

Report

IMPACT ASSESSMENT/EVALUATION OF SELECTED CSR PROJECTS FUNDED AND SUPPORTED BY MDL



Submitted to



MAZAGON DOCK SHIPBUILDERS LIMITED (MDL)



By

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CONTENTS

Chapter	Head	Page No.
	Foreword	iii
	Consolidated Executive Summary: MDL CSR Impact Assessment	iv
I	Introduction	1
II	TB Mukht Nandurbar Project	2
III	Stipend to Apprentices & Trainers' Salary at ATS (MDL)	13
IV	KARVE – Integrated Development in Gram Panchayat, Shahpur, Thane	22
V	Supply of Medical Equipment to BVPSS Hospital, Kota (Rajasthan)	32
VI	Support for Health & Nutrition Infrastructure in Gujarat	46

Foreword

Mazagon Dock Shipbuilders Limited (MDL), is a Navratna DPSU, has embedded Corporate Social Responsibility (CSR) as a core element of its commitment to inclusive and sustainable development. In alignment with the Companies Act, 2013 and national development priorities, MDL implements targeted CSR interventions across healthcare, nutrition, skill development, rural infrastructure, and community welfare.

Development Oriented Operations Research & Surveys (DOORS) was engaged to conduct an independent impact assessment of selected CSR projects supported by MDL during the financial year 2022–23. The assessment aimed to evaluate project relevance, implementation effectiveness, beneficiary reach, and measurable social outcomes, while also identifying gaps, challenges, and opportunities for strengthening future interventions.

This report presents evidence-based findings drawn from primary field surveys, stakeholder consultations, and secondary data review. The assessment highlights significant improvements in access to health services, enhancement of employability through skill development initiatives, strengthening of village-level infrastructure, and high levels of beneficiary satisfaction across project locations.

The analysis also provides strategic insights and actionable recommendations to enhance sustainability, operational efficiency, and scalability of MDL’s CSR portfolio. The findings are intended to support informed decision-making and continuous improvement in the planning and execution of CSR initiatives.

This Impact Assessment Report reflects DOORS’ independent evaluation and professional analysis of the selected CSR projects.



T.S. Krishnan
President



Consolidated Executive Summary: MDL CSR Impact Assessment (FY 2022–23)

Mazagon Dock Shipbuilders Limited (MDL), a premier defence shipbuilding enterprise with a legacy dating to 1774, anchors its Corporate Social Responsibility (CSR) philosophy in sustainable, inclusive, and transparent development. In line with national priorities, MDL undertakes strategic interventions across healthcare, education, skill development, and rural infrastructure. To evaluate the effectiveness of its initiatives, MDL commissioned an independent impact assessment of five key CSR projects executed in FY 2022–23. This consolidated summary presents the cross-cutting findings, impacts, and strategic insights from these diverse interventions.

1. TB MukT Nandurbar (Health), Maharashtra

Implementing Agency: District Administration, Nandurbar.

This project deployed a Mobile TB Diagnostic Laboratory and provided nutritional support in the tribal district of Nandurbar. As part of this intervention X-rays were conducted and 2,400 nutrition kits were distributed, significantly improving early detection and access for marginalized communities. This holistic approach not only strengthens the fight against tuberculosis at its roots but also serves as a replicable model of how integrating diagnosis with direct support can build a more equitable and effective public health system for the hardest-to-reach populations.

2. Stipend to Apprentices & Trainers' Salary at ATS (Skill Development), Mumbai

Implementing Agency: Mazagon Dock Shipbuilders Limited (MDL) - Apprentice Training School (ATS) Department.

MDL utilized CSR funds to train apprentices annually over & above its statutory mandate at its Apprentice Training School. The program demonstrated high impact on technical skills and employability, with 95% of trainees confident of better job prospects. This initiative exemplifies how industry-led skill development, supported by strategic CSR investment, can directly bridge the employability gap, create a future-ready workforce and foster sustainable socioeconomic growth.

3. Integrated Village Development (Rural Development), Shahpur, Thane

Implementing Agency: Karve Institute of Social Service.

Implemented across several hamlets in tribal areas, this holistic project engaged beneficiaries, primarily from SC/ST communities. It delivered measurable improvements in education, health, and livelihoods, with 86% beneficiary satisfaction. The project presents a replicable

model for integrated rural development. This project successfully establishes a replicable blueprint for integrated and sustainable rural progress.

4. Medical Equipment Support to BVPSS Hospital (Health Infrastructure), Kota, Rajasthan

Implementing Agency: Bharat Vikas Parishad Hospital (BVPSS).

An investment in five critical medical machines transformed healthcare delivery at a charitable hospital, directly supporting many patients in 2024. The intervention enhanced life-saving and diagnostic capacity for low-income groups, with 82% beneficiary satisfaction. This strategic investment has tangibly strengthened the healthcare safety net, demonstrating how targeted support for critical infrastructure can profoundly and sustainably expand access to quality medical care for underserved communities.

5. Support for Health & Nutrition Infrastructure (Integrated Development), Rajkot, Gujarat

Implementing Agency: Seva Bharati (Trust).

This project funded the construction of a multipurpose community hub, enabling integrated service delivery—including vocational training, nutrition support, and a library—to marginalized groups. It empowered over 475 women through skill training and achieved 94% beneficiary satisfaction.

Cross-Cutting Insights & Strategic Value

Collectively, these projects underscore MDL’s commitment to creating tangible, large-scale social value through capable implementation partners. The assessment reveals MDL’s CSR strength in targeting underserved geographies and demographics (notably SC/ST communities and low-income households), achieving high beneficiary satisfaction, and contributing to national goals in health, skill development, and rural upliftment.

This report, prepared by DOORS, provides evidence-based analysis to guide MDL’s future CSR strategy and implementation.

Chapter I: Introduction

Mazagon Dock Shipbuilders Limited (MDL), Mumbai—an ISO 9001:2015 certified Government of India undertaking—is among the country’s oldest and most distinguished shipyards. Established in 1774 with the construction of a small dry dock, MDL has grown into a premier defence shipbuilder delivering high-quality warships, submarines, and a range of commercial and special-purpose vessels. Since its incorporation in 1934 and subsequent government takeover in 1960, MDL has evolved into a technologically advanced, multi-unit organisation serving national and international clients. Over the years, MDL has built more than 805 vessels, including destroyers, missile boats, submarines, offshore platforms and other marine assets, making a significant contribution to India’s maritime strength.

MDL’s Corporate Social Responsibility (CSR) philosophy rests on the principles of sustainable, inclusive, and transparent development. In alignment with Section 135 of the Companies Act, 2013 and Schedule VII, the company undertakes CSR initiatives across healthcare, nutrition, education, skill development, women’s empowerment, sanitation, rural infrastructure, village development, and environmental sustainability. MDL’s CSR Policy ensures that these interventions are need-based, compliant, and aligned with national development priorities.

To strengthen evidence-based implementation and continuous improvement, MDL engaged Development Oriented Operations Research and Surveys (DOORS) to conduct an independent impact assessment of key CSR projects executed during FY 2022–23. Five projects were selected for evaluation, spanning healthcare, nutrition, skill development, village development, and medical infrastructure support.

The assessment aimed to examine the direct and indirect impact of these CSR initiatives on communities and other related stakeholders; evaluate awareness, beneficiary coverage, and socio-economic improvements; review the consistency of project implementation; assess fund flow and utilisation; identify gaps in project design and execution; and recommend opportunities for extension, expansion, or replication. The study also involved consultation with implementing agencies, government officials, and other stakeholders, and included an assessment of any unintended or undesirable impacts.

This Impact Assessment Report presents the findings, challenges, and recommendations emerging from the evaluation of these five CSR interventions.

Chapter II: TB MukT Nandurbar Project

Out of the CSR projects approved by the MDL Board in FY 2022–23, the TB MukT Nandurbar Project was selected for detailed evaluation. This project was implemented by the **District Administration Nandurbar**. The intervention took place in **Nandurbar**, which is located in **the state of Maharashtra**.



