

**Impact of CSR activities undertaken  
by Bharat Dynamics Ltd.  
(2012-13)**

*Final report*

*Submitted to*  
**Bharat Dynamics Ltd.**  
**Kanchanbagh, Hyderabad**

**By**



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## **Acknowledgement**

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We are thankful to Shri S N Mantha, CMD BDL and Shri S V Subbba Rao, Director Finance, Shri V Udaya Bhaskar, Director, Productions for their valuable insights on the corporate needs and cooperation in preparing the report.

A report of this nature requires active association of professionals from the host organization. We are thankful to Shri V N Reddy, Chairman - CSR and SD Committee and Shri. C Vijaya Bhaskar, DGM - CSR for providing us all necessary support in gathering the data.

We offer our thanks to all other CSR and SD members, officers and staff of the BDL who were involved in collecting and processing and helped in the preparation of this baseline survey report.

Punam Singh  
Assistant Professor, IPE

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## INTRODUCTION

Corporate social responsibility (CSR) is one of the most prominent concepts in the literature and, in short, indicates the positive impacts of businesses on their stakeholders. Despite the growing body of literature on this concept, the measurement of CSR is still problematic. Although the literature provides several methods for measuring corporate social activities, almost all of them have some limitations. The purpose of this proposal is to provide a reliable measure of CSR reflecting the responsibilities of a business to various stakeholders.

Companies in India have quite been proactive in taking up CSR initiatives and integrating them in their business processes. It is mandatory for the profit making Central Public Sector Enterprises (CPSEs) in India to have their CSR budget as per the stipulations in the guidelines and their performance on their CSR activities gets assessed in the MoU

The old Department of Public Enterprises (DPE) guidelines on Corporate Social Responsibility in March, 2010 vide F.No.15 (3)/2007 -DPE (GM) GL 99 dt: 9<sup>th</sup> April 2010 for the Central Public Sector Enterprises in India with respect to the concept, planning, research, documentation, advocacy, promotion, funding aspects, documentation and monitoring the CSR activities.

In this guidelines relating to monitoring of CSR activities, *clause (8.7 and 8.8) it is clearly mentioned that for proper and periodic monitoring of CSR activities, companies may appoint a CSR committee or a Social audit committee or a suitable credible external agency. CSR projects should be evaluated by a suitable external agency. This evaluation should be concurrent and final.*

### **Impact Assessment/ CSR Audit**

Impact assessment is a continuous process and an important tool for accessing the consequences of possible and actual programmes and presents relevant evidence on the positive and negative effects of CSR intervention.

CSR evaluation program enables and facilitates organizational change and dramatic performance improvement through use of best practices, customer focus and other external, value-added perspectives.

Interim review and Impact assessment on CSR projects undertaken by BDL for the year 2012-13 in certain thrust areas as identified in the “**Base-line Survey Report**”, conducted by TISS for furthering socio-economic development within the broad framework of National CSR guidelines issued by Department of Public Enterprise (**DPE**), Government of India.

## METHODOLOGY OF THE STUDY AND STEPS FOR CSR IMPACT ASSESSMENT:

The scope falls within the broader tasks outlined in the National CSR guidelines issued by DPE.

- A representative size of the beneficiaries has been surveyed.
- Interim review is done by collecting qualitative data by using Focused Group Discussion and Participative Method by engaging various stakeholders of the project.
- Data has also been collected from the beneficiaries by using semi structured questionnaire. The questions are based on the background, development, current conditions, and overall implementation of the project.

### Date Collection:

### Interaction with stakeholders and company officials:

Name of the organization	Officials Interacted with	Date	Reason
BDL	Mr. C Vijaya Bhaskar Rao Mr.V Narasimha Reddy	11 <sup>th</sup> June, 2013	Initial interaction
AFPRO	Mr. Srinivas Goud Ms.Vasudeva Rao	30 <sup>th</sup> July, 2013	Understanding operation of AFPRO
Naandi Foundation	Ms. Shivani B	29 <sup>th</sup> July, 2013	Understanding operation of Naandi Foundation
HelpAge India	Mr. Stanley	19 <sup>th</sup> July, 2013	Understanding operation of HelpAge India
Akshyapatra	Ms.Rajini Sinha (Telephonic discussion)	1 <sup>st</sup> August, 2013	Understanding operation of Akshyapatra

### CSR Survey Work Details with Village Name & Date of Visits

#### BDL MMU Survey Work, Nalagonda

S.No	Village Name	Date of Visit
1	Narayanpur	12/8/2013
2	Janagam	12/8/2013
3	Manamadabad	16/08/2013
4	Lakharam	16/08/2013
5	Golagudem	16/08/2013
6	Palagatu Thanda	5/9/2013
7	Vachya Thanda	5/9/2013
8	Gangamula thanda	5/9/2013

### **BDL Mid-Day Meal Survey Work, Hyderabad**

<b>S.No</b>	<b>Village Name</b>	<b>Date of Visit</b>
1	Allwyn Colony	1/8/2013
2	Bhanur	1/9/2013
3	Nandigama	1/10/2013
4	Kancharlagudem	2/9/2013
5	Bhanur	2/9/2013
6	Ghanpur	2/9/2013
7	Kardhanur	2/9/2013
8	MPPS Patacheru (G & CO-ED)	9/11/2013
9	ZPHS Patacheru(G)	9/11/2013
10	ZPHS Patacheru(B)	9/11/2013

### **BDL Filter Water Plant Survey Work, Nalagonda**

<b>S.No</b>	<b>Village Name</b>	<b>Date of Visit</b>
1	Narayapur	7/8/2013 Morning
2	Janagam	7/8/2013 Afternoon

### **BDL Road Construction Survey Work, Hyderabad**

<b>S.No</b>	<b>Village Name</b>	<b>Date of Visit</b>
1	Idu Dunala Tanda	21/08/2013 Morning

### **BDL AFPRO Eco-Sanitation Survey Work, Hyderabad**

<b>S.No</b>	<b>Village Name</b>	<b>Date of Visit</b>
1	Vachaya Tanda	21/08/2013 Afternoon

#### **Data processing and analysis**

- Data cleaning
- Data entry and processing
- Data tables, indicator calculations and stratification / disaggregation of data

#### **Reporting and feedback**

- Preparation of report
- Presentation of the findings

**Tool Used:**

FGD's were conducted time to time to reach maximum number of stakeholders. 14 sets of questionnaire were used to collect primary data. The different set of questionnaires was indicated to different set of beneficiaries.

<b>S No.</b>	<b>Project Name</b>	<b>Sets of Questionnaires</b>	<b>Targeted Group</b>
1	Drinking Water Project	03	For Naandi Foundation Officials For Operator For Beneficiary
2	Project on Health Care - Mobile Medicare Unit	03	For HAI Officials For MMU Beneficiary For Doctor
3	Project on Sanitation	03	For AFPRO Officials For AFPRO Toilet Owners For NO Toilet Owners
4	Project on Mid-Day Meal	03	For The Principal For Students For Parents
5	Project on Road Construction	02	For BDL Official For Beneficiary

### **ROLE OF IPE AS AN EXTERNAL AUDIT AGENCY:**

IPE constituted a core group of people who visited the Bharat Dynamics Ltd. CSR programme sites and interacted with various stakeholders.

CSR audit committee reviewed the past and present initiatives and current CSR policies and assessed the impact against set targets. CSR audit team at IPE conducted an Interim review of the projects implemented, helping the organization to enhance the company's overall CSR goals and objectives.

#### **IPE Team:**

##### **Project Coordinators**

Dr. Shulagna Sarkar

Ms. Punam Singh

##### **Investigators**

Mr. Rakesh Akula

Mr. Vaman Reddy

FGD's were conducted at respective units with staff and unit heads. FGD's with beneficiaries were also collected.

<b>Sl. NO</b>	<b>Project Name</b>	<b>NGO</b>	<b>Target</b>	<b>Status</b>
1.	Mid-day Meal	The Akshaya Patra Foundation (TAPF)	Mid Day meal for 15 schools at Patancheru mandal	Started on 13 <sup>th</sup> July, 2012
2.	Drinking Water	Naandi Foundation	Construction of 3 plants	2 Plants at Narayanpur and Janagam are operating.
3.	Sanitation	Action for Food Production (AFPRO)	1000 unit planned with awareness campaigns	212 units constructed and awareness programmes conducted
4.	Health Mobile Medicare Unit	Help Age India	MMU for 17 villages of Choutuppal area	MMU service started from 10 <sup>th</sup> of July, 2012 running 17 villages Choutuppal area
5.	Road	L1 Contractor	Started on March, 2013	Road construction of 800 m completed.

## **ABOUT BHARAT DYNAMICS LTD**

BDL has earmarked Rs. 3.50 Crore for execution of Corporate Social Responsibility activities for the year 2012-13. All these activities are in execution phase. BDL is sponsoring five projects under CSR activity for the year 2012-13. The status of the following projects is as under:

### **1. DRINKING WATER**

BDL entered an MoU with M/s Naandi Foundation to install three water treatment plants to provide safe drinking water in Nalgonda District. Erection of two water treatment plants at Narayanpur & Jangoan were completed and safe drinking water is being distributed to the residents. The water treatment plant at Peepalpahad is being executed by August 2013.

### **2. MID-DAY MEAL**

BDL signed an MoU with The Akshaya Patra Foundation (TAPF) to provide Mid-Day meal to the 15 schools with a strength of 2453 children. TAPF is providing Mid-Day Meals to the school children in Patancheru Mandal of Medak District.

