AARTI INDUSTRIES LIMITED

Impact Assessment Report for

Mushar Community's Integrated Development Project

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Disclaimer of the Impact Assessment Report

- This report has been prepared solely for the purpose set out in the Memorandum of Understanding (MoU) signed between Renalysis Consultants Pvt. Ltd. (CSRBOX) and Aarti Industries Limited dated March 2023 to undertake the Impact Assessment of their Musahar Integrated Development project, implemented in the financial year 2022-23.
- This impact assessment is pursuant to the Companies (Corporate Social Responsibility Policy) Amendment Rules 2021, notification dated 22nd January 2021.
- This report shall be disclosed to those authorized in its entirety only without removing the disclaimers.
- CSRBOX has not performed an audit and does not express an opinion or any other form of assurance.
- Further, comments in our report are not intended, nor should they be interpreted to be legal advice or opinion.
- This report contains an analysis by CSRBOX considering the publications available from secondary sources and inputs gathered through interactions with the leadership team of Aarti Industries Limited, project beneficiaries, and various knowledge partners. While the information obtained from the public domain has not been varied for authenticity, CSRBOX has taken due care to obtain information from sources generally considered to be reliable.
- Specific to the Impact Assessment of the project, funded through Aarti Industries, CSRBOX has relied on data shared by Aarti Industries Limited's team.

With Specific to Impact Assessment of 'Integrated Community Development project:

- CSRBOX has neither conducted an audit nor due diligence nor validated the ¬financial statements and projections provided by Aarti Industries Limited.
- Wherever information was not available in the public domain, suitable assumptions were made to extrapolate values for the same;
- CSRBOX must emphasize that the realization of the benefits/improvisations accruing out of the recommendations set out within this report (based on secondary sources) is dependent on the continuing validity of the assumptions on which it is based. The assumptions will need to be reviewed and revised to reflect such changes in business trends, regulatory requirements, or the direction of the business as further clarity emerges. CSRBOX accepts no responsibility for the realization of the projected benefits;
- The premise of an impact assessment is 'the objectives' of the project along with output and outcome indicators pre-set by the programme design and implementation team. CSRBOX's impact assessment framework was designed and executed in alignment with those objectives and indicators.

Executive Summary

The Musahar community is among the most marginalised and underserved castes in India, who are mostly engaged as landless tenant farmers or daily wage labourers. The community consists of people from Manjhi, Ravidas, and Pashwan castes. People from the Musahar community are devoid of proper access to education, healthcare, and nutrition, the most important and basic needs of humans, and have been exploited for generations.

Under its CSR initiative, Aarti Industries Limited aimed at Integrated Community development of the Musahar community from Bihar. The primary areas of intervention for the upliftment of the people belonging to the community are mentioned.

Education

- Setting up coaching classes
- Establishment of school for underprivileged children from Musahar communities

Nutrition

- Distribution of vegetable seed packets for better nutritional intake
- Distribution of protein powder as supplementary

Healthcare & Hygiene

- Setting up health camps at every 15 days across the intervention villages
- Awareness session among beneficiaries on importance of health & hygiene

SHG formation

- Accumulated savings from the households for each SHG
- Provide loan to SHG members at lower interest rates

The ongoing intervention is operational across 150 villages and has been beneficial to the community. The key insights drawn from the Impact Assessment Study are enlisted.

Inclusiveness

- 99% of the respondents were women, since men were mostly engaged in working outside
- Over 98% of the respondents were in the age group of 18 to 64 years of age, showcasing the diversified range of age group among beneficiaries
- The families were either residents of Kutcha houses or Semi-pucca houses, showcasing inclusivity of the programme across the different households

Relevance

- Parents of over 88% of the students enrolled in Vallabh Vidya Mandir work as daily wage labourers for minimum wages, who can't afford better quality education
- Over 88% respondents didnot take daily baths before the intervention, showing lack of awareness on hygiene
- More than 50% prospective beneficiaries needed nutritional supplement due to pregnancy, or suffering from TB or malnourishment
- For over 74% households, the nearest healthcare centre was over 5kms away, reducing the accessibility to healthcare services
- The households could only avail loans at very high interest rates of 10% per month from local money lenders, increasing their economic burden, and pushing them towards debt traps

Expectations

- Over 73% of the villagers are now aware of the interventions related to health & hygiene, SHG formation, and educational interventions
- 73% of the households stated their wards attend coaching classes regularly for 2 to 3 hrs after school, signifying the increased awareness and sensitivity among households on importance of education
- 99% beneficiaries bathe daily or atleast once in 2 to 3 days, now being aware and having an increased sense of hygiene
- Over 71% of the villagers reach out to paramedical staff or visit the health camps for treatment of health ailments
- 70% households are able to meet their family needs from the produce accounted by the seed packets, which mostly last for 2 to 3 months
- 40% prospective beneficiaries had received the protein powder, and 99% of them had seen significant health improvements
- 94% of the beneficiaries had taken loan from the SHGs ranging from INR 3000 to INR 5000 on average

Convergence

- Bhansali Trust has been acting as the implementing partner for the ongoing project, looking after awareness generation, capacity building, organizing coaching classes, health camps, etc
- Efforts are being made to converge the SHGs with Jeevika's initiatives to avail their benefits

Service Delivery

- 60% of the beneficiaries had received the vegetable seed packets once in a year, for growing and consuming the same
- 88% of the beneficiaries stated the health camps were organized within 2 kms from their households, making it accessible for everyone
- The health camps were conducted at an alternate of 15 days in 84% of the villages

Chapter 1:
Project Background & Overview

This section provides an overview of the funding organization, the entire programme, and the detailed interventions undertaken.

1.1 CSR Initiatives of Aarti Industries Limited

Since its inception, as a responsible corporate, Aarti Industries Limited (AIL) has made an effort to uphold its obligations towards society. AIL has been passionate about undertaking life-changing community initiatives equally as it prioritizes its business in the specialty chemicals and pharmaceutical industries. AIL undertakes a wide range of programmes and initiatives for improving the lives of the communities, through Aarti Foundation.

The organization engages in community welfare through associated trusts (Aarti Foundation & Dhanvallabh Charitable Trust). Aiming at mitigating poverty and working towards societal upliftment, Aarti Industries has been working tenaciously in the following areas of intervention.

1.2 Major CSR initiatives

Education

- Financial support to over 7 schools with 10,000+ students
- Scholarships to over 300 students for pursuit of higher education
- Financial support to various schools and educational institutions for improving & building infrastructure

Healthcare

- Mobile dental vans in Bharuch district of Gujarat
- Blood donation camps in Vapi, Gujarat for over 20 years
- 200,000+ beneficiaries served through healthcare facilities
- 600,000+ mothers counseled on breastfeeding practices

Women Empowerment

- Providing interest free loans to women for earning their livelihood
- Construction and related expenses for girls hostel in Valsad district of Gujarat
- Skill development through training and tailoring of women in Kutch, Gujarat, as well as housing facility for senior citizens

Rural/Semi urban area interventions

- Construction of dwelling and establishing training centres to equip villagers with modern techniques in farming & animal husbandry and water conservation measures
- Over 7 crore llitres of water saved
- 20,000 beneficiaries provided financial support who were hit by drought

Disaster Relief

- Rehabilitation of people affected by floods and landslide in Bihar, Jammu, Uttarakhand, Srinagar, Tamil Nadu, Assam, Odisha, Gujarat, and Sri Lanka
- Food for people and fodder for animals in drought prone areas of Gujarat

1.3 Geographic Coverage of CSR Activities

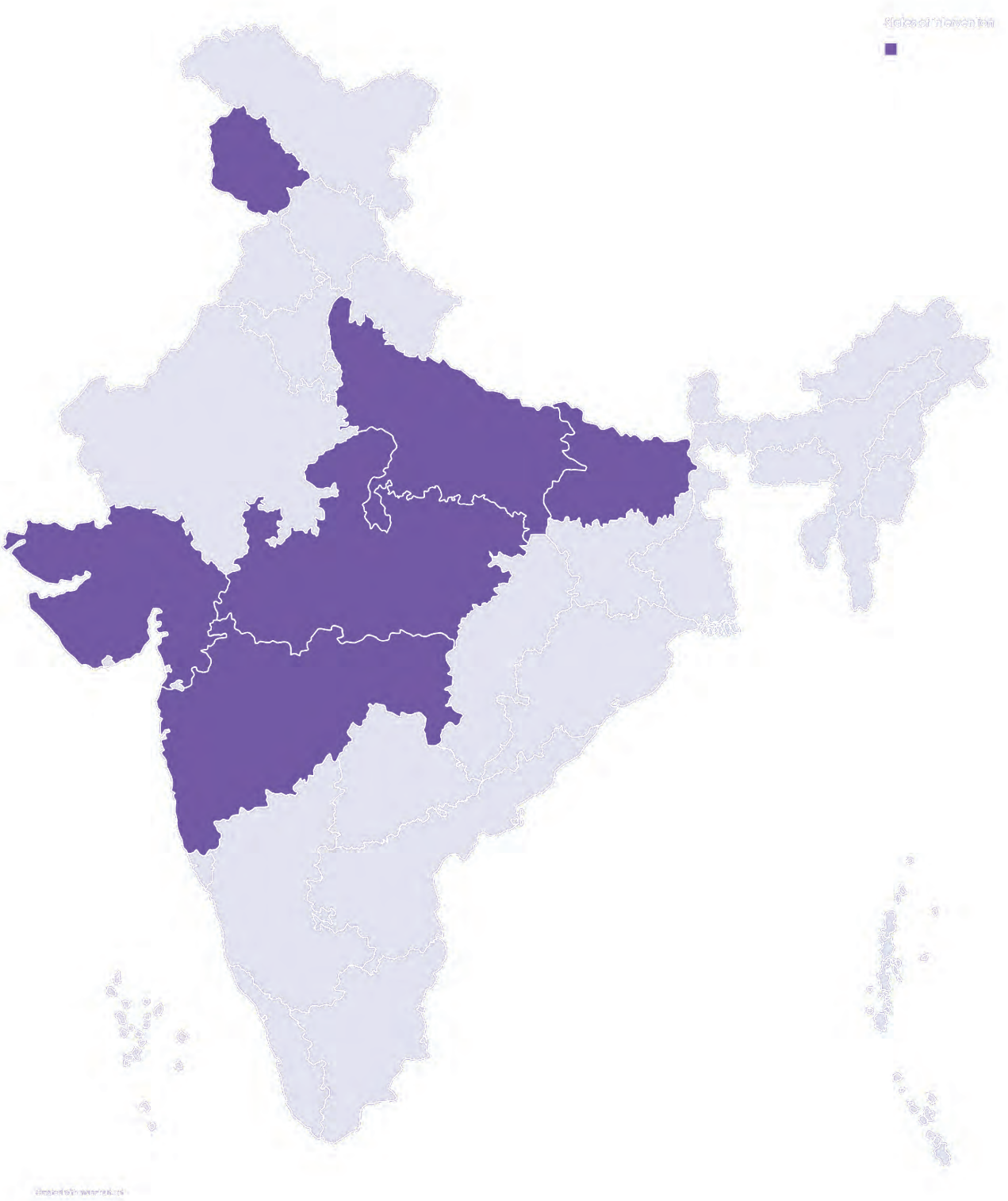


Figure 1: Geographic coverage of Aarti Industries Limited's CSR initiatives in India

1.4 Need of the programme for the Musahar community

The Musahar community originally belonged to the offshoot of the hunter-gatherer Bhuiya tribe from the Chhota Nagpur Plateau, who later migrated to the Gangetic plains. The Musahar people are mostly landless agricultural labourers and engage in menial jobs for their daily livelihood.

The Musahar community consists of three endogamous clans: **Bhagat**, **Sakatiya**, and **Turkahia**. They are now mostly landless agricultural labourers and sometimes still have to resort to rat catching to survive during lean times. They are one of the most marginalised castes in India, even among Dalits.

Income

- Engaged in low paying jobs
- Make less than INR 100 per day

Residence

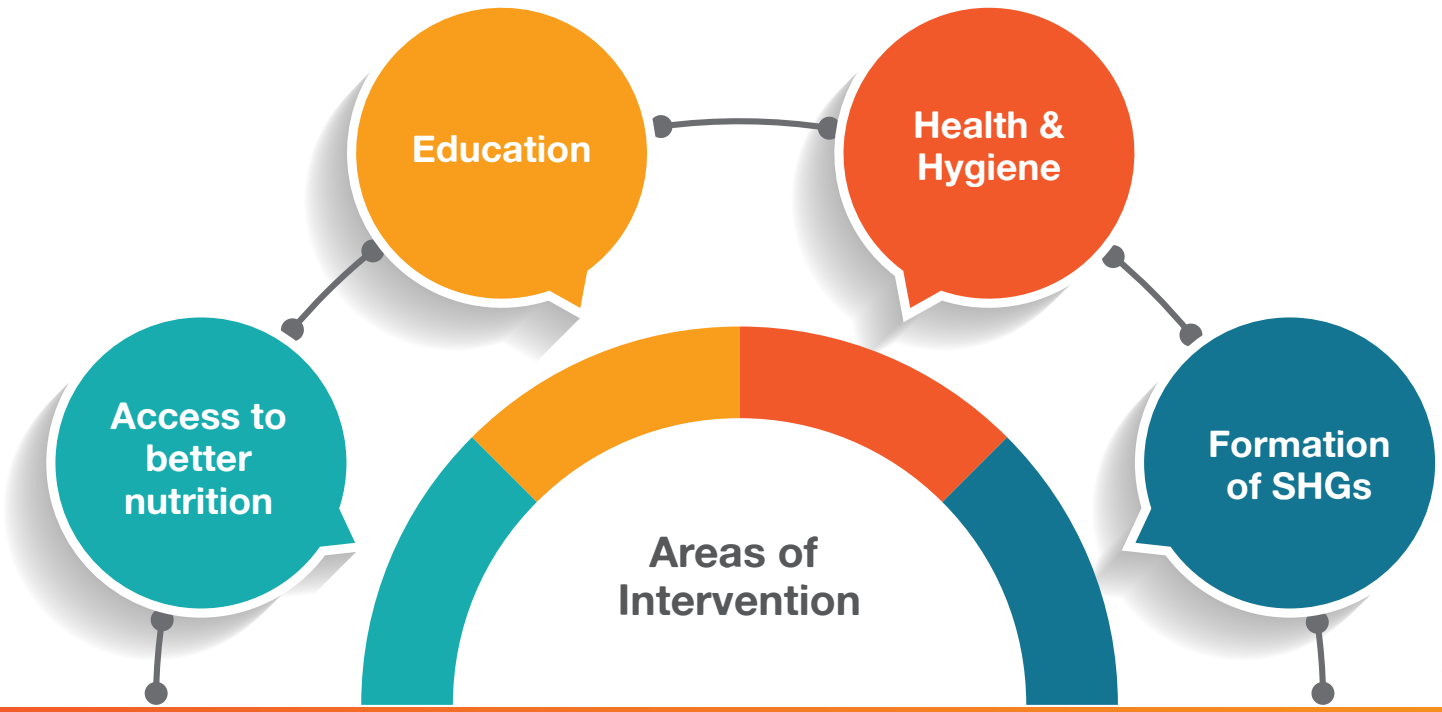
- 97% of them reside in rural areas
- Mere 3% of them reside in cities, and 1% among women

Health

- Over 85% of some 43 villages suffer from Malnutrition, Malaria, TB, Kala-azar
- Scanty access to healthcare facilities

1.5 About the programme

The programme was initiated by AIL in 2021, with Bhansali Trust as the implementing partner. Since then, the organization has been working tirelessly towards the upliftment of the Musahar community in the Gopalganj district of Bihar.



Education	Health & Hygiene	SHG formation	Nutrition
Setting up coaching classes to provide remedical education in the villages for students upto class 5 for free Established Vallabh Vidya Mandir school for children from Musahar Communities to enroll and study for free	Organize mobile health camps in villages in every 15 days providing free medicine and checkup Paramedical staff in the village who administers generic medicine to villagers	Women members of the SHG save INR 10 per week and avail loans at 2% interest rate per month All women in the villagee who are not part of any SHG are encouraged to join the SHGs	Distribution of vegetable seed packets to villagers for providing better nutrition to beneficiaries Distribution of protein powder to patients suffering from diseases or are weak from malnutrition or pregnant women

1.6 Objectives of the programme

The programme implemented was aimed at achieving the following targets through the major initiatives of Education, Health & Hygiene, Formation of SHGs, and Nutrition.