FIGURE 1 TB PATIENT RECEIVING NUTRITION KIT UNDER TB MUKT NANDURBAR PROJECT. PHOTO COURTESY ANNUAL REPORT – AGM NOTICE – 2022-23, MAZAGON SHIPBUILDERS LIMITED, PAGE 43, WEBSITE: [HTTPS://MDL.BUSINESSTOWORK.COM/IMAGES/PDF/MAZDOCK-ANNUAL-REPORT-AGM-NOTICE-2022-2023](https://MDL.BUSINESSTOWORK.COM/IMAGES/PDF/MAZDOCK-ANNUAL-REPORT-AGM-NOTICE-2022-2023)

2.1 Objective / Goal of the Project

Nandurbar, a tribal and aspirational district, includes several remote villages with limited connectivity to district and taluka headquarters. To address the challenges of delayed tuberculosis diagnosis in these hard-to-reach areas, Mazagon Dock Shipbuilders Ltd. (MDL), Mumbai, in partnership with the District Tuberculosis Officer (DTO), Nandurbar, had set up a Mobile TB Diagnostic Laboratory under its CSR initiative.

These mobile x ray units along with a vehicle enable early detection of TB at PHCs and sub-centres. Additionally, MDL supported DTO Nandurbar in distributing nutrition kits to 400 TB patients as part of the project.

2.2 Key Activities

- Deployment and operational support for a Mobile TB Diagnostic Facility.
- Provision of nutrition kits to TB patients under the “TB MukT Nandurbar” initiative.

2.3 Methodology of Data Collection

The impact assessment was conducted using a rigorous mixed-method design integrating primary, secondary, and tertiary data sources. Primary data collection involved structured field surveys and direct consultations with beneficiaries, community representatives, Panchayati Raj Institution members, implementing agencies, and government officials. Secondary data was

sourced from project records maintained by the implementing agency, district administration, government repositories, and MDL’s CSR documentation. Tertiary insights were drawn from stakeholder consultations and relevant regional studies to strengthen contextual understanding. The assessment framework emphasised primary field-based evidence, validated through secondary and tertiary inputs, and benchmarked against predefined project indicators. The design stage included the preparation of the methodological framework, stakeholder mapping, and the development and pre-testing of data collection instruments in coordination with the MDL CSR Cell.

Field research comprised transect walks, community mapping, structured surveys, Focus Group Discussions, and Key Informant Interviews. Quantitative data was analysed using MS Excel and SPSS, while qualitative data was examined through thematic content analysis and triangulation. Case studies were prepared to highlight notable outcomes, and all findings were consolidated into the final impact assessment report.

For the TB Mukt Nandurbar Project, the assessment covered a sample of forty beneficiaries directly involved in project interventions.

2.4 Results & Findings

Beneficiary Profile and Project Implementation Findings

A total sample of **40 tuberculosis patients** was selected for the impact evaluation. All sampled beneficiaries had availed diagnostic services through the MDL-sponsored Mobile TB Diagnostic Facility and received nutrition support under the project. The key characteristics of the respondents are summarised below.

1. Geographic Distribution of Beneficiaries

The respondents belonged to **nine villages** within Nandurbar block—Devpur, Dhulwad, Haripur, Kodle, Koparli, Loya, Malpur, Nagaon, and Tokartale. Tokartale accounted for the largest share (35%), followed by Nagaon (17.5%).

2. Age Profile

The sampled beneficiaries ranged from **14 to 74 years** of age.

- Combined, **55%** of beneficiaries were within the economically active age groups of **30–49 years**.
- Only 10% were below 30 years, while 20% were aged **60+**, reflecting the vulnerability of older adults to TB.

3. Gender Composition

Of the 40 respondents:

- **57.5% were female**
- **42.5% were male**

This indicates higher participation or higher case detection among women in the service area.

4. Education Status

Beneficiaries' education levels ranged from illiterate to secondary education:

- **32.5% had studied up to middle level**, forming the largest group.
- 25% had completed secondary education.
- 20% had limited education (illiterate or below primary level).

This indicates a predominantly low-education population, consistent with rural and tribal community characteristics.

5. Social Status

A large majority belonged to socially vulnerable groups like Scheduled Caste followed by Scheduled Tribes. There was also representation of OBC. This shows that the project is reaching marginalized communities with high health risks and poor access to services.

6. Occupational Profile

- **55%** were engaged in **casual labour**, indicating economic vulnerability.
- **22.5%** were **housewives**.
- Around **17.5%** were self-employed (agriculture and non-agriculture).
- Only **2.5%** were regular salaried workers.

The data reflects that most beneficiaries rely on irregular and low-income sources of livelihood.

7. Household Income

Family income ranged from **₹8,000 to ₹27,999 per month**.

- The largest segment (45%) earned **₹18,000–₹22,999** monthly.
- 25% earned **₹13,000–₹17,999**.
- Only 7.5% earned below ₹13,000.

Overall, the beneficiaries represent low-income households, making free diagnostics and nutrition support highly valuable.

8. Awareness About the MDL CSR Scheme

Most respondents learned about the scheme through:

- **Hospitals (72.5%)**
- Friends and relatives (22.5%)
- MDL publicity (5%)

This suggests that frontline health workers and facility-based referrals played a major role in awareness and mobilization.

9. Distance Travelled and Mode of Transport

Beneficiaries travelled **5–22 km** to access the service for TB diagnostic services in general:

- **35%** travelled only 5 km.
- About **35%** travelled mid-range distances (12–14 km).

Modes of transport included:

- Auto-rickshaw (32.5%)
- Bus + auto combined (30%)

- Bus alone (20%)
- Bike (15%)

Transport accessibility highlights the value of mobile facilities in remote tribal areas.

10. Service Utilization and Benefits Received

All 40 beneficiaries:

- Availed services at the District TB Centre in **2023**
- Received support for **six months**
- Were provided **free-of-cost** TB tests, X-rays, BP tests, medication, and nutrition (Poshan Kits)

This confirms full utilization of the intended service package by the sampled population.

11. Consultation with Implementing Agency Officials

Key officials involved included:

- **DTO Nandurbar**
- **District Programme Coordinator**
- **Project Accountant**

Their inputs validated timelines, fund flow, implementation process, and challenges.

12. Project Timeline

- Application submitted: **02 Aug 2022**
- Approval received/ MoU signed: **18 Oct 2022**
- Completion date: **31 Mar 2024**

The operational implementation phase effectively spanned **10 months**, though the active field execution (X-ray services and nutrition support) was completed within approximately **six months**.

13. Fund Release and Financial Utilisation

Expenditure included:

- X-Ray machines
- Nutrition baskets (NPY)
- Vehicle procurement (Scorpio)
- Accessories, POL, drivers, and miscellaneous project expenses
- Total expenditure: **₹1.19 Crore**

14. Targets and Achievements

Component	Target	Achievement	Status
Nutrition Kits (NPY)	2400	2400	100% achieved

The project met nutrition support targets fully.

15. Key Impacts Reported by Implementing Agency

- **Significant improvement in early detection of TB.**
- **Reduced travel cost and time** for patients who earlier had to visit distant X-ray centres.

- Improved follow-up due to mobile access.

16. Implementation Challenges and Suggestions

Challenges faced:

- Lack of AI-enabled support system for the X-ray machine.
- Costs for fuel, vehicle maintenance, driver, and X-ray technician were not covered under CSR.

Measures taken:

- Driver hired on daily wages through NHM funds.
- Existing government X-ray technician engaged.
- Fuel expenses met through NHM allocations.

Recommendations from officials:

1. CSR support should include **minimum three years of AMC** for equipment.
2. Funding should cover **fuel, vehicle maintenance, and essential human resources**.

17. Overall Satisfaction and Impact

The evaluation found a **very positive impact** on beneficiaries, with high satisfaction levels regarding diagnostic services, medicine provision, and nutrition support. The mobile diagnostic model effectively served remote tribal communities with limited access to health infrastructure.