### **3. HEALTH CARE - MOBILE MEDICARE UNIT:**

BDL entered an MoU with M/s Help Age India (HAI) to provide health care and supply of medicines for three years i.e. 2012-15 to elderly people in 16 villages of Narayanpur and Choutuppal Mandal. HAI is providing health care and supplying medicines to the needy people.

### **4. SANITATION:**

MoU was signed with Action for Food Production (AFPRO) to construct 1000 Eco - toilets. Construction of 212 Eco-San toilets were completed.

### **5. ROAD:**

BDL Civil dept. has awarded contract for laying of 800 mts. CC road at Idu Donala Thanda. Laying of Road.

## **DRINKING WATER PROJECT**

### **BY NAANDI FOUNDATION**

#### **CSR IN THE AREA OF PROVIDING SAFE AND QUALITY DRINKING WATER**

BDL entered an MoU with M/s Naandi Foundation to install three water treatment plants to provide safe drinking water in Nalgonda District. Erection of two water treatment plants at Narayanpur & Jangoan were completed and safe drinking water is being distributed to the residents.

The water treatment plant at Peepalpahad has been executed by August 2013.

#### **The Naandi Model**

Naandi's core belief is that successful community mobilization is central to sustainable safe water projects; accordingly, the organization's approach emphasizes participatory community involvement through Village Panchayats and the development of local capacity in managing and delivering self-sustainable services. Contrary to most other organizations active in installing community water systems, Naandi is independent of any specific equipment supplier and any technology. It selects established suppliers and proven technologies best suited to local water issues in each of its geography of operation.

The model is based on a tripartite partnership between a local community, a donor and Naandi. The roles defined in the partnership are:

The community as represented by the Gram Panchayat provides:

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

The Donor provides:

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

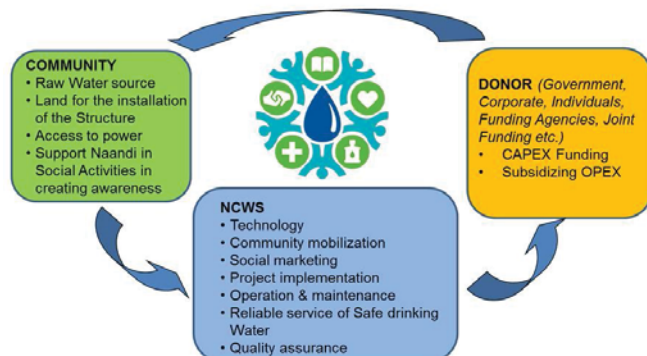
Naandi acts as the project manager. It takes responsibility for:

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

The operating and maintenance cost of the system. Naandi collects affordable user fees (Rs. 0.20 to 0.25 per liter or Rs. 4 to 5 per 20 liter- can, depending on the level of water contamination) which ensure the self-sustainability of the project over time. For BDL project the Naandi foundation is charging 10p per unit i.e. Rs. 2 per 20 lt bottle.

## Naandi Communities Water Services: Project Model

A sustainable partnership



### Maintenance of the plants

For the maintenance of the plant, the following are checked regularly:

- (1) Change of cartridges every month
- (2) Tank cleaning every month
- (3) Check of all plant parameter by Technician every month
- (4) Membrane cleaning as when pressure difference exceeds the design specification
- (5) Change/repair of any malfunctioning components in the machinery
- (6) Arresting leakages in pipeline if any if it has developed

Future plans of hand over of the plant to the village community: Usually Naandi signs an MOU with the village panchayat which says that they will take care of the implementation and maintenance of the plant for a period of 5years. Once the 5year period is over, Naandi either hands over the plant to the community if they want to maintain it themselves or renew the agreement for another 5 years.

### Total no. of Beneficiaries

Total number of registrations till date at Narayanpur is 639

Total number of registrations till date at Janagam 503

### Bottle fee per litre

Naandi is charging only 10 p per lt of water for BDL project beneficiaries.

### Implementation and monitoring process of the project.

Naandi has a field team that helps with the implementation of the project. At the lowest level, they have a technician who visits the plant regularly, a breakdown analyst, a territory officer who takes in charge of 6-10 plants, a cluster head who takes in charge of a cluster of plants and finally a zonal head in charge of a total zone.

## FOR NARAYANPUR VILLAGE

Both FGD and individual questionnaires were filled from the beneficiaries. The details of the beneficiaries with whom interacted are as given:

S.No	Beneficiary Name	No. of Members in Family	Enrollment No.
1	Veeramala Venkatesh	5	NP-235, 7100
2	K. Yadaiah	5	NP-583, 7182
3	S. Yadhagiri	4	NP-79
4	Veramal Peda Kistaiah		NP-44
5	Ch. Yadaiah	5	NP-104, 7142
6	U. Srinivas	5	7001
7	Sura China Rajaiah	2	NP- 22
8	Venkatesh	4	NP - 373
9	Narasimha	5	NP - 6740
10	Sathaiah	4	NP - 6764
11	Keshavulu	3	NP - 7199
12	Kavitha	7	NP - 42
13	E. Anjamma (Sarpanch)	4	
14	Satyanarayana	4	NP - 171
15	G. Srinivas	5	NP - 7103
16	Veramala Srinivas Goud	5	NP - 933
17	Ushkagula Naresh	10	
18	R Ramesh	4	
19	Dhamodar	3	NP - 7108
20	Md. Gouseudding	6	NP - 6793, NP-77

<b>Total No. of Families surveyed</b>	17
<b>Total Number of beneficiaries covered</b>	75 +
<b>1 Can (20 liters) Price</b>	Rs. 2
<b>20 families month usage</b>	10200 liters
<b>Festival and Summer Season</b>	Additional water demanded by 3 families
<b>Problems</b>	1. Water is not enough for people 2. Water distribution timing is not appropriate

	problem
<b>Suggestions</b>	<ol style="list-style-type: none"> <li>1. Home delivery service should be initiated</li> <li>2. Timing of water distribution should be changed and made more convenient</li> <li>3. Install more taps at the Plant</li> <li>4. Need one more water plant and Bore well</li> <li>5. Expressed the need for additional water at festival and summer season etc.</li> </ol>
<b>Satisfaction with Price, Service and Quality</b>	95% of the respondents are Completely satisfied and 5% of the respondents are Satisfied.

**Details of Other Organizations which are Availing Water Facilities from the Narayanapuram Water Service**

S.No	Organization Name	Foundation Name (Address to)	Letter dated	Subject	Request for Water litres or cans	Present usage litres or Cans
1	Zilla Parishad High School, Samsthan Narayanapuram	Nandi Foundation, Naryanapuram	12th June, 2013	Request for Providing drinking Mineral Water for Staff & Students (Students are 418 and 20 Staff Members)	not mentioned the quantity of litres	50 cans /day
2	Mandal Educational office, Samsthan Narayanapuram	Nandi Foundation, Samsthan Narayanapuram	12th June, 2013	Supply of Mineral Water to Mandal Educational Office, Narayanapuram	2 cans and additional water in case of meetings.	2 cans /day
3	Police Station, Samsthan Narayanapuram	Address to: Manager, Bharaty Dynamics Limited	14th June, 2013	Request for providing drinking Mineral Water to Police Station Narayanapuram	6 cans of mineral water	10 cans/day

4	Mandal Development Office (Mandal Praja Parishad Office, Samsthan Narayanapuram)	Nandi Foundation, Samsthan Narayanapuram	1st May, 2013	Request for Mineral Water Supply to Mandal Praja Parishad Office, Narayanapuram.	2 cans and additional water in case of meetings.	2 cans /day
5	Central Ground Water Board, Hyderabad Division	Nandi Foundation, Samsthan Narayanapuram	25th May, 2013	Request for Mineral Water Supply from your plant	not mentioned the quantity of litres	
6	Government Junior College, Samsthan Naryanapuram	Nandi Foundation, Samsthan Narayanapuram	14th June, 2013	Request for Mineral Water Supply from your plant	2 cans (each 20 Litres) and additional water in case of College Functions.	2 cans /day
7	Zilla Parishad High School (Girls), Samsthan Narayanapuram	Nandi Foundation, Samsthan Narayanapuram	19th June, 2013	Request for Providing drinking Mineral Water for Staff & Students (Students are 230 and 10 Staff Members)	not mentioned the quantity of litres	12 cans /day
8	Kasturiba Girijana Balaikala Vidyalayam (K.G.B.V), Samsthan Narayanapuram	Nandi Foundation, Samsthan Narayanapuram	22nd June, 2013	Request for Providing drinking Mineral Water for Staff & Students (Students are 200 and 20 Staff Members)	not mentioned the quantity of litres	15 cans /day
9	Mandal Parishad Primary School, Samsthan Narayanapuram	Nandi Foundation, Hyderabad	24th June, 2013	Request for free Mineral Water Supply to Primary School & cooking for Mid day meals, Narayanapuram.	not mentioned the quantity of litres	2 cans /day

10	Mandal Parishad Primary School (Girls), Samsthan Narayanapuram	Nandi Foundation, Hyderabad	24th June, 2013	Request for free Mineral Water Supply to Primary School (Girls) & Cooking for Mid day meals.	not mentioned the quantity of litres	20 cans /day
11	Government Social Welfare Girls Hostel, Samstan Narayanapuram	Nandi Foundation, Samsthan Narayanapuram	4th July, 2013	Supply of Mineral Water to Government Social Welfare Girls Hostel (150 Girls & 6 staff Members)	not mentioned the quantity of litres	6 cans /day
12	Government Social Welfare Boys Hostel, Samstan Narayanapuram	Nandi Foundation, Samsthan Narayanapuram	4th July, 2013	Supply of Mineral Water to Government Social Welfare Girls Hostel (100 students).	not mentioned the quantity of litres	6 cans /day