Education

- Ensure children attend schools and don't dropout
- Provide additional support through coaching classes
- Enroll needy candidates in the Vallah Vidya Mandir school set up under the intervention

Health & Hygiene

- Increased awareness among the community on importance of health & hygienic practices
- Availibility of generic medicines through paramedical staff in the villages all time
- Increased accessibility to better healthcare facilities via setting up mobile health camps

SHG Formation

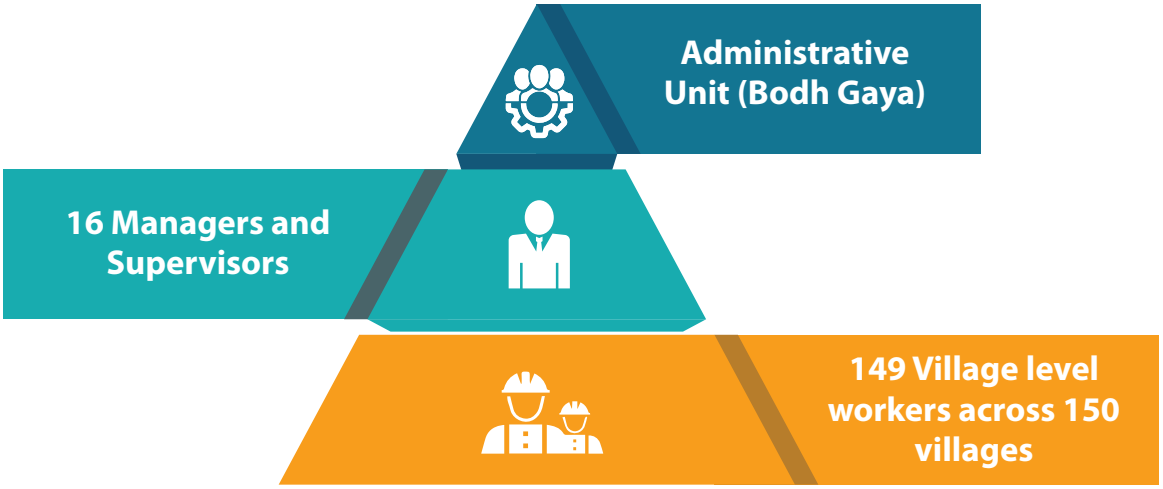
- Accessibility to affordable credit at lower rates of interest
- Increase the sense of savings among women in the village

Nutriton

- Increased accessibility to nutritional food through availability of vegetable seed packets
- Access to supplementary protien powder for nutritional enrichment on need basis

1.7 Implementation of the Programme

The programme was implemented by Bhansali Trust on the ground. The details of the implementation model for the different areas of intervention are stated below.



The implementation of programme is administered at the implementing partner's Administrative Unit at Bodh Gaya. The Managers and Supervisors are responsible for monitoring the work of the village-level workers.

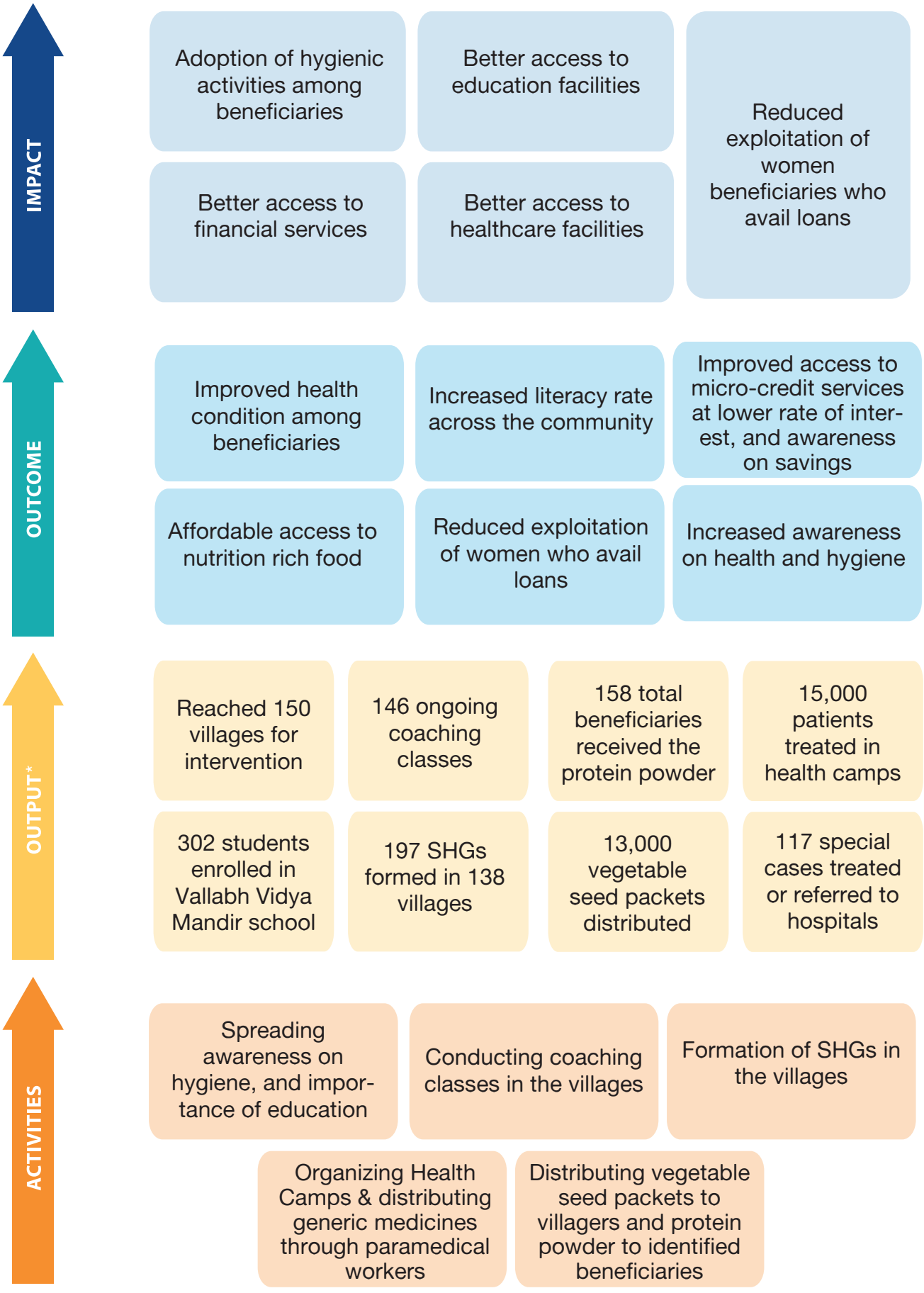
Supervisor

- Responsible for managing and monitoring the project activities across 8 to 10 villages
- Accompanies village level workers during conducting surveys
- Report the progress to the Project Manager

Village level Workers

- Conduct door-to-door surveys for beneficiary identification
- Spread awareness on the importance of attending schools, and conduct the coaching classes for 3 hours
- Spread awareness on maintaining hygiene among villagers
- Work as a paramedic for administering generic medicines to villagers and spreading awareness about the health camps

1.8 Theory of Change



*These numbers are based on the data provided by AIL in their Project Report.

1.9 Alignment with CSR Policy

The Schedule VII (Section 135) of the Companies ACT, 2013 specifies the list of activities that can be included by the company in its CSR policy. The below-mentioned table shows the alignments of the intervention with the approved activities by the Ministry of Corporate Affairs.

Sub Section	Activity as per Schedule VII	Alignment
(i)	Eradicating hunger, poverty and malnutrition, promoting health care including preventive health care and sanitation including contribution to the Swach Bharat Kosh set-up by the Central Government for the promotion of sanitation and making available safe drinking water	Completely
(ii)	Promoting education, including special education and employment enhancing vocation skills especially among children, women, elderly, and the differently abled and livelihood enhancement projects;	Completely
(iii)	Promoting gender equality, empowering women, setting up homes and hostels for women and orphans; setting up old age homes, day care centres and such other facilities for senior citizens and measures for reducing inequalities faced by socially and economically backward groups;	Completely
(x)	Rural development projects	Completely

1.10 Alignment with ESG Framework

The programme's intervention also aligns with the ESG Sustainability Report of the corporate. Particularly, with respect to the Business Responsibility & Sustainability Reporting Format (BRSR) shared by the Securities & Exchange Board of India (SEBI), the programme aligns with the principle mentioned below.

Principle 4	Business should respect the interests of and be responsive to all its stakeholders
Principle 5	Business should respect and promote human rights
Principle 8	Business should promote inclusive growth and equitable development

1.11 Alignment with Sustainable Development Goals

The Sustainable Development Goals (SDGs) also known as the Global Goals, were adopted by the United Nations in 2016 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity.

SDGs	SDG Targets	Alignment
	1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 per day	Completely
	1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	Completely
	1.a Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions	Completely
	2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round	Completely
	2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	Completely
	2.3 By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment	Partially

	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	**Partially**
	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and	**Completely**
	3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	**Partially**
	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	**Completely**
	4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	**Completely**
	4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all	**Completely**
	5.1 End all forms of discrimination against all women and girls everywhere	**Partially**
	5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life	**Completely**

Chapter 2:
Design & Approach for Impact Assessment

This section provides an overview of the objectives of the study, the adopted research methodology, and other details revolving around the study.

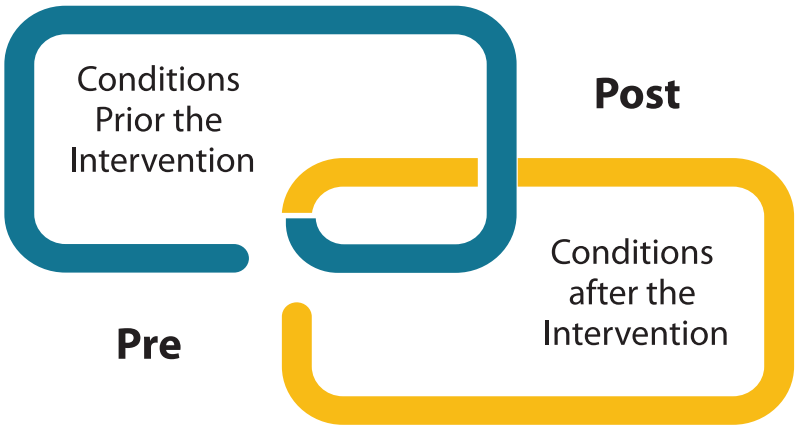
2.1 Objectives of the Study

1. Assess the programme on IRECS framework as per the goals and objectives
2. Assess the impact of the programme as per goals and objectives
3. Evaluation of the process employed and quality of implementation
4. Documentation of case-studies

2.2 Study Design

Given the objectives of the study and the key areas of inquiry, the design of the evaluation focused on learning as the prime objective. In this section, we present the approach toward developing and executing a robust, dynamic, and result-oriented evaluation framework and design.

2.2.1 Pre-and-Post-intervention evaluation approach



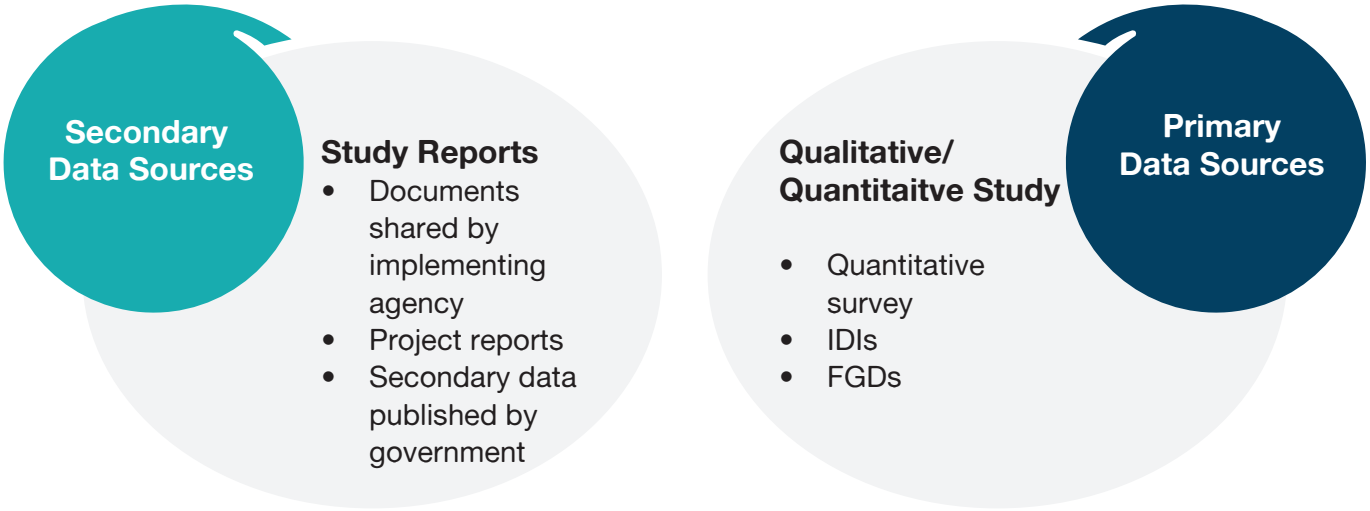
To measure the impact, a **pre-post programme evaluation approach** was used for the study. This approach is dependent on the recall capacity of the respondents. Under this approach, the beneficiaries were enquired about conditions prior to the programme intervention and after the programme intervention. The difference helped us in understanding the contribution of the programme in improving the intended condition of the beneficiary.

This approach at best can comment on the contribution of the programme in improving the living standards though may not be able to attribute the entire changes to the programme. Other external factors such as ongoing government interventions aimed towards upliftment of communities, may also play a role in bringing positive changes along with the programme. Hence, contribution was assessed but attribution may not be entirely assigned to the programme.

2.3 Methodology

For the assessment of the programme, we employed a two-pronged approach to data collection and review to include secondary data sources and literature and primary data obtained from quantitative and qualitative methods of data collection. The figure below illustrates the study approach that was used in data collection and review. The **secondary study** involved reviewing annual reports, monitoring reports, other studies, and research reports by renowned organisations available in the public domain to draw insights into the situation of the area.

The **primary study** comprised qualitative and quantitative approaches to data collection and analysis. The qualitative aspects involved in-depth interviews (IDIs), focused group discussions with the stakeholders of the projects. Also, conducting quantitative surveys of the primary beneficiaries, helped the study diagnose the impact assessment of the project holistically.



2.3.1 List of Stakeholders

2.3.2 Sampling Approach

Geographic Sampling

The following table illustrates the geographic sampling. The mentioned sampled locations were considered for the impact assessment.

State	No. of Villages	Rationale	Alignment
Bihar	150	7% of villages	11

Quantitative Sampling

A simple random sampling approach was used to ensure that the sample is representative. The sample was spread across the 11 villages surveyed

Stakeholders	Mode of Data Collection	Universe	Sample	Rationale
Households	Survey Questionnaire	Infinite	184*	(95% CL; 7.5% MoE) + (8% of the hence sample)

Qualitative Sampling

Apart from the quantitative data collection methods, qualitative data was also collected. The data collected helped us highlight:

- The potential areas of improvement,
- Provide short and long-term recommendations,
- Suggestions and a way forward to further enhance the impact of the programme,
- Identify new opportunities

Stakeholders	Universe	Number of Interactions	Mode of Data Collection
SHGs	172	10	FGD
Managers and Supervisors	15	2	IDI
Paramedical Workers	172	10	IDI
Mobile dispensary doctors	1	1	IDI
Project Manager/In charge (Bhansali Trust)	1	1	IDI

2.4 Assessment Framework

Given the objectives of the study to determine the inclusiveness, relevance, and impact of the project, the evaluation used the IRECS framework. The framework has defined five evaluation criteria – Inclusiveness, Relevance, Expectations, Convergence, and Service Delivery. Using the criteria of the IRECS framework, the evaluation assessed the client's contribution to the results while keeping in mind the multiplicity of factors that may have affected the overall outcome.

Inclusiveness

Extent to which communities equitably access the benefits of assets created and services delivered

Relevance

Extent to which project is geared to respond to the 'felt' needs of the communities.

Expectations

Extent of intended or unintended positive (benefits), socio-economic, and cultural changes accrued for beneficiaries

Convergence

Judging the degree of convergence with government/other partners; the degree of stakeholder buy-in achieved

Service Delivery

Extent to which cost-efficient and time-efficient methods and processes were used to achieve results

2.5 Limitations to the Study

- Since most of the men in the households were out for work as either daily wage labourers or for tenant farming, the majority of the respondents were women.
- The questionnaire included questions that asked about the beneficiaries' income and lifestyle. Since these questions relate to one's personal life, the chances of beneficiaries being willing to openly express their non-conformity are less. In such cases, the respondents might have given answers they felt 'appropriate', but might not be true as recorded since there was no measure of verifying the same.

Chapter 3:
Findings of the Impact Assessment Study

The following section of the report indicates the key findings and insights drawn from the impact assessment study based on the IRECS framework's standard parameters as outlined in the framework for the study. The insights have been drawn by adopting a 360-degree approach to data collection by gathering data from quantitative and qualitative methods by engaging with different stakeholders involved in the programme

3.1 Inclusiveness of the Programme

98% of the **respondents were women**, since men were mostly engaged in working outside

Over **98% of the respondents** belong to the age group from 18 to 64 years, signifying the diverse range of age group covered

The families either **reside in Kutcha houses or semi-pucca houses,** showing their low level of income.