2.5 Challenges & Opportunities

Challenges

(a) Limited Accessibility in Remote Tribal Areas

Several villages in Nandurbar are located in hilly, forested, or difficult-to-reach terrain. Poor road connectivity and limited public transport made it challenging for beneficiaries to access diagnostic services regularly, even with mobile facilities.

(b) Human Resource Limitations

The project relied on existing government staff (NHM driver, government X-ray technician). This dependency affected service scheduling, mobility, and consistency during high-volume periods.

(c) High Dependence on Hospital-Based Information Flow

Most beneficiaries learned about the scheme through hospital referrals (72.5%). Limited community-level awareness reduced proactive participation from remote hamlets.

Opportunities

(a) Expansion of Mobile Diagnostics Across Tribal Regions

The success of this model demonstrates strong potential for scaling up mobile health units across other tribal and underserved blocks, improving early detection of TB and other communicable diseases.

(b) Strengthening Convergence with NHM Programs

The project creates opportunities for deeper coordination with the National Health Mission (NHM) for staffing, community screening, sputum collection, and follow-up care, leading to stronger and more sustainable TB control outcomes.

(c) Enhanced Community Awareness and Behaviour Change

The mobile diagnostic units can be leveraged for TB awareness, nutrition counselling, and preventive health messaging, increasing community-level acceptance and early health-seeking behaviour.

(d) Scope for Multiyear Support and Sustainability Planning

Given the positive results, future CSR support may incorporate a **three-year AMC**, operational funding, fuel support, and HR support—ensuring continuity and long-term sustainability of diagnostic services in remote areas.

(e) Improved Monitoring Through Digital Reporting Systems

Digitisation of patient records, GPS tracking of mobile units, and automated reporting can enhance monitoring, improve service planning, and strengthen accountability in future phases.

2.6 Financials – Budget & Expenditure

A total of **₹1.19 Crore** was **utilized by MDL under the project**.

Expenditure included:

- Handheld X-Ray machines (02 units)
- Nutrition-kits (NPY)
- Vehicle procurement (04 wheeler)
- Total expenditure: **₹1.19 Crore**

2.7 Way Forward / Recommendations (DOORS)

Based on the field assessment, stakeholder consultations, and analysis of project performance, the following strategic recommendations are proposed to enhance the effectiveness, sustainability, and scalability of the TB Mukta Nandurbar Project.

1. Strengthen Long-Term Operational Sustainability

- Introduce multi-year CSR support covering critical operational requirements such as:
 - AMC for diagnostic equipment
 - Fuel and POL expenditure
 - Vehicle maintenance
 - Remuneration for drivers, technicians, and support staff
- Predictable multi-year funding will ensure uninterrupted service delivery and greater programme stability.

2. Integrate Advanced Diagnostic Technologies

- Deploy AI-enabled chest X-ray interpretation systems to improve diagnostic precision, reduce human error, and accelerate triaging.
- Enable remote reporting and tele-radiology support through digital platforms to enhance diagnostic efficiency.

3. Expand Community-Level Awareness and Behaviour Change Efforts

- Strengthen IEC and community outreach through ASHAs, ANMs, and mobile units focusing on:
 - Early symptom recognition
 - Importance of timely diagnosis
 - Benefits of completing treatment and nutrition support
- Community-led communication strategies will enhance early case detection and improve adherence.

4. Deepen Convergence with Public Health Systems

- Institutionalise coordination with NHM and DTO for enhanced synchronisation of:
 - Screening camps
 - Sputum collection drives
 - DOTS follow-up and treatment monitoring
- Stronger convergence will optimise resource utilisation and embed TB control practices within the government health ecosystem.

5. Digitise Monitoring, Reporting, and Oversight Mechanisms

- Develop simple digital dashboards and mobile-based reporting tools for:
 - Tracking daily movement of mobile TB units
 - Real-time beneficiary reporting
 - Automated data analytics
- Digitisation will improve transparency, efficiency, and decision-making.

6. Enhance Nutritional and Counselling Support

- Strengthen nutrition support by integrating:
 - Individual or group counselling on diet and treatment adherence
 - Periodic follow-up to monitor health progress
- Enhanced nutrition interventions will support faster recovery and reduce relapse risk.

7. Replicate and Scale the Mobile Diagnostic Model

- Based on demonstrated success, consider:
 - Extending mobile diagnostic services to additional tribal blocks
 - Diversifying services to include screening for anaemia, diabetes, hypertension, and other priority health conditions
- Scaling the model will deepen MDL's developmental footprint and address multiple health challenges.

8. Improve Last-Mile Access for Remote Hamlets

- Deploy alternative mobility solutions such as:
 - Smaller vehicles for difficult terrains
 - Motorbike-based sputum or sample transport systems
- Engage community volunteers to support last-mile outreach and follow-up in inaccessible pockets.

9. Continuous Capacity Building of Frontline Staff

- Conduct periodic training for X-ray technicians, ASHAs, and PHC staff on:
 - Effective use of mobile diagnostic equipment
 - Infection control practices
 - Data recording and digital reporting
- Capacity building ensures quality assurance and institutional knowledge retention.

10. Establish a Beneficiary Feedback and Grievance Mechanism

- Introduce a simple, accessible feedback system (SMS/WhatsApp helpline, feedback forms, complaint box at PHCs).
- Analyse feedback regularly to strengthen service delivery, responsiveness, and accountability.

Conclusion

The assessment shows that the TB Mukht Nandurbar Project brought substantial improvements in early TB detection and patient support across remote tribal areas. Prior to the intervention, communities faced delayed diagnosis, inadequate access to X-ray facilities, and limited nutritional support. Following project implementation, the mobile diagnostic units conducted **5,209 X-rays** and **400 TB patients received nutrition kits for a period of 06 months**, achieving the planned target fully. These results reflect improved accessibility, reduced travel time for patients, strengthened follow-up, and enhanced overall health outcomes for the beneficiaries reached through the project.

The TB Mukht Nandurbar Project has delivered clear positive outcomes in early TB detection, accessibility of diagnostic services, and beneficiary satisfaction. With strategic enhancements—particularly in technology integration, operational sustainability, and community engagement—the project can evolve into a replicable best-practice model for remote, tribal, and aspirational districts. DOORS recommends continued and structured CSR support to ensure long-term impact and scalability.

2.8 Best Practices / Testimonies / Case Studies

Collector's Leadership in the Tribal TB Initiative, Nandurbar

The Tribal TB Initiative in Nandurbar demonstrates how strong district leadership can significantly improve health outcomes in remote tribal areas. The District Collector played a central role in the successful rollout of the **Aashwasan Campaign**—a national programme launched in January 2022 to strengthen TB detection and care among tribal populations, with support from the Ministries of Health & Tribal Affairs and USAID.

Key Best Practices

- **Leadership-Driven Active Case Finding:** Under the Collector's direction, a large-scale door-to-door screening campaign was conducted across the district, ensuring early diagnosis in hard-to-reach tribal villages.
- **Targeted Tribal Outreach:** Efforts focused on underserved communities, improving access to TB care where it is most needed.
- **Strengthened Systems & Technology:** The Collector facilitated improved diagnostic capacity and monitoring processes at the field level.
- **Effective Multi-Stakeholder Coordination:** The initiative successfully brought together government departments, USAID, frontline workers, and community stakeholders.