**FOR JANAGAM VILLAGE**

<b>S. No</b>	<b>Beneficiary Name</b>	<b>No. of Members in Family</b>	<b>Enrollment No.</b>
1	B.Venkateshwarlu	4	Jn-07
2	Raji Reddy	3	Jn-293
3	T. Satyanarayana	4	Jn-52
4	Shaik Kareem	4	Jn-396
5	Linga Swamy	5	Jn-374
6	G. Pentaiah	4	Jn-151
7	T. Srinivas	5	Jn-158
8	Yadaiah	4	Jn-358
9	V. Subhash Reddy	4	Jn-37

<b>Total No. of Families surveyed</b>	09
<b>Total Number of beneficiaries covered</b>	40 approximately
<b>1 Can (20 liters) Price</b>	Rs. 2
<b>9 families month usage</b>	5400 liters
<b>Festival and Summer Season</b>	Additional Water was demanded by only 1 family among the surveyed <i>Reason:</i> During relatives visit
<b>Problems</b>	Nil
<b>Suggestions:</b>	1. Provide transportation for door to door water delivery service 2. Should maintain sweetness in the water
<b>Satisfaction with price, service and Quality</b>	90% of the respondents are Completely satisfied and 10% of the respondents are Satisfied.

**Details of Other Organizations which are Availing Water Facilities from the Janagam Water Service**

<b>S. No</b>	<b>Organization Name</b>	<b>Foundation Name (Address to)</b>	<b>Letter dated</b>	<b>Subject</b>	<b>Request for Water litres or cans</b>	<b>Present usage litres or Cans</b>
1	Zilla Parishad High School, Janagam	Nandi Foundation, Janagam	05th July, 2013	Supply of Filter Water to Zilla Praishad School in the village.	500 Litres	50 liters (From 15-06-2013)
2	Aanganwadi Centre I, Janagam	Nandi Foundation, Janagam	20th June, 2013	Supply of Filter Water to Aanganwadi Centre-I		30 liters (From 15-06-2013)
2	Aanganwadi Centre II, Janagam	Nandi Foundation, Janagam	20th June, 2013	Supply of Filter Water to Aanganwadi Centre-II		30 liters (From 15-06-2013)
4	Mandal Parishad Primary School, Janagam	Nandi Foundation, Janagam	5th July, 2013	Request for Filter Water Supply to Mandal Parishad Primary School in the village.	100 liters for students of school	20 liters (From 15-06-2013) for teachers only.

## THE IMPACT

### The impact of Naandi Project

The impact of the project is threefold:

- It addresses health issues: The water center addresses contamination issues that individual households are unable to tackle effectively and reduces the occurrence of water-borne diseases.
- It creates employment opportunities locally: Each center typically creates an average of two local hires per plant (operator and support staff).
- It improves social equity: Given current user fees, daily safe water represents around 5% of the budget of a very poor household earning less than Rs. 3,000 per month. Women and children benefit the most from the intervention.

- **Increased accessibility of quality drinking water and decrease in expenses:**

It was noted that few respondents had earlier access to quality drinking water but through private vendors. The private vendors would charge the beneficiaries high which caused them higher expenditure.

- **Impact on health of beneficiaries:**

It has also been shared by the beneficiaries that they did not have any health issues earlier and neither do they have any health issues now.

- **Increase in livelihood generation:**

The project has involved and recruited local plant caretaker which has given employment to local person. This has increased accountability of the villagers in the process of operating the plant.

#### **BDL recognition:**

Few of the beneficiaries were aware of the BDL initiative. Most of the beneficiaries have heard the name of BDL as it was displayed at the plant but was unaware of the role of BDL in providing the beneficiaries the service.

**Thus, the impact of the project can be summarized as follows:**

#### **A study of status of water conditions before and after construction of water treatment plant**

Parameters	HH's beneficiaries	Official Beneficiaries	Conclusion
Decrease in water borne diseases	No significant changes noted	No significant changes noted	Though there were not prominent cases noted where decrease in water borne diseases has been identified yet over all people are healthy.

Decrease of water scarcity	Yes	Yes	All respondents have clarified that there was an acute shortage of water earlier and now people do not face any such water scarcity
Increase in accessibility of quality drinking water	Yes	Yes	All respondents have responded that earlier the quality of water was very poor. The water was yellow in color and was mostly in a non-drinkables state. Now the water is clear and fresh. The taste of the water is also very good. The quality of water has improved highly
Increase in livelihood generation	Just initiated	NA	Still the operation of the water treatment plant is to be handover to the local authorities and only a local operator has been hired. Local people hiring and trained as a part of livelihood generation is to be planned significantly in future.
Decrease in cost of water purchase	Yes	NA	A handful of respondents who earlier purchased water as and when required is saving a large cost with water availability at Rs.2/ 20 Lt. can.

NA- Not Applicable

The satisfaction status of the beneficiaries has been summarized as given below.

	<b>Service</b>	<b>Price</b>	<b>Quality</b>	<b>Delivery</b>
Beneficiaries from Janagam	High	High	High	Suggesting door delivery
Beneficiaries from Narayanpur	High	High	High	Suggesting door delivery

It has also been identified that most of the respondents have never attended any awareness programs for clean water usage.

## **PROJECT ON HEALTH CARE - MOBILE MEDICARE UNIT**

### **BY HELPAGE INDIA**

As per MoU 1<sup>st</sup> April 2012 – 31<sup>st</sup> March 2015 but project started on 27<sup>th</sup> August 2012. The average visitor to the MMU is 60-70. Helpage measures satisfaction of the beneficiaries . Regular feedbacks from the beneficiaries by the Social Protection Officer. HelpAge India maintains the case sheets and other records of the beneficiaries and monthly Beneficiary reports, medicine consumption reports Etc. are maintained on regular basis and apart from this the entire data is maintained in E- Chikitsa Software of HAI. The major diseases treated by the MMU are Hypertension, Diabetes, Cataract and joint pains. The types of medical cases where beneficiaries are referred to other hospitals are Varicose veins, Renal Calculi, ENT, CVA, Neuropathy etc. On discussing further with the HAI officials shared that till now there are no tie ups with hospitals for referring cases not to be treated at MMU level yet, the unit is planning to identify some local hospitals.

**Criteria for enrolling patients:** 55 + and above who are below poverty line suffering with health problems are enrolled.

**Reach of BDL MMU project:** The MMU covers 17 Thandas

**List of number of villages been covered in a complete week**

SN	Site Name	Gram Panchayat/Municipal Corporation
1	Narayanpur	Narayanpur Gram Panchayat.
2	Janagam	Janagam Gram Panchayat.
3	VenkombaiThanda	Mehmmadabad Gram Panchayat
4	YenagandiThanda	PeepalPahad Gram Panchayat.
5	Allapuram	Allapuram Gram Panchayat.
6	PeepalPahad	PeepalPahad Gram Panchayat.
7	ThumbaiThanda	Allapuram Gram Panchayat.
8	Rachakonda	Rachakonda Gram Panchayat.
9	KadilabaviThanda	Rachakonda Gram Panchayat.
10	DhonalThanda	Rachakonda Gram Panchayat.
11	GangamulaThanda	Janagam Gram Panchayat.
12	MalkacheruThanda	Janagam Gram Panchayat.
13	VachyaThanda	Janagam Gram Panchayat.
14	KadapagondiThanda	Janagam Gram Panchayat.
15	Gollagudem	Saravil Gram Panchayat.
16	Mahmmadabad	Mahmmadabad Gram Panchayat.
17	Lakkavaram	Choutuppal

**Enrollment of Beneficiaries:** Total Beneficiaries Registered is 915

People associated with each MMU: Social Protection Officer – 1, Medical Doctor – 1, Pharmacist – 1, Driver – 1

**Project Implementation Committee members**

At HelpAge India(HI) - Mr. Ramesh, Social Protection Officer, Mr.Stanley Oguri, Project Coordinator, Mr.S. Dass, State Head – A.P.

