

Impact assessment of Health, Education, and Infrastructure interventions

GMR Kamalanga Energy Ltd.,

Dhenkanal, Odisha



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Abbreviations

APD - Acid Peptic Disease
AWC - Anganwadi Center
AWW - Anganwadi Worker
ASHA - Accredited social health activist
BSE - Board of Secondary Education
CDMO - Chief District Medical Officer
COPD - Chronic Obstructive Pulmonary Disease
CSR - Corporate Social Responsibility
FGD - Focused Group Discussion
GKEL - GMR Kamalanga Energy Limited
GP - Gram Panchayat
GMRVF - GMR Varalakshmi Foundation
GERD - Gastroesophageal Reflux Disease
RWSS - Rural Water Sanitation Sanstha
SDG - Sustainable Development Goal
SMC - School Management Committee
SC & ST - Scheduled Caste and Scheduled Tribe
SVP-Social Volunteering Projects
MMU - Mobile Medical Unit
OSTA - Odisha State Teachers Association
PRI - Panchayati Raj Institute
PGDCA - Post graduate Diploma in Computer Application
VHNDs - Village Health and Nutrition Days

Executive Summary

The region of Kamalanga, part of Dhenkanal district in Odisha, had typical rural settings where development was limited and people lived with little to no infrastructure. With the establishment of the thermal power plant at Kamalanga in 2013, where land was acquired from villages and communities, GKEL took on the responsibility of developing the areas around the plant. The idea was to improve the quality of life of people by way of providing infrastructure, education, health, nutrition, sanitation and other facilities.

In the past 10 years, GKEL through its CSR arm GMR Varalakshmi Foundation (GMRVF), undertook extensive CSR work to upgrade the life of people living in 9 villages. GMRVF launched the development initiatives with a holistic approach and the outreach had a positive impact on the people from all walks of life.

An impact assessment of the Livelihood Restoration Program (LRP) was carried out by KIIT School of Rural Management, in January 2023. The study focused on the impact of major farm and non-farm-based livelihood options of LRP including micro enterprise development. The current study focused on assessing the nature, extent and impact of interventions in education, health, and infrastructure, undertaken as part of GKEL's CSR programme.

Interventions on the health front are numerous and have been appreciated by people. From setting up a hospital, a Mobile Medical Unit, reimbursement of medical expenses for eligible people, telemedicine facility for expert consultations, etc are excellent initiatives which have really helped community members. The initiatives are well thought out and executed with great commitment and enthusiasm.

GMRVF's initiatives in education have been lauded by community members. The intervention has covered students from the junior level to the university level. Scholarships, tuition support, introduction of Vidya volunteers, support during Covid-19 years by way of providing mobile phones to students, investing in board exam preparations by making available practice test papers, establishing computer training centre, etc. provided excellent and appropriate support to students. Investing in education will definitely go a long way in transforming the lives of people in the villages.

Infrastructure development in the form of road construction and upgradation, improved schools, water availability in villages have made it much easier for people and their families to access the outside world, study in better schools which improved attendance over time, and be assured of basic necessities like clean water.

The involvement of employees and their spouses in activities which directly connected them to the village communities is also well appreciated by community members.

Overall, the development work carried out by GMRVF has been very impactful and brought about transformational change in the neighbouring villages. The CSR award won by GMRVF is a testament to this effort. There are of course few areas of improvement which are elaborated in this report and could be considered for making the intervention even more effective.

Chapter 1 - Background of the study

A. About GKEL

GMR Kamalanga Energy Limited (GKEL), is a 1050 MW (3X350 MW) coal-based thermal power plant of GMR Energy Limited, operating in Dhenkanal district of Odisha since 2013. As part of its project management strategy, in addition to running the plant, GKEL integrated socio-economic transformation of the communities and environment sustainability. The strategy embraces, among others, creation of new livelihood opportunities for project affected people, creating, and improving community access to quality education and quality health care through GMR Varalakshmi Foundation (GMRVF) besides bridging infrastructure gaps, and addressing local developmental needs in villages that are in the periphery of the GKEL plant.



FIGURE 1 : PROGRAMME LOCATION

GMR Varalakshmi Foundation (GMRVF), the Corporate Social Responsibility arm of the GMR Group, is a Section 8 (not-for-profit) company. GMRVF works with under-served sections of the community around all GMR Group businesses. The Foundation's mandate is to work with deprived sections of the society wherever the Group companies take up development projects. GMRVF works in four specific areas: Education; Health, Hygiene & Sanitation; Empowerment and Livelihoods; and Community based programs.

GKEL set up its power generation plant and residential campus in the land of 2 Gram Panchayats - Kamalanga and Mangalpur. Kamalanga Gram Panchayat (GP) is situated at the Northern end of GKEL and the villages are situated around 2 kms away from the company. Kamalanga is part of Odapada block in Dhenkanal district, Odisha. There are 12 wards in the GP spread across seven villages - Kamalanga, Maniabeda, Durgapur, Bhagamunda, Achulkote, Kaliatalia and Barasahi. About 1500 households with an approximate population of 6000 people live in the Kamalanga GP. Mangalpur GP consists of 3 villages - Manpur, Mangalpur and Kantabania. Of these 3 villages, Manpur and Mangalpur villages are part of project. Mangalpur GP is situated in the Southern end of GKEL and the villages are located about 1 km away. The residential campus of GKEL has come up in areas under Mangalpur GP.

B. CSR interventions

GMRVF works with the communities around the locations where the Group has a presence. The Foundation's usual approach to working with communities around the locations where the Group has a presence and demonstrates a commitment to responsible corporate citizenship and sustainable development.

As part of CSR intervention, GKEL and GMRVF support community infrastructure development, education, health, livelihood, and empowerment activities in 9 villages in the immediate vicinity of the plant location, impacting 1497 project affected households.

The interventions by GMRVF are:

Community-Centred - The Foundation's initiatives are guided by a community-centred approach, meaning they prioritize the needs and priorities of the local community members. This approach is in line with the principles of community engagement and participatory development. Conducting detailed needs assessment studies to ensure that the Foundation's interventions are well-informed and directly address the specific challenges and requirements of the communities. This approach promotes effectiveness and relevance.

Multisectoral Interventions - The Foundation's interventions span multiple sectors, including education, health, and infrastructure. This multisectoral approach recognizes that holistic development requires addressing various interconnected aspects of community well-being.

The following table summarizes interventions undertaken in the areas of education, health, and infrastructure development.

Education	Health, Hygiene, Sanitation	Community infrastructure
<ul style="list-style-type: none"> ● Supporting govt. schools to improve quality of education ● Supporting Anganwadis to provide quality pre-school education ● Collaboration with DAV Public School to provide quality education ● Supporting Saraswati Shishu Mandir school in terms of necessary infrastructure development ● Providing computer education to girls 	<ul style="list-style-type: none"> ● Operating a Mobile Medical Unit (MMU) to provide quality healthcare at the doorstep of the villagers ● Telemedicine support for remote specialised consultation and treatment ● Medical expenses reimbursement ● Establishment of a hospital ● Nutrition centres for pregnant and lactating women ● Conveyance support for taking booster dose of covid vaccine ● Supporting wheelchairs, walkers, hearing aids to differently abled persons 	<ul style="list-style-type: none"> ● Construction and repair of roads ● Construction of Anganwadi centres, renovation of old school buildings, construction of classrooms, boundary walls. ● Potable water supply infrastructure development ● Electrification ● Construction and renovation of socio-cultural infrastructure e.g. mandap, clubhouse, community centres, among others

C. Alignment to SDGs and Schedule VII of the CSR Policy

The Sustainable Development Goals (SDGs) are a set of 17 global goals set by the United Nations in 2015 to be achieved by all member states, including India, by 2030 for ending poverty and inequality, and ensuring prosperity for all. The SDGs encompass a wide range of global objectives, including poverty alleviation, education, healthcare, gender equality, clean energy, and environmental sustainability.



FIGURE 2 : SUSTAINABLE DEVELOPMENT GOALS

India is one of the first countries in the world to impose a statutory obligation of Corporate Social Responsibility (CSR) for corporations through the Companies Act, 2013. The CSR provisions in the Companies Act, 2013, made it mandatory for certain classes of companies to spend a portion of their profits on CSR activities. The law provides a list of eligible CSR activities, including but not limited to the activities listed in the table below.

The SDGs set tangible well defined targets to measure the outcome of activities, whereas the CSR regulation sets a broad framework and gives direction for a better sustainable future. The SDGs and CSR are two distinct but complementary frameworks aimed at promoting sustainable development and corporate responsibility.

Alignment with SDGs - The Foundation's interventions are aligned with the SDGs, which provide a comprehensive framework for addressing global challenges, including those related to poverty, health, education, and infrastructure. Aligning interventions with the SDGs helps measure and communicate their impact in a globally recognized context.

Companies Act 2013 Compliance - By adhering to Schedule VII of the Companies Act 2013, the Foundation is fulfilling its statutory obligation for Corporate Social Responsibility (CSR). This demonstrates a commitment to corporate responsibility and the utilization of corporate resources for the social good.



FIGURE 3: SCHEDULE VII - CSR THEMATIC AREAS

Overall, the Foundation's approach is targeted towards the needs of the community members after having understood their requirements through detailed needs assessment studies. These are also aligned with SDGs and in accordance with Schedule VII of the Companies Act 2013 of the Govt. of India. GMRVF's interventions are across multiple sectors.

This impact study focuses mainly on its interventions in education, health and infrastructure as part of the CSR programme while examining the adherence to related SDGs.

Education

The GMRVF's educational interventions are in alignment with both Goal 4 (Quality Education) and Goal 5 (Gender Equality) of the SDGs. The interventions are also aligned with Schedule VII directives (Promotion of education, special education and vocational training and Gender equality- women empowerment).

GMRVF has undertaken several activities to improve the quality of education in schools in the neighbourhood villages. The focus on gender equality is by way of enabling girls to become more skilled through computer education, and encouraging them by way of scholarships.

Health

GMRVF's health initiatives are aligned with SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), and SDG 6 (Clean Water and Sanitation). The interventions are also aligned with Schedule VII directives (Eradication of extreme hunger, and poverty, sanitation and Health) by promoting healthcare and raise health awareness.

GMRVF has been providing health treatment support through Mobile Medical Units (MMUs), telemedicine, and healthcare expense reimbursements contributes to improving access to healthcare services, reducing illness, and promoting overall well-being in the community. Good nutrition is fundamental to health, especially for children and expectant mothers. Nutrition Centres aimed at reducing child mortality and improving maternal health. The Foundation undertook initiatives to ensure the availability of drinking water and sanitation, dry food ration support for the elderly and destitute, among others. It also organised awareness programs on several aspects of health and medical check-ups for the community members. All these initiatives focus on addressing the basic needs and well-being of disadvantaged and project-affected individuals are in alignment with Schedule VII directives of the Companies Act 2013.

Infrastructure

The GMRVF's efforts to increase access to livelihood and basic amenities is aligned with SDG 11, which focuses on making human settlements inclusive, safe, resilient, and sustainable. Additionally, these initiatives are in accordance with the rural development criteria of the CSR Act in India.

The GKEL plant is located in a remote area where access to livelihood and sustenance for the resident population has remained a continued challenge. Poor infrastructure has been a major factor in this. GMR group has emphasised its commitment to local development and nation building, and based on this, has carried out several interventions that provide the community access to basic amenities. For example, provision of clean drinking water, improved road infrastructure, and upgraded facilities for schools helped in access to basic services, which is a key aspect of SDG 11. Improved infrastructure contributes to improvement in the quality of life of people in the peripheral villages and is aligned with supporting the (Rural development Projects) criteria of the CSR Act in India.

SDG	CSR Activity details
2 – Zero Hunger	Provision of dry food ration support for the old and destitute
3 – Good health and well being	MMU, telemedicine, nutrition support, vaccination, fogging services, reimbursement of health treatment support to Project Affected Families, support for treatment through hospital
4 – Quality education	Scholarship to students, provision of practice test papers, computer education for girls, engagement of Vidya volunteers in 10 Govt. schools, tuition classes for Class X students, assistance to DAV school by way of fee concessions to students of project affected families
5 – Gender equality	Support to women entrepreneurs through tailoring, mushroom farming
6 – Clean water and sanitation	Pipe water supply to villages, sanitary napkin support to girls
11 – Sustainable cities and communities	Development of infrastructure by way of better roads, upgraded schools, repair and construction of community centres

Chapter 2 - Objective and methodology

A. Objective of the study

The primary objective of this study is to conduct an impact assessment of the CSR programmes undertaken by GMRVF and analyse whether the initiatives had the desired outcomes and their impact on the community.

B. Scope of the study

The scope of the study consists of the following:

- Assess the present use of the infrastructure developed under CSR
- Assess the ownership and maintenance of the infrastructure developed under CSR
- Understand the community's opinion on repair and maintenance of the infrastructure
- Assess the usefulness and impact of major education programs run in government schools
- Assess the usefulness and impact of major health related services provided to the community
- Document best practices, case studies under education, health and infrastructure related programs
- Provide recommendations for further improving the interventions

C. Methodology

The study focussed on assessing the changes created by the development interventions in terms of social, economic, environmental, and other development aspects. The team adopted the following methodology for the study.

- **Secondary study** - A detailed review of the existing documents, progress reports of the project and other existing documentation to gather detailed understanding about the project implementation and its impact.
- **Discussion with GKEL functionaries** – The research team held detailed discussions with the department heads and personnel of GKEL who are driving the intervention ahead. This included:
 - Discussion with Plant Head and HODs - This involved meeting with the Plant Head (Head of the Plant) and HODs (Heads of Departments) to gather inputs and insights related to community interventions of GKEL.
 - Discussion with GMRVF team - This involved discussion with the team about its interventions and gathering of data, documents, and information from the Foundation. This included historical data, reports, and other pertinent information.
- **Primary research** – The study adopted a mixed-methods research approach consisting of both qualitative and quantitative data collection, to gain a more comprehensive understanding of

GMRVF's interventions. Field visits were undertaken to meet direct beneficiaries and other stakeholders to get a full perspective of the interventions undertaken by GMRVF.

- Surveys were conducted among a wide range of stakeholders with open ended and structured questions. Data was collected from a sample of about 300 direct beneficiaries to understand the impact of the interventions and capture necessary feedback on improvements required.
- Ten focused group discussions and twenty in depth interviews were conducted with women, PRI members, senior citizens and other relevant stakeholders to understand the impact of the interventions and what further actions would be required.



FIGURE 4 : INTERVIEW WITH SARPANCH AND FGDs WITH COMMUNITY MEMBERS

The study captured good practices that have effectively contributed towards achievement of the intervention objectives. Success stories were collected through in-depth interviews with relevant stakeholders which showcased the difference made by the interventions to the community, and are presented in the form of case studies.

The data collected through quantitative and qualitative methods were analysed and validated further by detailed document reviews. The analysis and finding from the engagements were documented into a concise report for review by GKEL. The emphasis was on the changes the interventions were able to generate in the communities. Post review and feedback by GKEL, changes were incorporated and the final report was prepared.

