of 201-15 with baseline data and critical goals of MDG, along with the outcomes seen during the field visits and primary research conducted by the team. It is a combination of quantitative data with qualitative valuation of the different initiatives. Using this combination, every project is rated from 1 to 5 on the following scale, 1= very poor, 2=poor, 3=fair, 4= good and 5=very good.



The above pictures depict the Millennium Development Goals formulated by United Nations in September 2000 and adopted by 189 United Nations member countries. India too adopted the MDG goals and has shown a mixed response to the initiatives supported by world bodies, international organizations and Government of India. As per MOSPI Country report (February 2015) India has performed fairly well in halving the poverty head count ratio, reducing gender inequality in primary and secondary education, reversing the trend in HIV/ AIDS growth, India has moderately addressed drinking water, child mortality and environment concerns. Maternal Mortality, Hunger and Sanitation still remain a tough challenge for the country.

## 1. Mid-Day Meal Scheme1M

BDL supported Mid-day meals to 9403 school children through M/s The Akshaya Patra Foundation (TAPF) in Patancheru Mandal, Medak District, Telangana State during the academic year 2014-15.

BDL started supporting the Mid-Day Meal scheme in Patancheru Mandal since 2010, before the baseline survey mandate was declared hence the alignment with needs identified in Baseline Survey is not included in assessing mid-day meal project.

Sl No	Criteria	Asses sment	Remarks
1	Relevance	5	As per the MDG achievement in India, Hunger and education remain a huge concern in India, this project addresses critical needs of the community.
2	Efficiency	5	The Akshaya Patra Foundation manages a well-planned, efficient operation with adequate staff, scientific process and good execution.
3	Effectiveness	5	As the project addresses the needs of children from low income families, who may drop out of schools due to hunger, this project is highly effective.
4	Uniqueness	4	The entire process of making and delivering nutritious hygienic food is quite unique
5	Impact	5	Children and teachers are extremely happy with the results of this project. Improved attendance, healthy children make for a good society.
6	Sustainability	3	The business model of the mid-day meal scheme depends on State government funding (in the form of rice) and support from corporate like BDL, there does not appear to be a way for making this initiative self-sustainable as of now.
6	Overall	5	The entire project is well conceptualized, addresses a critical need of the community and well executed by a good partner.

## 2. Health Care1M

**A) Mobile Medi-Care Unit:** The Company provided health care facility and supply of medicines to 1800 elderly population in 20 villages for three financial years i.e., from 2012-15 in Narayanpur Mandal of Nalgonda District, Telangana elpAge India is providing health care and supplying medicines to the beneficiaries as per MoU.

**B)Cataract Operations:** BDL and elpAge India has provided Ophthalmic Care for 1200 beneficiaries in Nalgonda District, Telangana State.

Sl No	Criteria	Assessment	Remarks
1	Relevance	4	Healthcare facilities were identified as the core needs of Narayanpur and Chotuppall mandals of Nalgonda District.  Healthcare in a broad sense is also a part of MDG.  The project takes care of the healthcare needs of senior citizens only.
2	Efficiency	5	elpAge India is a good partner with suitable facilities, infrastructure and staff to execute the selected objective of the project.
3	Effectiveness	4	Not all healthcare needs of elderly are taken of, more crucial needs of community such as maternity, child care ignored.
4	Uniqueness	4	The cataract operations are being conducted in a unique manner with old people provided with transport facility also, the mobile van is providing a doctor at the door step on a senior citizen.
5	Impact	4	More critical healthcare needs can be addressed.
6	Sustainability	3	The scope for sustainability is this project is minimal, some type of co-operative society concept with minimal

			investment from beneficiaries can be explored.
7	Overall	4	This project caters to the needs of the senior citizens, whose needs are not considered important by society in general.

### 3. Safe Drinking Water1M

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

Sl No	Criteria	Assessment	Remarks
1	Relevance	5	Drinking water and sanitation were identified as crucial requirements in the baseline survey. The MDG also includes drinking water and sanitation as major goals.
2	Efficiency	5	The Naandi Foundation runs a good operation, well staffed and committed to the project.
3	Effectiveness	5	As the ground water in Nalgonda district is reported to have excess Fluoride content which leads to dental and skeletal fluorosis in humans, this project provides safe drinking water, hence highly effective.
4	Uniqueness	4	While supplying purified water is not a highly unique project, it succeeds in meeting a life-saving need of the community.