At BDL – Mr. Vijay Bhaskar

**Details of the survey**

S.No	Village Name	Date of Visit	FGD Participants	Individual responses
1	Narayanpur	12/8/2013	6	14
2	Janagam	12/8/2013	5	13
3	Manamadabad	16/08/2013	4	11
4	Lakaram	16/08/2013	5	14
5	Golagudem	16/08/2013	5	10
6	Palagatu Thanda	5/9/2013	5	4
7	Vachya Thanda	5/9/2013	4	5
8	Gangamula thanda	5/9/2013	5	5

**MMU visit schedule:**

	Shift	Site Name	Gram Panchayat/Municipal Corporation	Nearest Landmark	Timings
<b>Mon</b>	Morning	Narayanpur.	Narayanpur Gram Panchayat.	Panchayat office.	9:15 am to 1:00 pm
	Afternoon	Janagam.	Janagam Gram Panchayat.	Renuka Yellamma Temple.	2:00 pm to 4:30 pm
<b>Tues</b>	Morning	Venkombai Thanda.	Mehmmadabad Gram Panchayat	Primary School	9:15am to 1:00 pm
		Yenagandi Thanda.	Peepal Pahad Gram Panchayat.	Primary School	
	Afternoon	Allapuram.	Allapuram Gram Panchayat.	Primary School	1:30pm to 4:30pm

		Peepal Pahad	Peepal Pahad Gram Panchayat.	Hanuman Temple	
<b>Wed</b>	Morning	Thumbai Thanda.	Allapuram Gram Panchayat.	Primary School/CPI flag.	9:15am to 1:00 pm
		Rachakonda.	Rachakonda Gram Panchayat.	Primary School.	
	Afternoon	Kadilabavi Thanda.	Rachakonda Gram Panchayat.	M.P School.	1:30 pm to 4:15 pm
		Dhonal Thanda.	Rachakonda Gram Panchayat.	Primary School/Anganwadi.	
<b>Thurs</b>	Morning	Gangamula Thanda.	Janagam Gram Panchayat.	Primary School.	9:15am to 1:00 pm
		Malkacheru Thanda.	Janagam Gram Panchayat.	Tribal Primary School.	
	Afternoon	Vachya Thanda.	Janagam Gram Panchayat.	Primary School.	1:30 pm to 4:30 pm
		Kadapagondi Thanda.	Janagam Gram Panchayat.	Primay school/Anganwadi.	
<b>Fri</b>	Morning	Gollagudem.	Saravil Gram Panchayat.	Primary School.	7:30 am to 9:30 am
	Afternoon	Mahmmadabad.	Mahmmadabad Gram Panchayat.	Primary School.	10:00 am to 1:00 pm
Lakkavaram		Choutuppal	Community Hall	2:00 pm to 3:30 pm	

#### List of medicines being used by the MMU

SN	Name of the Medicine
1	Amlodipine 5mg
2	Amlodipine Besylate +Atenolol 5+50mg
3	Bisacodyl 5mg
4	Calcium Elemental 500mg+Vitamin D3 250mg 500/250 gm
5	Cefixime 200mg
6	Cefixime 200mg
7	Cetirizine 10mg
8	Ciprofloxacin Eye/Ear Drops 0.3% 5 Ml
9	Deriphylline Retard 150mg
10	Diazepam 2mg
11	Diclofenac Gel 30gm
12	Domperidone 10mg
13	Enalapril 5mg

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

**BUDGET :** Total Budget for 2012-13 is 27,27,866, expenditure is 18,94,318.10 and the balance amount (unspent) is Rs.8,33,547.96 on having a discussion with the concerned officials of HI its was noted that project budget for 2012-13 is from 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013, but project started on 27<sup>th</sup> August 2012. Thus, the officials reported that there is still an amount of Rs.8,33,547.96 unspent.



A sample attendance sheet of MMU at Chotuppal - Gallagudam

**HelpAge India** MMU CHOTUPPAL  
 Mobile Medicare Unit Programme  
 PATIENTS REGISTRATION SHEET

Location: .....  
 Date: 16/08/2013

Sl.No.	NAME	Sex	Age	ADDRESS	Card No.	Regn. Fee Rs.	Old	New
1)	K. Vasudha	F	58	M. BAD	07		✓	
2)	To. Sureshla	F	60	"	160019		✓	
3)	S. Jangamma	F	60	"	32		✓	
4)	K. Lakshamma	F	60	"	160015		✓	
5)	K. Y. Sri Padma	M	65	"	160014		✓	
6)	S. Lakshma Reddy	M	60	"	60007		✓	
7.	D. Lingamma	F	60	"	60020		✓	
8	M. Sushela	F	60.	"	60022		✓	
9	M. Papi Reddy	M	60	"	160017		✓	
10	S. Radhamma	F	60	"	160008		✓	
11	N. Ramulamma	F	65	"	160051		✓	
12	M. Narasi Reddy	M	60	"	94		✓	
13	M. Yadaiah	M	57	"	112		✓	
14	M. Kamalamma	F	55	"	160019		✓	
15	Ch. Saiamma	F	65	"	160006		✓	
16	P. Ramulu	M	60	"	160009		✓	
17	M. Narsimha	M	70	"	160010		✓	
18	M. Venkatamma	F	58	"	160038		✓	
19	M. Krishniah	M	75	"	160018		✓	
20	T. Sanyasha	F	55	"	160028		✓	
21	M. Lakshmaiah	M	60	"	160029		✓	
22	M. Malamma	F	60	"	160032		✓	
23.	S. Lakshma Reddy	M	70	"	160007		✓	new
24.	<del>M. Anand</del> M. Anand	F	60	"	160025		✓	
25.	P. Plamma	F	60	"	160050		✓	
26	P. mittiah	M	70	"	160034		✓	
27.	G. Lakshamma	F	60	"	160037		✓	
28.								

Social Protection Officer

## **Interview of the Doctor**

**Name of the Doctor: Dr. Srinivas**

**Name of the Interviewer: Mr. Rakesh Akula**

My name is Dr. Srinivas. I have Completed MBBS and having two and half years of experience. Presently working with Helpage India. My job is to treat the enrolled patients of Choutupal mandal. Patients are all above 55 years of age.

The common diseases in this area are Hypertension, Diabetes, Asthma, Arthritis, and some patients are also suffering from seasonal diseases. We have selected some villages and visit those villages every week. We visit those villages as per the schedule. If it is Monday for one village we go to the same village every Monday. I prescribe medicines for one week for each patient if required. Majorly patients are suffering from hypertension and BP thus, we give the medicines regularly. Feedback is good every patient will give feedback about the improvement in their health. If the disease are severe or is non treatable from a long span, I refer the patients to Hyderabad and Nalagonda. On the patients recovery at the referred hospital, the patient will visit MMU unit as and when needed. We mostly refer cases of Arthritis, Knee Replacement and Hip Replacement.

### **IMPACT CASE STORIES**

**Name of the Patient: Pentamma**

**Village Name: Golagudem**

My name is Pentama of Golagudem, approximately 70 years, suffering from severe back and leg pain. Earlier my nose was also bleeding because of which I went to hospital and the problem stopped. Yet, I suffered from back pain and was unable to walk for small distance properly. Using the medicines provided by the MMU gave me relief for some days and the BP is also in control. The MMU Unit people are taking care of us regularly and providing us medicines regularly. Now I am unable to stand because of back pain and every day I am taking BP tablets. Blood came out from my nose earlier due to BP but now there is no such problem. I am using medicines regularly. I don't know which company is providing the medicines.

**Name of the Patient: Mallama**

**Village Name: Golagudem**

My name is Mallama of Gollagudem. Every Friday MMU unit distributes medicines. The MMU will come at 9.00 am. Initially when I was 45, I brought medicines from Osmania Hospital. Now I am 60 years. From last three years I am not going to Osmania Hospital. I am taking medicines from the MMU Unit only even though I am told that I can get myself treated elsewhere. The MMU is providing same medicines and are not charging any money. Doctor listens to our problems and helps us. Once I had kidney problem for which I went to Osmania Hospital for the medicines. Now I am perfectly alright and I am not given medicines by the MMU unit. MMU is now providing medicines to me for body and leg pain and not giving any kidney related

medicines. I am not using medicines regularly. Earlier there was kidney problem but now there are kidney problems. There are no major problems now but medicines have to be taken so I am taking medicines. Now my health is good after using medicines.

**Name of the Patient: Banoth Ballu**  
**Village Name: Palagudu Thanda**

My name is Banothu Ballu, age is 57 of Palagudu thanda and I am a farmer. I am taking medicines for knee, leg pains, BP, and headache. Weekly once on Thursday the MMU Vehicle will come to our village at 12.00pm. BDL Company is giving the medicines they are taking care of our health and BDL company is located at Bhanur. Earlier I went for medical checkups at Oilpeli. Now, when the MMU visits our village our health conditions have improved. The doctor is treating us well.

**Observations and suggestions of the beneficiaries**

<b>Village Name</b>	<b>Observations:</b>	<b>Suggestions from the respondents</b>
<b>1. MMU-Naryanpur</b>	<p>Is a fluoride affected village. Presently mineral water is being supplied; still most of beneficiaries are having knee, leg, hands and total body pains. The MMU is supplying pain killers to beneficiaries. Body pains are not 100 % cured but it is under control.</p> <p>Other common problems are BP, Sugar, Fever, Cold and etc.</p> <p>Most of the beneficiaries are satisfied with the MMU services.</p>	<p>It is suggested that. There is an improvement of medicine quality required Better pain killers to be prescribed Expand medicines to different kinds of diseases. Lab equipment facility for BP, Sugar, Blood and Urine tests can be introduced.</p> <p>If possible the village also suggests a 30 bed hospital with doctors and nurses.</p>