D. Limitations of Study

The study had certain limitations:

- In many cases, interactions with community members were dominated by conversations on what more they required from GMRVF than the impact generated by the GMRVF's interventions till now. This clouded the thinking process of respondents and some good benefits may not have been explained properly.
- GMRVF has undertaken a wide variety of interventions in order to significantly improve the economic and social fabric of the communities that live in the nearby areas. Some interventions are specific to schools/ Anganwadi and these have made a positive impact in the quality of education. However, awareness level about few interventions is not widespread which had an impact on the quality of responses from the sample population.

Chapter 3 - Health, Hygiene and Sanitation

A. Context

Rural areas of Odisha continue to face various health-related issues, even though there have been significant improvements in healthcare access and outcomes in recent years. These areas often lack adequate healthcare infrastructure, including hospitals, clinics, and qualified healthcare professionals. Many villages have limited or no access to healthcare facilities.

The villages in the peripheral areas of the GMR plant in Kamalanga also struggle with limited health infrastructure which is not enough to cater to the requirements of the people living in the area. There are no good hospitals in the vicinity and people had to travel far for expensive treatments. The nearest government health facility is around 15 kms away and there is no public transport available from the villages. So only few community members could afford good treatment even if it is a government hospital or a private clinic. This was a major issue faced by the people in the villages.

The health issues reported by the healthcare providers in Kamalanga reflect a common pattern observed in many rural areas, where chronic illnesses, common health problems, and financial constraints contribute to healthcare challenges. Chronic illnesses include osteoarthritis, hypertension, diabetes, Chronic Obstructive Pulmonary Disease (COPD), etc. whereas the common health problems are fungal skin diseases, Acid Peptic Disease (APD), Gastroesophageal Reflux Disease (GERD) and seasonal diseases like cold, flu, and diarrhoea. The inability to access healthcare due to financial constraints is a significant barrier for receiving timely and necessary medical treatment.

B. Strategy, interventions and impact

Health is a multifaceted aspect of well-being. Recognizing the complexity of healthcare challenges, GMVRF adopted a comprehensive approach for its healthcare initiatives. This is an amalgamation of preventive and curative measures, technological support for healthcare delivery, tapping traditional practices like yoga for health and wellbeing, and inclusivity, catering to the needs of all sections. The strategy adopted by GMVRF was to launch an array of interventions targeting diverse health and nutrition related issues that the community members faced. The goal of these initiatives is to improve the overall quality of life of community members. The interventions undertaken include:

- a) Mobile Medical Unit
- b) Telemedicine
- c) Nutrition centres for pregnant and lactating mothers
- d) Reimbursement of health treatment expenses
- e) Hospital
- f) Yoga classes for women
- g) Provision of dry rations for old people
- h) Covid response initiatives

- i) Support to differently abled persons
- j) Other interventions

a) Mobile Medical Unit (MMU)

MMUs are crucial resources in delivering healthcare services to remote and underserved areas. These units, equipped with medical professionals, equipment, and medicine supplies, play a significant impact on improving the health and well-being of communities in remote areas.

In the project affected areas, GMRVF set up a MMU in the year 2017, run in partnership with a service provider, MY-HEART (March of Youth for Health, Education, and Action for Rural Trust), a not-for-profit developmental organization based in Bhubaneswar, to make quality healthcare services accessible and affordable to the target population at their doorstep. The service provider supports one doctor, one pharmacist, one supporting person and medicine. There are nodal points in the villages, selected with the help of village volunteers. As part of the MMU, a doctor and a pharmacist visit every peripheral village once a month in a mobile medical van. The doctor checks visiting patients in the medical van and provides counselling as well as diagnostic services. A notebook is provided by GMRVF to every project affected family to maintain their health records. The pharmacist registers the medicine recommended by the doctor in the patient's health record and provides medicines as per the prescription. Medicines for common diseases like cold, cough, fever, diarrhoea, joint pain, acidity, etc are provided to the patients. Both the consultation and medicines are provided free of charge. The



FIGURE 5: MOBILE MEDICAL UNIT AND BENEFICIARIES

MMU also refers patients to hospitals or clinics if further treatment by specialised doctors is necessary.

Initially, the MMU operated 12 days a month and since FY 23-24 it operates 14 days a month and each month about 1000 people get benefitted.

Impact

- **Increased access to healthcare** - It is observed that MMU has ensured the availability of basic healthcare facilities to a larger cross section of the village population. This is especially a boon for old people and women who find it difficult to travel outside the village to avail healthcare facilities and also causes loss of work and wages for young people. Due to the MMU intervention, community members are now able to get common health issues addressed in the village itself.

“The intervention is of great help for the old people who do not have any support system. There are many families in the villages with no one to look after old people. One such lady is Kairi Basantara of Maniabeda who is in her sixties. She has no family member to look after her. GMRVF provides monthly rations to her. She suffered a grade 3 dog bite and fractured her leg some months ago and was completely bedridden. Attendants of the MMU visited her on alternate days to dress her wounds and provide her with medication. The villagers helped her with the household work. She is completely fine and is now able to walk to the MMU to get medicines.”

Dr. Abhishek Das, MMU

- **Reduction in healthcare cost** - The MMU serves individuals who do not have adequate resources to travel and avail healthcare services. MMU reduces travel, and the cost of consultation and medicine for patients.
- **Timely detection of diseases** - Earlier, many people were dependent on quacks for treatment. The MMU has reduced the dependency on quacks to a large extent and people are able to get proper diagnosis and treatment. It has helped in timely detection of diseases. Many patients with complex issues like kidney diseases have also been diagnosed and treated at the right time who were otherwise at the mercy of quacks.

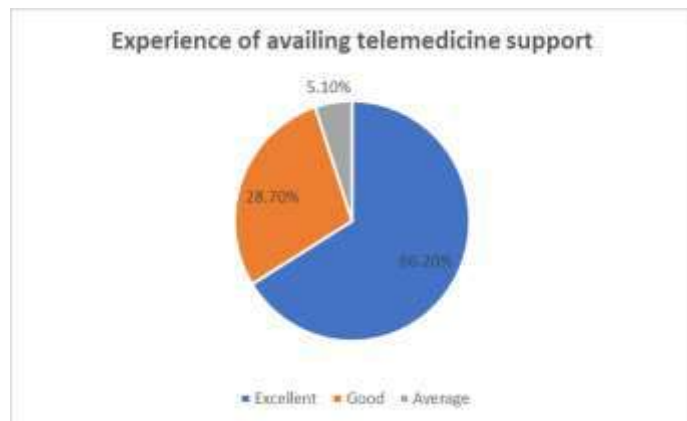
“I have been using this service of GMRVF for the last six months. The volunteer *didi* informed me about the programme and she took my Aadhaar card and photo to make a medical card for me and my husband. We take medicines regularly from the MMU facility provided by GMRVF. There is no hospital nearby our village and there is also no transport facility in our village for us to reach the nearest hospital at Kantabania, especially during rains. The MMU has eased our difficulties. The doctor visits our village once a month in the mobile medical van, checks our health and based on symptoms, provides medicines free of cost. It provides all kinds of treatment. I went there for my joint pain and the doctor prescribed relevant medicines. My husband had a fever and the doctor prescribed medicines for him as well. The MMU facility has helped both of us and other people in the village.”

Naira Naik, 52, Durgapur village

b) Telemedicine

GMRVF started the telemedicine facility during COVID-19 lockdown period to make specialised medical facilities available to the people living in peripheral villages of GKEL since access to hospitals was difficult during that period and MMU was also discontinued for about a year. GMRVF entered into an agreement with My Heart - Health Care service provider - to provide telemedicine services in the peripheral villages of GKEL. As part of this service, GMRVF volunteers prepare a list of patients along with the issues faced by them. The date and time of consultation with the doctor is fixed in consultation with the doctor. The filled-up patient card is sent to the doctor through WhatsApp. On the day of the interaction with the doctor, the project staff of GMRVF along with the volunteer visit the village with a smartphone and through a desktop monitor for a video conference with the doctor. The doctor discusses with the patients while referring to the patient card. After consultation the doctor writes prescriptions and sends them to GMRVF. The prescriptions are also sent to the pharmacist of the healthcare service provider who provides medicines while mentioning how to use them. Medicines are provided to the patients by the GMRVF volunteers.

During the time period of Covid-19 when restrictions on movement were affected, telemedicine services were offered for 10 to 15 days a month, which benefitted 200 to 300 patients per month. As the MMU started functioning, tele consultation service days were reduced to eight days a month, benefitting about 60 persons. Earlier the telemedicine was for general diseases, but now it is more focussed on



skin diseases due to its prevalence in the project area. Close to two-thirds of the respondents who availed telemedicine facility were very happy with it.

Impact

The telemedicine facility is extremely useful and showed its utility during the pandemic time when health systems in almost all parts of the country were under a lot of stress.

- **Access to quality health care** - The facility helped needy people from villages to connect with specialist doctors especially during the critical pandemic time when everything was under lockdown and accessibility was difficult.
- **Increased convenience** - The facility is tailor made for situations where people are not able to travel to hospitals or clinics. This is also very convenient for people who cannot travel because of work, age, or in case of women and children.

- **Reduced patient expenses** - Along with accessibility and convenience, the telemedicine facility is a boon to patients in the villages near GKEL. The facility helped patients reduce expenses to a bare minimum while allowing them to interact with specialist health experts.

Overall, the telemedicine facility not only addresses the healthcare needs of patients in villages near GKEL but also brings about positive economic, social, and community health outcomes, leveraging technology.

“My father, wife and I have been regular users of the telemedicine facility of GMRVF since the beginning. A GMRVF volunteer and one office staff visited our village and informed us about the facility. It was started during the COVID- 19 period when lockdown was enforced. It was a great help to us during that time. It is helpful even now too, as some old people in the village are not able to visit the hospital. From our family, three persons avail this facility currently. My father is using the telemedicine facility for joint pains, my wife is using it for treatment of diabetes and stomach pain whereas I use the facility for treatment of skin problems.”

Biranchi Naik of Durgapur village



FIGURE 6: TELEMEDICINE CONSULTATION

c) Nutrition centres for pregnant and lactating mothers

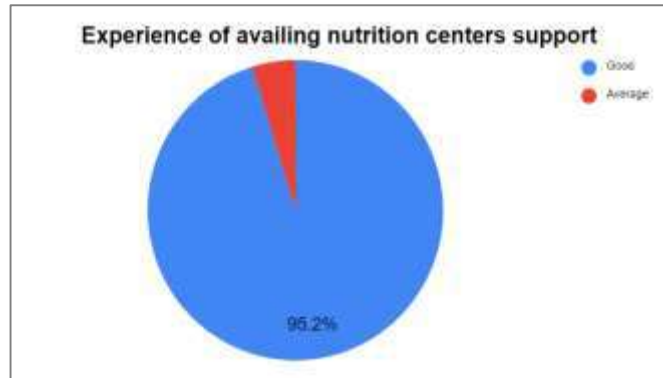
Maternal undernutrition is a major public health challenge in Odisha. Pregnant and lactating women require additional nutrition to meet the requirements of the foetus, safeguard their own health and optimal development of the infants. GMR launched a nutrition programme in the year 2021 with the objective



FIGURE 7: NUTRITIOUS FOOD SUPPORT FOR PREGNANT & LACTATING MOTHERS

of reducing malnutrition in the gram panchayat as well as to improve nutrition among young mothers and children. GMRVF started with two nutrition centres for pregnant and lactating mothers. Currently, five nutrition centres are run by GMRVF which benefit 50 pregnant and lactating women. At the

centres, nutritious food is provided to all registered pregnant and lactating mothers of the village. This includes milk, fruits, groundnut *chikkis*, and Horlicks. This supplementary food is provided from Monday through Friday throughout the year. Nutrition centres had a very high approval (95%) among the respondents.



Impact

Improved maternal and infant health -

Maternal undernutrition during pregnancy and lactating stage has adverse health consequences for the mother and her child. Nutrition support by GMRVF to pregnant and lactating women is well appreciated by the residents of the village. Along with nutrition support, pregnant and lactating mothers also receive personalized guidance for healthy pregnancy and child care, which in turn contributes to the positive health and development of both the mother and the child.

“In our village, women do all kinds of activities in the house as well as outside. While doing household and agriculture field activities, women do not get time to take a nutritious diet or medicines during the period of pregnancy. The intervention by GMR helped reduce the under-five child mortality and pregnant maternal deaths. Provision of supplementary nutrition by GMRVF is a noble initiative.

Earlier women were provided milk sachets but from the last one year, we buy fresh cow milk from the village and give it to them. This not only guaranteed fresh cow milk to our pregnant and lactating women but also helped our fellow villagers to sell their milk in the village itself.”

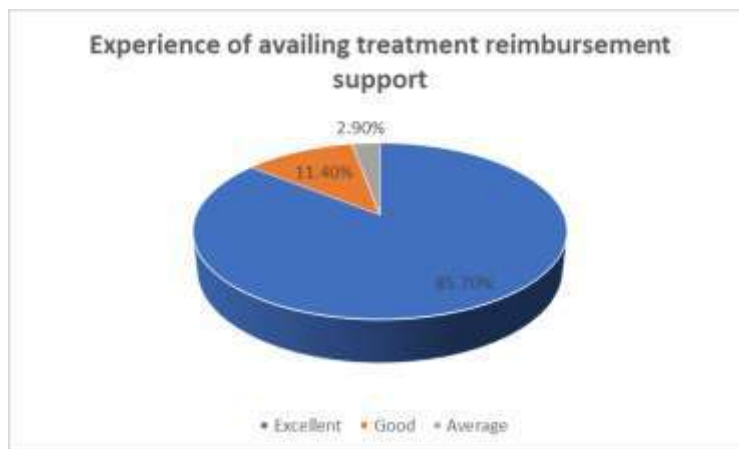
Nalini Behera, in-charge, Achulkote Nutrition care centre



FIGURE 8: NUTRITION CENTRE AT THE AWC

d) Reimbursement of health expenses

GMRVF introduced a health reimbursement initiative for peripheral villages. Under this initiative, GMRVF provides cash reimbursement of up to Rs. 15,000 to a beneficiary for health treatment. Earlier, this was part of the health insurance extended to the people by GMRVF through the Oriental Insurance Company and health insurance cards were issued to 2500 families in 2015. However, it



was observed that getting reimbursement from the insurance company was difficult. Hence, to support the project affected families, GKEL decided to launch a cash reimbursement facility for OPD and IPD cases directly to the beneficiaries. In order to get reimbursed, people are required to contact the GMRVF office along with required documents like Aadhaar Card and medical expenses bills. GMRVF reimburses around 50% of the amount in a week or two weeks' time and the amount gets credited in their bank accounts. People have availed the reimbursement facility for uterus operation, installing stents, accidents, fever, child delivery, pneumonia treatment, cataract surgery, appendicitis removal, tumour removal, acute gastroenteritis treatment, among others. This facility is well appreciated by the people for its easy documentation process which makes it hassle free. Close to 86% of the respondents who availed the scheme said that they had a very good experience with the system.

Impact

- **Improved access to specialised healthcare** - The medical expense reimbursement initiative by GMRVF has been of great benefit to community members. It helps people who are mostly in low-income categories save a substantial amount on medical expenses.