Relevance to MDL's CSR Project

The strong district governance framework complemented MDL's mobile diagnostic and nutrition support initiative, leading to:

- Faster case detection
- Reduced travel burden for tribal families
- Improved treatment adherence

This case demonstrates how **robust district leadership, combined with CSR support, creates impactful and sustainable public health outcomes in tribal regions.**

2.9 Photos

NANDURBAR



Figure 2 District Tuberculosis Centre, Nandurbar



Figure 3 Shri Nagendra, Secretary DOORS and team members meeting with Shirish Bhojgude, Project Coordinator and village people at GP office Tokartalle, Block and District Nandurbar



FIGURE 4 SHRI NAGENDRA, SECRETARY DOORS AND TEAM MEMBERS COLLECTING INFORMATION IN THE FIELD



FIGURE 5 SHRI NAGENDRA, SECRETARY DOORS AND TEAM MEMBERS COLLECTING INFORMATION IN THE FIELD



FIGURE 6 SHRI NAGENDRA, SECRETARY DOORS AND TEAM MEMBERS COLLECTING INFORMATION IN THE FIELD



FIGURE 7 COLLECTING INFORMATION FROM DOCTORS AT TB HOSPITAL, NANDURBAR



FIGURE 8 SHRI NAGENDRA, SECRETARY DOORS AND TEAM MEMBERS COLLECTING INFORMATION IN THE FIELD



FIGURE 9 SHRI NAGENDRA, SECRETARY DOORS AND TEAM MEMBERS COLLECTING INFORMATION IN THE FIELD



FIGURE 10 SHRI NAGENDRA, SECRETARY DOORS AND TEAM MEMBERS COLLECTING INFORMATION FROM STAFF AT TB HOSPITAL



FIGURE 11 SHRI NAGENDRA, SECRETARY DOORS AND TEAM MEMBERS COLLECTING INFORMATION IN THE FIELD FROM TB PATIENTS AT THEIR HOUSE



FIGURE 12 SHRI NAGENDRA, SECRETARY DOORS AND TEAM MEMBERS MEETING WITH DR. SATISH NANDRE, MEDICAL OFFICER, TB HOSPITAL, NANDURBAR



FIGURE 13 SHRI NAGENDRA, SECRETARY DOORS AND TEAM MEMBERS COLLECTING INFORMATION IN THE FIELD

Chapter III: Stipend to Apprentices & Trainers' Salary at ATS (MDL)

Among the CSR projects sanctioned in FY 2022–23, the initiative titled *Stipend to Apprentices and Trainers' Salary at ATS* was selected for evaluation. This project was implemented by the Apprentice Training School (ATS) Department of Mazagon Dock Shipbuilders Limited (MDL), Mumbai, Maharashtra.

In accordance with statutory guidelines, MDL currently provides apprenticeship training to



FIGURE 14 MR. NAGENDRA KUMAR, SECRETARY DOORS AND OTHER TEAM MEMBERS COLLECTING INFORMATION AT ATC MUMBAI FROM DIFFERENT STAKEHOLDERS

2.5% of its total workforce at the ATS facility in Mumbai. To further expand apprenticeship opportunities for young individuals, Central Public Sector Enterprises (CPSEs) have been permitted to engage additional apprentices beyond the mandated 2.5% limit. These supplementary apprenticeship positions may be supported through Corporate Social Responsibility (CSR) funds, as per government directives.

In line with this provision, MDL utilized CSR funding during the fiscal year 2022–23 to cover the expenses associated with these additional apprentices. This initiative enabled more than 300 young candidates to receive training in various trades at ATS. The remuneration of trainers and stipends for the apprentices—over and above the statutory requirement—were financed through MDL's CSR contributions.

3.1 Objective / Goal of the Project

The Apprentice Training School (ATS) of Mazagon Dock Shipbuilders Limited (MDL), a premier Navratna Defence PSU, provides structured on-the-job training to youth across various trades. MDL fulfills its statutory obligation of training apprentices' equivalent to 2.5% of its workforce and extends additional training opportunities through its CSR initiatives.

This programme helps Trade, Diploma & Graduate Apprentices gain industry-relevant skills, thereby improving employability and bridging skill gaps across sectors.

Purpose of MDL's ATS

- **Statutory Compliance:** Training apprentices as per the Apprenticeship Act 1961
- **CSR Commitment:** Supporting additional youth through CSR-funded skill development programmes.
- **Skill Development:** Providing hands-on industrial training to semi-skilled and job-seeking youth.

- **Program Structure**
- **Apprentice Categories:** Trade Apprentices, Engineering Diploma, Engineering Graduate and General Graduate
- **Training Approach:** Theoretical instruction combined with practical exposure within MDL's production and service operations.
- **Regulatory Compliance:** Training of Trade Apprentices overseen by RDSDE, WR and Training of Diploma / Graduate Apprentices by Board of Apprenticeship Training (BOAT-WR).

Eligibility & Application Process

- **Eligibility:** Minimum qualifications include 8th Pass, 10th pass, ITI, Engineering Diploma, Engineering Graduate or General Graduate depending on trade.
- **Application:** MDL annually invites online applications; candidates must apply online upload relevant educational and personal documents. Selection of Trade Apprentices is based on All India Level Online Entrance Test and Diploma / Graduate Apprentices are selected based on Qualification Marks and Interview.

3.2 Key Activities

- **Industry-Based Apprenticeship Training:**
Provision of structured on-the-job training to Trade, Diploma & Graduate Apprentices at MDL's Apprentice Training School (ATS) in accordance with the Apprentices Act, 1961.
- **Financial Support for Training Delivery:**
Disbursement of stipends to apprentices and payment of salaries to trainers to ensure sustained, high-quality on the job training.
- **Skill Enhancement Through Practical Exposure:**
Hands-on training of apprentices in MDL's production and service units to improve employability and address industry skill gaps.
- **Annual Training Cycle Execution:**
Implementation of the training program on a fixed yearly schedule, commencing in **June/July** for Trade Apprentices and Dec / Jan for Diploma / Graduate Apprentices and concluding in October and March respectively.

3.3 Methodology of Data Collection

The impact assessment employed a mixed-method approach drawing on primary, secondary, and tertiary data sources. **Primary data** was collected through field surveys, interviews, FGDs, and KIIs with apprentices, trainers, implementing agency staff, and relevant stakeholders during site visits to the Apprentice Training School (ATS) in Mumbai. **Secondary data** included programme records, administrative documents, and official databases obtained from the implementing agency, district authorities, and MDL ATS. **Tertiary inputs** were gathered from stakeholder consultations and regional studies to supplement contextual understanding.

The assessment design focused on field-based evidence, validated through secondary sources and benchmarked against predefined project indicators. The study began with the development of the methodology, stakeholder mapping, and pre-testing of data collection tools.

Field research involved transect walks, community mapping, structured surveys, and qualitative consultations. Quantitative data was analysed using MS Excel/SPSS, while qualitative data underwent thematic analysis and triangulation. Case studies were prepared to document notable beneficiary experiences.

A total of **46 beneficiaries** were interviewed, exceeding the required sample size of 40.

3.4 Results & Findings

1. Sample Coverage, Participant Profile, and Overall Beneficiary Reach

A total of **46 beneficiary students** were interviewed as part of the evaluation, exceeding the minimum sample requirement of 40. The respondents represent a young, diverse, and demographically balanced group of apprentices who are either pursuing or have completed training under the ATS (MDL) programme.

As per data provided by the implementing agency, ATS (MDL) trained a substantial number of apprentices during the respective batch years:

- **223 apprentices in the 2022–2023 batch**, and
- **215 apprentices in the 2023–2024 batch**.

These figures highlight the **scale and outreach** of the programme beyond the evaluation sample, reflecting ATS (MDL)'s capacity to train a large pool of youth annually.

The age distribution of the evaluation sample shows that beneficiaries are primarily between **18 and 22 years**, with the largest segment being **19-year-olds (21.7%)**. Gender composition reflects adequate representation, with **63% male** and **37% female** participants. Educationally, a majority of beneficiaries had completed **Senior Secondary (56.5%)**, subsequently joining skill-based trades at ATS. Social group representation was also inclusive, with **OBC (39.1%)** and **SC (34.8%)** students forming the majority.

2. Training Context and Trade-wise Distribution

The students were enrolled across a wide range of trades, including **Fitter, Structural Fitter, Electrician, Electronic Mechanic, ICTSM, Draughtsman, Computer Operator, ICTSM, and Welder etc.**, among others. This diversity reflects ATS (MDL)'s ability to cater to multiple industry-relevant skill areas. Most respondents (**89.1%**) were still undergoing training at the time of the survey, indicating that feedback predominantly reflects the **ongoing training experience**.