5	Impact	5	The villagers are quite happy that at a small fee of Rs 2 per litre they are able to get purified drinking water, protecting them from the harmful effects of Fluoride contamination.
6	Sustainability	5	This project has higher chances of sustaining itself over a long time as the beneficiary is a responsible partner unlike a passive receiver of the benefits
7	Overall	5	The project addresses critical need of the community and has received excellent response by charging a token fee, in future it can be made sustainable.

### 5. Solar Street Lights:1M

Annual energy savings for 10 solar lamps is approximately 1971 KWh. This accounts for approximate savings of Rs 15,374 per annum. Installation of these lamps has also reduced carbon emission level.

### 6. Installation of **industrial R.O.** plant in Kanchanbagh unit/

R O plant reduces ground water usage thereby increasing ground water level. The pollution level of discharge is brought to permissible limits

## CONCLUSIONM

The philosophy behind Corporate Social Responsibility in India has evolved over the years. In the pre-independence era it was considered as charity or philanthropy and perceived as such. Later the trusteeship approach proposed by Mahatma Gandhi was adopted by certain business houses. Post-Independence with the emergence of Public Sector Undertakings organized CSR as a part of legal framework has emerged. Initially in 2010 the Government of India made it a voluntary spending and in 2013 with the introduction of The Companies Act 2013, 2% spending on net profit is made mandatory.

The guidelines clearly stipulate the areas of focus in CSR and BDLs focus areas of CSR are aligned very well with the Schedule VII of the companies Act 2013.

The CSR activities address the core issues in nearby communities: Hunger through Mid-day Meal scheme, Health through Mobile Medical Care Unit and Cataract Operations, Drinking Water through RO plant, Sanitation through Bio-toilets, sustainability through Solar Street lights and RO plant at KanchanBagh.

All the selected projects have clear objectives, right partners, effective execution which has resulted in positive impact for the beneficiaries and objectives have been met.

## RECOMMENDATIONSM

- When viewed purely from the sustainability lens, except the drinking water project, others are not in a position to make a self-sustaining model for the future, BDL can explore more options to approach CSR through 'Creating Shared Value' or by creating social business projects.
- As per paragraph 1.6.7 of DPE guidelines (2013) CSR and Sustainability policy should be closely aligned with business strategy, while this is a challenge for a defence PSU, opportunities may be explored in this domain.

- Under sustainability BDL may take up a ‘Greening the supply chain’ project (as also guided by Revised CSR and Sustainability Guidelines, Oct 21, 2014). This will enable in creating a sustainable eco-system with suppliers/ partners etc.
- It was observed during field visits that the partnering NGO was perceived as the benefactor by the local communities as some beneficiaries were unaware of BDL as the sponsor of the initiatives. Boards have been put up in key areas but as local communities may not be literate enough, this may not be sufficient. BDL may formulate an effective communication strategy using a multi-media approach of a film/video to showcase the various activities done and ensure that all stakeholders are completely aware of the CSR activities of BDL. (Guideline No. XV Revised CSR and Sustainability Guidelines, Oct 21, 2014)

## *Annexure 1*

All questionnaires/ Interview Schedules carried an Initial introduction

Dear Sir/Madam,

Administrative Staff College of India is preparing the annual report 2014-15 for CSR initiatives of Bharat Dynamics ltd. We request you to spare a few minutes to fill in the questionnaire.

Thank you,

Dr.Shahaida and Dr.Sreerupa Sengupta, ASCI.

### **I. Questionnaire for Construction of Bio toilets by FICCI at Balasore1M**

1. Briefly describe your organisation:
2. What are your core activity areas?
3. What was the main aim behind constructing bio-toilets?
4. Since when did you begin the process? Kindly describe earlier experience in building bio-toilets:
5. When did you start collaborating with BDL?
6. How many toilets have you built so far? What is the target? Please provide timelines and current status:
7. How much money has been allotted by BDL for the construction of bio toilets in 2014-15?
8. Have you received your payments on time?
9. What are the challenges involved in this work?
10. Mention merits and demerits of working with BDL
11. Do you think there is room for improvement of this project? Describe.