"I received reimbursement for the expenses which I had incurred for treatment of back pain at a hospital in Cuttack. I have had back pain for the last five years. I referred many doctors at Banarpal and Angul but there was no improvement. The doctor at Anugul referred me to a hospital in Cuttack. All my tests, including an MRI scan were done there. I was then admitted for three days. I had to spend INR 30,000 for the three-day stay at the hospital. After I returned from the hospital, I submitted copies of all medical expenses at the GMRVF office. After submission, within 15 days I received INR 15,000 in my bank account. The money I received helped me immensely as I received half of my expenses. My husband works in GMR in a contract job. Due to my health problem, he could not attend office regularly and hence we were experiencing financial difficulties. The health reimbursement money relieved us from financial distress to some extent."

Jayanti Barik, 45, Manpur village

- **Reduces the financial burden** – The reimbursement amount helps families, especially those with low incomes, reduce financial stress due to expenditures on health and lack of income during illnesses.

“The reimbursement I received was more than half of my medical expenses incurred for a stomach tumour operation. I had spent INR 12,000 and received INR 7,000 as part of the reimbursement scheme. Being a daily wage earner, I had very little savings and I could not go to work for a while due to my illness. This reimbursement helped in meeting my health expenses partially and also saved my family from near starvation. One more advantage is that the reimbursement is a simple process and does not take too much time. I received the amount within a week of submission of documents. Quick payouts helped us immensely.”

Loknath Naik, Harijan Sahi, Durgapur

e) Hospital

GKEL established a 27-bed hospital in January 2016 in its campus for providing health services to communities in peripheral villages as well as its employees. It is currently operated by Samal Care Hospitals and it provides outpatient and inpatient services. Specialized doctors also visit on specific days to the hospital from other important hospitals in the state. One physiotherapy unit was also opened in the hospital. The hospital provides consultation services at a very nominal rate of INR 20 per patient. This makes it convenient for people from the villages. When combined with the MMU and the medical expenses reimbursement scheme, the hospital complements the medical assistance offered by GKEL especially to the needy patients.

f) Yoga classes for women

Women bear multiple responsibilities, often involving a significant share of unpaid labour and caregiving work. These responsibilities can encompass various tasks, such as household chores, childcare, agricultural work, and more. They have a bigger overall workload than men as they have to handle multiple tasks. Hectic schedules take a toll on the health of women and in order to motivate



them to take care of their physical and mental wellbeing, GMRVF has been conducting yoga classes at Upper Sahi/ Barala Sahi club house of Mangalpur since 2022. There are now 80 women and girl participants who take part in the yoga sessions from the village. There is no fee payable by

participants. On an average, 60 participants take part in yoga classes regularly. When all 80 participants attend, the class is held outdoors.

The yoga instructor, appointed by GMR Kamalanga Energy Limited (GKEL), visits the village for two weeks in a month and sessions are held from 4 pm to 5 pm. The exercises are taught keeping in mind the comfort level of the women. Beginners do simple exercises while more experienced members do higher levels of yoga. There is no fixed period for yoga



FIGURE 9: YOGA CLASS FOR WOMEN

practice. It is purely voluntary and women participate as long as they physically can. The yoga classes have proved to be a big hit with people as over 83% of respondents found it very good.

Impact

- **Improved health** - Yoga has many health benefits. According to Prasant Mohapatra, a volunteer from the Mangalpur village, “Earlier some women used to report joint pains. However, after participating in yoga, such complaints have reduced.” Kabita Baral, 35, a Yoga practitioner from Mangalpur, says, “I used to have back pain and was on medication at least twice a week. However, after I joined the Yoga classes, I feel great relief from joint pain. Some of my co-practitioners also practice Yoga to get relief from stomach pain, while some are practicing yoga to reduce blood pressure.”
- **Increased socialization** - The yoga sessions benefit women in more ways than one. They get to meet and socialise with other women which is important from a mental health perspective. Prior to the establishment of yoga classes, women especially those in the age group of 50 to 60 years were used to sitting idle at their homes. They are now able to spend time with others while availing the benefits of yoga.

g) Provision of dry rations for old people

GMRVF provides monthly dry rations support for around 46 old people of project affected families who are either single or are not taken care of by family members. As part of this initiative, the beneficiary gets 5 kg rice, 1 kg sugar, 1 packet of cooking oil, tea, soap and lentils. The initial selection of beneficiaries was done by RCDC, an external agency (NGO), by doing a door-to-door survey. Every month, rations are provided to the beneficiaries based on verification by volunteers and their photographs are taken for records.

Impact

This initiative provides food security to old destitute people who are vulnerable and have no support system. It is well appreciated by the community members, as this is a lifeline for the beneficiaries, who have no other means to survive.



FIGURE 10: RECIPIENTS OF DRY RATIONS

h) COVID response initiatives

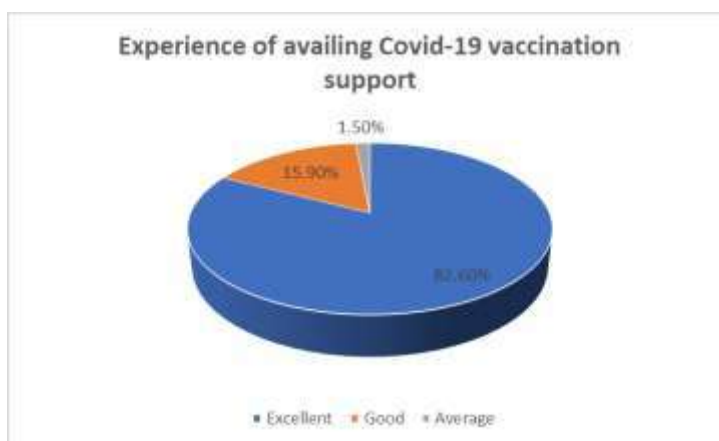
GMRVF undertook several initiatives to address various aspects of the COVID-19 pandemic, focusing on public health, community support, and economic aid. Some common COVID response initiatives included:

- Awareness rallies to educate the public about COVID-19 safety measures,
- Providing essential hygiene items (masks, sanitizers, and soap) to communities to encourage and enable proper sanitation practices,
- Equipping Anganwadi workers with oximeters to enable them to monitor the oxygen levels,
- Distributing dry food rations to vulnerable populations,
- Providing financial aid (INR 10,000 each) to 35 micro-entrepreneurs to help them sustain their businesses during economic challenges faced by COVID-19
- Supporting farmers and cattle owners by providing feed for their livestock,
- Sanitizing schools when they reopened after lockdowns,
- Providing doorstep delivery of nutritional food support to ensure the well-being of pregnant and lactating mothers,
- Providing ration support to elderly individuals living in old age homes to ensure they have access to necessary food supplies,
- Assisting individuals, especially the elderly or those without means of transportation, in booking vaccination slots and providing conveyance to vaccination centres.



FIGURE 11: VACCINATION SUPPORT AGAINST COVID

During the 2nd phase of COVID-19, GMRVF helped arrange COVID vaccination for community members of peripheral villages. During that time, vaccination of the 2nd dose was very difficult to obtain as most hospitals had low supply of vaccines and high demand. It was especially difficult for the community members to get a slot for the 2nd dose of vaccination. GMRVF helped the



community by doing bulk booking of the vaccine at Kantabania hospital. GMRVF engaged the AWW and ASHA workers to prepare a list of people for the vaccination and booked slots after discussing with the CDMO. On the date of the vaccination, GMRVF provided a vehicle to transport the people from the village to vaccination centres free of cost. People who used other forms of transport were also reimbursed the transport expenses. A total of 1422 persons were supported in 3 phases (including booster dose) as part of this exercise. Vaccines (initial and booster dosage) were also made available in vaccination centres for old and needy people. The survey in this study shows that close to 83% of respondents who had availed Covid -19 vaccination support had a favourable experience.

Impact

The Covid response initiatives helped in addressing various challenges arising from the pandemic and supporting those most affected.

This initiative helped the entire community get vaccinated. Women like single widows and those who stay alone and who were unaware of the vaccination process benefited immensely from the vaccination process. People without smartphones also benefited the most from the COVID -19 vaccination programme of GMRVF.



FIGURE 12: COVID VACCINATION

i) Support to differentially abled persons

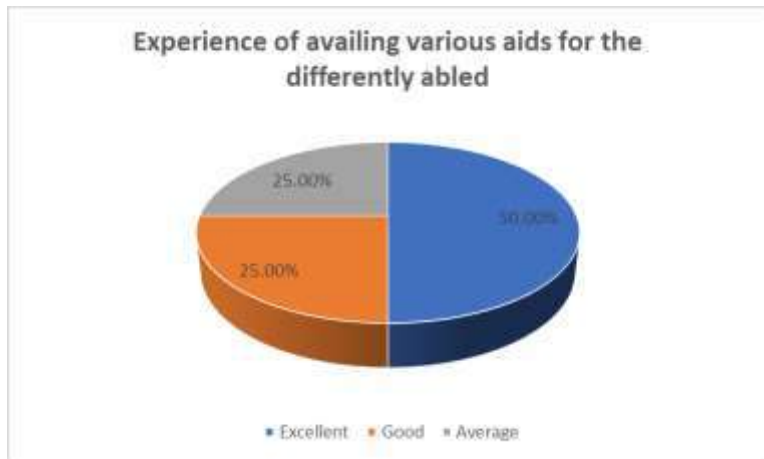
There are many differently abled children, men and women in the periphery villages who do not have certificates of disability and are not aware of the Government provisions. Because of this, they are not able to avail proper equipment required for them. The GMRVF team designed an intervention to support such affected people.

GMRVF coordinators in consultation with the *Sarpanchs* of Kamalanga and Mangalpur gram panchayats identified differently abled persons in the periphery villages and the need of aids for them. Some of the aids required were artificial limbs, hearing aids, support sticks, wheel chairs, among others. The GMRVF team then coordinated with Advanced Rehabilitation Centre, Angul and Rotary Club, Berhampur to procure artificial arms for disabled persons.



FIGURE 13: WHEEL CHAIR FOR AN OLD WOMAN

The GMRVF team also worked with the coordinator of differently-abled persons to obtain the list of disabled children in the schools of periphery villages. The major disabilities were low vision, hearing issues, mobility, sickle cell disease, etc. The team along with the disability coordinator took two children with low vision problems to Kalinga Eye Hospital, Dhenkanal and checked their eyes and as suggested procure spectacle for them. Now the children are able to see better and go to school happily. Similarly, special types of shoes were purchased for 2 disabled children who were not able to walk previously.



Impact

The intervention has been highly impactful which benefited a lot of people in the village. People were happy that their discomfort was reduced by a large extent and they could lead much better lives than before. During the survey, 50% of the respondents who had availed the facility were very happy with it while 25% of the respondents found it to be useful. More importantly, it showed that GMRVF cared for the people in the neighbourhood and put together a plan and executed it properly.

Making life easier by addressing a lifelong disability

GMRVF extended support to differently abled persons as part of its outreach to improve their quality of life. One such case is about Bibhuti Nayak, 49, who lives in Manpur village with his wife and children. He works as an attendant at the GMR pump house in the GMR township. He was hearing impaired since his childhood. He was unable to get treated when he was young due to the poor financial condition of his parents. Growing up, he faced a lot of issues due to his disability. Even when he took up a job at the pumphouse, he faced issues with other staff due to difficulty in communication.

Two years ago, he came to know that GMRVF was helping people with disabilities. He approached the GMRVF office for help in regard to his hearing problem. GMRVF helped by getting him a hearing aid free of cost. Bibhuti said, "With the help of the hearing aid, I can hear normally and have normal communication with family members and with his colleague. The hearing aid improved my ability to work at the pumphouse and my fear of losing my job due to my disability is no longer a worry."

j) Other interventions

Fogging – In order to address the mosquito menace in the region which led to a spike in malaria and dengue cases, GMRVF conducted fogging operations in 9 periphery villages. This was done in association with Pest Control of India (PCI). Community leaders in each village were actively involved in monitoring the fogging operation in their villages.



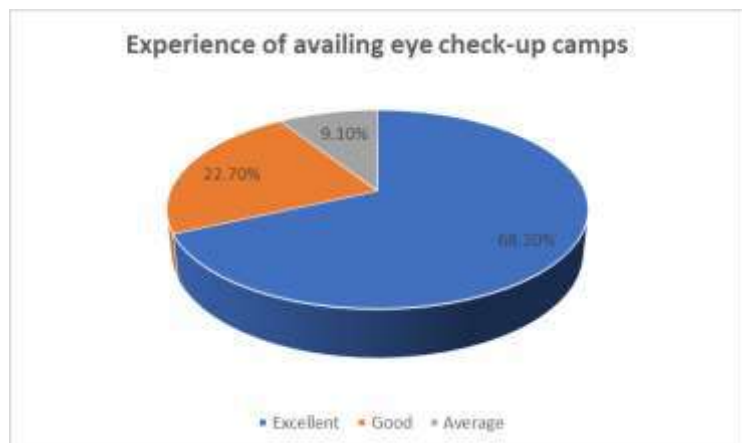
FIGURE 14: FOGGING BEING CARRIED OUT

Health camps - GMRVF organises free health camps periodically like eye clinics (free cataract operations), super speciality clinics, gynaecology clinics at their hospital. Patients requiring medical assistance are referred to these health camps.



FIGURE 15: BENEFICIARIES OF CATARACT OPERATION

A free eye checkup camp was organised in February 23 in association with Kalinga Eye Hospital, Dhenkanal. 10 people were identified for cataract treatment and were sent to the hospital for a procedure. Their operation was done free of cost as part of the Biju Swasthya Kalyan Yojana (BSKY) scheme of the Government of Odisha. The surgeries were completed successfully and all the people have much better vision now. Similarly, 38 people were identified with vision problems and they



were provided with glasses of appropriate power lenses which enabled them to see better. Over 68% of the respondents who availed eye check-ups had a positive experience of it.

Reaching out to community members affected by eye problems

Continuing with its outreach to people in the GKEL neighbourhood, GMRVF provided support to people who have physical impairments. One such case is of Udayanath Sahu, a farmer who lives with his wife, son and daughter-in-law. He said “For the past 3 years I had vision problems in my eye and this was hindering my work at the farm, which is my only source of income. Early this year (2023), I came to know about an eye check camp up at Kamalanga GP office. I went there for a check-up and the doctor, who was from Kalinga Eye Hospital based at Dhenkanal, asked me to undergo a cataract operation.”

GMRVF stepped in, to help him and the very next day it ferried 10 people with eye problems to the Kalinga Eye Hospital, Dhenkanal where cataract surgery was done. The next day, GMRVF brought them back to the village. The patients did not have to pay anything at all.

Udayanath said, “I am happy now and am able to see everything like a normal person. I am back to my agriculture field and working like I used to do before.”

Mobile Medical service – An effective mobile medical service is a vital component of any healthcare system, serving as a lifeline during emergencies. GMRVF provides mobile medical service (ambulance service) to the community upon request, which ensures that they receive timely and efficient medical assistance when in need.

C. Challenges and Recommendations

- a) **MMU** - As of now, the MMU visits the village only once a month and medicines are provided for common ailments typically for a week. Hence, there is a long gap between the medicines getting over and the next visit by the MMU. After the medicine gets over, people have to visit the hospital at GMR which charges Rs 20 for OPD services. Medicine availability as required is also sometime an issue at the hospital.