3. Financial Support and Stipend Adequacy

All beneficiaries confirmed **receipt of stipend**, with over half (54.4%) receiving between **Rs. 6000–6600 per month**, and 28.3% receiving **Rs. 7000–8050**. Although stipend disbursal was consistent, many students expressed concerns regarding **stipend adequacy**, recommending an increase to **Rs. 10,000 per month**, especially given Mumbai's high cost of living.

4. Quality of Training and Learning Experience

Beneficiaries shared largely positive perceptions:

- **Sufficiency & Duration:** 74% rated the programme as *Excellent* or *Very Good*.
- **Usefulness of ATS Experience:** 76.1% rated their experience *Excellent* or *Very Good*.
- **Facilities:** 93.5% rated facilities positively, though concerns were raised regarding canteen services, infrastructure quality, cleanliness, and the need for technological upgrades.

Qualitative feedback highlighted appreciation for **instructors, programme variety, discipline**, and exposure to **industrial environments**, including warship and submarine areas.

5. Impact on Skills, Employability, and Career Prospects

Across key indicators, the programme demonstrates strong positive impact:

- **Skill Improvement:** 69.6% rated it *Very Good/Excellent*.
- **Employability:** 65.2% rated improvement as *Very Good/Excellent*.
- **Career Prospects:** 52.1% reported a *Very Good/Excellent* impact.
- **Long-Term Career Development:** 50% rated improvements as *Very Good/Excellent*.
- **Long-Term Employability:** 47.8% rated future opportunities as *Very Good/Excellent*.

Additionally, **95.7%** believe the programme will help them secure **better employment**, demonstrating strong confidence in its industry relevance.

6. Administrative and Instructional Effectiveness

Students expressed high satisfaction with the **attitude and behaviour** of reporting officers (86.9% positive) and other staff (89.2% positive), indicating an enabling learning environment.

According to instructors and management, ATS (MDL) provides:

- **Basic and On-the-Job Training**
- **Soft Skills and Employability Skills**
- **Safety, motivational, and cyber security sessions**
- **Industrial visits**

A dedicated **Training & Placement Cell** further strengthens post-training support, though students noted limited **government placement opportunities**.

7. Challenges Identified

Key challenges cited include:

- Low stipend relative to living expenses
- No transport, or accommodation facilities

These affect student satisfaction and accessibility, particularly for outstation students.

8. Areas for Improvement

Suggestions from students and management include:

- Increased stipend
- Improved canteen, sanitation, and water facilities
- Hostel/accommodation and transport provisions

9. Overall Assessment

The evaluation confirms that MDL's ATS programme—supported through CSR funding—**significantly enhances youth skills, employability, and industrial readiness**. Beneficiary feedback shows high satisfaction with training quality and professional development opportunities.

While the programme is impactful and delivered at substantial scale (223 trainees in 2022–23 and 215 in 2023–24), further improvements in infrastructure, financial support, and trainee facilities will strengthen long-term outcomes and enhance overall programme effectiveness.

3.5 Challenges & Opportunities

Challenges

Based on beneficiary feedback, instructor inputs, and implementing agency observations, the following key challenges were identified in the ATS (MDL) training programme:

1. **Financial Adequacy of Stipend:**

The stipend amount, though regularly disbursed, is perceived as insufficient given Mumbai's high cost of living. Trainees from outside the district/state face greater financial pressure.

2. **Infrastructure Gaps:**

Several students highlighted issues such as ageing school infrastructure, inadequate classrooms, limited technological tools, and insufficient sanitation facilities.

3. **Limited Support Services:**

The absence of hostel/accommodation, affects the learning environment.

Opportunities

Despite challenges, the programme presents several growth and strengthening opportunities:

- **High Demand for Skilled Manpower in Defence and Engineering Sectors:**

MDL's positioning in shipbuilding and defence manufacturing creates strong employment pathways for trained apprentices.

- **Scope for Scaling CSR-Supported Apprenticeships:**

Given the large intake of 223 **trainees (2022–23)** and 215 **trainees (2023–24)**, expanding CSR-supported training can bridge skill gaps for more youth.

- **Industry Partnerships:**

Collaborations with allied industries, technical institutes, and sector skill councils can enhance exposure, curriculum alignment, and placements.

- **Digital Transformation:**
Adoption of digital learning tools, tracking systems, and modern equipment can greatly improve training effectiveness.
- **Soft Skill and Language Proficiency Modules:**
Introducing English-speaking and confidence-building programmes can increase employability, especially in competitive job markets.

3.6 Financials – Budget & Expenditure

Project Outlay was Rs. 160.27 lakhs.

3.7 Way Forward / Recommendations (DOORS)

Based on the findings of the impact assessment, DOORS proposes the following recommendations to further strengthen and enhance the effectiveness of the *Stipend to Apprentices & Trainers' Salary at ATS (MDL) CSR* initiative:

- 1. Enhance Stipend Structure and Financial Support**
 - Increase stipend levels to better match the high cost of living in Mumbai, especially for trainees from outside the city and weaker socio-economic backgrounds.
- 2. Upgrade Training Infrastructure and Equipment**
 - Modernise workshop tools, machinery, and instructional aids to align with current industry standards.
 - Improve classrooms, laboratories, washrooms, and overall campus infrastructure for a conducive learning environment.
- 3. Strengthen Support Services for Trainees**
 - Provide or facilitate affordable accommodation/hostels for outstation students.
 - Introduce transport linkages and improve canteen and drinking water facilities.
 - Establish grievance redressal and counselling support systems.
- 4. Enhance Awareness and Outreach Efforts**
 - Increase visibility of apprenticeship programmes through targeted campaigns in ITIs, schools, job fairs, and community networks.
 - Strengthen collaboration with district skill development offices and local institutions.
- 5. Strengthen Industry Linkages and Placement Pathways**
 - Expand partnerships with defence, engineering, manufacturing, and private sector industries for placements, internships, and advanced training opportunities.
 - Conduct regular campus interviews, employer interactions, and job readiness workshops.
- 6. Introduce Digital Monitoring & Learning Platforms**
 - Implement digital systems for attendance, assessments, and trainee progress tracking.
 - Provide access to e-learning modules, simulation tools, and virtual training content.
- 7. Continuous Curriculum Upgradation**
 - Review and update training modules regularly to reflect emerging technologies in shipbuilding, automation, welding, electronics, and related trades.

3.8 Best Practices / Testimonies / Case Studies

Case Study: **Expanding Apprenticeship Opportunities Through CSR Support**

Mazagon Dock Shipbuilders Limited (MDL) has consistently demonstrated its commitment to national skill development by offering apprenticeship training to 2.5% of its total workforce at the Apprentice Training School (ATS), Mumbai, as mandated by statutory regulations. To broaden access for young aspirants, the Government has permitted Central Public Sector Enterprises (CPSEs) to engage additional apprentices beyond this statutory limit, with these extra positions eligible for funding through Corporate Social Responsibility (CSR) resources.

Leveraging this provision, MDL has, **across various financial years including FY 2022–23**, utilized CSR funds to support the induction and training of **over 300 additional apprentices annually** in multiple trades at ATS. This expanded training effort has enabled a significantly larger number of young individuals to receive high-quality vocational instruction and hands-on experience.

All incremental costs—such as stipends for apprentices beyond statutory norms and the salaries of additional trainers—have been fully funded through MDL’s CSR budget. This structured and sustained approach exemplifies a **best-practice model** for how CPSEs can use CSR strategically to strengthen the national skill ecosystem.

MDL’s continued commitment across multiple years reflects its dedication to empowering youth, enhancing employability, and contributing meaningfully to inclusive and sustainable workforce development.