Inclusiveness measures the extent to which the communities could equitably access the benefits of the intervention, irrespective of their age, gender, household income, etc. The current intervention was primarily aimed towards the upliftment of the Musahar community in Bihar, across all the intervention villages.

- As a part of the field survey conducted, our team had individual interactions with households, and **among the respondents, the majority of them were women.** It was difficult to reach out to male respondents primarily because they were either out for work as daily wage labourers, or felt sceptical about being a part of the survey since they weren't much aware of the work. Figure 2 indicates the gender distribution of the respondents.

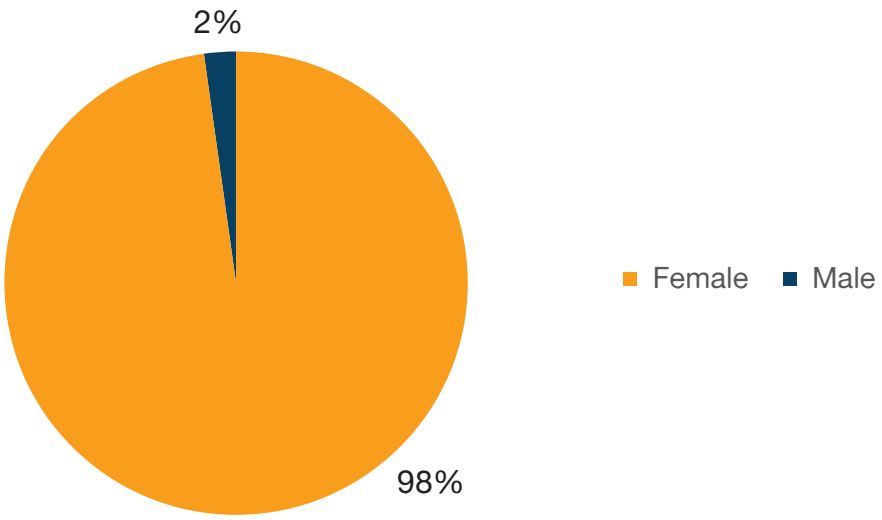


Figure 2: Gender distribution of the respondents

Most of the time I remain outside house for part-time work at either brick kilns or construction works. However, my wife has been a long-time member of the SHG, and also looks after the studies of our children.

- Suresh Manjhi, resident of Budhaul village

- The programme intervention is targeted at different age groups starting from primary school children to old age people through different thematic interventions. However, to get a better perspective on the ongoing interventions, the **respondents of the survey belonged to the age group of 14 to 64 years of age.**

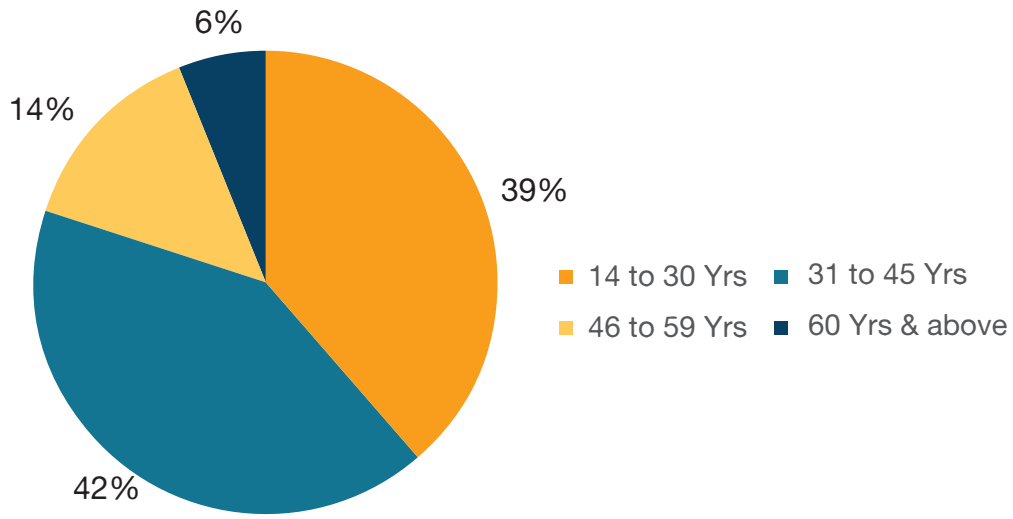


Figure 3: Age group of respondents

- Most of the households are engaged in low-paying jobs, and owing to the same, the **families reside in either Kutcha or semi-pucca houses**. As per our survey, we found out the majority of the families reside in Kutcha houses across the intervention villages. This emphasizes the inclusiveness of the programme intervention aimed at the upliftment of the community irrespective of the houses they reside in.

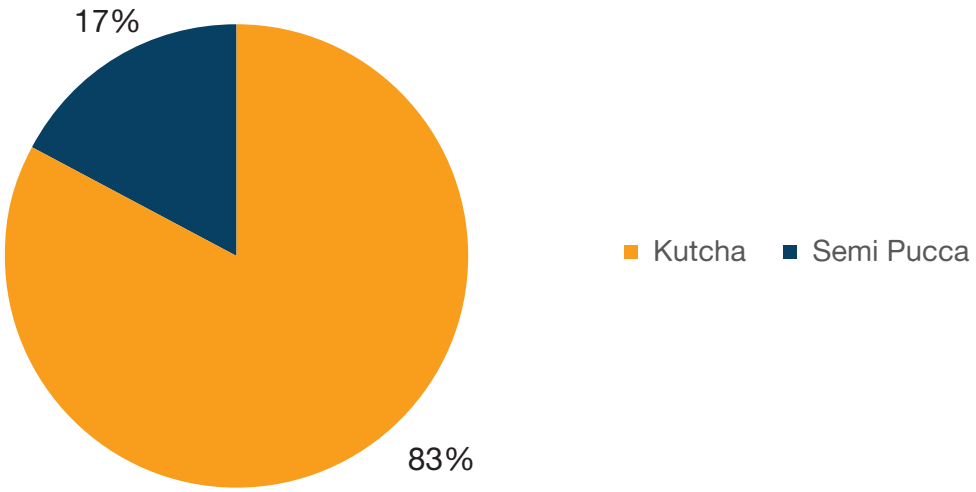


Figure 4: Respondents' household type

3.2 Relevance of the Intervention

Parents of 88% students enrolled in Vallabh Vidya mandir work as **daily wage labourers** for very low pay

More than **88% of the respondents did not take daily baths** before the intervention, showing the lack of awareness on hygiene

Over **50% of the prospective beneficiaries needed special nutritional supplement** due to their physical conditions

For **74% households**, the nearest healthcare center **was over 5kms away**, highlighting lack of accessibility to healthcare services.

97% of the respondents had to procure vegetables from market, which they could occassionally, due to their **constrained income.**

Before the intervention, the households could avail loans only at very high **interest rates of 10% per month**, as was stated by the respondents

The relevance of a programme is determined by the extent to which the intervention is inclined towards the 'felt' needs of the communities. The Musahar community is among the poorest and most marginalized households in Bihar, who are classified as Scheduled Castes as per the Indian Constitution. This signifies the relevance of the intervention, aimed at the upliftment of the Musahar community via various interventions.

Socio-economic profile

According to our survey, most of the respondents were homemakers, who occasionally engaged as daily wage labourers as well. While few of the respondents stated that they were the sole earning members of the household, few stated that they worked alongside other family members as well to meet their ends demands.

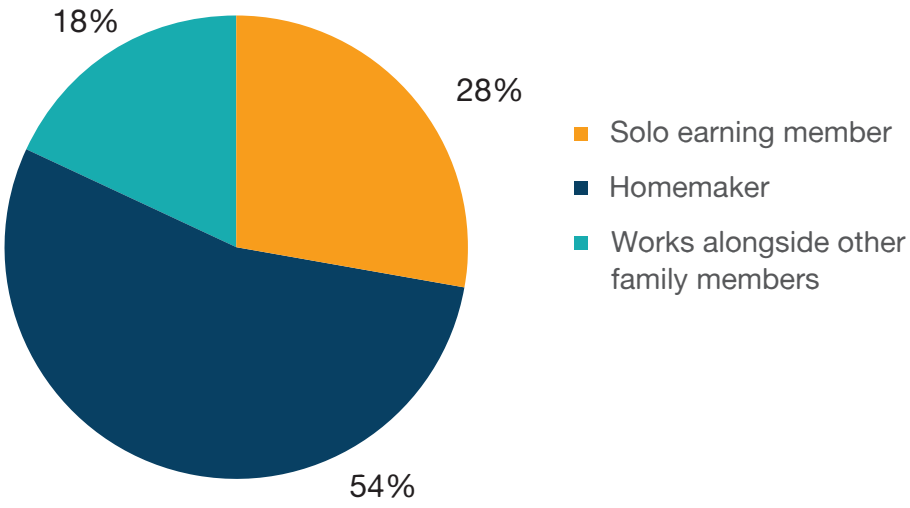


Figure 5: Role of the respondent in the household

The majority of the Musahar community households are landless, and hence engage as daily wage labourers or work at private firms as part-time workers for very less pay. Also, many earning members often engage as tenant farmers during sowing or reaping seasons for additional sources of income. (Fig. 6)

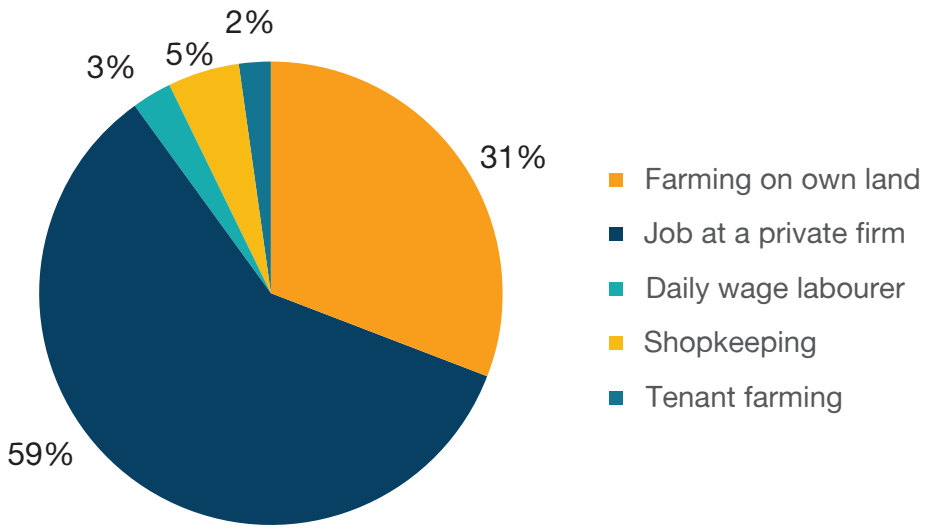


Figure 6: Primary source of income for households

- Enriched with societal values, most households live as a joint family. Majority of the households have over 6 to 10 family members dependent on the earning members. (Fig. 7)

- Being engaged in low-paying jobs, the community finds it difficult to support their large families. It was found in our survey, for many families 2 or more than 2 family members engage in livelihood activities to meet the basic needs of their families. (Fig. 8)

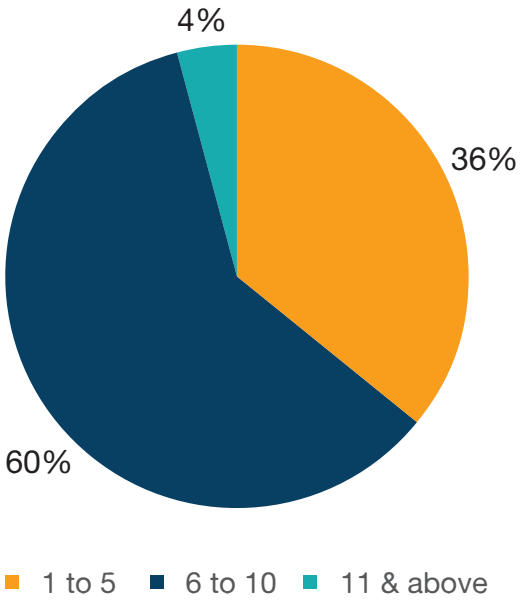


Figure 7: No. of family members

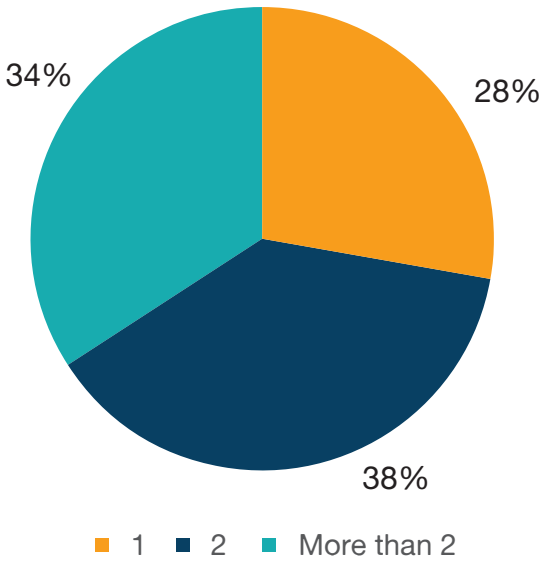
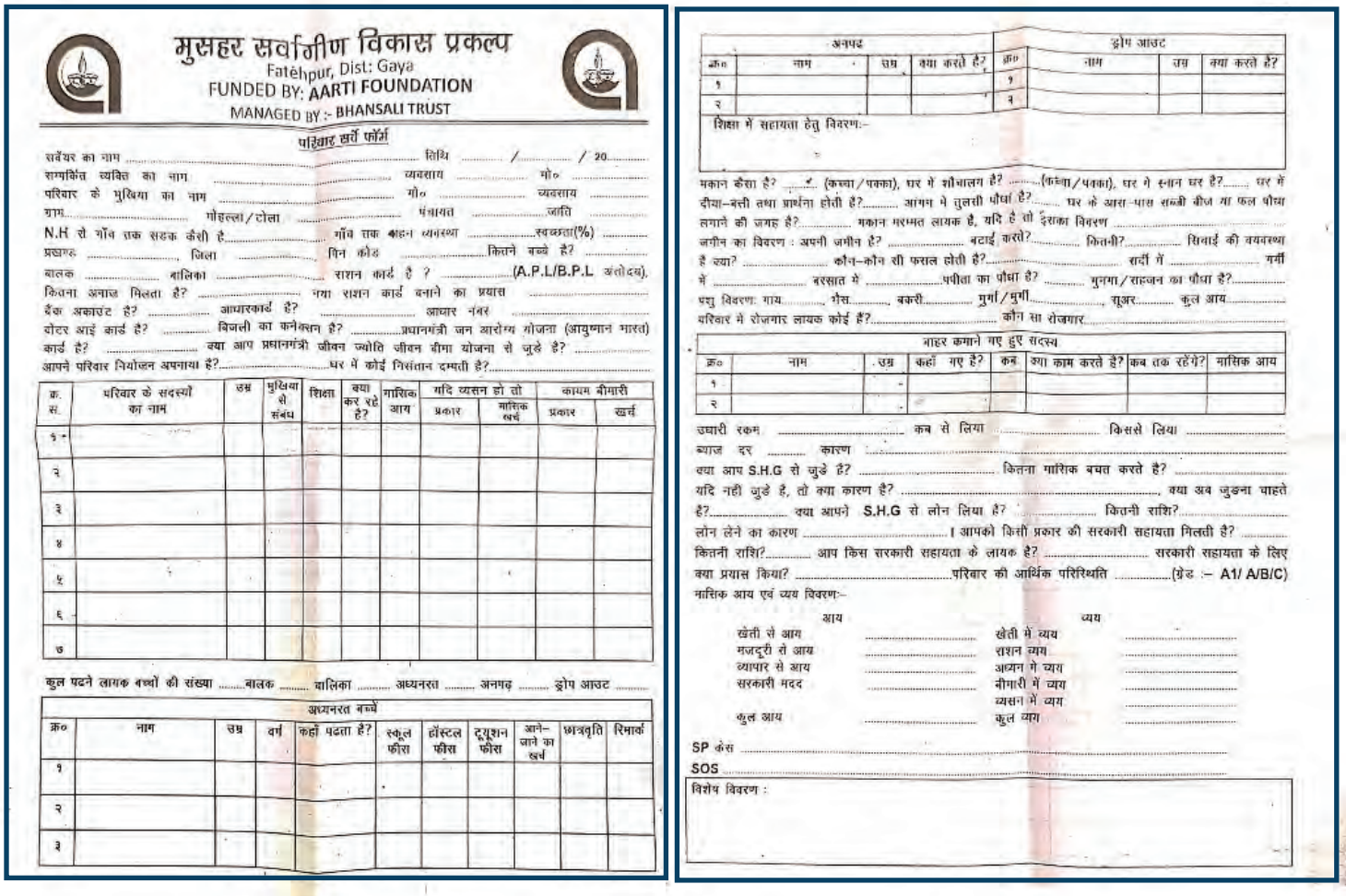


Figure 8: No. of earning members in a family

As a part of the intervention, the implementing agency conducts a basic survey of the villages before the selection of prospective beneficiaries. These help in mapping the needs of the families concerning the various interventions including SHG formation, enrolment of students in the coaching classes, vegetable seed packet distribution, etc. The below-attached form is floated which tries to capture basic socio-economic factors to emphasize the relevance of the intervention.