<p><b>2. MMU- Janagam</b></p>	<p>Is fluoride affected village. More than 90 % of beneficiaries, who comes to the MMU, are suffering from knee, body, leg pains, nerve problem because of the fluoride water consumed earlier. Most of beneficiaries are using pain killers, ointments as prescribed by the doctor. They feel relieved. Other problems are numbness, BP, Sugar, cough, Asthama etc.</p> <p>Overall beneficiaries are happy with this MMU service.</p>	<p>It is suggested that There is an improvement of medicine quality required Lab equipment facility for BP, Sugar, Blood and Urine tests can be introduced.</p> <p>MMU units should visit the village weekly twice (now it visits only one time in a week)</p> <p>Provide all types of medicines, which covers a large number of diseases.</p> <p>If possible the village also suggests a 20 - 30 bed hospital with doctors and nurses.</p>
<p><b>3. MMU- Gollagudem</b></p>	<p>Is fluoride affected village. Most of beneficiaries, who comes to the MMU, are suffering from knee, body, leg pains, nerve problem because of the fluoride water consumed earlier. Two beneficiaries were referred to hospital for treatment of kidney and liver issues</p> <p>Other problems: ulcer, fever, cold and cough are common problems.</p> <p>Most of the people are satisfying with MMU services in the village.</p>	<p>It is suggested that Lab equipment facility for BP, Sugar, Blood and Urine tests can be introduced.</p> <p>Injection facility for related issues can be introduced.</p> <p>Ambulance facility for surrounding 3-4 villages in case of any emergency treatment</p> <p>First aid kit for the village can be introduced.</p>
<p><b>4. MMU- Mohammada bad</b></p>	<p>Most of beneficiaries are having arthritis for many years. Earlier they had to go to Chotuppal or other places for treatment and they had to spend money for the medical treatment. More than 90% of beneficiaries are now saving their time and money.</p> <p>They wanted to extend services on Eye treatment, Lab facilities(test equipments) and other diseases.</p>	<p>It is suggested that</p> <p>Lab equipment facility for BP, Sugar, Blood and Urine tests can be introduced.</p> <p>Provide Eye Camps</p> <p>Expand medicines to different kinds of diseases.</p> <p>Injection facility for related issues can be introduced.</p>

<p><b>5. MMU-Lakkaram</b></p>	<p>Earlier beneficiaries were spending on the medicines and had to go to cities for their treatment. Sometimes old age people were not able to go to cities for treatment at their age problem. Now beneficiaries are happy as treatment is available at their own village.</p> <p>Knee, body and leg pains and arthritis are the common problems of this village.</p>	<p>It is suggested that. There is an improvement of medicine quality required Better pain killers to be prescribed Expand medicines to different kinds of diseases. Lab equipment facility for BP, Sugar, Blood and Urine tests can be introduced.</p> <p>If possible the village also suggests a 30 bed hospital with doctors and nurses.</p> <p>Provide Eye Camps</p>
<p><b>6. MMU-Gangamulat handa</b></p>	<p>Around 80% beneficiaries are having arthritis (knee, waist, body pains, nerve problem) because of fluoride water for several years. Remaining common issues are BP, Sugar, Fever, Cold etc. Most of beneficiaries are using pain killers and ointments for pains. Previously they used to go to other cities for treatment. They were difficulty to travel as their age problem and spent huge amount on treatment.</p>	<p>It is suggested that. Better pain killers to be prescribed Expand medicines to different kinds of diseases. Lab equipment facility for BP, Sugar, Blood and Urine tests can be introduced. Health awareness camps can also be organized.</p>
<p><b>7. MMU-Pallgattuthanda</b></p>	<p>Most of the beneficiaries are having arthritis problem and using Ointments and pain killers. Beneficiaries of these village people are happy with these services because earlier they used to go to the Vailapally or other cities for medical treatment. This village has not still proper transportation facilities.</p>	<p>It is suggested that Better pain killers to be prescribed Expand medicines to different kinds of diseases. Injection facility for related issues can be introduced. Lab equipment facility for BP, Sugar, Blood and Urine tests can be introduced. Health awareness camps can also be organized.</p>

<b>8. MMU- Vatchyuthan da</b>	Most of the beneficiaries are having arthritis problem. Earlier they used to go to several miles for taking the treatment. This village has not proper transportation facility. Most of old age people are happy with these MMU services. Both time and money is saved by the MMU services.	Eye camps and health awareness camps can also be organized. Injection facility for related issues can be introduced.
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The impact of the MMU initiative has been summarized as below:-

Parameters	Beneficiary view point	Impact
<b>HEALTH STATUS OF BENEFICIARIES</b>		
<b>Improvement of health status of the beneficiaries</b>	Yes	High
<b>Ease in accessibility of health service</b>	Yes	High
<b>ECONOMIC IMPACT</b>		
<b>Decrease in medical expenditure of the beneficiaries</b>	Yes	High

Satisfaction of beneficiaries has been summarized as below:-

Parameters	Satisfaction status	View points
Ease in enrolling to the service	Completely satisfied	There is complete ease in enrolling of the patient to the service.
MMU Van operates on the scheduled day and time	Completely satisfied	The MMU Van operates on the scheduled day and time
Treatment of all health cases	Somewhat satisfied	The MMU provides service only for regular cases of BP, diabetes, leg and body pain. The MMU does not provide treatment to more integral cases of kidney problems etc.
Doctors behavior and concern towards patients	Completely satisfied	The patients are completely satisfied with the doctors behavior and the concern he shows towards the patient.

Process of service	Completely satisfied	The process of service is very streamlined
Medicines provided	Somewhat satisfied	Patients are of the opinion that more quality effective medicines should be prescribed. Medicines should be provided for more varied cases.

## **PROJECT ON SANITATION**

**BY AFPRO**

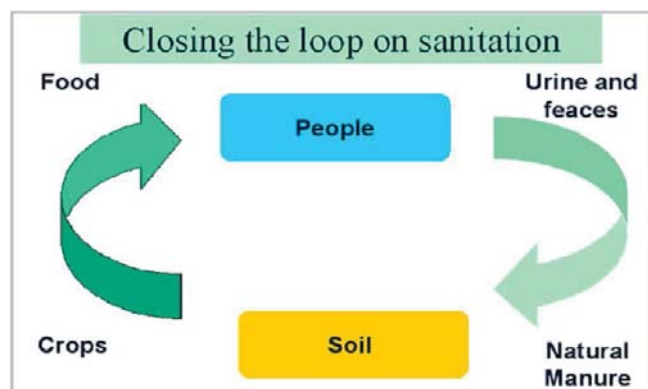
### **ECO SAN COMPOST TOILET PROGRAM**

India has the greatest proportion of people in Asia behind Nepal without access to improved sanitation, according to Unicef. Some 665 million Indians practice open defecation, more than half the global total. In China, the world's most populous country, 37 million people defecate in the open, according to Unicef. The toll on human health is grim. Every day, 1,000 children younger than 5 years old die in India from diarrhea, hepatitis- causing pathogens and other sanitation-related diseases, according to the United Nations Children's Fund. India has the highest childhood malnutrition rates in the world: 44 percent of children younger than 5 are underweight, according to the International Food Policy Research Institute. Malnourished children are more susceptible to diarrheal disease, and with more diarrheal disease they become more malnourished.

For girls, the crisis is especially acute: Many drop out of school once they reach puberty because of inadequate lavatories, depriving the country of a generation of possible leaders. India cannot reach its full economic potential unless Government do something about this sanitation crisis. Half of India's schools don't have separate toilets for males and females, forcing young women to use unisex facilities or nothing at all. Twenty-two percent of girls complete 10 or more years of schooling compared with 35 percent of boys, a national family health survey finished in 2006 found.

Converting excreta that have been properly dried for 6-24 months into plant food uses less water than traditional sewage systems and is less likely to pollute ground water and land around the villages.

SCOPE says composted sewage that's been handled correctly can be used in agriculture and for other beneficial purposes with negligible risk to human health. The challenge is to sanitize it so that disease-carrying organisms are eliminated. "Different pathogens vary widely in terms of inactivation," they says. "Large, robust parasite eggs like the human roundworm, *Ascaris*, tend to be the longest lived and can remain infectious for years in soil."



Sanitation needs integrated sustainable Ecosystem approach. It involves several cycles to ensure public health. Pathogens – Water – Nutrient – Energy cycle. Human excreta & wash water are not a waste. They are resources which could be reused for improving agricultural production and prevent contamination of the environment. ECOSAN approach aims at sanitizing the products and not transfer problems from one cycle to another.

### **ABOUT ECO- SANITATION PROJECT**

About Ecological Sanitation: Ecological sanitation is an innovative approach to the promotion of sanitation and hygiene. It is based on a strong foundation of behavior change among local communities.

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

- (i) Preventing pollution rather than costly treatment options to deal with the ill effects of pollution
- (ii) Sanitizing urine and feces for recycling; and
- (iii) Safely using nutrients found in human excreta for agriculture and horticulture.