3.9 Photos

Mumbai



FIGURE 15 DOORS TEAM MEETING WITH SHRI ARUNESH MUDUGAL, MANAGER, ATS, MUMBAI



FIGURE 16 WITH ATS TRAINEES AT MUMBAI



FIGURE 17 SHRI NAGENDRA, SECRETARY DOORS AND OTHER TEAM MEMBERS COLLECTING INFORMATION FROM ATS TRAINEES, MUMBAI



FIGURE 18 SHRI NAGENDRA, SECRETARY DOORS ALONG WITH ATS TRAINERS AND TRAINEES



FIGURE 19 CLASSROOM OF ATS, MUMBAI



FIGURE 20 SHRI VINOD CHAUHAN, DOORS TEAM MEMBER COLLECTING DATA FROM TRAINEES AT ATS, MUMBAI



FIGURE 21 SHRI NAGENDRA, SECRETARY DOORS AND SHRI CHAUHAN, DOORS TEAM MEMBERS AT ATS, MUMBAI



FIGURE 22 DOORS TEAM COLLECTING INFORMATION AT ATS, MUMBAI

Chapter IV: Integrated Development in Gram Panchayat, Shahpur, Thane

As part of the CSR projects approved in FY 2022–23, the *Village Development Project* was selected for assessment. This project is implemented by Karve Institute of Social Service, Pune, Maharashtra.

4.1 Objective / Goal of the Project

This CSR Project was approved by the MDL CSR Board during the FY 2022-23. A number of programmes were undertaken as part of overall development in 04 Gram Panchayat in Shahapur Taluka of Thane District, Maharashtra. Some of these activities included: -

- Agriculture development and Veterinary Camps
- Panchayati Raj Trainings
- Eye Check Up Camps
- E Learning Sets at Schools / Repair/ renovation of AWCs
- Coaching centre for school children
- Arogya Sakhi
- Waste management

Kharade village, located 20 km from Dolkhamb Grampanchayat, was selected for the first phase of the Ideal Village Development Project based on baseline survey findings and the need for focused development in tribal hamlets. Social Workers observed significant gaps in education, health, drinking water, and livelihoods, which aligned with the Karve Institute's recommendation and Mazagon Dock's interest in supporting tribal communities. The project was therefore expanded to nearby areas upon requests from local Grampanchayats and the need for follow-up work. The project provides support to livelihood units created in Phase I, improves educational facilities through coaching for Navodaya and Sainik School entrance exams, and delivers holistic development across four new Grampanchayats covering 22 hamlets. Health services are strengthened through the Arogya Sakhi program, while technical guidance is offered to improve agriculture and animal husbandry practices. Additional efforts include enhancing skills, marketing, and branding for SHG-led livelihood activities and building the capacity of Gram Panchayat members for sustainable village development. The project also facilitates linkages with local committees and connects Urja and sanitary pad production units with MSRLM and MAVIM.

4.2 Key Activities

- Livelihood enhancement
- Coaching centres for quality education
- Health and nutrition initiatives
- Veterinary services
- Agriculture development
- Drinking water solutions
- Waste management interventions
- Capacity building for Gram Panchayat members

- Additional community development programmes

4.3 Methodology & Sample Size

Data for the impact assessment was obtained through:

- a) **Primary Sources:** Field surveys, interviews with beneficiaries, community representatives, PRIs, and government officials.
- b) **Secondary Sources:** Records from the implementing agency, district administration, government databases, and MDL.
- c) **Tertiary Inputs:** Stakeholder consultations and regional studies.
- d) The assessment combined both qualitative and quantitative methods based on predefined indicators relevant to each CSR project.

Assessment Design

- Focus on primary data gathered from field visits.
- Review of relevant secondary and tertiary information.
- Benchmarking against project-specific indicators.

Stage 1: Design

- Formulation of study framework, methodology, and timelines in consultation with the MDL CSR Cell.
- Mapping of stakeholders and project area.
- Development and pre-testing of data collection tools.

Tools Used:

Surveys, Key Informant Interviews (KII), Focus Group Discussions (FGD), Participatory Rural Appraisal (PRA), checklists, mapping frameworks, and log-frames.

Stage 2: Field Research

- Transect walks, field surveys, community mapping.
- FGDs and KIIs with beneficiaries and implementing agencies.

Stage 3: Analysis & Reporting

- Quantitative analysis using MS Excel/SPSS.
- Qualitative analysis through content synthesis and triangulation.
- Preparation of case studies and compilation of the impact assessment report.

Sample Size

The sample size includes 100 beneficiaries.

4.4 Results & Findings

Impact Assessment

To assess the effectiveness and outreach of the CSR interventions implemented by the Karve Institute of Social Sciences under the MDL CSR scheme, a total of **100 beneficiaries** were contacted. These respondents had availed different services such as Capacity Building Trainings, Drinking Water Project support, Eye Tests, Livelihood Project assistance, and Remedial Classes. The data collected from the field has been analysed and the results are presented below.

1. Facilities / Benefits Availed

The sample included beneficiaries from all major project areas. The largest share (43%) had availed **Remedial Classes**, followed by Eye Tests (21%), Livelihood Project (14%), Capacity Building Trainings (12%), and Drinking Water Project (10%). This reflects the extensive reach of educational and health-related interventions.

2. Gender Distribution

The sample consisted of **54% female** and **46% male** beneficiaries. Females were more represented in Livelihood Project, Eye Tests and Remedial Classes, while males benefited more from the Drinking Water Project and Remedial Classes. This demonstrates that the CSR activities have reached both genders equitably, with a slight tilt towards women beneficiaries.

3. Educational Profile

Beneficiaries ranged from **illiterate** to those educated up to **Senior Secondary** level. No respondent was educated beyond Senior Secondary. The majority (36%) had education up to **Middle School**, followed by **Senior Secondary (23%)** and **Secondary (17%)** levels. This suggests that beneficiaries largely come from low-education backgrounds, making the interventions especially meaningful.

4. Social Status

A significant majority, **62%**, belonged to the **Scheduled Caste (SC)** category and the remaining **38%** belonged to **Scheduled Tribes (ST)**. This shows strong outreach to socially disadvantaged communities.

5. Occupation of Beneficiaries

Occupations varied according to the type of service:

- Remedial Class beneficiaries were entirely **students**.
- Capacity Building Trainings involved equal proportions of **housewives** and **casual labourers**.
- Livelihood Projects supported **casual labourers, housewives**, and a few engaged in **agricultural labour**.
- Eye Test and Drinking Water Project beneficiaries belonged to diverse occupations.
- This indicates that the interventions catered to a broad socio-economic spectrum.

6. Monthly Family Income

Overall beneficiaries belonged to low-income households, reflecting genuine need.

7. Location of Availing Services

Services were accessed at multiple community institutions such as **schools, Panchayat Bhawans**, training centres, and Aashramshalas. Remedial Classes and Eye Tests had the widest geographic spread of service locations.

8. Period of Availing Benefits

Beneficiaries accessed services between Feb 2021 to March 2023 showing continuous programme implementation over more than two years.

9. Duration of Benefits

All services were availed for a standard duration of **three months**, ensuring consistency across interventions.

10. Distance and Mode of Travel

Distances travelled ranged from **1 km to 15 km**.

The majority (59%) **walked** to the service locations, indicating:

- good accessibility of services, and
- financially constrained households relying on non-motorized travel.

Other modes included autos, buses, taxis, and bikes.

11. Beneficiary Satisfaction with Services

Satisfaction levels were very high:

- **86% were fully satisfied,**
- **14% somewhat satisfied.**

This demonstrates widespread appreciation of the quality and relevance of services provided.

12. Satisfaction with Staff Behaviour

A significant majority expressed high satisfaction with the behaviour of service providers:

- **77% fully satisfied,**
- 22% somewhat satisfied, and
- only **1% not satisfied.**

This reflects professionalism and empathy in service delivery.

13. Difficulties Faced

Most respondents (**83%**) reported **no difficulties** in availing the services. Among the 17% who did face issues, the reasons were primarily linked to **lack of awareness** rather than programme shortcomings.

14. Overall Impact

The CSR interventions have had **varied and meaningful impacts**, including:

- enhanced **capacity building**,
- improved **eye health**,
- strengthened **livelihood opportunities**,
- increased **educational support** for children,
- better **access to drinking water**.