- Primary occupation of households & income
- Whether they belong to Below Poverty Line
- Availability of Ration Card
- Availability of Aadhar Card
- Availability of electricity supply at home
- Details of family members
- Nature of house they reside in
- Whether they have access to micro-credit



मुसहर सर्वांगीण विकास प्रकल्प
Fatehpur, Dist: Gaya
FUNDED BY: AARTI FOUNDATION
MANAGED BY :- BHANSALI TRUST

परिवार सर्वे फॉर्म

Figure 9: Forms floated to identify prospective beneficiaries in the village

Education

Education is a key aspect of increasing economic efficiency and social consistency, by raising the value and efficiency of the marginalized communities. Education helps acquire and develop the competencies and proficiency that are required to acquire empowerment opportunities and meet livelihood opportunities in a better way. Hence it is very important to sensitize the underserved communities on the importance of the same and make available the same to all

- The survey findings indicate that for a majority of the households, students attend school regularly. However, a small percentage of families stated that their children don't attend school yet. The major reasons for the same being, students often had to travel with their parents or were asked by the households to work and earn to meet the basic needs of the families.

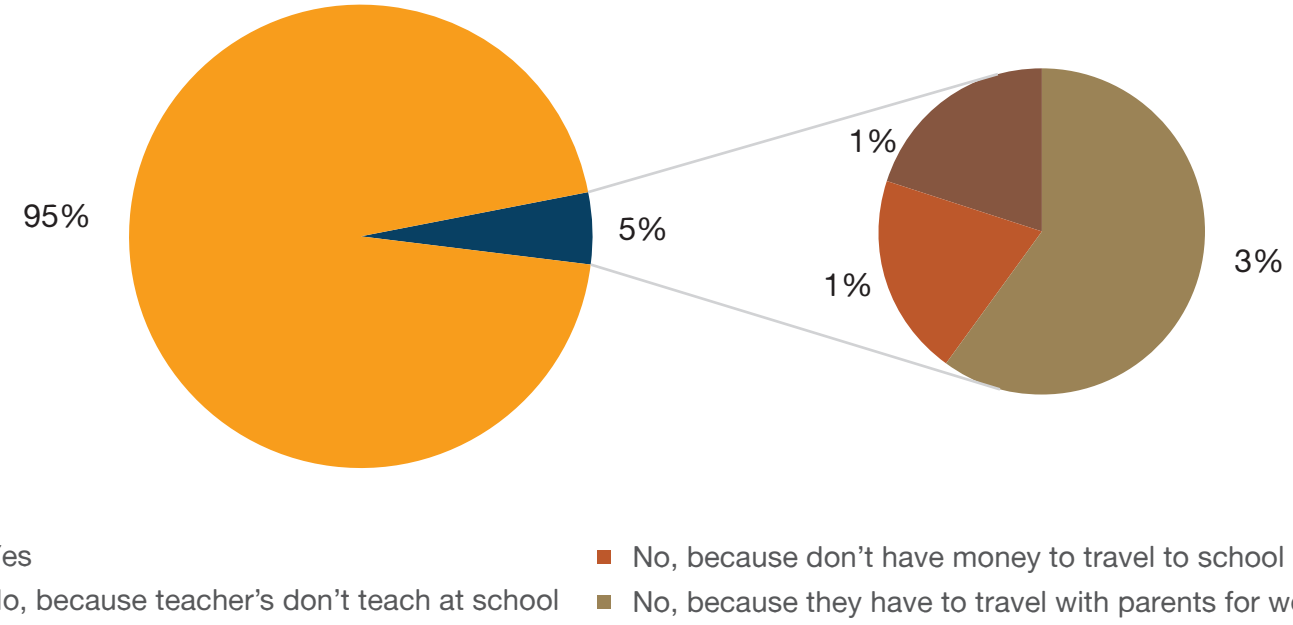


Figure 10: Households and their children attending schools

- Also, among the households, though very less, we found that children had dropped out of school in 3% of the families. Retention in schools is very important since it ensures that students are under proper guidance always, and can complete their basic courses.

- For the students enrolled in Vallabh Vidya Mandir, over 88% of the parents were engaged as daily wage labourers, while the others worked as tenant farmers.

Health & Hygiene

Maintaining proper health and hygiene is crucial for preventing the spread of infectious diseases and help create a safe environment.

- Our survey findings indicate that before the intervention, awareness among the Musahar community of the importance of daily bathing was very low. The majority of the respondents stated that before the intervention, they would take a bath only once in 2 to 3 days or a week, rather than bathing daily. (Fig. 11)

The villages face shortage of water during the summer seasons, and most of the households do not have proper water storage or supply facilities. This often forces them to bathe in mud pits along with domestic animals such as pigs or goats. Often this results in fungal infections in community members transferred from either the animals or due to the dirty water in mud pits.

- Rupesh Kumar, Pharmacist at Health Camps

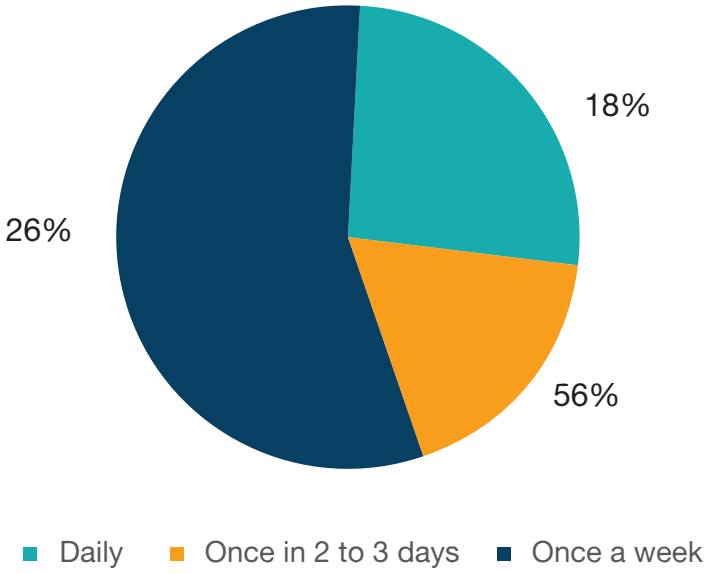


Figure 11: Bathing frequency among beneficiaries before the intervention

- Over 50% of prospective beneficiaries among the respondents needed special attention or treatment, given their health conditions or growing phases of physical and emotional development.

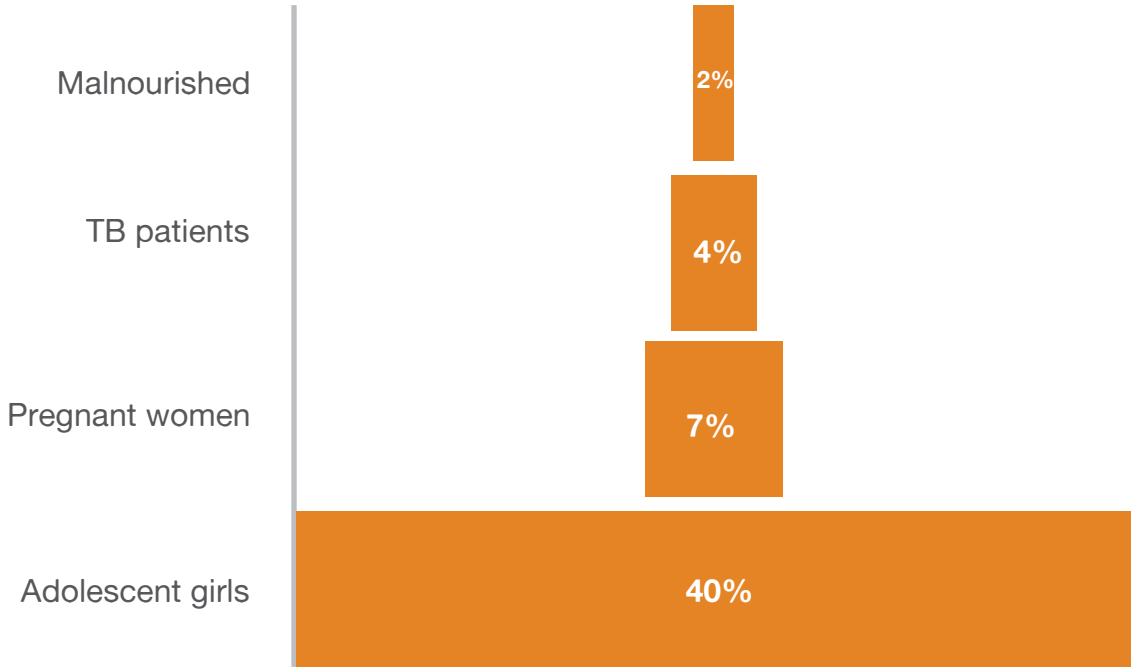


Figure 12: Distribution of special treatment cases among the respondents

- To prevent and treat illness, the availability of proper healthcare facilities such as health centres, hospitals, and laboratories for testing is crucial. Given the regions of intervention, over 75% of the respondents stated that the nearest healthcare centre was over 5 km from their home. Also, lack of proper transport facilities and unavailability of ambulance services in the concerned villages of intervention, made it further difficult for the communities to reach and avail the healthcare facilities.

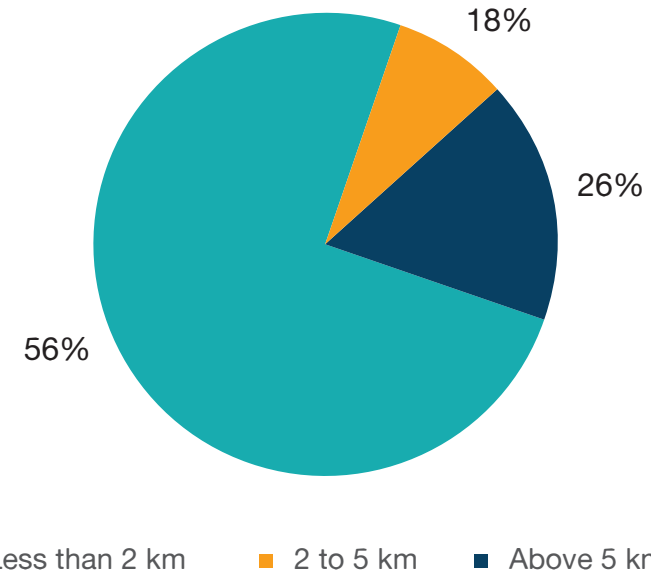


Figure 13: Distance from households to nearest healthcare centres

Nutrition

Being engaged in low-paying jobs, and having no land resources of their own, the community has a difficult time procuring vegetables regularly, or other food which can constitute a basic balanced diet.

- The households had to spend most of their earnings on procuring vegetables from the market, while some of the families grew vegetables for consumption through tenant farming.

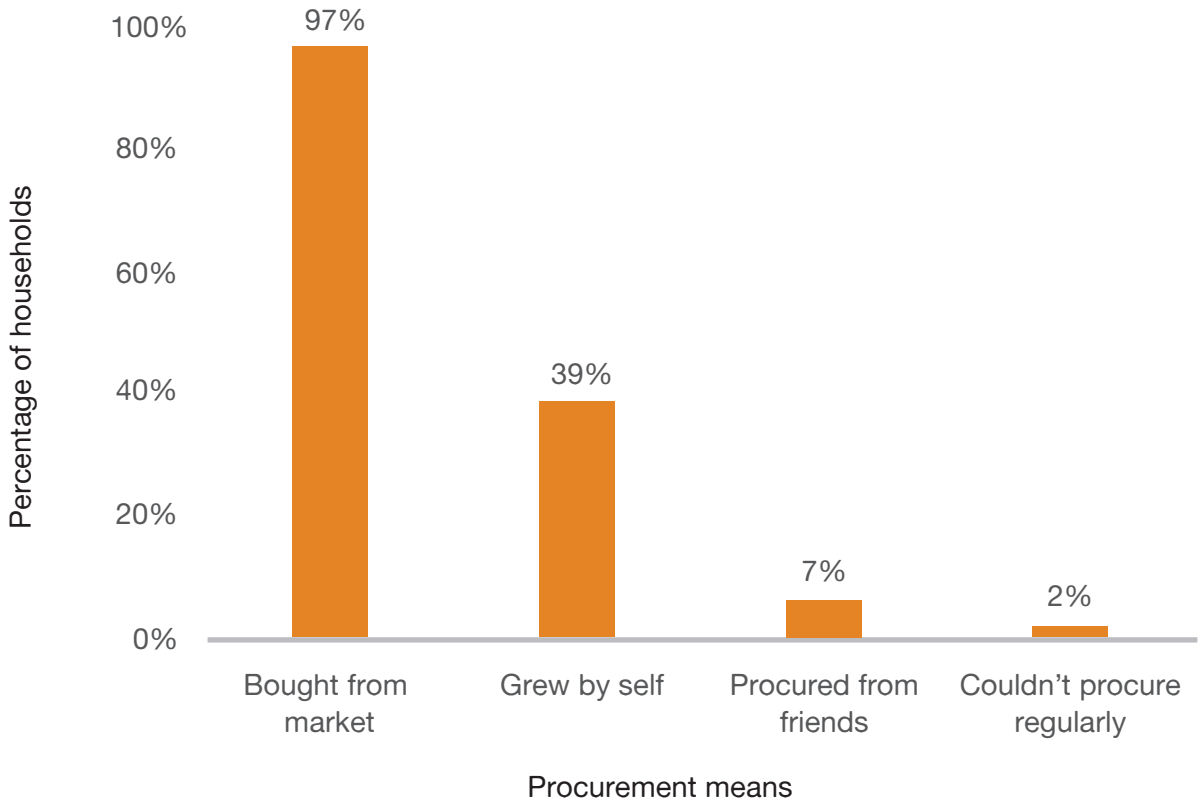


Figure 14: Means of procuring vegetables by households

Our daily diet used to comprise of mostly pulses and rice. We could cook vegetables once or twice in a week, given when we had enough savings to buy from the market.

- Suresh Manjhi, resident of Budhaul village

Micro-credit services

Since most of the Musahar community members are engaged in low-paying jobs, they are not able to save enough. This puts them in a tough scenario when any emergency or high-cost incurring event occurs.

- The rate of interest at which credit services were available before the intervention was very high at 10% interest per month, and since the communities had no alternative, they often fell into the trap of high-interest loans.

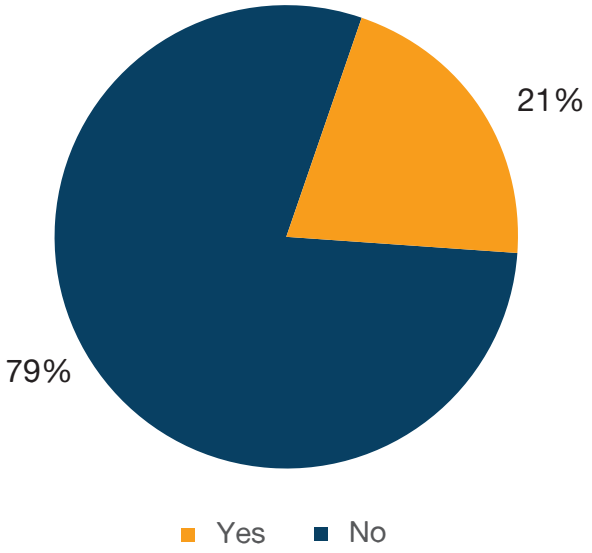


Figure 15: Households who could take loans before the intervention

We don't have a bank account, nor are able to save enough from our daily earnings. My son met with an accident 4 years back and we had to admit him in the hospital. It was an emergency, so to cover the medical expenses, I had to borrow INR 10,000 from a local Mahajan who demanded 10% interest per month. We had a very hard time paying back the money to him for over a year

- Suresh Manjhi, resident of Budhaul village

3.3 Expectations

Expectations define the extent to which intended and unintended positive benefits, socio-economic changes, and cultural changes are experienced by the beneficiaries. The field observations based on the interactions with the different stakeholders have been stated below.

Awareness Generation

80% beneficiaries were aware of health & hygiene related interventions

73% beneficiaries were aware on SHGs being formed

78% beneficiaries were aware of the education related interventions being undertaken

- With the initiation of the project intervention, it was of utmost importance to ensure that the village communities were aware of the same. Given the areas of the intervention that included Health & Hygiene, Nutrition, SHG formation for savings, and Education, our survey aimed at evaluating the interventions of which the villagers were aware.