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



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

Some of its advantages have been summarized below:-

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

Challenges associated with an Eco-San model are:-

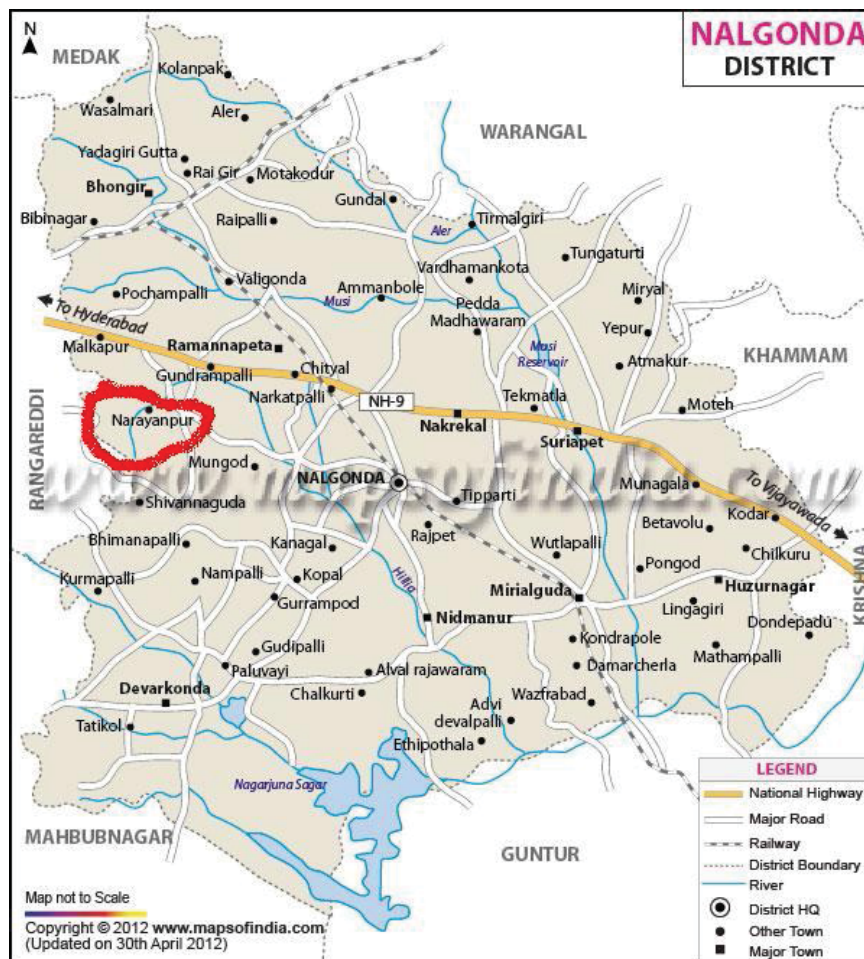
- Eco-san toilet construction, usage, post construction phase etc are very different from conventional toilets
- Intensive training should be given to the masons, users and supervisory staff for successful working of the toilets
- Post construction monitoring is very necessary for required operation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

#### TARGET VILLAGES AND LOCATION MAP

S.No	Village Name	Mandal Name	No. of Households	Whether Sanitation Program exists- Yes/No	Govt./NGO
1	Gandhinagar & Kurmakesar	Naryanpur	119	No	
2	Jangaon	Narayanpur	375	No	
3	Vachyathanda	Narayanpur	133	No	
4	Kadapagandithanda	Narayanpur	74	No	
5	Malkacheruvuthanda	Narayanpur	93	No	
6	Gangamoolathanda	Narayanpur	106	No	
7	Gollagudem	Narayanpur	14	No	

8	Venkambaithanda	Narayanpur	77	No
9	Yenagandithanda	Choutapal	199	No
10	Allapuram	Choutapal	74	No
11	Rachakonda	Narayanpur	129	No
12	Thumbaithanda	Narayanpur	111	No
13	Kadilibaithanda	Narayanpur	112	No
14	Idhonthanda	Narayanpur	47	No
15	Mohammadabad	Narayanpur	27	No
		<b>Total</b>	<b>1690</b>	

### Target Area Location Map



### EXPOSURE VISIT TO SCOPE, TRICHY

Scheduled Plan: October 13th, 2012 – October 17th, 2012 (Field Visits planned for October 16th & 17th, 2012)

### **Members of Exposure Team:**

- 1 Mr. Vijaya Bhasker BDL DGM, CSR, BDL
- 2 Ms. Valerie AFPRO Sr Programme Officer, (Delhi Office)
- 3 Mr. Srinivas Goud AFPRO Project Leader (Hyderabad Office)
- 4 Mr. Bichu Naik VWSC (Gangamoola thanda) Committee Member
- 5 Mr. Seetaram Naik VWSC (Vachya thanda) Committee Member
- 6 Mrs. Lakshmi VWSC (Venkambai thanda) Committee Member
- 7 Mr. Venkat Janagaon Village Mason
- 8 Mr. Vasudevarao IRS Project Coordinator
- 9 Mr. Chitti Babu IRS Community Mobiliser
- 10 Ms. Indira IRS Community Mobiliser

The exposure visit to Trichy was planned to expose select members of local communities from Narayanpur project area to the concept of Eco-San and its usage by the communities. It is also to learn about the technical knowledge of the construction of eco sanitation toilets. The visit also gave the experience of verifying physically the usage of compost out of fecal material and urine spraying to the homestead plants. Learning about the impact on the communities and acceptance of the new model of eco sanitation by the beneficiaries (in Trichy) were also part of the exposure.



**Eco sanitation toilet built by BDL**

### **DETAILS OF ACTIVITIES UNDERTAKEN FOR AWARENESS BUILDING – TARGET BASED STRATEGIES**

Awareness building activities have been planned at different scales and for different target groups. These have been mentioned below:-

- Local communities in general – Wall paintings, slogans and hand outs were developed keeping in mind the general community. These were theme based and generally in the local language. They were pictorial intensive to facilitate communication of the message even among those who are not literate. They

were also promoted at strategic locations in the tandas like walls of schools etc so that it can be accessed by a large audience.

- Focused groups – PRA and street plays were carried out keeping in mind, a fixed target of local beneficiaries. The composition of these groups was fixed in terms of anticipated number of participants; with an active participation of women and children. Attempts were made to plan these events at times which were of most convenience to the locals (late evenings), so that maximum participation could be ensured.

Eco-San beneficiaries – A separate set of awareness building activities were also planned with focus on the beneficiaries in whose households the toilets have been constructed. The purpose of these activities was to not only promote awareness on how to utilize these toilets, but also mobilize them to use it; and also to ensure that they are maintained. The tools developed and methods used to achieve these objectives are different and have been summarized below.

### Participatory Rural Appraisal

Brief objective of carrying out PRA: Participatory Rural Appraisal (PRA) is a technique which is used to collect information from communities in a more participatory manner.

It serves as an effective medium to approach the community, develop an understanding among the community on project objectives and collect and compile information on key areas to be addressed by the project. Period in which activity was conducted: AFPRO through its implementing partner conducted these activities in September, 2013. This activity was completed as planned in the Milestone.

### Details of activity who participated in the RRA exercise

S.NO	Thanda	Total Participants	Women Participated	Current progress	Date
1.	Gandhinagar & Kumar Kesara	50	20	Complete	18.09.12 & 21.09.12
2.	Janagaon	55	20	Complete	19.09.12
3.	Gollagudem	38	13	Complete	20.09.12
4.	Malkacheruvu	35	18	Complete	19.09.12
5.	Kadapagandi	35	15	Complete	17.09.12
6.	Gangamoola	40	15	Complete	17.09.12
7.	Vachva thanda	40	20	Complete	16.09.12
8.	Rachakonda	38	15	Complete	17.09.12
9.	Tumbavi	-	-	Incomplete	
10.	Kadeelabavi	45	15	Complete	
11.	Donala	-	-	Incomplete	
12.	Mahammadabad	28	8	Complete	16.09.12
13.	Venkom Bavi	40	20	Complete	16.08.12 & 21.08.12
14.	Allapuram	35	9	Complete	19.09.12
15.	Yenagandi Thanda	21	15	Complete	17.09.12

Five tools were used by the team members to collect information from the community.

The tools used were:

- **Social Mapping** : Under this tool, villagers provided the information of their village map, source of water facility, pre & post natal women, disabled, government offices, schools, temples etc,.
- **Venn diagram**: Accessibility of services like 108, Hospitals, Mandal HQ, Medical Shops, schools , materials for construction etc. are recorded.
- **Transect walk**: Village surroundings & situations are observed which includes children & women hygiene, sanitation, open defecations, drainage system, garbage disposal, water stagnant places, etc are observed.
- **Seasonality**: Seasons of rainfall, crops, diseases, income, festivals, water quality & quantity, migration was recorded to assess the income & expenditure seasons. Migration was recorded to family availability in the villages and how best his usage of latrine will be assessed.
- **Focused Group Discussion ( FGD) with women**: FGD's were conducted with women to derive the details of the issues in open defecation, construction of toilets, availability of water, old aged, pre & post natal, assurance of using the newly constructed toilets etc,. Women share their problems and issues in this exercise, which will addressed during the implementation of project.

Output of the PRA exercise: The main outputs from the PRA exercise were:-

- Collection of Qualitative information from the communities about issues related to sanitation like the practice of open defecation, drainage systems and garbage disposal etc.
- Special emphasis was also made to understand the problems faced by women due to the practice of open defecation.

### Street plays

Brief about the street play: A street play titled 'Yama Loka' was performed in all the tandas (with the exception of Tumbavi, Kadeelabavi, Donala). The street play was organized in the month of September. The main focus of the street play was to generate an initial interest among the community on sanitation and hygiene practices.