The MMU service is vital for the community members in the project-affected villages. However, being a small unit, the MMU can cater only to a limited set of patients at a time. The community will benefit more if there are more such units and/or if the frequency of visits is increased.

The community members have expressed the need to expand the scope of MMUs to cover chronic diseases like diabetes and high blood pressure. This will be a valuable healthcare initiative, as they have limited access to regular medical care. Health education and awareness programs can be included in MMU services to educate patients about the prevention and management of chronic diseases.

b) **Telemedicine** – Currently, medicines are supplied to the patients by the GMRVF as per doctor’s prescription received through WhatsApp. Since patients do not receive a consultation copy of the prescription, when the medicines get over and the patients have to continue the medication, it becomes a challenge. They are not able to procure it from the chemist due to lack of a prescription. As per the community members, in case of any reaction to the medicine or if there are side effects, they are unable to show or explain to the emergency doctor at hospital about the medicines which they took. During the FGD, some participants mentioned that the doctor was a skin specialist from a private Hospital, Bhubaneswar. Patients with skin problems were cured but some patients with other diseases were not satisfied with the treatment offered through telemedicine. There also have been some cases where medicines provided as part of the telemedicine facility were insufficient.



FIGURE 16: HEALTH CHECKUP THROUGH TELEMEDICINE

- **Providing prescriptions** - The doctor’s prescription should be provided along with the medicines to the patients so that if the medicines get over, they can buy the medicine from an external pharmacy by using the prescription.
- **Increase in the number of specialists** - As of now, there is only a skin specialist which is in line with the needs of the village. Many people have skin ailments which are occupational and water related. It is recommended that a medicine specialist be included as part of telemedicine, so that he/she could cater to a wide variety of health issues beyond skin.

c) **Nutrition centre** - Distribution of food is undertaken from the Anganwadi centre. However, when Anganwadi workers go for meetings at the block/district level, the food distribution schedule gets changed because of the non-availability of personnel at the centre. This affects the schedule of women who miss out on the provisions that day. It was also observed that the coverage of women from ST and SC communities is low in the nutrition intervention.

Discussions during the FGDs brought out the following points.

- GMRVF should build a separate nutrition centre in the village so that all support to women and children can be provided seamlessly.
- Steps need to be taken so that more deserving women who have been left out of the programme can be included.
- Some issues still persist in the supply of nutrition-rich food. For example, irregular supply of gas cylinders which are used for boiling milk is a concern. In order to address this issue, induction cookers could be provided.
- Most of the food provided is of the readymade and packaged variety. It will be better if provisions are made to provide freshly prepared food. This will be healthier and meet the

nutrition goals better. A trial run of Khichidi could be done once a week to begin with and then can be increased as required.

- The quantity of nutritious food like fresh fruits, may be increased for pregnant and lactating mothers.

d) **Reimbursement of health expenses** - The health expenses reimbursement scheme helps people immensely. However, the cap of INR 15,000 is not sufficient in case of patients with serious health issues. Many people from the weaker section of the community, who suffer from serious health problems, do not avail treatment due to financial constraints. In order to help them, the amount of reimbursement could be increased beyond the stipulated INR 15,000 on a case-to-case basis.

e) **Hospital** – It was observed that the footfalls in the hospital are low. There is a shortage of doctors as well as medicines. Increasing patient footfall in the hospital and expanding healthcare services can be beneficial for both the hospital's sustainability and the well-being of the community it serves. The following are suggested.

- Patient footfall in the hospital needs to be enhanced by recruiting skilled doctors.
- Collaboration with other hospitals/clinics could help bring specialist doctors for consultations.
- The hospital should increase inpatient services to provide comprehensive care. This can include emergency care, surgical services, maternity wards, among others.
- The pharmacy should be well stocked, especially with essential medicines
- In case of emergencies, a system of making doctors available on call to attend patients could be established for the benefit of people.

f) **Yoga classes for women** – While the yoga sessions are well received by participants, there are some areas of improvement which could be considered for making the programme more convenient for participants.

- **Increase in the number of classes** - Yoga classes are conducted only for 15 days a month. Instead of two weeks it would be more beneficial if the yoga sessions are conducted every day throughout the month. Active women from the village can be trained to become instructors so that there is no discontinuity for two weeks.
- **Provision of Yoga mats** - Yoga mats are in short supply since the number of participants have increased. The participation in the yoga sessions grew from 30 to 80. Yoga mats can be weaved as a part of skill training and supported to yoga practitioners.

g) **Provision of dry rations for old people** – During the discussion it was observed that there are many more old people who are in need of such support. It has also been observed that some women who are in the list of recipients are not alive anymore but there is no replacement done in terms of adding other women.

- GMRVF may consider extending the dry rations support to other destitute people after proper verification. They may also be linked to relevant government support schemes.
- In addition to the dry ration scheme, the field staff could also help the old people get social security pensions provided by the government.

Chapter 4 - Education

A. Context

Access to affordable and quality education is vital for the development of human capital and by extension, the development of a nation. This applies to children who go to preschool, primary level and also to those at higher secondary or university level. Multiple factors like qualified and motivated teachers, school infrastructure, governance, teaching methods, involvement of parents and communities, etc. influence the quality of education.

Like in many other parts of India, rural education in Odisha faces issues and challenges. These challenges significantly impact the quality of education and the overall development of the areas. Some of these challenges are:

- Lack of proper infrastructure including classrooms, sanitation facilities, libraries, and playgrounds
- Shortage of teachers leading to a high student-teacher ratio and decreased quality of education
- Socio-economic challenges leading to high dropout rates

Communities in the peripheral villages around GKEL lacked the necessary infrastructure for imparting quality education to their children. The Anganwadi centres did not have the necessary infrastructure to function properly. They did not have play equipment like toys, slides, etc which could keep children enrolled in the Anganwadi engaged and motivated. Similarly, in schools, there were issues like shortage of classrooms, low or no boundary walls, lack of appropriate water and sanitation facilities. In addition, there was a shortage of teachers, non-teaching support staff and study materials for students. This meant that teachers had to spend their time on non-teaching administration related activities like elecMoUtion duties, health campaigns, monitoring mid-day meals, etc. thus leaving them with limited time for teaching.



FIGURE 17: SLIDER PROVIDED TO ANGANWADI CENTRES

B. Strategy, interventions and impact

Education is the key to all developments and acts as a catalyst of change in the society. Since its inception, GMRVF has supported the promotion of education with large number interventions among the community members inhabiting in peripheral villages. Educational activities of GMRVF are based on educational, social and emotional needs and aspirations of the students. GMRVF's educational

promotion initiatives are focused on providing support for children in Anganwadis, to schools and special focus areas like scholarship for meritorious students to pursue higher education and computer education for girls.

GMRVF provided support a) to Anganwadis b) to schools including Government schools, Sarawasti Sishu Mandira school (affiliated to Board of Secondary Education, Odisha) and a DAV school with CBSE affiliation in the peripheral villages, and c) by establishing and computer education centre for girls.

GMRVF's intervention in education involves activities at different levels. Some at the student level while other activities are aimed at improving the school ecosystem by investing in infrastructure, study material, and motivating students through inter school competitions etc.

a) Government Schools

There are three types of schools in the region. Primary schools (Class – I to V), Upper primary schools (Classes I to VIII) and High Schools (Classes V to X). There are two High Schools at Kamalanga and Mangalpur present in the GKEL area.

Educational Programmes for schools supported by GMRVF include the following.

Primary and Upper primary schools

- GMRVF supports Vidya Volunteers, who work in primary schools, alongside teachers.
- Improvement of school infrastructure like construction of classrooms, boundary wall, toilets, providing water filters, repair of water pipeline through WATSAN programme, repair of borewell, providing play equipment like swings, etc.
- Improvement in classrooms like painting primary school classrooms with educational motifs, providing dust bins, among others.
- Supporting students by providing stationery like notebooks, pens and pencils, etc.

High Schools

- Improvement in school infrastructure including additional classrooms, ceiling fans, toilet blocks, cycle stands, water filters
- Providing tuition classes for class IX and X students
- Providing practice test papers to Class IX and X students to help prepare for their board examination
- Giving cash awards and merit scholarships to best performers
- Providing study tables and chairs to students for use at their homes
- Providing smartphones to class X students during COVID-19 lockdown to attend online classes



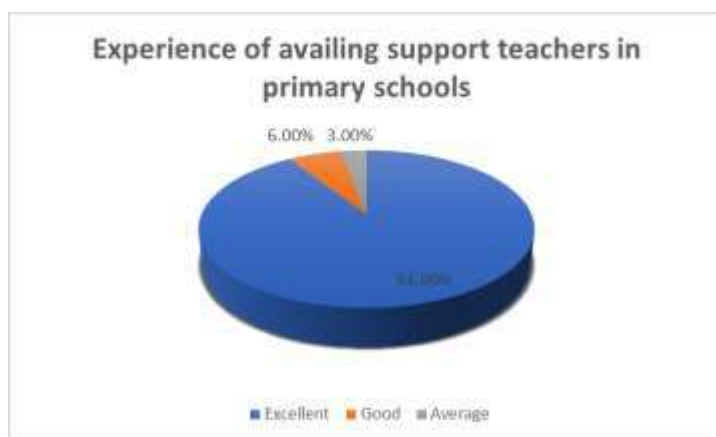
FIGURE 18: DISTRIBUTION OF PRACTICE TEST PAPERS TO CLASS X STUDENTS

Impact

Government supported schools and their students have benefited substantially from GMRVF's support. They have been well supported through Vidya Volunteers, offline tuitions, availability of practice test papers, note books, cash awards, and materials like study tables and mobile phones during Covid-19. Schools also received play equipment which children liked. Investments were also made into school infrastructure which included construction of classrooms, toilets, boundary walls and bicycle parking areas. According to the teachers, in the past 10 years, the number of students attending school has increased significantly and the activities undertaken by GMRVF have a major positive role in this achievement.

- **Vidya volunteers**

Recruiting Vidya volunteers have had a significant positive impact on the overall education system in government supported schools. Vidya volunteers assist school teachers in teaching and some non-teaching administrative tasks. This helps the main teachers to focus on imparting quality education to students. This is particularly useful in government schools which have a smaller number



of teachers and they are burdened by other non-teaching tasks also. GMRVF engaged 10 Vidya volunteers for primary class students of 8 Government schools with the aim of improving the quality of education while creating employment for women in contract roles.

The induction of Vidya volunteers freed the teachers from other non-teaching duties like monitoring mid-day meals and other administrative works. GMRVF appointed Vidya Volunteers from the local village where the school is located. This boosted the morale of the Vidya Volunteers as well as the children. In conjunction with other activities which GMRVF undertook like improvement in the school infrastructure, Vidya volunteers helped teachers' pay more attention to students leading to increased motivation among students to attend school. This helped in the development of good relationships between teachers and parents. During the School Management Committee (SMC) meetings, GMRVF's contributions to the school are discussed and acknowledged. Parents' feedback about GMRVF is very positive. This intervention had a 91% approval among 160 respondents whose children attended school.

According to Pravati Singh, Head Mistress, Kaliatalia Primary School, "Our school's enrolment is increasing every year. Last year it was 25 students and this year we have 38 students, of which maximum students are in Class 2. This is due to the support of Vidya volunteers in our school. Parents are happy that there is no shortage of teachers now and that the teacher is from their village. If any parents do not send their children to the school, then the Vidya volunteer personally visits that house understand the reason and counsels parents to send their wards to the school".

The intervention by GMRVF has helped the Vidya volunteers to be financially independent. GMRVF's agreement with the District Inspector (DI) of School Education gave Vidya volunteers an equal opportunity to work like regular teachers and be involved in school related activities. They are paid a monthly honorarium by GMRVF which helps them contribute to their family's well-being. In addition to this, they also have better social recognition.

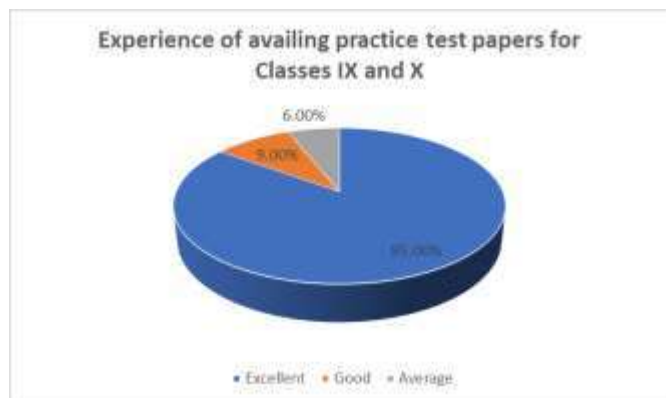
- **Infrastructure development** – Schools are considered second homes for children as this is where they spend a significant amount of time every day. School infrastructure plays a vital role in building a learning and positive environment for the students. Investing in school infrastructure creates a positive atmosphere that encourages students' engagement and learning. GMRVF's efforts to improve the infrastructure of local schools made it comfortable for students to attend school.

Infrastructure development in schools

Sarita Naik, Head Mistress (HM) of Achulkote Upper Primary School, Kamalanga, said, "Our school had only four classrooms. We have classes from 1 to 8 with an average of 150 students per year. It was difficult to conduct classes properly. There was no boundary wall for the school. After school hours, anti-social activities used to take place. We used to find liquor bottles kept in front of classrooms every day. The school's borewell motor was also damaged. Water taps were stolen. The school garden was destroyed by cows and goats. The school approached the Sarpanch, BDO and BEO for infrastructure assistance. The construction work was started by our Panchayat Sarpanch, with GMRVF's support. GMRVF provided funding for construction of two class rooms, a boundary wall, four plastic chairs and two dustbins. And also, one class room was painted with pictures for teaching aids. GMRVF's support helped building a good environment for students which is necessary to make the children feel comfortable and taken care of while they learn."

Premananda Sahu has been a Vidya volunteer at Kaliatalia primary school, which has classes from 1 to 5 standards. He explained, "GMRVF constructed the school boundary wall which made the school premises secure. Earlier, the school used to be frequented by antisocial elements and domestic animals regularly. After construction of the boundary wall by GMRVF, those anti-social activities stopped, leading to better safety of the children. The school has even developed a garden for the children. During every School Management Committee (SMC) meeting, parents discuss and appreciate GMRVF's contribution to the school."

- **Providing practice test papers and mobile phones** – Practice test papers and mobile phones helped the students immensely. Practice test papers provided a better perspective of what kind of questions will appear in the examination and helped in improving students' preparation and performance in examination. During COVID-19, closure of schools negatively impacted learning of children. The cost of school closures was substantial, in particular for lower socioeconomic status households. There were



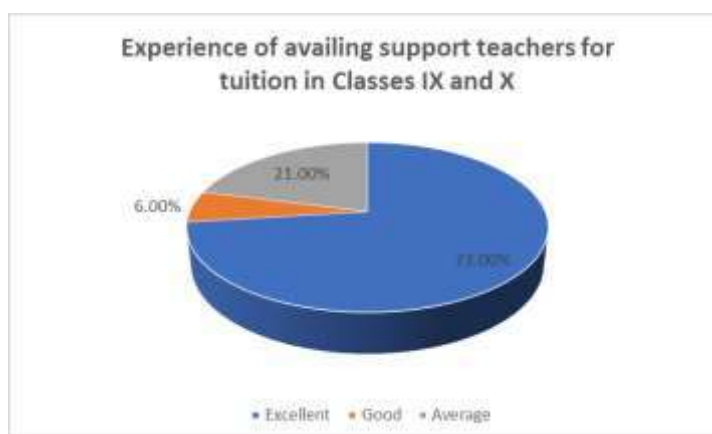
dramatic changes in the mode of education. In lower income households, fewer resources exist to support online education. GMRVF's smartphone support helped many students to continue their studies, who otherwise would have dropped out of school. This initiative had a very good approval rate of 85% from the respondents who availed it.