- It was found that while more than 73% of the beneficiaries were aware of health & hygiene, SHG formation & educational interventions, 46% of them were aware of the nutritional enrichment interventions, being undertaken in their village.

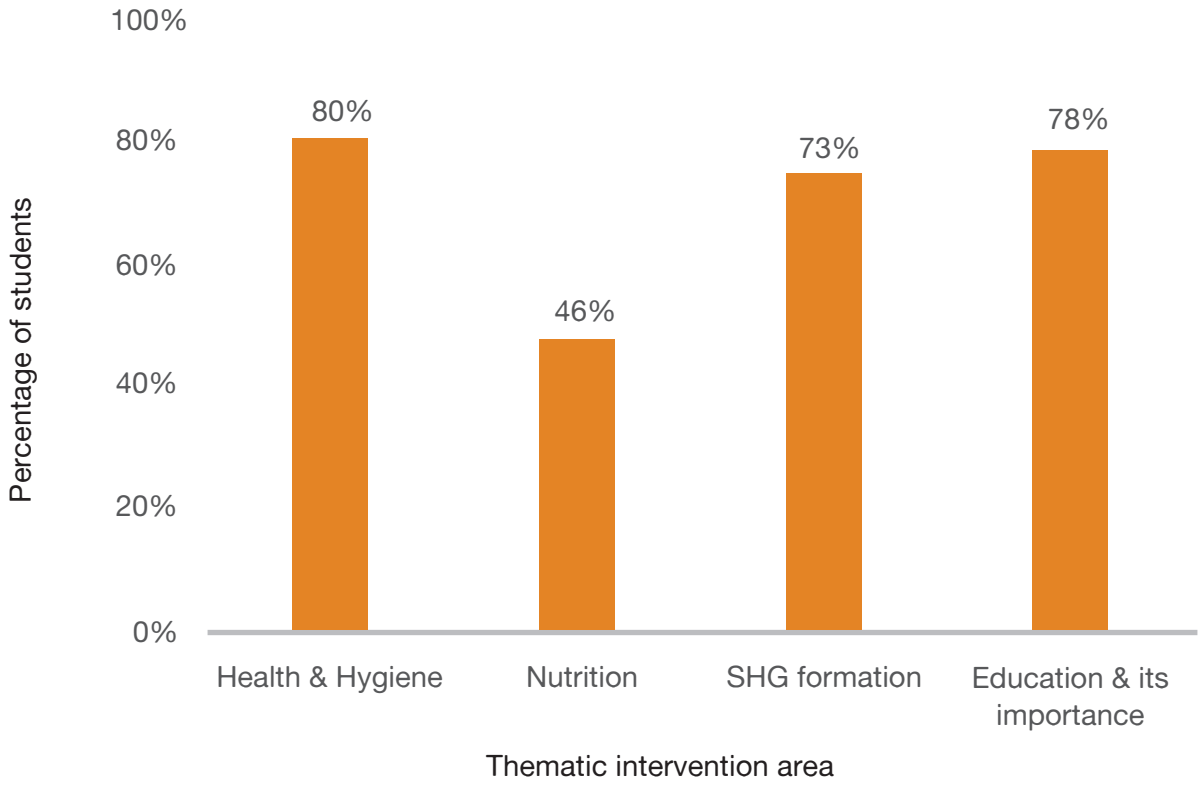


Figure 14: Means of procuring vegetables by households

Improved and increased awareness of the initiatives has helped with the outreach of the programme, allowing more people from the community to avail of the benefits of the same.

Interventions for Improvement in Education

93% families were aware of the ongoing coaching classes, signifying the outreach of the program is in right direction

73% students attend the coaching classes regularly for **2 to 3 hours** after school

Vallabh Vidya Mandir school has **equal no. of male and female students,** signifying the non-existence of gender-bias

Aimed at improving the educational environment in the villages and among the communities, the interventions have been oriented towards the following interventions.

Interventions

Ensuring students attend school

Running coaching classes for primary class students outside school hours

Built school for extremely poor families from Musahar community

- When surveyed, it was found that over 93% of the families were aware of the coaching classes being run for the betterment of the students. The small gap was observed mostly in families who had recently shifted to the village (in the last 2 to 3 months), or had no children studying up to 5th grade at their home.

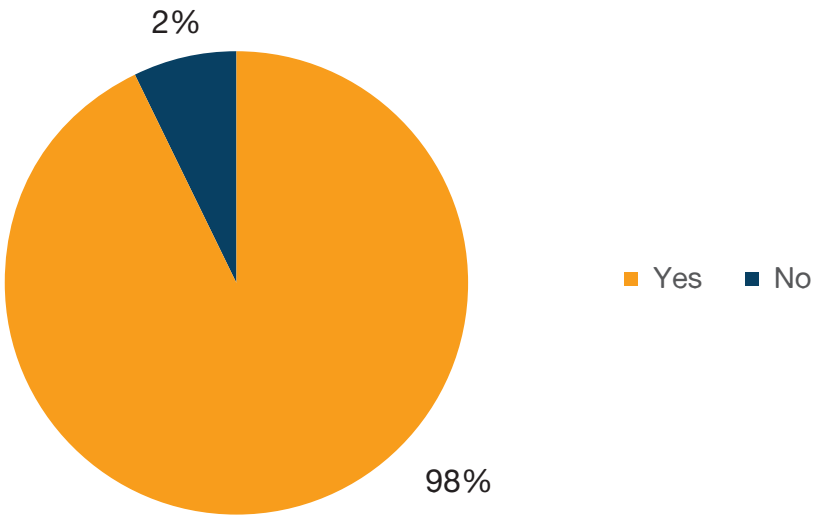


Figure 17: Households being aware of the coaching classes

The implementing agency conducts monthly surveys to keep a check on the families and ensure that they are being made aware of the initiative.

- Among the households surveyed, 73% of them said that their children attend the coaching classes. For the others who don't attend the classes, they responded that either they did not feel the need to attend the classes, or were not aware of the classes being conducted.

- The implementing partner conducts monthly surveys with the households to check if there are students who yet don't attend the classes, and try to reason out with their families so that the students start attending the classes.

- However, few families migrate out for work, and their kids tag along since they don't have a separate place to stay. This has been a major reason for the ongoing gap, where students miss out on classes.

"I ensure to conduct bi-weekly tests for the students to check with their progress and learning outcomes. Also, every week I conduct General Knowledge quizzing classes for the students, to make them aware of ongoing events from the world, and keep their interests intact in attending the classes"

- Punky Kumari, Teacher & Paramedical worker at Shivgarh village

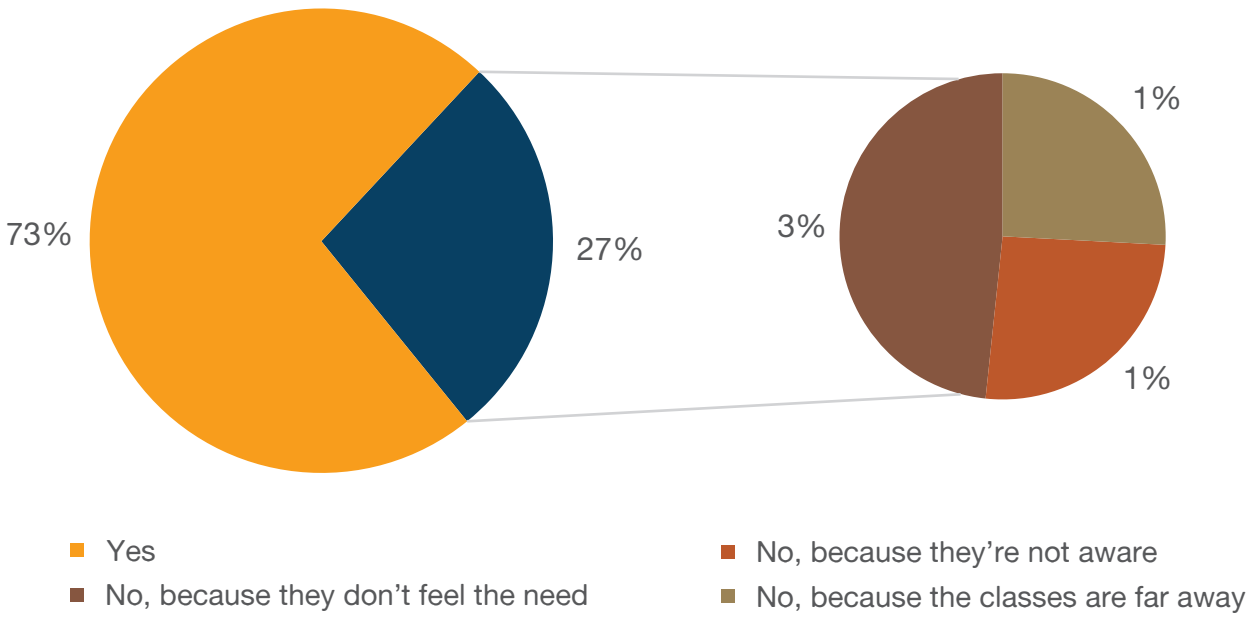


Figure 18: Households where students attend the coaching classes

- The students of Vallabh Vidya Mandir were asked how they felt about the ongoing classes, to which all of them replied on a positive note.
- The ratio of male to female students is **1:1**
- The teachers-to-student ratio was noted in the Vallabh Vidya Mandir as stated below.

No. of teachers	No. of students enrolled in current academic year	Teachers : Students ratio in school
6	302	1:50

The intervention for coaching classes, has increased the access to better education outside of school hours, under proper guidance. With increasing enrolment in the established school and the coaching classes, the intervention has made a great impact on the children and subsequently the households.

Figure 19: Vallabh Vidya Mandir School

Figure 20: Ongoing classes in Vallabh Vidya Mandir School

Interventions for improvement in Health & Hygiene

72% beneficiaries were made aware on hygienic activities at least once

85% respondents now maintain hygienic habits by washing their hands with soap and water

99% beneficiaries now bathe daily or at least in two to three days, showcasing the increased sense of hygiene

76% respondents are aware of the ongoing health camps, and avail the facilities

71% villagers reach out to paramedical staff or the healthcamps for treatment of health ailments, signifying the importance of the intervention

With the aim for the betterment of health and hygiene in the village, there have been interventions as mentioned below.

Healthcamp

Bi-weekly health camps covering 3 to 4 villages in presence of a qualified doctor

Paramedical worker

Selected personnel from among the community responsible for admnistering generic medicines in case of general health ailments

The paramedical workers are responsible for making the community members aware of hygienic habits and activities.

- During the survey, it was found that the households had been made aware at least once, of hygienic habits including daily bathing, and keeping nails and hair clean.

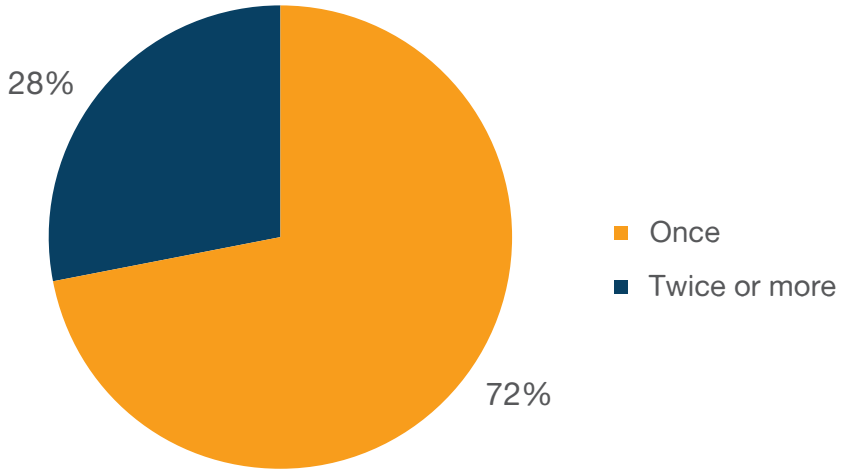


Figure 21: Frequency of receiving awareness on hygienic activities

Figure 22: Ongoing health camps

- The villagers have been made aware of washing their hands regularly with soap and water, to prevent the spread of harmful infectious diseases. Over 85% of the respondents now wash their hands with soap and water. The remaining respondents stated that given their family income was low, it was difficult to procure soap regularly.

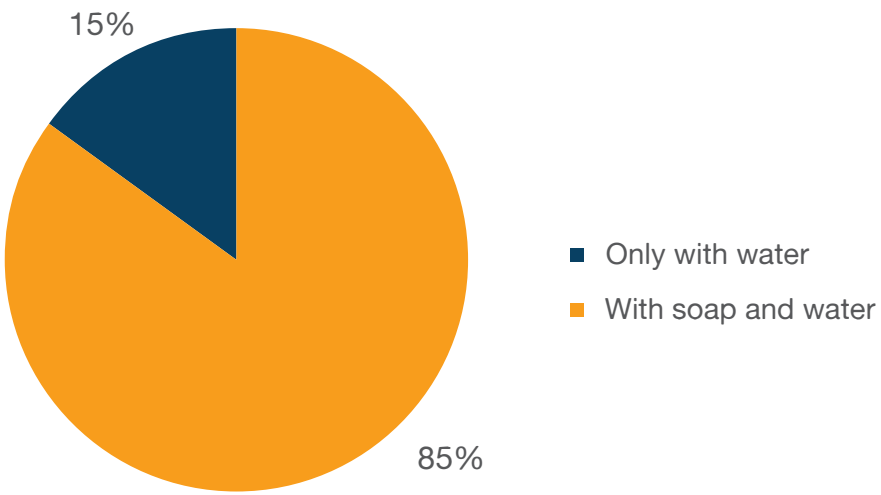


Figure 23: Method of washing hands followed by respondents

- Also, over 74% of families stated that they had seen significant improvement in their hand-washing habits, after the intervention, where they were made aware of the importance of washing hands regularly.

- It is evident from the beneficiary survey, that the majority of the families now wash their hands before eating or after using the toilet. (Fig. 24)

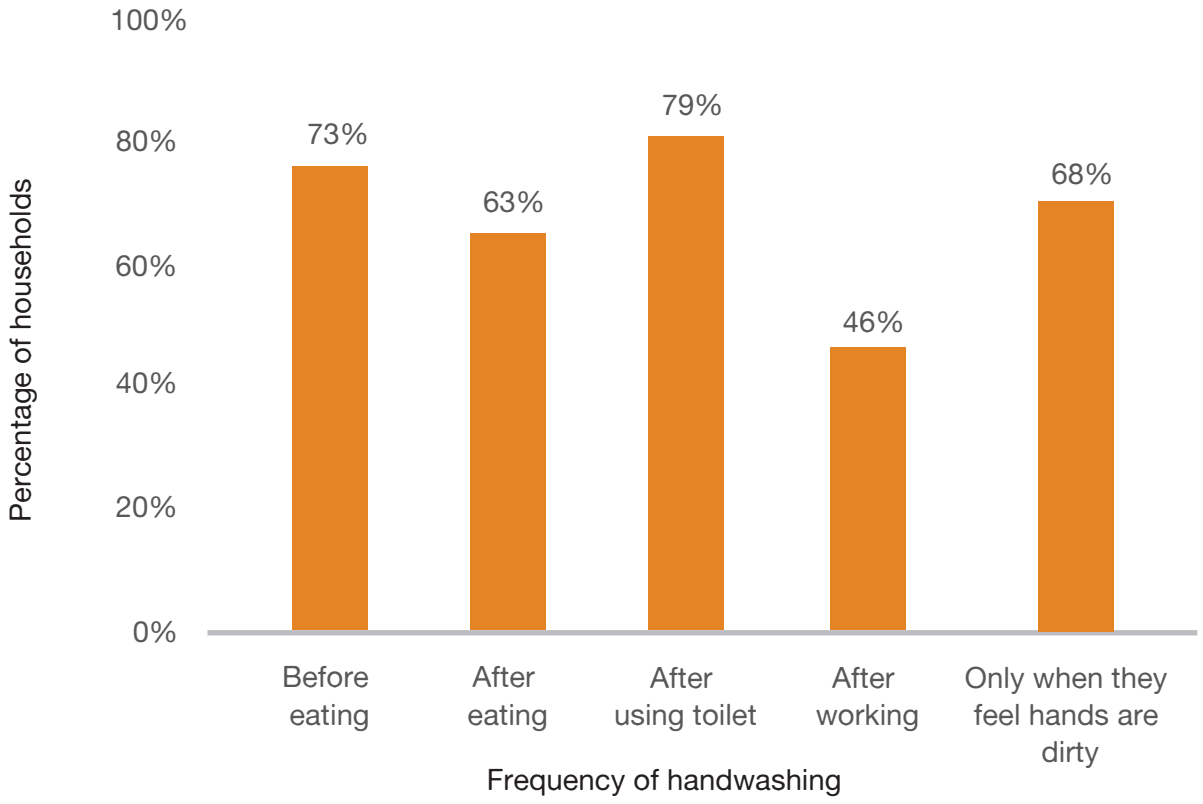


Figure 24: Frequency of washing hands among respondents

- With increased awareness, there has been a significant change in the bathing habits of the respondents. Almost 56% of the respondents now bathe daily, which used to be 18% before the intervention.