The projects benefited **women, children, men, and entire families**, addressing multiple dimensions of community development. Services were also provided **free of cost**, enhancing inclusiveness and reducing financial burden on low-income households.

Conclusion

Overall, the MDL CSR initiatives implemented through the Karve Institute of Social Sciences have demonstrated:

- strong outreach to vulnerable communities,
- high beneficiary satisfaction,
- significant improvements in education, livelihood, health, and basic amenities,
- professional and accessible service delivery.

The impact assessment indicates that the interventions have been **effective, relevant, and well-received**, contributing meaningfully to community welfare.

Summary of MDL–KINSS Village Development Project (Feb 2021–March 2023)

Implemented across many villages/hamlets/ GPs covering **6,107 people**, the project delivered multi-sector development through livelihood support, quality education initiatives, digital learning setups, health system strengthening, veterinary and agriculture support, drinking water improvements, waste management, and capacity-building programs. Overall, the project **met or closely met most targets**, benefiting large numbers of **SC/ST/OBC households** and demonstrating strong community participation and impact.

4.5 Challenges & Opportunities

Although the majority of respondents (83%) reported *no difficulties* in accessing services, the remaining 17% who did encounter issues highlighted that the barriers were largely due to **limited awareness**, not deficiencies in the programme itself. This indicates that while the service delivery mechanisms are functioning effectively, there is scope for strengthening communication, outreach, and beneficiary sensitisation.

These insights present important **opportunities**:

- **Enhanced awareness campaigns** can ensure that all eligible beneficiaries understand the services available to them and how to access them.
- **Targeted community engagement**, particularly in areas where awareness gaps are more prominent, can improve overall participation.
- **Capacity-building for frontline workers** could further amplify the programme's reach and clarity at the community level.
- **Feedback mechanisms** can help continuously identify and address information gaps.

- Overall, the challenges are minimal and addressable, offering a clear pathway to further optimise service delivery and maximise beneficiary impact.

4.6 Financials – Budget & Expenditure

The MDL–KINSS Village Development Project outlines a comprehensive two-year budget covering multiple thematic components, with a **total project expenditure of Rs 102.45 lakhs** (inclusive of GST).

4.7 Way Forward / Recommendations (DOORS)

- **Strengthen ongoing interventions** in education, health, and livelihoods through continued handholding, monitoring, and quality improvement.
- **Expand outreach and awareness** in remaining hamlets to ensure all eligible households access project services.
- **Improve operational efficiency** by enhancing coordination with Gram Panchayats and introducing simple digital/structured monitoring tools.
- **Mobilise additional resources** through CSR partnerships and government schemes to upgrade infrastructure and support emerging needs.
- **Ensure sustainability** by building community ownership, forming village committees, and planning for gradual scale-up to neighbouring areas.

4.8 Best Practices / Testimonies / Case Studies

1. Coaching Centres Improving Student Performance

Regular coaching and remedial classes helped students from six schools show strong improvement between pre-test and post-test scores. Teachers reported better attendance, higher confidence, and clearer understanding of concepts.

Karve Institute of Social Sciences – Coaching Centre



2. Arogya Sakhis Strengthening Community Health

Training 12 ASHA workers as Arogya Sakhis improved early pregnancy registration, home visits, and access to maternal and child health services. Villagers expressed satisfaction with receiving timely guidance and doorstep support.

Arogyasakhi Health Project



3. Reviving Women's Livelihood Units

Through continuous handholding, the women-led Urja Quilt Unit recovered from COVID disruptions. Women took ownership of operations, contributed their own resources, and restored income generation—showcasing a strong, sustainable model.

Karve Institute of Social Sciences – Kranti Jyoti Training



4.9 Photos

Pune



FIGURE 23 MR. NAGENDRA, SECRETARY DOORS HOLDING DISCUSSIONS WITH PROF. MAHESH THAKUR, DIRECTOR KINSS AT PUNE



FIGURE 24 DOORS TEAM MEETING WITH PROJECT TEAM



FIGURE 25 DOORS TEAM COLLECTING INFORMATION FROM THE IMPLEMENTING AGENCY



FIGURE 26 DOORS TEAM WITH IMPLEMENTING PARTNER OF THE PROJECT



FIGURE 27 DOORS TEAM COLLECTING INFORMATION IN THE FIELD



FIGURE 28 DOORS TEAM COLLECTING INFORMATION FROM THE IMPLEMENTING PARTNER



FIGURE 29 DOORS TEAM COLLECTING INFORMATION IN THE FIELD



FIGURE 30 DOORS TEAM WITH THE IMPLEMENTING PARTNER OF THE PROJECT

Chapter V: Supply of Medical Equipment to BVPSS Hospital, Kota (Rajasthan)

From the CSR projects approved by the MDL Board in FY 2022–23, the project selected for evaluation was the Supply of Medical Machines to BVPSS Hospital. This project was implemented by Bharat Vikas Parishad and carried out at BVPSS Hospital located in Kota, in the state of Rajasthan.

5.1 Objective / Goal of the Project

Bharat Vikas Parishad Sewa Sansthan Hospital (BVPSS), a 300-bed charitable institution in Kota, provides affordable healthcare and educational services to underserved communities. MDL spent ₹1.94 Crore under CSR (FY 2022–23 & FY 2023-24) to support the procurement of essential medical equipment for the hospital.

5.2 Key Activities

- Creating health awareness among economically weaker patients
- Delivering affordable, quality healthcare services
- Strengthening healthcare infrastructure
- Reducing the gap between demand and supply of health services

5.3 Methodology & Sample Size

The impact assessment used a mixed-method approach combining **primary**, **secondary**, and **tertiary** data sources.

- **Primary Data:** Field surveys, beneficiary interviews, FGDs, KIIs, community interactions, and on-site observations.
- **Secondary Data:** Records from the implementing agency, MDL, district administration, and government databases.
- **Tertiary Inputs:** Stakeholder consultations and regional studies.
- Both **qualitative and quantitative methods** were used, guided by project-specific indicators.
- **Assessment Process**
- **Design:** Development of tools, stakeholder mapping, and finalisation of methodology with MDL CSR Cell.
- **Field Research:** Transect walks, community mapping, surveys, FGDs, and KIIs.
- **Analysis:** Quantitative analysis (Excel/SPSS), qualitative synthesis, triangulation, and preparation of case studies.

Sample Size

The assessment for the project “**Supply of Medical Machines to BVPSS Hospital**” (implemented by **Bharat Vikas Parishad**) covered a **minimum of 150 beneficiaries** at **BVPSS Hospital, Kota, Rajasthan**.

5.4 Results & Findings

Beneficiary Profile & Impact Summary (2024)

During the year 2024, a total of 5,73,716 patients from middle, lower-middle, and economically weaker sections availed services at **Bharat Vikas Parishad Hospital, Kota**. Beneficiaries included **SC, ST, OBC, minority groups, and women**, with women alone accounting for 1,99,566 of the total patients.

According to **Shri Anil Sharma, Maintenance Engineer, BVPSS Hospital**, the medical machines donated by MDL significantly enhanced the hospital's capacity to save lives and strengthen healthcare access for surrounding communities, including MDL employees posted in the region.

The hospital also submitted beneficiary details (March 2023–January 2025) for the **five machines donated by MDL**, confirming wide community utilization.