Mobile and practice test paper support to students

Sushrimani Nayak, 17, studied in Mangalpur High school. Her parents are daily wage labourers. She says, "Two years back, when I was in Class 10, we were given practice test papers for practice. It helped me to prepare for the matric examination. As my father could not afford to buy practice test papers, GMRVF's donation of practice test papers was of great help to me. I was able to understand what type of questions could be asked in the examination. I also received a smartphone during COVID-19 in 2021. It helped me to attend online classes of Class 10. Due to the mobile phone, I am able to continue my studies even today. If I did not have a mobile phone in Class 10, I would not have cleared my matric examination and eventually I would have dropped out of school or wouldn't have pursued higher studies."

Her mother Tapai Nayak says, "We did not have money either to buy practice test papers or a mobile phone. During COVID-19 we were also not allowed to go outside for work. So, my daughter was facing a very difficult time in her studies as online classes were being held. She used to miss her classes. Thanks to GMRVF, my daughter was able to get the practice test papers in class 10 and a mobile phone in 2021 for online classes. She scored well and passed in the second division. She practised regularly from the practice test papers and she asked her teachers when she came across a difficult question. She also discussed questions from the practice test paper with other friends."

- **Offline tuition** - Tuition is an integral part of the education system, especially in Odisha. Most students attend tuitions outside of school to supplement their learning. In most cases, parents who cannot afford private school fees, send their wards to government schools. In a classroom setting, teachers have to teach a large group of students, which can limit their ability to give individual attention to each student. Some students may need additional guidance to understand certain concepts. Tutorials offer supplementary learning that can help students grasp the subjects better. However, affordability is an issue especially in rural areas and getting private tuitions for children is out of the question for many families. In such a scenario, GMRVF initiated offline tuition classes for children in peripheral villages with an objective of providing support to students in class 10 to improve their performance in the board examinations so that they can have a good future. Offline tuition support by GMRVF was a big help for the students as well as parents. Teachers and parents reported that this initiative by GMRVF enabled more students to secure good marks in the board exams and get admission in colleges. 73% of respondents had a very positive view of this support provided by GMRVF.



Offline tuition support to students

Chandan Behera, 14, is a student of Class 9 at Kamalanga High School and attends offline tuition. "In school, teachers teach all students. There is hardly any time left for discussions with students. Offline tuition helps understand the subject better and clear our doubts. I joined offline tuition because I saw that Barun sir teaches very well, especially English and Mathematics. Our seniors who took offline tuitions were able to achieve good results in their board examination. So, I decided to join offline tuition."

Chabi Behera, mother of Chandan Behera says, "Chandan is now in class 9 and next year he will write the board exam. In our family no one is educated enough to teach class 9 subjects at home. In his class, all children have enrolled for tuition either with GMR's offline tuition facility or private tuition. In the school, there are nearly 40 students in their class which limits the teacher's ability to pay individual attention to students. My son is weak at studies particularly in Mathematics. So, he needs tuition beyond his classroom teaching. Barun Sir, (Barun Behera, the Vidya Volunteer) told me about the GMR offline tuition at Achulkote village for classes 9 and 10 which are free of cost, where he is the teacher. So, every morning at 6 a.m., Chandan along with other friends, cycles to Achulkote school for tuition. He is average in studies. In class 8 he scored 369 marks out of 500. Now he is in class 9 and having attended three months of tuition, he is improving in mathematics. Hopefully by the final exam of the class he will gain confidence and good marks in mathematics for the matric board exam."

- **Cash awards and merit scholarships to best performers** – Providing cash rewards and scholarships to meritorious students, especially those from low-income families, has a significant positive impact on individual students and their families. Scholarships are based on family income and performance of students at different stages of their educational life. GMRVF provided cash awards to students who scored more than 60% marks in board examinations. This increased students' interest and competitiveness in studies. Scholarships increased the participation of boys and girls in higher studies. According to Bidyadhar Mahatab of Mangalpur Upper *sahi* "Now there is an increase in the number of students who undertake higher studies. Every household has a graduate now".



FIGURE 19: AWARD OF SCHOLARSHIP TO GIRLS ON INDEPENDENCE DAY



FIGURE 20: RECIPIENTS OF SCHOLARSHIPS

Eligibility criteria for scholarships				
Category	Eligibility	Performance	Family income	Amount provided
Class 7	Girls only	Top 2 performers in class per GP	Below INR 2.4 lakhs per annum	INR 250 per month for 3 years
Passed from Class 10 and joined college thereafter	Girls only	Top 2 performers in class per GP	Below INR 2.4 lakhs per annum	INR 500 per month for 3 years
Diploma/Degree in technical courses	Boys and girls	Top 2 performers in class per GP	Below INR 2.4 lakhs per annum	INR 700 per month for Diploma students and INR 1200 per month for Degree students till completion of course

Applications for scholarship are recommended by the school principal

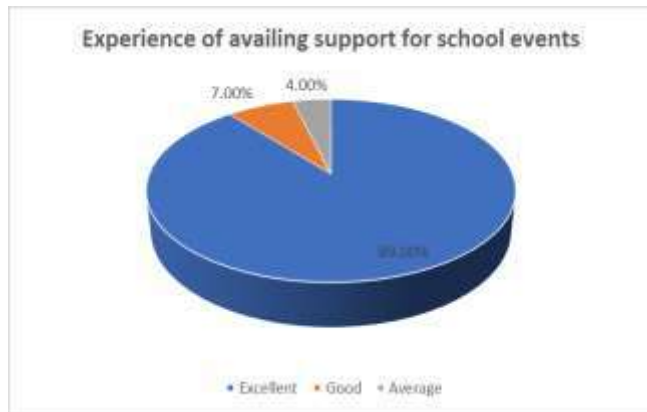
- **Special coaching classes**

- In order to increase the knowledge and competitiveness of rural primary children especially in comparison to urban children who generally have access to better learning facilities, GMRVF provided coaching classes for admissions in Navodaya central schools. Students are also successfully participating in competitive exams like Adarsh and scholarships. A majority of the respondents (54%) who have availed the coaching have a positive view about the programme, while 38% have said that this needs to improve.



FIGURE 21: COACHING CLASS FOR STUDENTS APPEARING FOR NAVODAYA ENTRANCE EXAM

- Organising competitive events** - GKEL also organises competitions in studies, attendance, character development, etc. and gives prizes to students for their performance. This encourages parents to send their children to school regularly. The students are also motivated to pay attention in class. Schools were supported to organise special days like Republic Day and Independence Day and sports to make students aware of the importance of the day and to make more students participate in sports. This initiative had a positive rating among 89% of respondents.



- Engaging with the community to reduce school dropouts** - GMRVF organised community level drives to encourage drop out students to return to school. There are many children in Achulkote village who were irregular to school but resumed school after counselling. According to Paramananda Sahoo, Vidya volunteer, "We organised few rallies in Barasahi and Kaliatalia and Achulkote villages and had discussions with parents whose children were not coming to school regularly. After three to four visits to their homes, parents were convinced and now their children attend school regularly".



FIGURE 22: PARENT STUDENT MEETING TO REDUCE SCHOOL DROPOUTS

b) DAV School, Kamalanga

The DAV School is part of a well-known chain of private schools known for good quality education. The DAV School in Kamalanga established in 2011, offers classes till Standard XII and has over 700 students. It caters to the children of GKEL employees and its peripheral villages. Students also come from other villages like Banarapal and from other organisations/ companies like Tata Steel BSL.



FIGURE 23: GMR KAMALANGA DAV PUBLIC SCHOOL

GMRVF has contributed extensively to the development of the DAV School at Kamalanga.

- **Infrastructure facility:** The school infrastructure of DAV school is provided by GKEL. This includes development of the entire school building along with science laboratories, libraries, playground etc.
- **Subsidised admission for the children of project affected families:** GKEL helped by providing subsidy to children of project affected families so that they could avail CBSE curriculum in DAV School up to Class 10. Earlier, the subsidy was provided to all the children of project affected families but from the past two years, this has been restricted to one child per family. The initial admission process which usually costs INR 22,500 is reduced to INR 17,500 for children of project affected families. Re-admissions for successive classes are subsidised by INR 24,020. From Class VIII onwards the fee remains at INR 2270 for children of project affected families.

Impact

- **Access to quality education** - The children of project affected families studying at DAV school get infrastructural benefits as well as financial gain. While the regular cost is INR 26,290 for junior class admission, for a project affected family's child, the charges are subsidised by INR 24,020 every year. Hence, children of project affected families studying at DAV get more benefits in respect to advanced science laboratories, CBSE curriculum, English medium teaching and financial gain than the children studying in Government run schools.

According to the Head HR of GKEL who looks after the education programmes of GMRVF, "DAV GKEL is one of the best CBSE schools in this region. It caters not only to the children of GKEL and its peripheral villages but also children from faraway places like Banarpal and children of Tata Steel Meramundali employees. He further stated that in 2023 the pass percentage is 100% and 14 children scored above 90% in the board exams. The highest score achieved in board exams this year from the school is 487 out of 500.

c) Saraswati Shishu Mandir

Saraswati Shishu Mandir was established in the year 2005 at Mangalpur village. The school is affiliated to the Board of Secondary Education (BSE) Odisha. It is a private Odia medium school run by Saraswati Shishu Mandir Trust. The school has a total of 400 students spread across classes ranging from nursery to class 8th. There are 18 teachers and two support staff in the school. The school caters to students across three panchayats.



FIGURE 20: INAUGURATION OF CLASSROOMS AT SHISHU MANDIR

Earlier, the school did not have proper infrastructure. The classrooms were not plastered, there was no common room for the staff, there was no computer lab or an office. The school did not have proper sanitation facilities, it was run with just a basic structure in place. GMRVF supported the construction of two class rooms, a prayer hall, and a toilet block in the school.

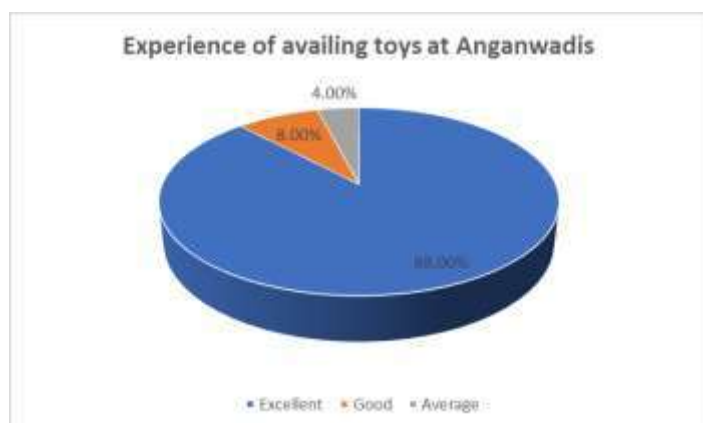
Impact

Both parents and teachers have expressed their satisfaction over the educational activities of the GMRVF. They appreciated the construction of additional classrooms at the Shishu Mandir school in their village.

- Construction of new classrooms provide a conducive learning environment for the students. The teachers are also able to conduct classes more efficiently.
- Inadequate sanitation and hygiene facilities affect the health and well-being of students and it needed immediate attention. Construction of the toilet block has provided access to clean and functional toilets for the students. Accessible toilets contribute to a conducive learning environment. Having toilets conveniently located within school premises saves students, especially girls in higher grades from going home to use toilets. This also encourages their regular attendance and participation in school activities.

d) Anganwadi centre

Facilities at the Anganwadi centre were improved by GMRVF for children. Toys and slides were provided for children to make the Anganwadi child friendly and increase their interest in coming there. This also helped them to be physically active while participating in the learning process. According to Taipi Mahapatra, AWW, Achulkote, "GMRVF gave toys, slides and some teaching and learning materials. These toys helped us to teach children and also attracted children towards the Anganwadi. The newcomers generally do not want to come to Anganwadi. So, when a child is coming for the first time to the centre, we give him/her toys to play to increase his/her interest in the Anganwadi. This also played a part in children coming regularly to the Anganwadi". 88% of respondents whose children availed played toys at the Anganwadi said that they had a good experience. Similarly, provision of sliders had also 85% approval rating among respondents.



e) Computer Education

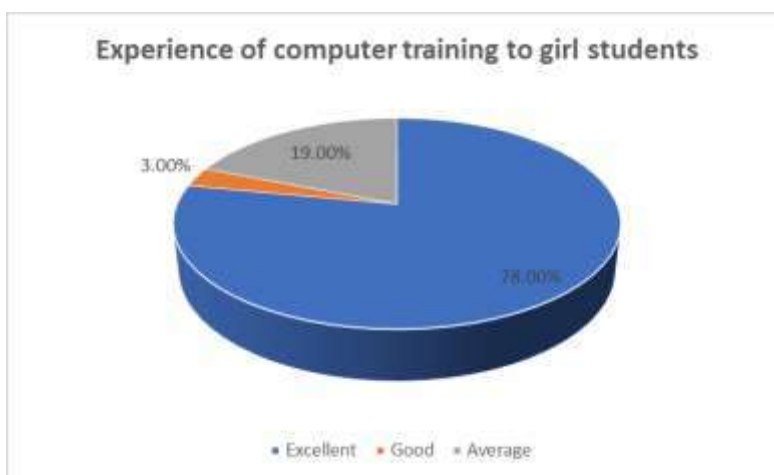
In the rural areas around the GKEL campus, there was no institution for providing computer education. The nearest computer learning centre was at Ban arapal, about 10 kms away. Lack of proper transportation meant that going to Banarapal was not feasible. In addition, the course fees for computer classes were high. This made it off limits for the youth in the village. With a view to promote computer literacy among girls in the periphery areas of GKEL, a computer centre was set up by GKEL in 2016 in its campus. It offers a three-month course on basic computer skills like



FIGURE 21: COMPUTER CLASS FOR GIRLS

MS Office (MS Word, MS Excel, MS PowerPoint and MS Paint). Each batch has about 15 students and about 200 girls in total have attended the course till now. Classes are held every day for two hours which includes 1 hour of theory and 1 hour of practical sessions. The sessions are conducted by one teacher who is experienced in this domain. The infrastructure provided and the instructors are good.

In 2017, GMRVF started a three months basic computer education course for the girls of project affected families who completed Class X. On an average 30 girls are admitted every year to the course. The classes are conducted from May to July every day except Sunday from 3PM to 5PM at the GMR colony campus. There are 10 computers



available for practice. No fees are charged for admission. However, the girls are required to pay INR 300 for materials like bags and books. After successful completion of the course, a certificate is issued to the girls which can be of help when they decide to pursue computer studies further or if they decide to apply for a job.