Details of people who participated in the street play:

S.NO	Thanda	Total Participants	Women Participated	Children Participated	Current progress	Date
1.	Gandhinagar & Kumar Kesara	55	20	5	Complete	24.09.12 & 14.11.12
2.	Janagaon	57	20	12	Complete	30.09.12 & 12.10.12
3.	Gollagudem	-	-	-	Complete	
4.	Malkacheruvu	48	18	15	Complete	18.09.12 & 25.09.12
5.	Kadapagandi	46	15	13	Complete	27.09.12
6.	Gangamoola	47	15	12	Complete	17.09.12 & 23.09.12

7.	Vachva thanda	66	23	18	Complete	27.09.12 & 30.10.12 & 14.11.12
8.	Rachakonda	43	15	10	Complete	29.09.12
9.	Tumbavi	-	-	In progress		
10.	Kadeelabavi	-	-	In progress		
11.	Donala	-	-	In progress		
12.	Mahammadabad	33	15	8	Complete	10.9.12
13.	Venkom Bavi	50	15	15	Complete	17.10.12 & 23.09.12
14.	Allapuram	-	-	-	Complete	22.09.12
15.	Yenagandi Thanda	29	13	6	Complete	28.09.12

#### **Methodology to study the impact of the project:**

The impact study was conducted through questionnaire survey as well as in-depth interview with some of the beneficiaries of the project. To measure a change in the lives of villagers after the construction and usage of the individual toilets, a survey of 8 HHs in the local communities of Narayanpur who opted for toilet Vs 8 HHs who did not opt for the toilet was conducted. The study was conducted to understand the following aspects:

- Awareness towards hygiene
- Construction Vs Usage of toilet
- Impact on health

We do understand that 3 months is too short a time period to study the impact as the HHs have started using the toilet just 3 months back. An attempt has been made to know whether people know the importance of health and hygiene and also know the fact that HH are using the toilet facility created by BDL. It is an important indicator in itself because until and unless HHs does not start the usage of toilet, impact in the form of increased health status cannot be achieved.

#### **Comparative study of HHs with toilet facility VS HHs without toilet facility**

<b>Parameters</b>	<b>HHs with toilet facility ( 8 HHs)</b>	<b>HHs without toilet facility ( 8 HHs)</b>	<b>Conclusion</b>
<b>Health and Hygiene awareness</b>	All HHs are aware	All HHs are aware	HHs who does not have an individual toilet is ready to construct an individual toilet.
<b>Impact of the awareness programme by APFRO on Health and Hygiene</b>	High	High	The awareness programme run by APFRO and IRS had a high impact as the survey suggests that awareness among user

			is high as well as people who do not have a toilet also have awareness and are ready to construct toilets in future.
<b>Defecation habit before the construction of toilets</b>	Open Defecation	Open Defecation	
<b>Usage of toilets</b>	87% of the HH members use toilets	NA	
<b>Usage of Community toilet</b>	NA	100% HHs do not use community toilets.	
<b>Hand Washing habit post defecation</b>	All HHs used soap and water	7 HHs used soap and water, one HH used water only.	
<b>Usage of kitchen garden attached with the eco toilet</b>	Vegetables are grown for self consumption.	NA	Since the size of the kitchen garden is not so large that it can generate livelihood.
<b>Health Status</b>	There is not much of a difference in the health status as three months is a very small span for making a health impact.	NA	From the study it is inferred that people visit the doctor for stomach ache, diarrhea and vomiting along with other reasons. One probable reason for the above health problems could be lack of health and hygiene and lack of sanitation. But the impact will be known only after considerable span of time.
<b>Awareness about BDL</b>	62% of the HHs are aware about BDL.	12.5% of the HHs are aware about BDL	The eco- sanitation project has created awareness among the HHs about BDL.

As mentioned above in-depth interview with some of the beneficiaries were conducted and in-depth interview was also conducted with HHs who has agreed to build the toilet but the construction is still not done, the basic idea was to understand the urgent need for toilet and how has the construction of toilets changed the lives of these villagers. Some of the in-depth interviews are summarized below:

**Name of the Beneficiary: Garmthot Chinna**  
**Village Name: Vachyathanda**

First bathroom was constructed in my home in this thanda but until now they have not constructed the kitchen garden but for the remaining villagers they have given kitchen garden too. No I am using the bathroom properly and my family member totally 4 member are using the bathroom. My health condition is good. Mosquitoes also have stopped coming to home after using the toilet. Earlier we went near the mountains but now it safe at home.

**Name of the Patient: Garmthot Gorla**  
**Village Name: Vachyathanda**

He does not have a toilet in his home though he has agreed to provide land for the toilet. There are 18 members how are waiting for the toilets to be build at their houses. They are facing a lot of problems especially during night time as they have to travel 1 km to attend nature calls. First they went near in the farms but they are not been allowed now. Earlier we went into farm but one person died due to snake bite, so we stop going that side. But we are ready to give land for constructing the bathroom but until now they have not constructed the bathroom.

Thus, the impact of this project can be summarized as follows:

<b>Parameters</b>	<b>Outcomes</b>
Awareness towards hygiene	HIGH
Construction Vs Usage of toilet	HIGH
Impact on health	Three month is too less a time to measure impact on health

From the above survey, it clearly evident that the project is able to make an impact in the life of the villagers in terms of creating an awareness regarding the overall health and hygiene aspect and particularly with respect to building and usage of individual toilet. Since it has been only three months that these HHs are using the facility created, the survey could not measure the improvement in health status. The kitchen garden attached to the toilet was built with the purpose of generating livelihood for the household but the survey shows that the HHs are using it for self consumption as the size of the garden is too small .

## PROJECT ON MID-DAY MEAL

BY AKSHYA PATRA

Bharat Dynamics Limited has been a great support to Akshayapatra in partnering with us for the education of the underprivileged children. The efforts and the extra time the company has put into this project has benefitted thousands of children and changed their livelihood by making them come to school regularly. Today Akshayapatra ranks 24<sup>th</sup> among the Top100 NGO's in the world, it could not have been so successful without the involvement of companies like BDL.

The school meal program addresses the two major challenges of hunger and education.yna has played important role promote basic education to underprivileged children by addressing the root cause of illiteracy-poverty and hunger.

### Support from BDL

- In the year **2011 BDL donated 10 lakhs** for the sponsorship of a Distribution Vehicle which carries meals to 15 schools to serve the children and adopted two schools with 428 children of Bhanur and Ghanapur in the Patancheru Mandal, towards feeding the midday meals for the complete year.



**Distribution Van donated by BDL in 2011**

In the year **2012 BDL** sponsored required kitchen equipments worth **15 lakhs** to the kitchen facility in Hyderabad and **Rs.1635096/-** towards feeding for **2453 children in the 15 schools** of Patancheru mandal.



**Donation Cheque by Mr. N.K Raju Executive Director- BDL to Akshayapatra Foundation in 2012**

The tremendous improvement in the school enrollments with attendance in the classes, increased admissions in the school, reduced drop rates was a measurable achievement for BDL and Akshayapatra for promoting education for the underprivileged children.

This year **2013 BDL has assured Rs. 67 lakhs** to extend their support in feeding the school children of the complete **Patancheru Mandal midday meals to 8954 children in the 63 schools** of Medak district.

The BDL CSR has been very actively involved in supervising and inspecting the complete project. BDL is the best example in the field of CSR activities; listening to the prayers of thousands of children and making them believe themselves to dream for a bright future.

MENU		
Monday	Rice and Pappu	Phalli patti
Tuesday	Pulihora and Buttermilk	Biscuits
Wednesday	Rice and Sambhar	Sundal
Thursday	Rice and Pappu	Fruits
Friday	Rice and Pappu	Murukulu
Saturday	Vegetable rice	Pickle

Along with the above menu Akshayapatra also provides Hyderabad Dum Biryani, Aalu Dum Biryani, Tamarind Rice. For fruits and sweets, banana, apple, orange, mousambi with payasam, pongal and sheera are provided. These are surprise items which encourage children to come to school everyday



MidDay Meal served at Allwyn school

2	పొట్టె వానంపాటు, తరచుగా తరచు Cough for more than 2 weeks	-	-	-	-
3	గొంతులో పుంజుకొని తరచుగా తరచుగా వచ్చే వ్యాధులు Recurrent Throat infections	-	-	-	-
4	బెది మంది రీమణ తారణం Ear Discharge	-	-	-	-
5	తలనొప్పి Headache	-	-	-	-
6	తరచుగా వచ్చు కడుపునొప్పి Frequent pain in abdomen	-	-	-	-
7	మలమీసలలో వచ్చే త్రిమలంబల వ్యాధి Complaints of passing worms in the stool	-	-	-	-
8	రాత్రివేళల్లో మలవ్యారం పుంజు దురం Anal itching in the night	-	-	-	-
9	మూత్రనాళమునకు సంబంధించిన అంటురోగములు/వ్యాధులు Any complaints of Urinary Tract infection	-	-	-	-
10	ఏదేని పూర్వపు శస్త్రచికిత్స వివరాలు/ ఏకప్పువకాలంగా ఉన్న వ్యాధులు Any previous Surgery /Chronic Problems	-	-	-	-
(బి) సాధారణ పరీక్షలు (General Examination) :					
1	నాడీ/రక్తపోటు (Pulse/BP)	72/100	71/100	72/100	
2	రక్తహీనత Pallor (Anaemia)	No	No	No	
3	పసుకళ్లు/పచ్చకామెర్లు Yellow Sclera (Jaundice)	-	-	-	
4	లింఫానోడ్లు వ్యాధి Lymphadenopathy	-	-	-	
5	కాళ్లలో వాపు Pedal Oedema	-	-	-	
6	ఏదైనా ఇతరములు, తెలపండి Others, Specify	-	-	-	

Health card of students at Naryanpur school

**Measurement of impact of the midday meal project undertaken by BDL through its implementing partner Akshay Patra:**

**Impact measurement parameters:**

**Health status of children**

- Decrease in diseases
- Improvement in health status.

**Education status**

- Increase in enrollment
- Decrease in absenteeism

Methodology: 12 schools out of 15 were surveyed to study the impact. All the stakeholders of the project were surveyed. Team surveyed the Students, Parents and the School management. The team also interacted with the implementing agency. Structure questionnaire and focus group discussion was used for the survey. 55 students from 12 schools and 32 parents were surveyed. The team also surveyed the 12 head masters of the schools.