## II. Questionnaire for Helpage India

1. Briefly describe your organisation
2. What are your core areas of activities
3. What was the main aim behind setting up mobile medicare units?
4. How many mobile medicare units do you have?
5. Since when did you begin the process?
6. When did you start collaborating with BDL?
7. How much money has been allotted by BDL for the mobile medicare units in 2014-15
8. Who monitors the activities of the mobile Medicare units in the villages?
9. What was the allotment of money for cataract surgery for the senior citizens in 2014-15?
10. What kind of help did BDL provide with regard to cataract surgery?
11. Have you received your payments on time?
12. What are the challenges involved in this work?
13. Mention merits and demerits of working with BDL
14. Do you think there is room for improvement in both the projects?
15. Do you collect feedback of the beneficiaries regarding the projects?

## III. Mobile Medicare Unit of Helpage India

### Questionnaire for the villager (beneficiary)M

Name:

Age:

Gender:

Village:

District:

Health problems:

1. Is there any hospital or PHC in your village? Yes /No
2. If no, how far do you have to travel to access health care services?
3. Is there a medicine shop in the vicinity?
4. Do you have any difficulty in getting the medicines that you need?
5. Is there any ambulance facility available in cases of emergency? Yes/ No

6. Are you being able to afford the expenses of the hospital? Yes/No/
7. How did you come to know about the mobile medicare unit?
8. Did the team come and meet you and explain their services?
9. What services do they provide?
10. Are you satisfied with the services/ treatment? Yes/No

Reasons for dissatisfaction:

11. Will you continue to use the services of the mobile medicare unit?
12. Are they able to attend to your health needs?
13. Did the organisation collect your feedback on the health care services provided by them?
14. Was there a need for you to avail admission in a hospital? Yes/ No
15. Describe the help provided by MMU for the same.
16. Rate the following services of MMU.

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

17. Describe the process of getting hospital treatment
18. Does MMU provide follow-up services?
19. Is the MMU available to you at a convenient time?
20. Do you have any suggestions for improvement?

#### IV. Cataract Beneficiaries- Helpage India

##### Questionnaire for the beneficiaryM

Name:

Age:

Gender:

Village:

District:

1. What help did you get for your cataract operation?
2. How did you come about these services?
3. Did you get any help post surgery? yes no
4. If yes, what help did you get post surgery?
5. Are you satisfied with the services? yes no
6. If no, why?
7. Rate the following:

Sl. No	Parameters	1 Highly dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Highly satisfied
1	Timeliness of cataract operation					
2	Availability of Doctor					
3	Attitude of Doctor					
4	Treatment outcomes					
5	Availability of					

	medicines					
6	Attitude of paramedical staff					
7	Ease of availing cataract services					
8	Convenience of Location of the camp from your home					

8. How can the services be improved?/

## V. Questionnaire for the Mid Day Meal Programme

### STUDENTS:M

Name:

Age:

School:

Village:

Gender:

Class:

District:

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1. Do you come to school everyday? Yes / no

2. If no, what is the reason –

Do not like studying/

Work at home –/

No mid day meal –/

When unwell –/

3. Do you know about Mid Day Meal (MDM)? Yes / no

4. Does your school provide Mid Day Meal? Yes / no

5. If yes, is MDM provided regularly or sometimes?

6. Do you eat MDM? Yes/ no

7. If yes, what do you eat?

8. How often do you eat MDM? Once a week/ twice a week/ everyday

9. If no, why?

10. What is the time of MDM at your school?

11. In what form do you get MDM – cooked / dry ration/ others (specify)

12. Do you eat MDM at school or you take MDM home?

13. If you take home MDM, why?

14. Do you sit in a clean space while having your MDM?

15. Where do you get plates for eating MDM? Home/ school

16. Do you leave after having MDM?

17. Are you satisfied with your MDM?

**TEACHERS:M**

Name: Age:  
Gender: Teacher of which class:  
School: Village:  
District:

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1. Since when did your school start the Mid day Meal (MDM) Programme?
2. Are you associated with this programme? Yes/ no
3. If yes, what is your responsibility -
4. How is the quality of food of MDM? Excellent/ good/ Poor
5. Who decides the menu for MDM?
6. Does the cooking happen within the school premises? Yes/ no
7. If no, where does the cooking take place?
8. How would you rate the quality of raw materials used in MDM?
9. How would you rate the kitchen facility for MDM?
10. What changes do you observe as a result of MDM –  
Increase in enrolment in the school -/  
Increase in attendance rate -/  
Improvement in the health of the child -/  
Any other perceptible change –/
11. Has the MDM programme of the school being inspected by officials from the government?
12. Who monitors the MDM programme at the school level?
13. Does the school have safe water for cooking and drinking? Yes/ no
14. Have parents ever objected to MDM? Yes/ no
15. If yes, why?
16. Are you satisfied with the MDM programme in your school?
17. If no, what are your suggestions for improvement?
18. What are the challenges in this programme?
19. Have these challenges been addressed?

## VI. Questionnaire for The Akshaya Patra Foundation1M

1. Briefly describe your organisation.
2. What are the core activities of your organisation?
3. Since when has your organisation been part of the mid-day meal scheme?
4. Did BDL provide money for setting up the kitchen or for buying kitchen equipments for the Mid-day meal programme?
5. What are the merits and demerits of working with BDL?
6. Who monitors the quality of MDM in these schools?
7. Who monitors the quality of ration for the MDM? Describe the quality process.
8. Is there a mechanism to check hygiene and cleanliness of the kitchen in which the food is prepared? Describe
9. Is there a specific amount of food given to each child?
10. What is the time gap between food prepared and food delivered?
11. Explain the process adopted to check the nutrition value of the meals supplied?
12. What mechanism is adopted to ensure that children consume the food served and not wasted?
13. Do you involve stakeholders such as parents/ school teachers in deciding the menu and other aspects? describe
14. Have you shared the challenges associated with the program with BDL? Has BDL addressed the challenges associated with MDM satisfactorily?
15. What improvements do you think can be made in this program?

## VII. Questionnaire for Naandi Foundation1M

1. Briefly describe your organisation
2. What are your core areas of activities?
3. What was the main aim behind the installation of water treatment plants?
4. Since when did you begin the process?
5. When did you start collaborating with BDL?
6. How many water treatment plants have been established?
7. How much money has been allotted by BDL for the establishment of these plants in 2014-15?
8. Have you received your payments on time? Yes/ no
9. Who monitors the activities of the activities of the water treatment plants?
10. Did you organise workshops to make the villagers aware about the issue of safe drinking water and about the plants?
11. Are there any challenges involved in this work?
12. Mention merits and demerits of working with BDL
13. Do you think there is room for improvement in both the projects?
14. Do you collect feedback of the beneficiaries regarding the project?

## VIII. Questionnaire for beneficiary of drinking water1M

Name:                      Age:  
Gender:                    Village:  
District:                    ealth problems:

1. What is the main source of water for cooking, cleaning, hand washing, bathing for the household?/
2. What is the main source of water for drinking for the household?/
3. Do you treat your water before drinking? Yes /No/
4. If yes, why do you treat your water?/
5. How do you treat your water?/
6. What is the frequency of water supply in your locality?/

7. Do you collect water from the water plant?
8. How did your drinking water taste before the water plant was set up?
9. How does your drinking water taste now?
10. How much do you pay to collect water from the plant?
11. What are the timings?
12. Are you satisfied with the timings? Yes/ No
13. Rate the following services of Naandi Foundation.

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

14. Are you aware of the importance of safe drinking water? Yes/ No
15. Has the water plant minimised the incidence of water borne diseases? Agree/disagree
16. Do you have any suggestions for the improvement of the program?

## Questionnaire for e-Sagu1M

1. Briefly describe e-Sagu. Currently, e-Sagu has been implemented in how many districts?
2. When did you start collaborating with BDL?
3. In how many villages have you implemented the concept since your collaboration with BDL?
4. On what basis did you select the villages where you are currently implementing e-Sagu?
5. Prior to the implementation of e-Sagu what was the source of information for farmers regarding crops in the identified villages?
6. Did you organise awareness workshops for farmers? Yes/No
7. What has been the response of farmers towards adoption of this technology?
8. How does e-Sagu help farmers?
9. Do you collect feedback from the farmers regarding e-Sagu?
10. Do the farmers find this technology useful?
11. What are the challenges involved in this work?
12. Mention merits and demerits of working with BDL
13. Do you think there is room for improvement of this project? Describe.