Impact

- **Increase in computer literacy among girls** - The idea of setting up a computer centre to provide education to girls is noble and has been beneficial in terms of imparting basic level knowledge. It has helped the youth of the region understand computers and learn the basics. Mamata Bhoi, a student of the computer course, said, "I was seeing people with computer knowledge getting jobs

in various workplaces. So, I also thought of learning about computers. But in our areas, there was no such scope for computer education. My father (Achuyata Bhoi) informed me about the computer learning free of cost to 10th pass at GMRVF for 3 months. As our land was given to GMR for establishing GKEL, my father visited GMRVF for livelihood activities. There he came to know about the computer training being available for families who have parted with their land. My father helped me to know about the programme and then I decided to enrol for it. I learnt basic applications of computers like MS Office. The course helped me understand computers and eventually, I was able to get a job in Bhubaneswar where I earn INR 18,000 per month. The computer course at GKEL was the Foundation for getting my current job.” 78% of respondents had a positive view about girls availing computer training and said that this will enable girls to have better jobs.

- **Increased ability for employment** - Girls are now competing for computer-based jobs. Laxmipriya Mohapatra, another girl from the village, said, “I wanted to do a job for which computer knowledge is necessary nowadays. So, I thought the best option was to attend the computer sessions through GMRVF. My uncle informed me about the computer classes which were offered free of cost to students who had qualified the Standard 10 exams. I joined for a three-month course in 2018. I learnt basic applications of computers like MS Office – Word document, spreadsheet preparation, PowerPoint presentation and MS Paint. After the computer course got over, I applied for a desk job at a 2-wheeler showroom at Banarpal. My salary was INR 7,000 for two years. I joined another job after that where my salary was INR 11,000. I now work at the HR section of United Infra Core Ltd., which is a service provider to Tata Steel Meramundali (owned by TATA Group), where I earn INR 16,000 per month.” Girls have also become earning members of their families which not only increases the family income but also gives a lot of respect to them in the society.

C. Challenges and Recommendations

- **Vidya volunteer** - Vidya volunteers play a crucial role in supporting the teachers, preparing learning materials, supervising the students during activities in schools, engaging with parents, etc. However, their involvement in other community development activities of GMRVF limits their time spent in schools. It was observed that involvement of vidya volunteers in other GMRVF activities limits their involvement in school activities in some cases. GMRVF could consider utilising Vidya volunteers for interventions related to education only.
- **Offline tuition** - It will be of help to students if offline tuition can be conducted in the village itself. For example, as of now, students go from Kamalanga to Achulkote which is 2 km away. During the rainy seasons it is difficult to reach the tuition centre, especially for students who do not have bicycles. Also, in order to ensure better focus among students and parents, a nominal fee could be requested.
- **Practice test papers** - The practice test paper is supplied from Surendra Publications. In order to increase the variety of probable questions, practice test papers of OSTA Publications which

capture a good number of exam questions, should also be provided. This would help students practice and score better in board exams.

- **Coaching classes** – It is suggested by FGD participants that the coaching classes need to be extended to higher secondary and college-going students which can help bridge educational gaps and enable them to pursue higher education and career opportunities.
- **Scholarship** - Currently, two girls from one gram panchayat at each level are provided with scholarships. Expanding the number of students for scholarships to five, will have a positive step towards increasing access to education and supporting more individuals in their academic pursuits. Similarly, providing scholarships for a greater number of students in technical courses will be a strategic way to promote skill development, and the growth of the workforce in specialized fields. GMRVF may also consider providing one-time financial support for poor but meritorious students who wish to advance to a higher class at the college level to enable bridge the financial gap and support talented students to continue their education.
- **Promoting extracurricular activities** - Currently GKEL conducts multiple activities through its Fire Department, Safety and Environment Departments. It also holds competitions like drawing for children, SVPs like Aao Khele Hum, and provides play equipment for children. GMRVF may also consider further support to schools in sports, in creating a green environment, and promoting cultural activities, as these activities are important in fostering the all-round development of students. These extracurricular activities complement academic learning and contribute to students' physical, mental, and social growth.
- **Computer education** - While the computer education initiative has been beneficial to some, the programme is not job oriented. Most of the girls who attend the course do not have any future plans as far as utilising the computer knowledge is concerned. The main motivation for the students also seems to be the advent of social media and they feel it is important to know about computers.

Students face challenges due to macro-economic factors as well. For example, interviews for jobs which require only basic computer skills are also attended by people with much higher qualifications like PGDCA. This makes it impossible for students to compete against them, limiting their chances of getting jobs. Lack of higher-level computer jobs suitable for PGDCA qualified candidates is more of a macro-economic problem but it impacts adequately qualified job seekers. The main improvement which should be carried out is to make the programme job oriented. The course content should have more advanced levels also so that the youth can make a career in this industry. The current course could be enhanced further equivalent to at least one year with PGDCA. The course could also be affiliated with a well-known institution/university so that there is adequate value for the students.

Currently, the computer course is offered to girls only. Offering computer courses for boys will not only enhance their digital skills but also open doors to various educational and employment opportunities. Hence, GMRVF may consider a separate batch for boys.

- **Career counselling** - In rural areas, students do not have access to career counselling or guidance opportunities. Career counselling for high school and college students will help them to make informed decisions about their career paths and prepare them for their transition from school to college and to the workforce, considering their interests, skills, and aspirations.
- **Addressing unemployment** - Creating a comprehensive approach to support unemployed youth can be of help to address the challenges they face in finding employment. This includes building a comprehensive database of unemployed youth in the project affected areas, skill and aspiration mapping of these youth, providing relevant training programmes and skill development courses based on the mapping results, equipping them with the skills like resume building, interview preparation, and job search strategies. Setting up a resource centre equipped with a library containing books and magazines related to various industries, and a bulletin board or a digital platform to share job opportunities will be of great support for the unemployed youth to achieve their career goals.
- **Mobility** – Lack of transportation is a major barrier for youth in the peripheral villages to access higher education. Higher education facilities are in areas like Banarpal, Angul access to which is not easy. This resulted in many girls quitting studying altogether due to lack of transportation services. Providing transportation facilities for students from peripheral villages of GKEL will not only promote access to higher education but also address the urban-rural educational divide. This support can have a transformative effect on the lives and futures of rural youth, enabling them to contribute to the development of their communities and society as a whole.

Chapter 5 - Infrastructure

A. Context

Development of infrastructure is an essential component of improving the quality of life of people, especially in rural areas. In Odisha, while urban areas have seen considerable infrastructure development, remote rural areas often face significant infrastructure gaps in terms of roads, water supply, electricity, etc. Although there is a substantial road network, maintenance and upgradation of roads, especially during monsoons, are challenges. Access to clean drinking water and sanitation facilities, especially in rural areas, remains a concern. Quality education and healthcare facilities in rural areas are challenging.

The peripheral villages of GKEL had limited infrastructure facilities catering to the local communities. During the establishment of the GKEL plant, the local community members of both Kamalanga and Mangalpur Gram Panchayats had parted with their lands, and GMR took on the responsibility of improving the lives of community members, which included investments in infrastructure creation and upgradation of existing infrastructure.

GKEL has undertaken multiple infrastructure development activities in the villages. This consisted of road development, educational infrastructure, electrification, water management, and socio-cultural infrastructure.

The process followed for creating and upgrading infrastructure is based on the needs of the community members. Panchayat infrastructure requirements are first approved by the Gram Sabha and sent to the Block office and thereafter the collectorate. At the Zila Parishad meeting, the district Collector decides whether the required infrastructure can be taken up as part of government funds or if it needs to be invested by GKEL. In case the development work needs to be undertaken by GKEL, post sanction of funds, the work order is issued in the name of the vendor from the community recommended by the village committee headed by Sarpanch. Sometimes village plans are modified or optimised by GKEL as per availability of funds.

B. Strategy, interventions and impact

The infrastructure development strategy adopted by GKEL focuses on inclusivity that matches the needs of the beneficiaries and where local community members come to a consensus on their requirements channelled through the Gram Sabha. Engagement of local resources like contractors are encouraged to take up the infrastructure development work in the community. It not only ensures quality but also gives income to the local contractors. Implementation at the ground level is carried out by the local people. Some major interventions undertaken can be grouped as below.

- a) Road infrastructure
- b) Educational infrastructure
- c) Water infrastructure
- d) Socio-cultural infrastructure

a) Road infrastructure

This included development of cement concrete roads, black topping of existing roads, and application of thermoplastic paint on roads. In the past five years, 15 road development works have been initiated by GMRVF to improve road infrastructure in the peripheral villages of GKEL. Prior to this, there was only one RD road in the village which connected Mangalpur and Kamlanga villages. The internal roads of the village were unpaved making it especially difficult to use during rains.

Impact

- **Improved accessibility and connectivity** - Construction and renovation of roads by GKEL provided better mobility and connectivity. According to Sri Susil Choudhary, Head - Civil Infra of GKEL, "Ever since GKEL started operating, a large number of road infrastructure interventions have been undertaken in peripheral villages. The present RD road is built by GKEL. Similarly, many roads have been renovated and bitumen topping done by GKEL ". Village internal roads are also developed by GKEL. Mohan Charan Naik, 50, a resident of Bhagamunda village, said, "Due to the road infrastructural development of GKEL there is improvement in road transport systems. Inter and intra village CC roads have been constructed". Corroborating this, Nimai Bhoi, of Achulkote village, said, "The CC Road which you see today is constructed by GKEL. Earlier it was a mud road and during rains it was difficult to walk or travel on this road for the people of Barasahi and Kaliatalia villages. Last year, GKEL constructed this road and as a result, students are able to go to schools and colleges outside the village". Damodar Pradhan, Head Master, Durgapur Primary School and Kamalanga village resident said, "Earlier, there was no road between Durgapur and Kamalanga villages. Students had to traverse a longer route to reach Kamlanga High school. Post construction of the road between Durgapur to Brahmani River bank by GKEL, students take a shorter route and less time to reach Kamalanga High school".
- **Improved emergency services** - During discussions with residents, many of them reported that they are able to avail autorickshaw services for visiting hospitals due to better accessibility. Construction of roads have also provided easier access to emergency services. During medical emergencies vehicles can reach the doorstep of the villagers.



FIGURE 22: CONCRETE ROAD INSIDE MANPUR VILLAGE

b) Educational infrastructure

The education infrastructure in the peripheral villages required a lot of improvement. As part of its outreach to improve the education support infrastructure of the region, GMRVF constructed Anganwadi centres, renovated old school buildings, constructed additional classrooms, and constructed and repaired boundary walls of schools.



FIGURE 23: RENOVATED SCHOOL BUILDING

Impact

- **Safe and enabling environment** - The infrastructure assistance provided by GKEL helped establish a positive environment for students which enabled safety and convenience. For example, in Achulkote village, there was no Anganwadi building. The existing Anganwadi used to be run from Kothaghar village and was in a bad condition because of which parents were hesitant to send their children to the centre. GKEL constructed a building to house the Anganwadi centre (AWC) in Achulkote which was bigger than the other centres. In addition to the building, GMRVF also provided stuffed toys, play equipment and other study tools for children. They also provided a table and chairs. Children benefited the most from the new AWC building. They are in a better structure which also has toilets. Due to the bigger space available, Village Health and Nutrition Days (VHNDs) / Mamata Diwas are organised here. Besides regular AWC activities, GMRVF also runs a nutritional centre for pregnant and lactating mothers from this building.

According to Taipi Mahapatra, AWW, Achulkote, “Two years back, there was no AWC centre in the village. I used to run the AWC at the Kothaghar of the village which was in a dilapidated condition and was not suitable for children. Then the village people requested GKEL for a proper AWC and the government also supported it. The present building is constructed by the GKEL. It is better than the other government AWCs. It is spacious and has basic facilities like toilets and separate kitchens for cooking food. The rooms are smoke-free and well ventilated. The walls are painted with many children friendly cartoons and learning materials and figures. Children are now interested for visiting this new building to play and learn”.

- **Schools with adequate and quality infrastructure** - The government high school in Manpur was not in a good shape before the intervention of GKEL. This school was established in 1967 and had not seen major repair and improvements. It has a total of 360 students from Class I through Class X. There was a shortage of classrooms and students of two classes studied in one classroom. The toilets were broken and not in usable condition. There was no proper arrangement for parking of bicycles and they used to be scattered all around. In addition, there was a security issue as the boundary wall was low and anyone could just come into the school. The community members reached out to GKEL for assistance and GKEL provided funds

for construction and repair. An additional classroom was built, the toilets were repaired and are now usable, the height of the boundary wall was raised and the cycle parking area was developed. The people are happy with the support provided and really appreciate GMR.

c) Water supply infrastructure

Lack of availability of drinking water was a major problem in the villages and this affected the daily lives of people. In order to tackle water scarcity and improve the water quality for the health of people, GKEL installed a water treatment plant for potable water which is used by households, water purifiers to schools, dug borewells, and desilted and renovated ponds. This intervention by GKEL contributed to protection of public health and improvement in the quality of life of families.

Manpur Water supply – A case study

Manpur is one of the villages which falls in the impact area of GKEL. The entire residential colony of GKEL is in the land of Manpur village. The village is occupied by approximately 1000 households, most of which belong to the OBC category. A large part of the terrain is rocky and hence the village faces issues with water availability. The panchayat had dug a borewell about 1 km from the village. The women of the village were tasked with carrying water in pots from the borewell. However, a significant amount of time was spent by the women in getting water from the borewell everyday as it was the only source of drinking water for all households in the village. It used to be crowded with women and water could be collected only after spending long hours at the borewell. Ferrying 8-10 pots of water was a full-day affair.



FIGURE 24: WATER STORAGE TANK, MANPUR

The community members had to travel a long distance to bathe in the river. The water was not of the best quality and it resulted in skin problems and other health issues for the people. Overall, it was a difficult situation existing for both humans and animals.

Considering the hardships faced by people, GKEL started to supply potable water through tankers to the village. This continued for 2-3 years. The water quality was good and it made life for the people easier. However, the quantity of water was insufficient. The local panchayat subsequently constructed a one lakh litre overhead tank close to the village to store water. In order to have a long-term solution, GKEL decided to pump water from its treatment plant to the village tank. Overground tanks and power connection expenditure were made by GKEL, while Overhead Tank and piping was done by Rural Water Supply & Sanitation (RWSS). Treated potable water is now continuously available for villagers, supplied by GKEL. Water is now pumped for one hour every day to the village tank and water is made

available at various points through pipelines. Company has also assigned a skilled person to look after the operations and maintenance of the tank.

Many people have now drawn water connections from the pipelines. The village has a water committee which charges INR 20 per month per household for availing this facility. The water committee also allows households to pay and draw individual water connections to their homes. If an individual household wants to take a water connection to their home, then the household has to apply to the Committee and if the Committee approves, that household can tap the main supply line and draw the water connection to the house.

Almost all FGD participants agreed that of all programmes, drinking water supply was the most needed development activity carried out by GKEL for the community. Some participants of Dhoba *sahi* and Tala *sahi* mentioned that they do not get water as their houses are in elevated places of the village where pipelines do not reach. People are drawing more water than permitted from the main line resulting in insufficient water pressure downstream. Some households use mini water pumps to draw more water from the main supply line to their rooftop water storage tanks. This results in the lack of water at the end points of the supply line.