However, over 44% of respondents are not able to bathe regularly. The primary reason is the shortage of water in the villages where the respondents reside. Though few well-to-do households have been able to install separate tube wells for their usage, most of the households being poor, are dependent on public resources. Figure 25. shows the increased tendency among respondents to bathe daily.

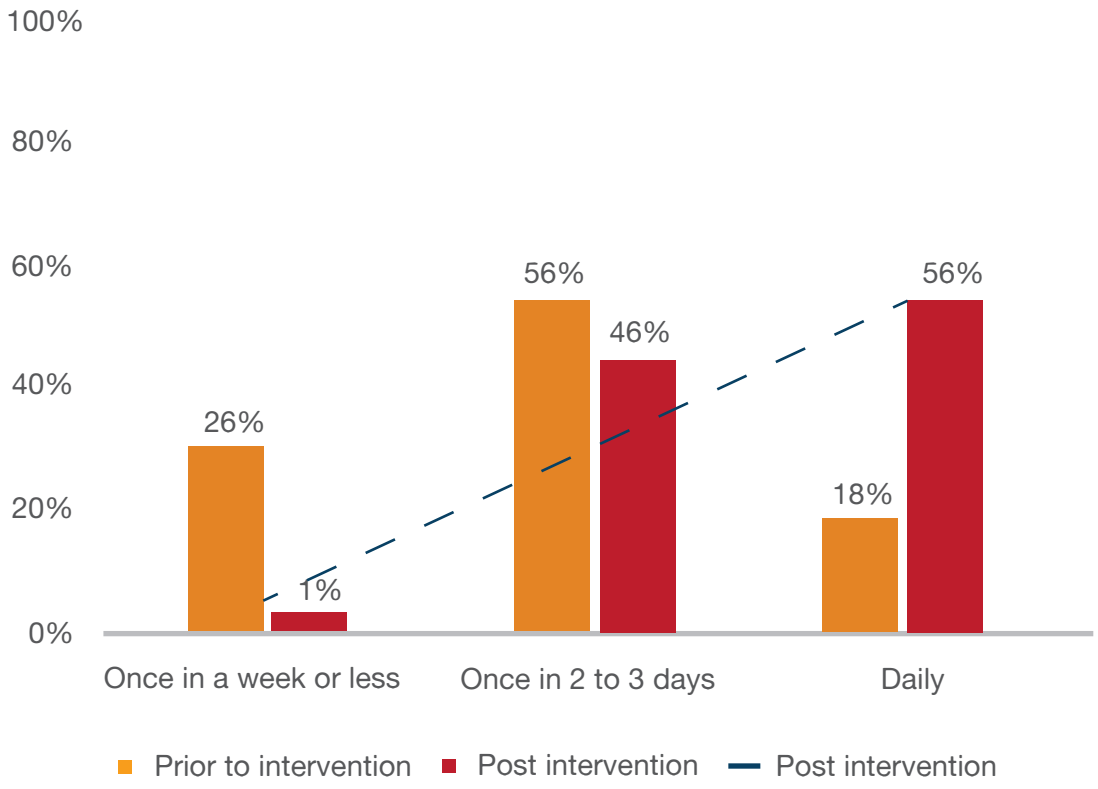


Figure 25: Bathing frequency among respondents

Our family wasn't much aware of bathing habits, nor had the sense of cleanliness as such, and I used to bath once in a week earlier. However, since the intervention I became aware of the importance of bathing and keeping myself clean daily to prevent loads of infectious diseases.

- Pratima Devi, resident of Bhagwanchauk village

The paramedical workers are responsible for generating awareness in the village among every household of the ongoing health camps which are set up. The paramedical workers are also responsible for administration and distribution of generic medicines among households.

- Around 76% of the respondents stated that they were aware of the ongoing health camps which are set up, while the others weren't. Among the ones who were aware of the health camps being set up, 69% of them had visited the health camps and got to interact with the doctors, and were administered medicines or referrals as per their health conditions.

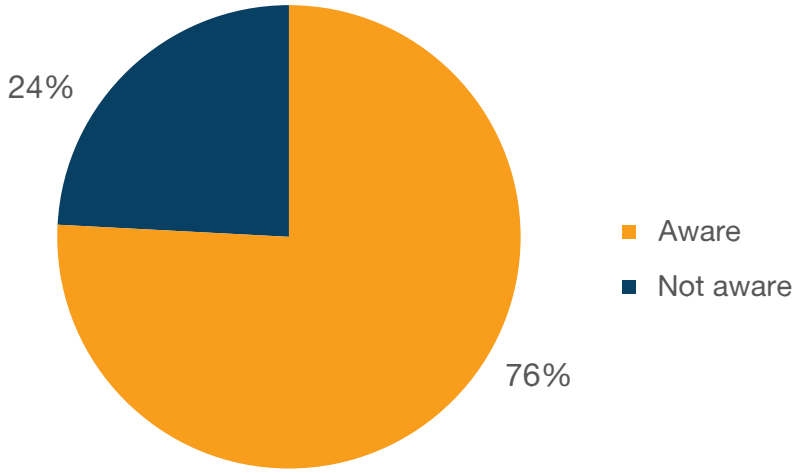


Figure 26: Awareness of health camps being set up

While some respondents stated that since the camps are set up for 2 hours, they are mostly out at work during the same period, few of them stated that the health camps were set up in villages 2 to 3 km from their home, which made it difficult for them to travel.

- Over 53% of the respondents suffered from high fever while visiting the health camps, while around 30% of them suffered from special cases, such as Epilepsy, TB, Diabetes, Fungal infections, Eczema, etc.

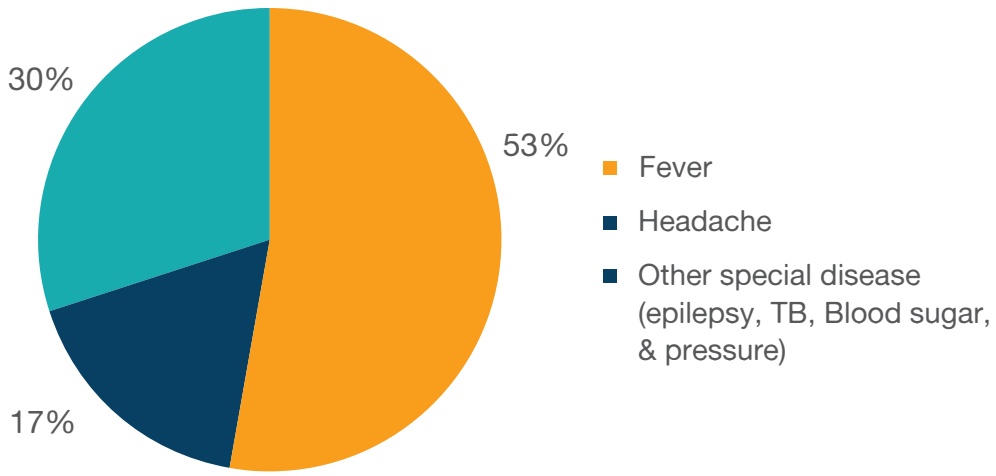


Figure 27: Ailments with which beneficiaries visited health camps

Apart from administering prescribed medicines, the mobile camps also ensure to carry Oral Rehydrating Solution packets, and multi-vitamin tablets for administering it to necessary beneficiaries.

For serious conditions of TB and other major diseases, the patients are mostly referred to local hospitals, since there isn't any diagnostic lab or toolkit available with the health camps. The footfall at each of the health camps revolves around 80 to 100 beneficiaries.

- In terms of medical emergencies, the paramedical initiatives for every village have been influential. Over 70% of the respondents stated that they either reach out to the paramedical staff or rely upon the health camps set up for treatment.

> **I was given a training for 3 days at Bodh Gaya for administering generic medicines to the villagers at times of need. It feels good and also brings in a sense of responsibility in me to help out families during emergency situations, either through providing them medicines, or accompanying them to the health camps for better treatment.**
>
> - Renu Devi, para-medical worker at Pipara village

Figure 28: Distribution of medicines as per the prescription

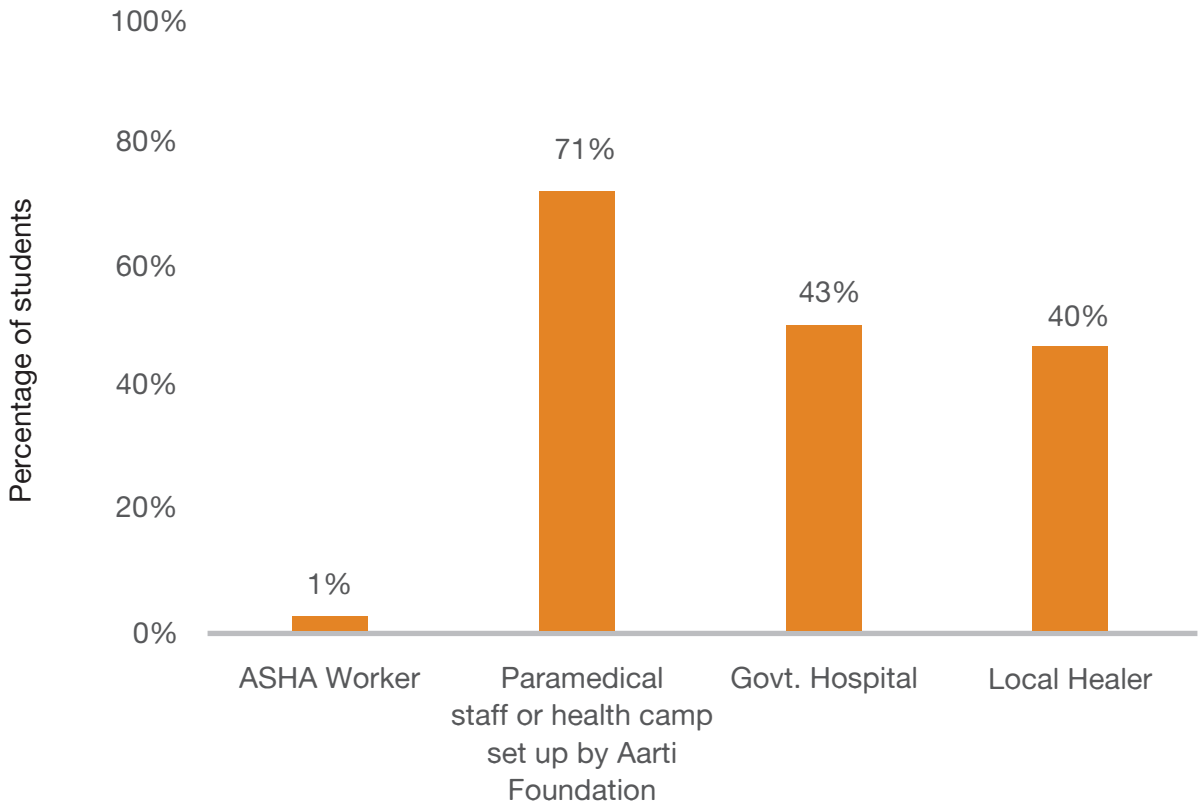


Figure 29: Point of contact of beneficiaries for health ailments

There are still 40% of villagers who are reaching out to local healers for the treatment of ailments. During the survey, it was found that the local healers aren't authorized medical practitioners.

The community had scanty access to healthcare facilities prior to the intervention. However, with increasing awareness and access among households to health treatment initiatives, the community has seen enormous progress in the improvement of health status.

Interventions for Improvement in Nutritional Intake

92% of the households received the vegetable seed packets for growing and consuming

The produce from seed packets last for 2 to 3 months for **74% beneficiaries**

70% households grow sufficient produce to meet their family's needs

99% protein powder consuming beneficiaries had seen a significant improvement in their health upon prolonged intake

On an **average 40% prospective beneficiaries** had received the protein powder for 3 to 6 months depending on their need

Since most of the respondents belonged to low-earning families, procuring vegetables for regular consumption was not possible for all. For the same, vegetable seed packets were distributed among the households so that they could sow them in their backyard and consume the produce.

- Around 92% of the households stated that they had received vegetable seed packets. For the remaining families, it was found that either they had no space in their backyard or the surrounding region of their house to grow the vegetable seeds for consumption. Also, a few families stated that they missed out on receiving the seed packets.

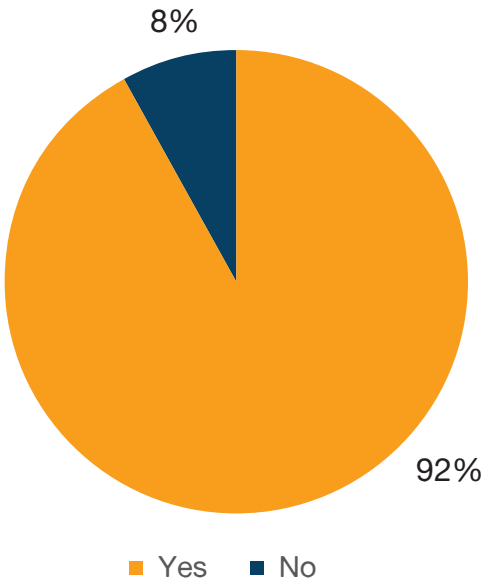


Figure 30: Households who received vegetable seed packets

> **We are now able to grow and consume vegetables from our own backyard. This has helped our family consume vegetables regularly now, after the harvest season. Each packet contains at least 3 to 4 types of nutrient rich vegetables, such as okra, broad beans, etc.**
>
> - Rita Devi, resident of Paharpur Colony village.

- Of the families who received the vegetable seed packets, 94% consumed the entire produce by themselves, while the remaining households, sold the surplus or extra produce in the market.

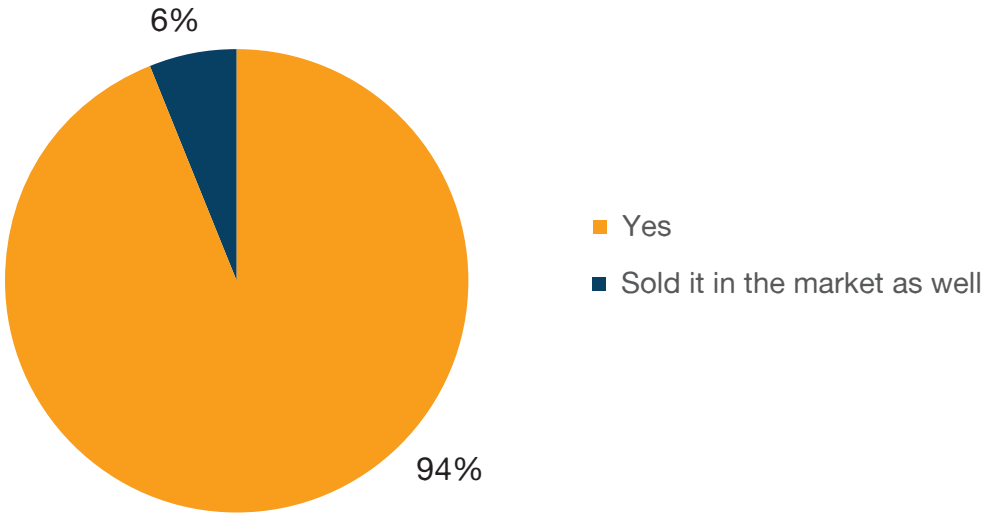


Figure 31: Consumption of vegetable seed packet produce

- Since, using natural fertilizers can help improve productivity, around 60% of the families used organic manure and kitchen waste for better growth.

- The seed packets were distributed twice a year. During the survey, it was found that the produce from the seed packets mostly lasted for 2 months for 57% of the beneficiaries, while it lasted for 1 month for 26% of the beneficiaries.

This range varies for every family based on no. of packets procured by each family. Since many families have larger areas in their backyard, they tend to procure 3 or 4 packets at once, while some families have less land for growth, hence can procure 1 or 2 packets at most.