**Student Survey results**, 55 students from 12 schools were surveyed.

<b>Parameters</b>	<b>Survey outcomes</b>
Regularity of the food served	100% regular
Maintenance of Hygiene	100% of the students were satisfied with the hygiene level
Satisfaction with the midday meal	96.3% satisfied with the food.
Better than home food	83.63% said it is better than home food
Improve in attendance of student in schools	78% said attendance has improved post introduction of midday meal.
Monitoring of the process at the school	Teacher , in some case head master

**Parent Survey results**, 32 parents from 12 schools were surveyed.

<b>Parameters</b>	<b>Survey outcomes</b>
Are their children happy of the quality of food?	90.6% of the parents said that their children are happy with the food quality
Improvement in health	81% said yes there is an improvement
Decrease in diseases	General opinion was no.
Awareness about BDL	Very less only 18.7% know BDL.

**Head Master Survey results, 12 Head Master from 15 schools were surveyed.**

<b>Parameters</b>	<b>Survey outcomes</b>
Availability of midday meal scheme before the BDL –akshaya patra midday meal	9 out of 12 schools had a scheme, but none of them were satisfied with the quality as well as the process.
Satisfaction of the student with the present meal	100%
Are there any cases of children falling sick after consumption of food	Not a single case is reported
Awareness about BDL	91.6% Head Master know BDL.
<b>Impact of Midday meal</b>	
<ul style="list-style-type: none"> <li>Enrollment rate ( y-o-y comparison)</li> </ul>	The survey result reveals that in some villages the enrollment rate has increased by 4% and some case it has increased upto 10%. In some cases it has increased as much as 20%.In some cases the enrollment has remained the same. In some school, there is a fluctuation in enrollment rate as the students studying come from the family of migratory workers.
<ul style="list-style-type: none"> <li>Attendance of students</li> </ul>	Since midday meal is served on the basis of students attendance , which is estimated to be around 85-87%, Most of the Headmater have reported that the attendance have improved after the introduction of midday meal in association with Akshay Patra.
<ul style="list-style-type: none"> <li>Nutritional level (based on students health report), <b>sample attached in the report.</b></li> </ul>	The headmasters of all the school have mentioned an increase in nutritional level of students based on the health report.

The view point of one of the parents and one of the students interviewed during the survey is shared below:

**Name of the Parent: Sunitha**  
**Kid Name: Lavanya**  
**Village Name: Patancheru**  
**School: MPPS Patacheru (G)**

My name is Sunitha my daughter name is Lavanya, she is studying in fifth class, Mid day meal program is good, we know that Akshypatra Foundation is providing the Midday Meal Program. I will ask my children about daily lunch and snacks menu and also about fruits. The food quantity is enough. The

quality of the food is good and the children are showing more interest when the mid day meal is started. The midday meal should continue for future.

**Kid Name: Naga deepika**  
**Village Name: Patancheru**  
**School: ZPHS Patacheru (G)**

My name is Naga Deepika, I am studying 9<sup>th</sup> class, I know that Akshyapatra is providing the mid-day meal for us. Student's service committee will serve food for us. They are from 7<sup>th</sup> class. There is no limit for the food. Foods provided are rice, dal, Veg Biryani, pulihora, Butter milk, biscuits, Palli Pati, Orange, and Banana. At the time of serving the school teacher will be there to observe. The food is better than home. My parents will not see when serving the food. When the midday meal started we are coming to the school regularly. I like pulihora from all the items served.

**Thus, the Impact of the project can be summarized as follows:**

Parameter	Survey finding		
	Stakeholders		
	Students	Parents	School Administration
<b>Stakeholder Engagement</b>	HIGH	HIGH	HIGH
<b>Improvement in health status</b>	NA	HIGH	Increase in Nutritional Level
<b>Decrease in diseases</b>	There is no significant impact	There is no significant impact	There is no significant impact
<b>Increase in enrollment</b>	NA	NA	POSITIVE IMPACT
<b>Decrease in absenteeism</b>	POSITIVE IMPACT	Survey not conducted	POSITIVE IMPACT
<b>Satisfaction with the midday meal facility</b>	HIGH	HIGH	HIGH

**Note: NA – Not Applicable.**

The impact assessment study revealed that all the stakeholders are satisfied with the quality of service provided by Akshya Patra, which is an implementing agency of BDL CSR programme. The study clearly reveals that there has been a positive impact of this project in terms of stakeholder satisfaction, improvement in nutritional level of children, improvement in attendance and positive impact on enrollment. It is just been few months of implementation of this project, there will be greater impact in future as a healthy mind resides in a healthy body.

## **PROJECT ON ROAD CONSTRUCTION**

**Village: IDU DONALA TANDA**

### **Problem**

Donala tanda is an isolated tanda and as there is no road to reach that tanda. It is very difficult to drive a vehicle as the road is in a very bad condition. The first need mentioned by people is to connect the tanda to other villages. In Donala tanda, half of the population is earning livelihood through agricultural labour and farming, while around 42% of the people are engaged in labour work to earn their livelihood.

The road construction starts from Munemula Konda (called by people of Idudunala Tanda as Munemula Konda). It is small hill station. The road constructed is 100 mm cement concrete road. The length of the road is 800 mts, width 3.75 mts constructed. Earlier the villagers travelled through forest kacha road only as they didn't have access to proper transportation facility like Bus, Auto facilities and were unable to drive bike properly in the kacha road. The villages was not connected with other villages and tanda and the villagers faced problems to reach the Primary Health Care centers, schools, colleges and other villages. Now the villagers are able to visit villages like Arutla and Narayanpur easily compared to the earlier situation. Future plan for maintenance of the road is that Gram Panchayat is expected to take care of the construction. The contractor for the project is G. Sathish Reddy. The project is monitored by the Civil Engineering Department, BDL

### **Some observations:**

- The constructed road was not completed up to the main road
- Beside to the roads there is no drainage to water flow which will damage the road in the future.
- Beside to the road there is mountain. On heavy rain scenario the mud from the mountain is coming on the road and it becomes difficult for vehicles to control on the road.
- In the village the construction of drainages is not completed.



**The road constructed by BDL**

## **Impact parameters**

### **Accessibility**

- Easy accessibility to nearby facilities
- Increase in accessibility of other travel modes like auto, buses

### **Safety**

- Decrease in road accidents

According to opinions of Beneficiaries:

### **The situation before constructing the road:**

- 1) It has taken 2-3 hours travel to reach nearby villages and had to walk from forest & face problem with snakes.
- 2) They had to face lot of problem, when any medical problem happened in the village.
- 3) In rainy season, It was very difficult to walk on the road.
- 4) It was very difficult travel by bike and auto.

### **The Situation after constructing the road**

- 1) Now it takes hardly 30 minutes travel to reach nearby villages.
- 2) Now Narayanpur, Arutla and some more villages are connected (Transportation facility) to this village.
- 3) Now people of this village is using bikes & autos if there is any emergency.

Forest land has been used and constructed the road. Most of the people are satisfying with road construction work except drainage work. It has not been completed.

### **Interaction with the villager:**

#### **Surveyor: Mr. Rakesh Akula and Mr. Vaman**

My name is Birma Nayak from Idu Dunala thanda. BDL has taken this project to construct cement road in our thanda to solve our problems. The road length is 800 meters. We earlier had a kachha road and vehicle access was very difficult as it was constructed under MLA Quota fund. We are using this road for going to hospitals and some other works. Before the construction of this road we had lot of problems. BDL assured us that bus would come after the construction of the road. We are accessing the road regularly. Autos, Cycle motors are also accessing the road. If there is any emergency like delivery, leg fracture or any serious issue, we call the auto or jeep and go to Arutla or Chotuppall for our treatment easily now. We have not faced any accident in this road but contractor of this road have not given our wages for our work. Earlier it took 2 hours to reach Narayanpur. Now it takes only 1 hour. Earlier the kachha road, it was very difficult to travel. Now travel became very easy on this road yet the drainage work has not been completed. No land was given from the villagers as the land belongs to the forest.

Thus, the impact of the project can be summarized as follows:

<b>Parameter</b>	<b>Outcome Impact</b>	<b>Impact</b>
Stakeholder Engagement	High	Positive Impact
Easy accessibility to nearby facilities like hospitals, markets etc.	Yes	Positive Impact
Decrease in road accidents	Yes	Positive Impact
Increase in accessibility of other travel modes like auto, buses	Yes	Positive Impact
Satisfaction with the road facility	High	

## **PROPOSITION**

The 5 projects as initiated under BDL CSR initiatives are Drinking Water Project, Project on Health Care - Mobile Medicare Unit, Project on Sanitation, Project on Mid-Day Meal and Project on Road Construction

An attempt has been made to make an understanding of the outcomes and impact of the CSR projects initiated by BDL, yet the nature of some of the projects like Eco-Sanitation etc. itself is likely to display impact in the long run and not much changes is visible at a short run. Even though some of the CSR projects have been initiated on time yet; the impact can be visible only in longer run.

Most of the projects undertaken by BDL have created high outcome and impact. It is thus proposed that BDL should take more projects in similar areas that have more impact in the long run. Some of the projects that made remarkable difference to the beneficiaries even in the short run are the Drinking water project and MMU project.

BDL has been taking numerous CSR initiatives to make a difference to the society and it is expected to continue to mark its effort in making a positive change in the society by initiating projects which have high outcome and impact like the existing CSR initiatives of BDL.