Impact

Before this water system was established by GMRVF, women faced a harrowing time on a daily basis to fill up water from the borewell. This took a toll on their health and productivity. Joint pains and body aches were frequent. The water was not even sufficient for households. The river water was dirty and not really good for taking bath or washing clothes. Post the intervention of GMRVF, things became much easier.

- The women did not have to tread multiple times a day to fetch water from the borewell. This saved them from the drudgery.
- The borewell had limited water supply and used to run dry at times. This meant longer waiting time to refill. With the GMRVF initiative, this problem was eliminated.
- They finally had clean water at their homes and did not have to use the dirty river water. This had a positive impact on the health of the community members as well as animals.
- There were cases where women from other villages refused to get married to residents of Manpur as there was no reliable water supply. This did not show the village in good light.

To sum up the intervention, Kunti Rao, a resident of the village and ASHA worker said, “The water supply intervention by GMRVF is a life saver for the people of Manpur. It is one of the best gifts that people have ever received. For older people who struggled hard and have seen the days of struggle value the intervention much more than youngsters who have not experienced it.”

d) Socio-cultural infrastructure

GKEL also invested in interventions that bring people together and strengthen the socio-cultural fabric of the society. This included construction and renovation of a clubhouse, a mandap, a community centre, renovation of a temple, development of temple prayer ground, cart parking shed, furniture for panchayat office, and renovation of the Mahima prayer hall.

Impact



FIGURE 25: COMMUNITY CENTRE

- **Permanent structure for community centre at Manpur** - Earlier, the village had a small community centre but it was not a permanent structure. It had thatched roof and was not conducive for holding meetings. GMRVF supported by providing funds which helped the community people build a pucca structure mainly for community meetings, holding prayer meetings, and a general meeting place. Construction is also ongoing for a *mandap*. The community is very happy with the quality of construction and GMRVF's help with funds.

- **Mahima prayer hall** - People from the villages of Gouda Sahi and Tanti Sahi had built a prayer hall but it was incomplete. It was vulnerable to rain, heat, insects, and even attack by snakes. The people requested GMRVF for assistance in completing the building and the support was provided. The prayer hall was completed by tiling the floor and painting of walls. The people mentioned that GMRVF has done a very good job of supporting the village and the community. The place is used as a community hall, prayer hall, guest rooms and even for temporary storage.



FIGURE 26: TEMPLE RENOVATION, KAMALANGA

- **Distribution of Furniture to Panchayats, Schools and AWCs** - In addition to infrastructure, basic needs for community spaces like furniture was also provided by GKEL. Roji Jena, Vice Sarapanch, said that Kamalanga GP received 10 plastic chairs for use during meetings in the panchayat from GKEL. "We have a shortage of chairs and tables. Our GP is one of the largest GPs in this area. We have 12 ward members. We did not have the required number of chairs for members during

meetings. GKEL's assistance was of great help to us." All the primary schools and AWC of the two GPs were provided chairs and a table for official use purposes.

C. Challenges and Recommendations

During interactions, community members said that due to inadequate knowledge on various CSR activities of GMR, people are unable to participate and monitor the programme quality for effective implementation.

It was also suggested that GMRVF should inform about relevant CSR activities and its beneficiaries with the PRI members of the panchayat. This would help them know which families are getting benefits from the schemes of GMRVF so that they could also involve other left out households in government schemes. This would help in filtering / identify beneficiaries, who get both the government schemes and GMRVF schemes. Prior information of activities will help to GMRVF who the real beneficiaries are.

In order to continue the development of infrastructure, the following are recommended.

- Once the infrastructure work is completed and handed over to the community, the community members should be encouraged to take care of its maintenance and future sustenance.
- More focus should be given to areas like creation of sanitation infrastructure, desilting of ponds, improved drainage system, provision of drinking water for all and solar street lighting.
- In order to retain the cultural identity of the region, structures like temples, community centres etc. could be supported for repair and reconstruction.

Chapter 6 - Good practices adopted by GMRVF & GKEL

Employee engagement with communities is an important aspect of an organisation's commitment to the social and environmental fabric. Engaging employees in community activities not only benefits the communities served but also contributes to a positive work culture and strengthens the organization's ties with the communities.

GMRVF promotes a culture of open communication as part of its community engagement strategy. The community members have direct access to the Foundation and they provide their views, feedback, grievances, and requests. This helps GMRVF to better design and serve the needs of the community and build stronger relationships.

GMRVF organises multiple events every year with the objective of supporting dialogue with the local communities around the GKEL plant. Employees of GKEL participate in a variety of programmes to help address issues which affect people in peripheral villages. These good practices help in fostering the social fabric between communities and GKEL's employees and families.

A. Daan Utsav - Employee engagement in community development

Daan Utsav or Joy of Giving week is organised by GMRVF every year from 2nd to 8th October. During this event, employees and agencies associated with GKEL are encouraged to contribute in terms of cash, kind and time to make a positive difference in the lives of individuals in its peripheral villages. For the last five years, families of employees every year donate usable items on the occasion of Joy of Giving week. The activities which are undertaken with the contribution of employees include:

- Donating clothes and utility items to poor and old people
- Providing rations to vulnerable people
- Providing everyday use items to the orphanage
- Organising blood donation camps
- Supporting students by providing them with study kits, mobile phones (done during Covid-19 affected years)



FIGURE 27: DAAN UTSAV PARTICIPANTS

- Supporting children at Anganwadis by providing toys and play items
- Supporting community members in starting small businesses, such as sewing machines and cloth material for stitching



FIGURE 268: SUPPORTING SCHOOL CHILDREN

The contributions have shown a steady increase over the years and this has benefited people from all walks of life immensely as detailed below.

Year	Amount collected (INR lakhs)	No of beneficiaries	Activities undertaken
FY 20-21	10.76	1145	Distribution of <ul style="list-style-type: none"> • Clothes and food items to old age home • Sarees, <i>dhotis</i> and towels to needy people • Rations and utilities like soap, hand wash to vulnerable community members • Smartphones to 119 students with SIM and 2 months of prepaid charge • Cloth material to girls for stitching
FY 21-22	15.95	1200	Distribution of <ul style="list-style-type: none"> • Clothes, monthly ration, and food items to old people • Study kits to orphans • Bags and safety kits to students • Toys to Anganwadi children • Sewing machines to girls • Utensils to poor families In addition, employees of GKEL, GMRVF, RAXA and DAV school contributed 176 units of blood.
FY 22-23	16.95	3000	Distribution of <ul style="list-style-type: none"> • Clothes and rations to old people • Study kits, study tables and chairs to students • Toys to Anganwadi children • Sewing machines to girls • Utensils and blankets to poor families

Impact

Employee engagement in community development initiatives had a significant impact on both the community and the organisation. Active participation of employees in community development efforts provided employees with a sense of satisfaction at having contributed to betterment of communities around them. It also led to positive outcomes and created both long- and short-term impact. Here are some key areas where the impact of GKEL employee engagement in community development were observed.

- **Addressing community needs** - Daan Utsav helped address community needs with tangible benefits. It channelised the desire of employees to contribute to the betterment of communities in the GKEL peripheral areas. The activities were closely aligned to community requirements from a short-term needs perspective like donation of clothes, food items etc. The community members expressed their happiness with the initiative.
- **Positive community outcomes** - Daan Utsav created tangible positive outcomes in the community e.g., increased access to education, economic opportunities, supporting entrepreneurs etc. For example: 119 meritorious students were provided with recharged smartphones worth around INR 8000 each during the years of Covid-19 when there was no physical access to schools. This is an excellent initiative to bridge the digital divide and facilitate access to educational resources, improve digital literacy and contribute to their academic success.

A part of the amount collected from the employees was also utilised towards encouraging small businesses run by women. Thirty-two girls who work at the tailoring centre, received fabric to stitch nighties and petticoats. With the material provided, the girls made nighties and petticoats at the tailoring centre and sold them locally. Each girl was able to earn INR 800/- by selling the products. In a way, the effort by the employees helped in job creation and capacity development of the communities.

- **Employee satisfaction** - Participation in community development efforts brought about a sense of achievement among the employees of GKEL. They also take pride in their organisation's outreach and their ability to contribute towards it.
- **Local collaboration** - Employee engagement activities helped strengthen partnerships with local communities and community leaders, enhancing the effectiveness of community development efforts. Further, employee programmes like this have the possibility of creating small-scale infrastructure, health support systems, all of which will benefit the local populace and bind the organisation to the local ecosystem for a seamless coexistence.



B. Social volunteering programs

Social Volunteering Projects (SVPs) are short duration projects spearheaded by employees to address various social and community needs in the peripheral villages of GKEL. Such projects usually have a duration of 3 months and are supported by a special fund of INR 30,000/- per project from the GMR Group Chairman. Employees engage in these projects by contributing their time, skills, and energy. GMRVF supports the teams in implementing the projects for better collaboration with the communities. Every year, a team of employees implements programmes on various social issues. Some of the SVPs which have been implemented so far are as below:

- Natural resource management through rainwater harvesting
- Capacity building of women on disaster preparedness and management
- Energy conservation measures at the community level
- Community mobilisation towards a plastic free model village
- Aao Khele Hum, a programme to promote traditional games like football, volleyball, and Kho Kho among school students
- Transforming waste land to green cultivated land
- Introduction of honey bee keeping
- Strengthening telemedicine processes

Year	Effort by SVPs	Major work undertaken
2020-21	About 1220 person hours have been spent by GKEL colleagues in 32 community programs benefiting over 2200 people.	<ul style="list-style-type: none"> • Sabujima - Beautification of the school campus through planting of fruit plants, growing vegetables and establishing a flower garden by following organic practices.

		<ul style="list-style-type: none"> ● Empower – Upgradation of the skill of youth in livelihood programmes which included repair and maintenance of electrical household appliances. ● Smart class – Modernization of classroom by making it digital with audio and video facilities so that class teaching / training can be delivered better ● Digital platform – Enhancement of digital awareness of the community through a digital platform on several schemes implemented by the government for farmers. It also developed a database of beneficiaries through GMRVF. ● Fun factory – Development of a children’s park in the Nodal School at Mangalpur ● <i>Swachhta</i> – Improvement of cleanliness in Manpur village in Mangalpur Gram Panchayat.
2021-22	920 person hours spent by 75 GKEL colleagues in 32 community programmes benefiting over 2050 people	<ul style="list-style-type: none"> ● Talent hunt - School level competitions ● SVP-<i>Suswasthya</i> - Conducted Yoga classes and Volleyball tournament ● SVP-<i>Dhanalakshmi</i> - Self Help Groups (SHGs) oriented on proper record keeping, thrift and credit operations, importance of Systematic Investment Plan, etc ● SVP-Telemedicine - Medical camps organised for people ● SVP-Contingency - Awareness programmes organised on Covid vaccination, mask distribution, vaccination completed ● SVP-Honeycomb - Community members trained in bee-keeping and provided with boxes and accessories.
2022-23	About 925 person hours have been spent by 210 GKEL colleagues in 65 community programs benefiting over 3000 people.	<ul style="list-style-type: none"> ● SVP-Farmers’ school - Orientation to farmers, exposure to various exhibitions, trial on various programs like mushroom, marigold, poultry layer bird, fish farming etc ● SVP-WATSAN - Awareness to 250 school students of 3 primary schools on water & sanitation, provisioning of water filter, dust bin, water bottles etc. were part of this project ● SVP-Exhibits - Supported school students to prepare about 15 scientific project models. ● SVP-Sakhyam - Supported various aids to differently abled persons to help with their mobility.

Impact of SVPs

- **Addressing local needs** - SVPs allowed employees to directly address specific community needs by using their creativity, knowledge of subjects and acumen. GKEL's encouragement to such projects resulted in multiple benefits to community members.
- **Development of infrastructure and services** - SVPs contributed to the development of community infrastructure and services, such as parks, modern classrooms, cleaner villages, etc.
- **Skill enhancement** - The SVP initiative also helped community members learn new skills. Training on repair and maintenance of electrical household appliances is a good example of an SVP enabling the learning of livelihood skills.
- **Support for the vulnerable sections** - As part of SVPs, volunteers also provided support and assistance to the marginalised individuals and groups by way of creating community assets, educating people, helping learn new skills, accessing new technologies like telemedicine, and promoting social inclusion and equity.
- **Employee engagement** - From the perspective of employees, the SVP helped them become more engaged with local communities and a sense of purpose in their work. In addition, SVPs also help GKEL build relationships with communities, facilitating collaboration and partnerships.

These projects not only helped in creating assets in schools and communities but also created awareness, educated communities, and brought social change. Overall, SVPs made a substantial and positive impact on individuals, communities and the organisation.



C. Pragati Ladies Club in CSR programmes

Spouses of employees of GKEL established the Pragati Ladies Club which is actively involved in CSR programmes. This association takes up various programmes in association with GMRVF. They play a

significant role in contributing to the communities by leveraging their time, skills, resources, and passion for bringing about positive change in the neighbourhood. Some of the Club's major initiatives include:

- Health and wellness initiatives
- Educational support to students
- Skills and entrepreneurship development

Impact

- **Positive impact on health** - The Pragati Ladies Club worked on ensuring efficient functioning of Anganwadi centres. The club members also held sessions with Anganwadi staff on improving teaching quality and on increasing the attendance of children. This has a positive impact on the well-being of communities, especially on maternal and child health.

Kitchen gardens were promoted by the Club members through a SVP, which involved growing vegetables using organic and sustainable practices. It is expected that increased consumption of homegrown organic produce will contribute to better nutrition and health outcomes. They also worked on creating wealth out of waste by SHG women. These initiatives have the potential to positively impact individuals, families, communities, and the environment.

The Pragati Ladies Club organised programmes for school-going girls and contributed towards distribution of sanitary napkins to adolescent girls. With help from GMRVF, they organised awareness programmes on personal hygiene for adolescent schoolgirls. Sanitary napkins were also distributed to adolescent girls through Anganwadi centres.

- **Improvement in community education** - The Club members also held sessions with Anganwadi staff on improving teaching quality and on increasing the attendance of children. In order to spruce up the Anganwadi and make it more appealing to children, educational wall paintings were done. Members of the Club supported Anganwadi children by distributing educational material, picture books and colour pencils. They are well engaged with local schools and contributed to the educational development of students. Meritorious students who secured more than 70% marks in their high school board exams were given cash awards by the Club. They also provided prizes to girl students.
- **Enhanced skills** - Pragati Ladies Club supported girls in designing and stitching various products and bought finished products from them. This provided the girls with a source of income and helped them become financially self-reliant. As part of this initiative, three tailoring centres were made functional in the villages of Mangalpur, Manpur and Kamalanga. Stitching competitions among girls were held in the centres and winners from each centre were awarded on the occasion of World Tailor's Day.

Overall, women at GKEL play a valuable role in contributing to the community in various ways, especially in guidance, encouragement and being a source of strength to community members, including women and children. Club organises various events along with GMRVF which provide women platforms to participate, share and learn from each other. For example, on International Women Day in GKEL township, 35 successful community women were invited for the meeting and

felicitated for their work in the society. The women were selected among ward members, sarpanch, samiti members, tailoring women, Anganwadi workers, Yoga practising women, volunteers, entrepreneurs, LRP beneficiaries, among others.