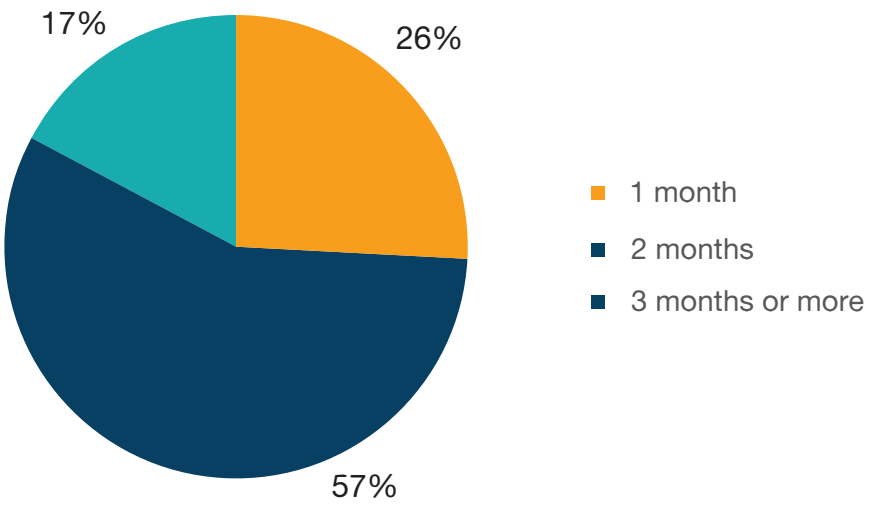


Figure 32: Lasting of seed packet produce

Figure 33: Interaction with respondent

- While 70% of the families stated that vegetable produce sufficed their family needs, the others yet had to procure from the market.

The intervention also focused on the distribution of protein powder for special cases, where the beneficiaries were affected with Tuberculosis, malnourishment, or were pregnant women or adolescent girls facing stunted growth.

- Among the beneficiaries who received protein powder, around 70% of them received it twice a month, while 30% of them received it thrice a month. The protein powder packets distributed last for around 10-15 days.

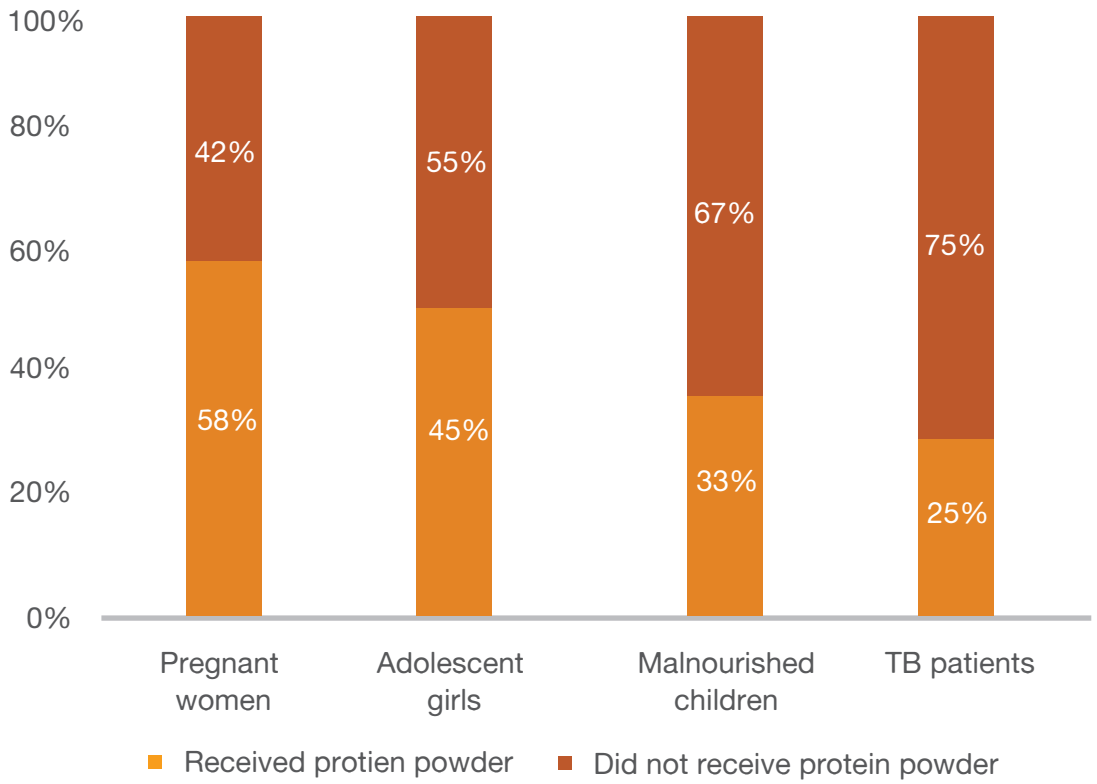


Figure 34: Prospective protein powder beneficiaries

Adolescent girls who suffered from stunted growth or weakness were the primary recipients of the protein powder.

- Concerning the distribution of protein powder, the following observations were made:

Sl. No	Reason for distribution	No. of months protein powder was distributed
1	Malnourished or weak children	3 months
2	TB patients	6 months or more
3	Pregnant women	3 months or more

- 99% of the protein powder beneficiaries stated that they had seen improvement in their health after prolonged intake of the same, regularly.

With less household income, availing nutrition enriched food regularly, was not possible for the community earlier. However, with the availability of vegetable seed packets, and protein powder for the needy, the community has had their burden reduced for procuring vegetables from the market, and increased availability of vegetables grown in their households.

Interventions for SHG formation and availability of micro-credit services

73% of the respondents are a part of the SHGs established under the intervention

94% of the beneficiaries had taken loan from the SHGs , ranging between INR 3000 to 5000

Most of the loan amounts are taken for **medical treatment, household marriages** and events, etc

Since most of the respondents weren't able to take loans earlier due to the high rate of interest charged by the money-lenders, forming SHGs where women could save and take loans from the same at lower rates of interest, was a major initiative.

- 73% of the respondents stated that they were a part of the SHGs formed under the intervention. While the remaining women were a part of SHGs established by Jeevika (Initiative of Government of Bihar).
- Most of these SHGs established under the intervention were set up 3 years back, and have 11 to 15 members registered.
- The women members contribute INR 10 per week to the SHG fund, and when someone needs a loan, they can avail of the same at a 2% interest rate per month from the accumulated fund.

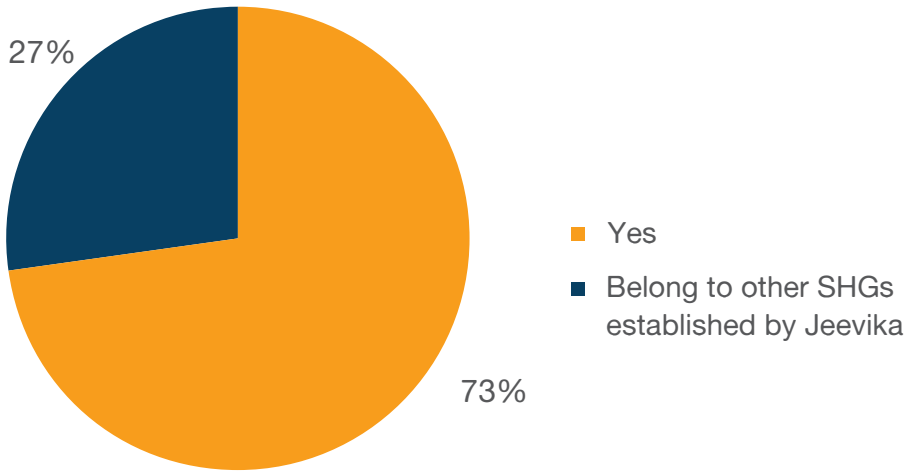


Figure 35: Respondents who are a part of the SHGs established under the intervention

Also, to ensure that women from the village are engaged with SHGs, the implementing agency conducts surveys every 2 months. If any such women are identified, awareness sessions on how being a part of the SHG can help improve their lifestyle and reduce the burdens are conducted. The sessions intended to encourage women to join the collectives.

- 94% of the women SHG members responded that their SHGs are able to save enough for providing loans, while the others haven't taken loan yet.
- However, it was observed, that for all the SHGs established as a part of the programme, the highest loan amount disbursed was under INR 10,000. The average amount taken as a loan by the households ranges from INR 3000 to INR 5000.

I took a loan of INR 10,000 during my daughter's marriage from the SHG. Had I taken the same from money lenders in the village, I'd have had to pay very high interest rates on the same. Thankfully our SHG came in to help during my need.

\- Kumariya Devi, resident of Budhaul village

- Since the average loan amount an SHG can save before disbursement is in the range of INR 3000 to INR 5000, 21% of women members stated that they still have to resort to other sources of loan for meeting their demands. Mostly, these loan amounts are disbursed at a 10% interest rate per month, which is way higher than the ones at which the SHGs disburse their loan.

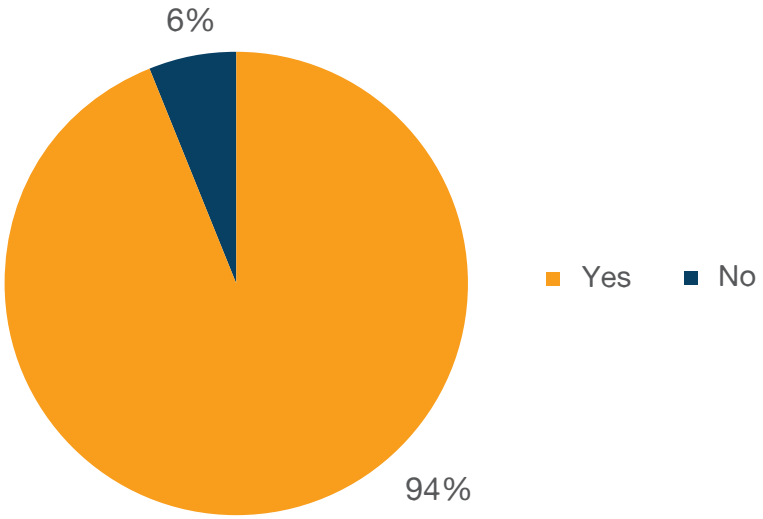


Figure 36: Women members who have taken loans from their SHGs

On being asked how being a part of the SHG has changed their life, most of them stated that there has been a significant improvement in the availability of loan amounts at low rates of interest.

- Also, since the women members of the SHG belong to the same village and have similar socio-economic backgrounds, they are empathetic when the repayment of loans is delayed due to unforeseen circumstances. Being part of the SHG has improved the interactivity among the members, and this has built up a strong social-capital for the members. Figure 37 shows, the overall improvements women have seen being a part of the SHG now.
- In terms of material well-being, the respondents stated that they have been able to take loans when and wherever needed, given they can save every week, which gives them a strength of financial empowerment.

The SHGs have brought us women closer. We are able to meet weekly, and discuss about our issues, and how to mitigate the same, whether it is family related issues or personal issues. This gives us a sense of togetherness and belongingness.

- -Parmila Devi, resident of Pipara village

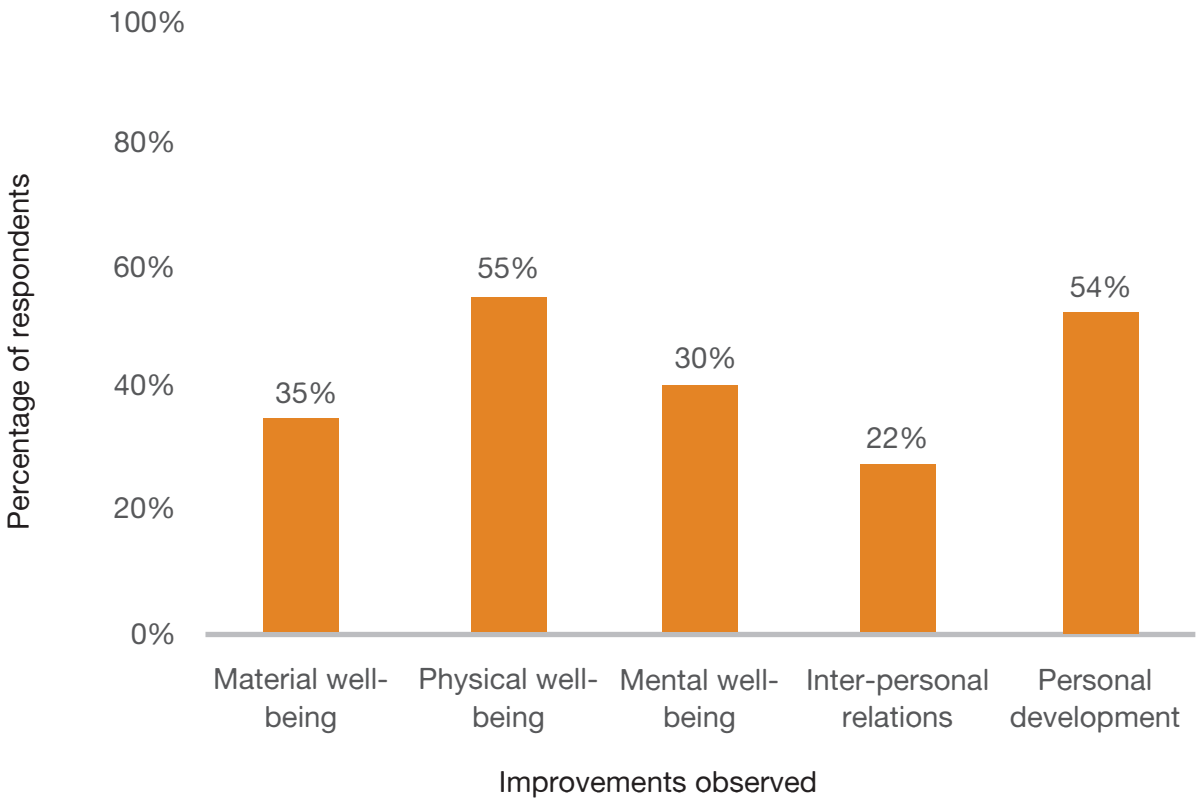


Figure 37: Improvements seen by women after being a part of the SHG

An overall impact of the programme, with how the interventions have improved their overall lifestyle was asked during the survey. Figure 38, shows how the women responded to the same.

- In all, being part of the SHGs has helped women save money and avail of loan amounts at lower rates of interest.
- The respondents also stated that they have now access to better health initiatives, attending the health camps or getting support from the paramedical staff.
- With the distribution of seed packets, families have been able to get a nutritional diet from the produce, while the intake of protein powder as a supplementary drink has improved the health of many beneficiaries.
- The coaching classes and the school set up under the initiative, have helped children and families become more aware of the importance of education. Also, regular classes ensure that the intervention continues as an ongoing process, such that students don't drop out.

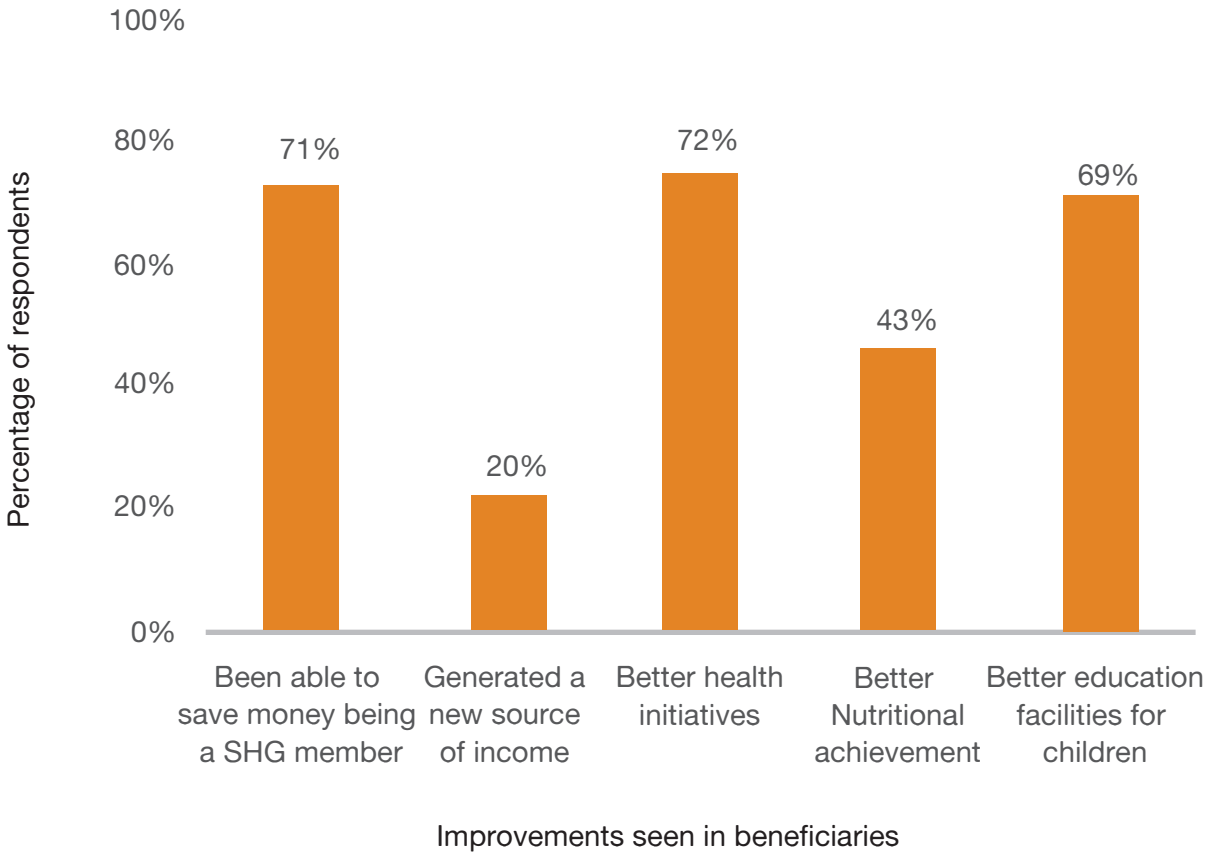


Figure 38: Overall impact of the Interventions

The intervention for the formation of SHGs, and guiding them towards making savings for the disbursement of loans has increased a sense of togetherness among the women. Also, the households now have access to better financial services such as the availability of micro-credit at lower interest rates, which has been crucial often during emergencies.

3.4 Convergence

This section draws out the contributions of the different stakeholders in implementing the programme across the intervention villages.

Sl. No	Name of partner	Type of partnership	Responsibilities
1	Bhansali Trust	Implementing Partner	• Identification of beneficiaries • Awareness generation • Capacity building of beneficiaries • Following up with beneficiaries • Staff recruitment and training • Organizing health camps • Organizing coaching classes

Though there have been no linkages with direct government schemes or benefits, most of the coaching classes or meetings of the SHGs are conducted in deserted government buildings which were constructed earlier but are not in use anymore.

Continual efforts are however being made, to converge with the Jeevika's (Bihar Rural Livelihoods Promotion Society) initiatives of SHG formation, so that the SHGs formed under the intervention can reap benefits provided by Jeevika as well.

3.5 Service Delivery

60% beneficiaries had received the vegetable seed packets once a year, for growing and consuming the same

88% beneficiaries stated the health camps were organized **within 2 kms** of their households, improving the accessibility to better healthcare facilities

Health camps are **conducted every 15 days** in 84% of the villages, increasing the patient-doctor interaction frequency

This section defines the extent to which efficient methods and services were delivered as a part of the project intervention, to achieve the results or outcome and impacts. The service delivery parameters and their respective indicators are described in this section.

Seed packet distribution

Since it was observed that the produce of a vegetable seed packet lasts for at most 3 months, the beneficiaries were asked how many times a year they receive the vegetable seed packets.

- 60% of beneficiaries stated that they had received the seed packets once, while the others mentioned that they had received it twice or thrice, around the year.

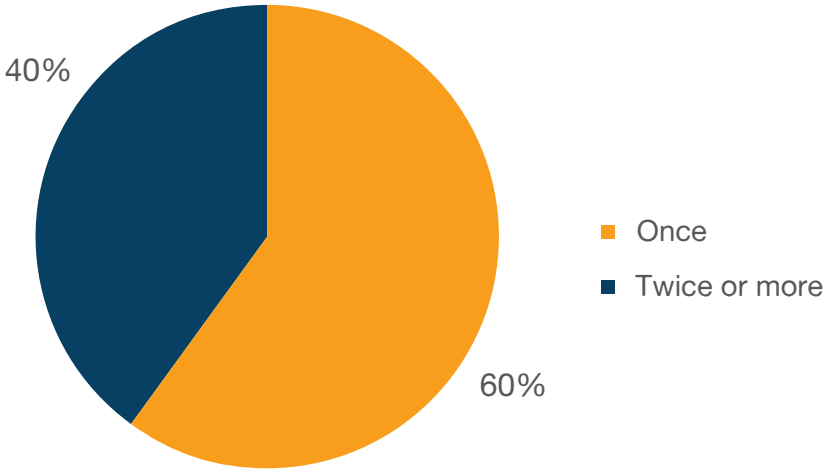


Figure 39: Frequency of distribution of vegetable seed packets

Health Camps

The health camps set under the initiative will be efficient when they are nearer to the households and they are organized frequently.

- On being asked, how the beneficiaries became aware of the to-be-held health camps, 96% of them mentioned it was through the paramedical staff in their village.

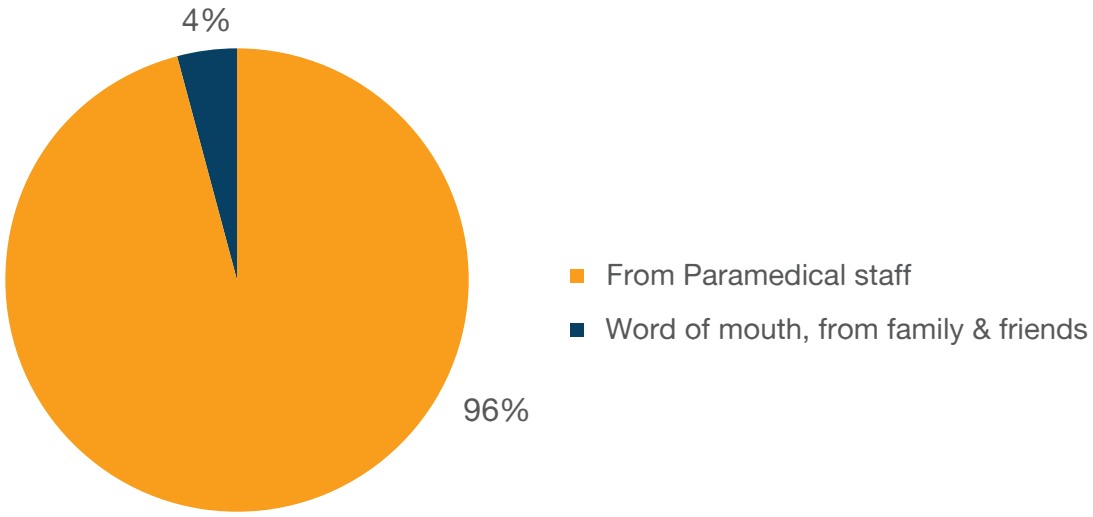


Figure 40: Mode of awareness for the health camps

Over 88% of the beneficiaries stated that the health camps are organized within 2 km of their households.

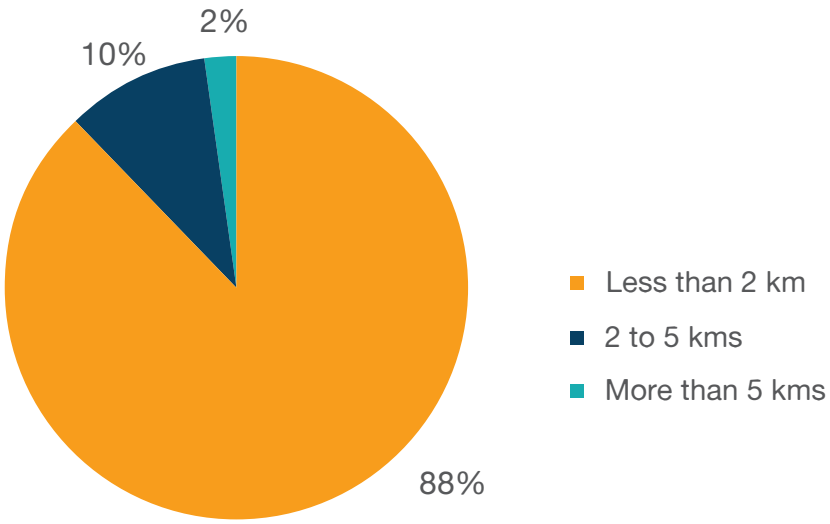


Figure 41: Distance from households to health camps

Also, on being asked about how frequently were the health camps organized, the majority of the respondents stated that they are conducted every 15 days. Currently, 2 vehicles run in setting up the health camps across all the villages, for which it often gets difficult to reach out and cover all the villages.

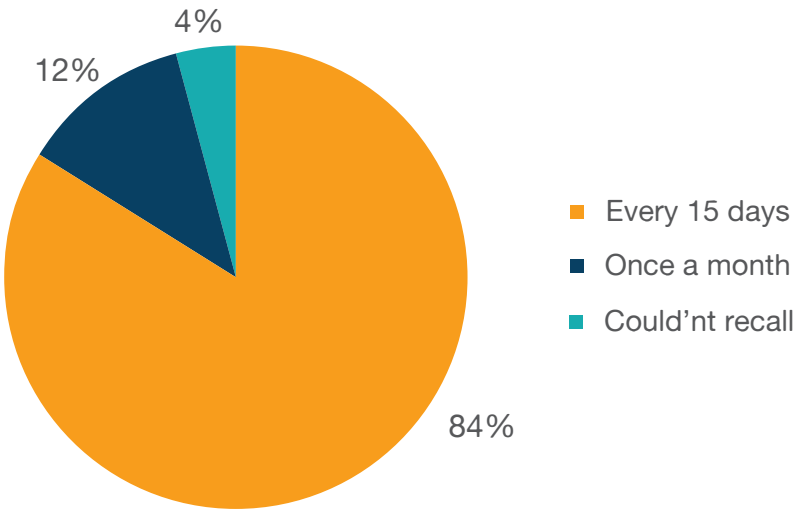


Figure 42: Frequency of conducting health camps

Figure 43: Doctor-patient interaction at a health camp

Chapter 4:
Recommendations & Way Forward

The Impact Assessment drew out various findings from the implemented activities, and based on the stakeholder interactions, our team presents the following recommendations.

Health & Hygiene

Current Scenario - 1:

Though there have been improvements in bathing habits and cleanliness across the community, many households responded that the lack of availability of water was a major constraint.

Recommendation:

- It was observed during our survey that spreading awareness alone on cleanliness and hygiene won't be sufficient to resolve the current issues revolving around hygienic practices.
- Installing hand pumps in the villages across clusters gradually, on need basis, can help increase the availability of water to households.

Current Scenario - 2:

The health camps are either organized in unused government buildings or open fields, with no physical examination room for the doctor. For the same reason, the doctor has to rely on the symptoms quoted by the patient for administering medicines and treatment.

Recommendation:

- A portable examination room with curtains and 4 cardboard walls can be provided along with the health camps, which will help the doctors conduct physical examinations and administer proper treatment to the patients.
- Also, a portable tent can help the health camps be set up at any location, irrespective of the weather conditions, and dependability of government buildings.

Current Scenario – 3:

Over 24% of the villagers responded that they weren't aware of the ongoing health camps in the villages

Recommendation:

- 96% of the respondents stated that they became aware of the organized health camps from the paramedical staff in the village. Since, the paramedical staff is responsible for covering over 80 to 100 households depending on the no. of households in the village, a proper monitoring mechanism should be maintained. This will ensure that all the households become aware of the organized health camps before them being set up.

Education

Current Scenario - 1:

Though fewer, there are still families in the village who aren't aware of the ongoing coaching classes in the village. Also, among the ones aware of the coaching classes, 73% of them attend the classes, and the remaining don't.

Recommendation:

- Emphasis upon continued and regular awareness generation among the households, along with door-to-door visits can help ensure that the households are aware of the ongoing coaching classes. Also, counselling & guidance sessions with the parents can help them be aware of the importance and need of the coaching classes.

The Future Plan

The ongoing programmes has been performing well, helping the community gradually improve their lifestyle over time. However, there are yet certain areas which need to be addressed:

Higher education:

- The current interventions are aimed towards promoting education for primary school children through either coaching classes or Vallabh Vidya Mandir. Interventions towards promoting high school going students via spreading awareness and arranging counselling sessions towards directing them to a better pathway can help shape their career.

Reducing infant mortality and Immunization of kids:

- Better healthcare facilities and early treatment through proper diagnosis can help reduce infant mortality rate among the community. Also, with proper measures for awareness, people among the community will be able to take informed decisions. Immunization of children at proper age through awareness and setting up camps in partnership with local PHCs, can help improve their health conditions and reduce the risks of risky diseases.

Family Planning:

- The current family sizes of households are in the range of 6 to 7 on an average. Lack of awareness and more kids will increase the burden on the families both financially as well as emotionally. Awareness generation on family planning can help improvement in the lifestyle of the communities.

Linkages to government schemes:

- The Government of Bihar has rolled out multiple schemes for the upliftment of marginalized communities as the Musahar, many off which the communities aren't aware of or unable to access. With support from the implementing agency, and as per need, the beneficiaries can be linked to eligible government schemes so that they can avail the benefits of the same.

Installation of water pumps in villages:

- Water scarcity is a major problem across the villages of intervention. With ground water level falling during peak summers, installation of water pumps can ensure the availability of water for households to meet their basic needs. The pumps can be installed on a need basis after conducting a thorough survey, and gradually over the years across the intervention villages.

Chapter 5:
Impact Stories

Bikesh Kumar is a resident of Shikri village in the Fatehpur district. His parents could afford his studies till he was in class 4, and had to drop out of school then. Initially, he used to work at brick kilns, but slowly his health started deteriorating.

Since the nearest hospital was over 11 kms from their home, and his family was not being much aware of the seriousness of his illness. He was never taken to a hospital for detailed medical examination.

When the health camps started in the village, the village-level worker designated at Shikri made their family aware of the health camp, and accompanied him to the same. Upon initial observations, the doctor diagnosed him with Tuberculosis, and suggested he be taken to the local hospital.

Bikesh, now 18 years, regularly takes medicine from the hospital, along with receiving protein powder as a supplementary nutritional diet from the project intervention. He has been receiving protein powder for the last 5 months, and his parents stated that they have seen a significant improvement in his health. Earlier with the high dosages of medicine, his body had almost collapsed, and due to a lack of resources, his family couldn't gather enough to keep his health intact. His parents feel thankful for the intervention, and having made protein powder available, which has sped up his recovery as well.

Chandu Manjhi, is a resident of the Shikri village in the Fatehpur district. Being 63 years old, she suffers from generic health ailments which come along with her age. Since the nearest healthcare centre is over 10 kms away from her home, she had to book an autorickshaw every time she wanted to visit the doctor. Given their low family income, expenses on travelling to the hospital become an increased burden on the household expenses.

However, the ongoing health camps which are set up in the villages, have improved her accessibility and affordability to healthcare facilities. She has been visiting the health-camps regularly for the past 3 months. The medicines prescribed are also readily distributed in the camps themselves. This reduces her extra hassle of buying medicines from the market.

Though her own children stay in Varanasi for work, the paramedical worker of her village regularly visits her home to ensure she takes the medicines prescribed to her. The paramedical worker also takes the responsibility of accompanying her to the health camp every time it is set up. Even when her medicines run out, the paramedical worker ensures she has enough stocked up if for some unforeseen circumstances the health camps are not organized at certain weeks. She mentioned how the empathetic approach of the field staff makes her feel safe and secure, as if they shared a mother-daughter relationship.

Renu Kumari works as a paramedical staff cum teacher with the project in the Paharpur Colony village. Having completed her graduation in Bachelors of Arts, she was looking for an opportunity to utilize her skill sets to get a job which would have given her satisfaction.

For the ongoing project intervention, she was approached by the implementing agency. After a round of interviews, she was selected for the Village level worker job role with the project.

Renu is currently engaged to work as a paramedical staff for the village. For the same, she received 3 day's training sessions at Bodh Gaya. She was taught how to use a sphygmomanometer, the basics of checking health symptoms to identify generic diseases. Along with identification, she was also trained in administering generic medicines based on the diseases, the prospective beneficiaries might suffer from.

Post her training, she has been prescribing and distributing medicines to the family members whenever the need has come. She also works towards spreading awareness of hygienic activities among the villagers, asking them to bathe regularly, wash their hands, wear clean clothes, etc.

Her long-time wish to teach students was also fulfilled at the employment, wherein she conducts coaching classes for students from classes 1 to 5 regularly for 3 hours. She mentioned there are 52 students enrolled in her coaching class, and almost everyone turns up regularly. Being from the village, she ensures to interact with the parents of the students every week, to make them aware of the student's progress. Since most of the parents aren't much educated, she takes the sole responsibility of ensuring the learning outcomes of the students are on track, during the duration of the coaching classes itself.

She also conducts regular surveys in the village households to check whether every woman is member of any SHG. Along with the same, she resides over the SHG meetings, calling the women members from their home, discussing the issues, and trying to figure a collaborative supportive mitigation measure.

Renu feels proud to contribute to the upliftment of her village, being engaged in different activities, and wishes to remain engaged in the same. She is also able to make a decent earning out of her job, which helps support her family's and personal needs.

Kaili Devi is the grandmother to **Golu**, who studies in class 4. Their family of 5 resides in Shivgardh village. She and her son engage as daily wage labourers in local brick kilns for meeting their family's needs.

Her grandson had difficulty understanding the subjects taught in school. Being in class 3, Golu wasn't even able to write his name. Since no-one in her family is literate, they weren't able to help Golu as well. Their family had thought Golu would also end up working in one of the brick kilns as others in their family, and Golu dropped out of school when he was in class 3.

However, when the coaching classes started, the village-level worker assured their family that she would be there to support Golu in his studies. After attending the coaching classes for 3 months, Golu enrolled back in the school, and is now confident enough to attend the school regularly.

Though there are gaps in the education system followed at school, the coaching classes organised to ensure the same is mitigated. Her family is thankful to the initiative and the teacher at the coaching classes for helping their child enrol back in school and helping him continue his studies.

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