Spouses of GKEL employees can serve as mentors to young individuals, providing guidance and support in education, career choices, and personal development. They can also share insights and mentor aspiring local entrepreneurs. Continued encouragement to their efforts and expanding their range of services will help in the creation of an ideal ecosystem where industrial and local communities coexist and grow together peacefully.

Chapter 7 - Conclusion and the way forward

GMRVF has launched a plethora of initiatives aimed at improving the socio-economic status of communities residing in the peripheral areas of the GKEL plant. The interventions are designed to address a wide range of needs, from children to the elderly, farmers to micro-enterprises, employees, and the unemployed. This reflects a commitment to making a positive impact on diverse stakeholders and communities. Over the past 5 years, a large number of initiatives have been undertaken by GMRVF to improve the quality of life of communities in project affected villages and upgrade their standard of living. During this study, extensive interactions with stakeholders in the form of IDIs and FGDs made it clear that GMRVF has provided significant support to improve healthcare delivery system, education system and infrastructure in the project villages.

GMRVF's support for healthcare delivery has led to better access to medical services, reduced health disparities, and improved overall health outcomes in the communities. Positive responses from community members indicate that the organization's healthcare initiatives have been successful in addressing local healthcare needs.

Investments in education are crucial for the long-term development of communities. Improved education infrastructure and initiatives have led to better opportunities for local residents, increased literacy rates, and a more skilled workforce. The feedback suggests that the organization's efforts in this area have positively impacted the educational prospects of community members.

Basic infrastructure improvements have significantly enhanced the living conditions of community members. This includes better roads, access to clean water, and improved sanitation facilities. Such improvements have contributed to increased well-being and economic opportunities for residents. The community members reported improvements in infrastructure and that GMRVF's initiatives have been effective in addressing the issue of lack of infrastructure.

It was also observed that all the programmes are monitored regularly by internal staff and also by external agencies and the recommendations are taken care to improve the program implementation strategy. This approach helps ensure that programmes are achieving their intended goals and adjustments can be made when necessary.

While GMRVF has done good work in the region in a multi-pronged approach, there are some aspects which can be improved further to cater to the needs of the people.

Health

- Considering factors like the remoteness of the villages and their inaccessibility to a wider range of health facilities, enhancing the frequency of MMU visits and telemedicine facility will significantly improve healthcare access and outcomes.
- Patient footfalls could be increased in the hospital managed by Samal Care by deployment of good doctors, expanding the indoor facilities of the hospital, stocking the pharmacy with essential medicines, collaborating with other hospitals/clinics to bring specialist doctors for consultations.

- Reimbursement ceiling for medical expenses for project-affected persons could be increased based on the seriousness of the disease by adopting a reasonable and compassionate approach.
- The nutrition centres in the villages with a greater number of households from ST and SC communities could be increased so that more pregnant and lactating mothers can benefit from the supplementary nutritious food.

Education

- The computer education programme could be job oriented. The course content can have more advanced levels also so that the youth can use it to build a career in this sector. The course can be made equivalent to at least one year with PGDCA and be affiliated with a well-known institution/university so that there is adequate value for the students. Even GKEL may give priority to students from the institute for suitable jobs within the organisation.
- In order to promote access to higher education among students, GMRVF could consider providing scholarships especially to meritorious students.
- The quality of teaching in schools is critical to the development of children and youth especially in rural regions. Providing adequate training to teachers and Vidya volunteers in new methods of teaching, and the new education policy will ensure that they are well-prepared to implement the policy effectively and provide quality education to students.

Infrastructure

- Focusing on structures for sanitation, such as desilting ponds, improving drainage systems, and ensuring access to clean drinking water for all, is essential for community well-being and public health. GMRVF could also focus on ensuring that all community members have access to safe and potable drinking water sources. Water treatment solutions can be provided, if necessary.
- Establishing community-based management committees responsible for overseeing the maintenance, operation, and utilization of the constructed structures could be given priority. These committees may comprise of community representatives and leaders so that they have a significant stake in the upkeep of the facilities.
- Promoting solar light systems for street lighting can be an excellent and sustainable approach to providing energy-efficient and environmentally friendly illumination for public spaces to enhance public safety.
- Collaboration with the government and other resource organizations to address the specific needs and issues of community members is a commendable approach to community development. Prioritizing and addressing issues on a panchayat-wise basis can help ensure that interventions are targeted and tailored to the unique challenges and opportunities within each community.

Finally, as mentioned, people continue to have a lot of expectations from GKEL and they bank on the organisation's abilities to help them improve their lives. It may not be possible to fulfil all their requirements, but GMRVF can consider collaborating with Governments and other resource

organizations to address issues of community members. For example, the supply of piped water in Manpur in coordination with RWSS has benefited people immensely and it has been appreciated by the community members. Similarly, issues can be prioritised panchayat-wise and addressed in collaboration with relevant organizations. This strategy would also help other organisations participate in the development of the communities.

CSR awards won by GMRVF for interventions in Kamalanga

CSR Awards and Recognition

GKEL is awarded as Best Industry to donate highest units of blood since 2015. Every year employees of GKEL, GMRVF, RAXA together contribute 300-400 units of blood to District Blood bank.

GKEL received the CSR Excellence Award, 2016 under 'Water and Sanitation', from the Odisha CSR Forum. The CSR team received the award from the Finance Minister of Odisha. In 2018-29'CSR Community Initiative Award for Sustainable Livelihood' was conferred on GKEL by the Odisha CSR Forum which is a registered charitable trust, engaged in promoting various CSR related activities within the state of Odisha. The award was given to GKEL-CSR in recognition of the Livelihood Restoration Program, being implemented by GMR Kamalanga Energy Ltd and GMR Varalakshmi Foundation, which has considerably enhanced the livelihoods of GKEL project affected families.

Institute of quality & Environment Management Services (IQEMS), Bhubaneswar in association with Institute of Public Enterprises (IPE) Hyderabad organized 4th national seminar on CSR Initiatives on 8th June, 2019 in Bhubaneswar in which the Kalinga CSR Award' presented to GMR Kamalanga Energy Ltd.(GKEL) in recognition of CSR Initiatives undertaken as evidence of building relationship with the surrounding community.





On 7th January,2023 GKEL received Odisha CSR Excellence award for its contribution to best CSR practices. GKEL and GMRVF (CSR wing of GKEL) has been working since last 12 years for the socio economic development of periphery community on education, health, livelihood and community development activities.



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Bureau Veritas Certification

Assessment Statement

for

GMR KAMALANGA ENERGY LIMITED

VILLAGE KAMALANGA, DISTRICT: DHENKANAL, STATE: ODISHA – 759 121, INDIA.

Bureau Veritas Industrial Services (India) Pvt. Ltd. has assessed the implementation of Corporate Social Responsibility initiatives of the above organisation and found to be in accordance with the assessment protocol developed using the below guidance document

ISO 26000:2010

Scope of Assessment

Social Responsibility Activities carried out by organization during the period 1st February 2022 to 31st January 2023

Certification cycle start date: 16 March 2023

Subject to the continued satisfactory operation of the organisation's Management System, this certificate is valid until: 15 March 2026

Original certification date: 16 March 2023

Certificate No. IND.23.306/BA-SAS Version : 1 Revision date: 16 March 2023

Certification Authority
Jagdheesh N. MANIAN
Director – CERTIFICATION, South Asia
Commodities, Industry & Facilities Division

Local office: Bureau Veritas Industrial Services (India) Pvt. Ltd.
72 Business Park, Marol Industrial Area, MIDC Cross Road "C",
Andheri (East), Mumbai – 400 093, India.

Further clarifications regarding the scope of this Assessment Statement may be obtained by consulting the organisation.
To check this certificate validity please call: +91 22 8274 2000/01/02 OR E-mail: cert.india@bureauveritas.com



**Impact Assessment study
for GKEL CSR initiatives in education, health
and infrastructure support**

by

KIIT School of Rural Management, Bhubaneswar



for

**GMR Kamalanga Energy Ltd. Kamalanga,
Dhenkanal, Odisha**



Annexure-1 – Questionnaire

A- Quantitative Section

Survey questionnaire for periphery villagers on Health, Education and Infrastructure

1. Profile of the respondent:

Name of the respondent:

Gender:

Age:

Highest Education (no of years of schooling):

Number of adults: Male- Female-

Number of children: Male- Female-

2. Details on Socio economic status:

Primary Occupation :

Economic status as defined by government :

Religion :

Caste :

Availability of Ration card (Public Distribution System) :

Electricity facility :

Cooking fuel (Fuelwood/ kerosene/ electricity/LPG) :

Toilet facility (IHHL/ Common Toilet/ OD) :

Drinking water facility (tap/tubewell/
openwell/borewell/stream/ others) :

3. Awareness, use and impact of education facilities provided by GMRVF:

Education Facilities	Awareness	Availed	If availed, what was the experience?		
	(Yes/ No)	(Yes/ No)	Good	Average	Bad
Toys provided in Anganwadi centers					
Sliders provided to Anganwadi centres					
Creative classes conducted in Anganwadi centres					
Support teachers (Vidya Volunteers) for primary class students of Government schools					
Support teachers for conducting tuition classes for students of Std. X					
Coaching classes for Navodaya entrance exam					
Provided term-1 and 2 practice test papers to students of Std. IX and X					
Cash award to students who scored more than 60% marks in Std. X Board Exam					
Cash award to students as best students of the year from High schools					
Scholarship to girls and boys for higher education					
Training to girls on basic computer course					
Special community level drive to encourage drop out students to go to school					
Schools were supported to organize annual sports, Children's Day and Teachers' Day and National safety week.					

4. Awareness, use and impact of health facilities provided by GMRVF:

Education Facilities	Awareness	Availed	Amount received	If availed, what was the experience?		
	(Yes/ No)	(Yes/ No)	(in Rs.)/ support received (in kind)	Good	Average	Bad
Treatment reimbursement support						
Nutrition Centers for pregnant and lactating women						
Tele-medicine support with specialist doctors (pediatrics and skin)						
Vaccination support through slot booking and conveyance support						
Adolescent mela and distribution of sanitary napkins						
Health camps on diabetics						
Free Eye checkup camp						
Differently abled persons received different aids						
Special yoga class for women						
Fogging operation taken up in periphery villages						
Health check- up for Children in Anganwadi centers						

5. Mobile Medical Unit (MMU)

- A. Are you aware of MMU?
- B. Did it come to your village?
- C. If yes, how many times in a week?
- D. Did anyone in your family avail the services?
- E. If yes give the following details:

Family member	Disease	No of times visited	Support received (medicine, prescription, others)	Impact (1. Completely cured 2. partly cured 3. not cured)

6. Awareness, use and impact of community infrastructure provided by GMRVF:

SI No	Description of Work	Awareness	Availed	If availed, what was the experience?		
		(Yes/ No)	(Yes/ No)	Good	Average	Bad
1	Developing Prayer Ground at Kamaleswar Temple of Kamalanga Village					
2	Club House Bhagamunda Gopal Sahi					
3	Cart Parking Shed (RCC) for Lord Jagannath in Bhagamudna Village					
4	Digging of Bore wells					
5	Digging of Bore wells					
6	Desilting of Manpur Village Pond					
7	Construction of Class Rooms of Saraswati Sishu Mandir, Mangalpur					
8	Solar Street lights fixing in community villages.					
9	Furniture for Panchayat office					
10	Black Topping of T1 Road (Kamalanga End to Manpur End)					
11	Supply and application of					

	Thermoplastic Paint on median of road of T1					
12	Renovation of Mahima Prayer hall Manpur					
13	CC Road Work from Achulkot to Barasahi village (320mtr Length)					
14	Boundary wall Achulkote ME School (length 320Mtr)CSR Works					
15	Others (if any)					

B- Qualitative Section

Guiding questions for the GMRVF impact study through FGD

Kick off questions for discussions with different Stakeholders

1. EDUCATION

a. Anganwadi workers and helpers

- When was the AWC established?
- What are the services being provided under ICDS?
- How many children are enrolled at this AWC? 0-3 years 3-6 years.
- How many children attend on an average day (in the 3-6 age group)?
- What problems are faced by the AWWs?
- What support was provided by GMRVF?
- What changes have been experienced due to the support of GMRVF?
- What other support do you think will help the AWC to provide its services effectively?

b. Mothers

- Are there any improvements in AWCs when compared to the time before GMRVF's intervention?
- What improvements do they see in the AWCs?
- Do you see any changes in your child in terms of eagerness to come to AWC, interest in learning, etc?

c. Children

- Do you like painting, drawing, art and craft activities?
- What do you like about them?
- Do you like the new toys and play items at the AWC?
- Do you like the classes held at the AWC?
- What do you like about the AWC?
- What do you not like about the AWC?

d. Principal and teachers of Government school

- When was the school established?
- Please elaborate on the number of classes, number of students, number of teachers, and existing facilities available.
- What are the challenges being faced by the school?
- What support has been provided by GMRVF?
- How has this support benefited the students and the school?
- How has the community mobilization to encourage dropout students to go to school and observation of important days helped?
- How have the students done in the 10th board exam?

- What other support do you require for the future?

e. Vidya volunteers

- What is the general qualification required to be a Vidya volunteer?
- What are your roles and responsibilities?
- What are the main challenges addressed by the volunteers?
- What are the challenges faced by the volunteers?
- How can this programme be made better? What support would the volunteers require?

f. Students (computer course, tuition classes, coaching classes, mock practice test papers, scholarship, awards)

- The support provided by GMRVF is for which classes of students?
- What challenges did the students face earlier?
- How have they been supported by GMRF?
- How has GMRVF's intervention helped the students?
- Are there any areas where the intervention has improved the performance of students in education?
- How many students received scholarships?
- What special support has been provided to girls?
- Which are further areas of support required for the benefit of students?

g. Principal and teachers of DAV school

- What are the main focus areas/objectives of the school?
- How are the students selected for admission? Is there any preference given to children from the project affected families?
- What specific initiatives have been undertaken by GKLF and how has it benefited the school and students?
- What is the opinion of teachers/students on the support received?
- Are there any areas of improvement which GKEL should look into in the short term and the long term?
- What kind of support is further required?

h. DAV School Students (especially who have received some kind of support)

- What support have the students received?
- How relevant or useful was the support in terms of addressing their requirement?
- What would be their feedback on support received?
- What kind of support would be more useful?

FGD questions

2. HEALTH, HYGIENE, AND SANITATION

- What were the challenges faced by each category of beneficiaries?
- What was the process for identifying specific beneficiaries?
- What activities were carried out by GMRVF?
- How have different categories of people benefited from these activities?
- How can the intervention be made better?

3. INFRASTRUCTURE DEVELOPMENT ACTIVITIES

- What were the infrastructure development activities undertaken?
- What were the challenges faced by the community prior to the interventions?
- How was the identification of requirements done by GMRVF?
- What was the process followed to set up the infrastructure (planning, designing, construction, monitoring, etc)?
- Does GMRVF have a specialised team to execute such infrastructure work?
- Are the facilities created being used by the community members?
- What are the changes experienced by the community due to the interventions? How has the community benefited from the infrastructure built?
- What is your feedback on the quality of infrastructure? For example, quality of water/road, etc.
- Is there any feedback mechanism on the quality of infrastructure?
- Who maintains the infrastructure provided?