TABLE 1 MONTH AND YEAR WISE DETAILS OF BENEFICIARIES OF FIVE MACHINES

Month	ECHO (Colour Doppler)	TMT	Sonography (Ultrasound)	Heart Lung Machine	Neonatal Ventilator (Medisis)
March 2023	564	0	939	35	2
April 2023	1033	0	827	42	3
May 2023	1092	99	1179	54	1
June 2023	1065	88	1188	45	2
July 2023	1114	86	1233	43	1
August 2023	1164	82	1417	41	3
September 2023	1195	75	1362	38	2
October 2023	1088	113	1167	33	1
November 2023	931	90	884	22	5
December 2023	1177	117	769	50	4
January 2024	1148	140	844	35	6
February 2024	1194	124	868	40	3
March 2024	1320	135	1229	35	4
April 2024	1202	97	1088	46	2
May 2024	1245	128	1442	45	1
June 2024	1145	61	1243	46	4
July 2024	1253	121	825	52	5
August 2024	1340	91	1518	51	3
September 2024	1312	103	1473	61	1
October 2024	1053	83	1225	43	4
November 2024	1148	59	975	33	2
December 2024	1055	51	978	48	4
January 2025	833	67	525	51	0
February 2025	818	60	1161	56	2
March 2025	778	35	1175	43	2
April 2025	736	40	1151	50	1
May 2025	893	42	1325	45	2
June 2025	967	33	1538	42	0
Total	29863	2220	31548	1225	70

Impact Assessment Sample Profile

A total of **150 beneficiaries** were contacted for primary data collection as part of the impact assessment.

Geographical Coverage

- **10 villages/towns,**
- **6 blocks, and**
- **5 districts**

were represented in the sample, indicating wide spatial coverage across Rajasthan.

Age Distribution

- Respondents ranged from **14 to 74 years.**
- Majority (64%) fell in the **30–49 years** age group, reflecting high utilization among working-age adults.

Gender

- **60% male,**
- **40% female.**

Education

- Most (56.7%) were educated up to **secondary level.**
- Only 4.7% were illiterate.

Social Status

- **45.3% SC,**
- **34% ST,**
- **14% OBC,**
- **5.3% General**

showing that the majority belonged to socially disadvantaged groups.

Occupation

- **54.7% were self-employed in agriculture,**
- **21.3% were casual labourers,**
- **14.7% were housewives.**

This indicates the project caters heavily to low-income rural communities.

Income

- Family incomes ranged between **₹8,000–₹25,000/month.**
- **88% earned between ₹13,000–₹22,999,** indicating low but stable income levels.
- The most common income slab was **₹18,000–₹22,999 (46%).**

Access to Medical Services

All 150 sampled beneficiaries received one or more of the following services:

- **Cardio L tests**
- **CTVs**
- **NICU Ventilation**
- **Sonography**
- **TMT**

Satisfaction Levels

1. Satisfaction with Medical Facilities

- **82% Fully Satisfied**
- **18% Somewhat Satisfied**
- **0% Not Satisfied**

High satisfaction indicates positive acceptance of the medical machines and services enabled by MDL's CSR support.

2. Satisfaction with Staff Behaviour

- **68.7% Fully Satisfied**
- **24% Somewhat Satisfied**
- **7.3% Not Satisfied**

Most respondents appreciated the courteous behaviour of staff at the hospital.

Overall Summary

The medical machines supplied under MDL's CSR initiative have had a **substantial and measurable impact** on low-income communities across multiple districts. The high beneficiary volume, strong satisfaction levels, and extensive outreach across SC/ST/OBC groups reflect the project's effectiveness in strengthening healthcare access in Kota, Rajasthan.

5.5 Challenges & Opportunities

Challenges

- **High Demand from Vulnerable Social Groups**

A significant proportion of annual beneficiaries—**SC (122,000), ST (124,570), OBC (75,920), and Minorities (51,660)**—belong to socially and economically weaker sections. Their low awareness levels, limited mobility, and financial constraints present challenges in ensuring timely diagnosis and follow-up care.

- **Low- and Unstable-Income Levels**

Most beneficiaries earn between **₹13,000–₹22,999 per month**, with many dependent on agriculture and casual labour. This limits their ability to afford private healthcare, making them heavily reliant on subsidised hospital services.

- **Wide Geographical Spread**

Beneficiaries came from **10 villages, 6 blocks, and 5 districts**. This geographical diversity makes consistent follow-up, health monitoring, and continuity of care more difficult.

- **Educational and Awareness Gaps**

Nearly **32%** of respondents are below primary, primary, or middle school level. Lower literacy affects understanding of medical conditions, compliance with treatment, and preventive health behaviours.

- **Limited Healthcare Infrastructure Prior to CSR Support**

Before MDL-donated machines, the hospital lacked adequate diagnostic capability, leading to delays in treatment and referral dependency.

Opportunities

- **Strengthening Healthcare Access for the Poor**

With **5.73 lakh** patients served in 2024, the hospital is well-positioned to become a major low-cost healthcare provider in the region. MDL’s machines help bridge the gap between demand and affordability.

- **Potential to Increase Lives Saved**

According to hospital staff, an **additional machine** could significantly expand diagnostic capacity and help save more patients annually—indicating scope for scaling CSR support.

- **High Satisfaction Creates Trust for Expansion**

- **82% fully satisfied** with facilities
- **68.7% fully satisfied** with staff behaviour

- This strong trust base offers an opportunity to introduce new services, preventive health camps, and awareness programs.

- **Enhancing Preventive and Promotive Care**

Given that the majority of patients are aged **30–49 years**, targeted campaigns on lifestyle diseases, maternal health, and early screening can have a high impact.

- **Strong CSR Visibility and Goodwill for MDL**

As noted by the Maintenance Engineer, the project enhances MDL’s reputation for promoting community health and safety. This creates an opportunity to strengthen MDL’s brand image and deepen long-term CSR engagement in Rajasthan.

5.6 Financials – Budget & Expenditure

DETAILS OF RECEIPT OF FUNDS UNDER CSR OF MDL

TABLE 2 DETAILS OF RECEIPT OF FUNDS UNDER CSR OF MDL

Sr No.	Amount Released by MDL to BVPSS (Rs)
FY 2022-23	74,50,000.00
FY 2023-24	1,20,00,000.00
Total	1,94,50,000.00

The hospital provided the details of receipt of funds under CSR initiative of MDL as stated in the table above. Details of equipment purchased from the CSR funds: -

TABLE 3 EXPENDITURE DETAILS

Sl. no.	Date	Item of expenditure	Qty	Rate	Amount Rs.
1.	23/06/2023	HEART LUNG MACHINE	1	1,24,00,000	1,24,00,000
2.	17/03/2023	ULTRASOUND SYSTEMS	1	35,40,000	35,40,000
3.	17/03/2023	ECHO MACHINE	1	22,50,000	22,50,000
4.	18/03/2023	ST80I STRESS TEST SYSTEM	1	14,50,000	14,50,000
5	04/03/2023	NEONTAL VENTILATOR NEOCARE	1	7,35,000	7,35,000
	Total			2,03,75,000	2,03,75,000

The hospital has purchased the equipment including HEART LUNG MACHINE, ULTRASOUND SYSTEMS, ECHO MACHINE, ST80I STRESS TEST SYSTEM, NEONTAL VENTILATOR NEOCARE. Besides spending amount given under CSR funds of MDL, BVPSS spent Rs. 9,25,000/- additionally from other sources on the purchase of the medical equipment.

According to the officials of the Hospital as a direct result of the use of medical equipment life of people have been saved.

In primary discussions with the officials of the hospital they informed that *‘We are running a hospital in Kota (Raj.) at very low profit margin. Our charges are approximately 30% less than prevailing in the town’.*

5.7 Way Forward / Recommendations (DOORS)

- **Strengthen Diagnostic Infrastructure**

Given the very high patient load (5.73 lakh beneficiaries in 2024), adding additional diagnostic machines will significantly enhance service capacity and reduce waiting time, allowing timely detection and treatment.
- **Expand Preventive Health Outreach**

With most patients belonging to SC/ST/OBC groups and low-income households, targeted awareness drives on maternal health, lifestyle diseases, and early screening can improve long-term health outcomes.
- **Improve Follow-up Mechanisms**

Beneficiaries come from multiple districts and blocks. A simple follow-up system—SMS reminders, community health volunteers, or periodic health camps—can strengthen continuity of care.
- **Build Capacity of Hospital Staff**

Regular training in patient handling, equipment maintenance, and emergency care protocols will enhance service quality, especially given the high satisfaction levels already achieved.
- **Explore Scope for Scaling CSR Support**

The hospital has demonstrated high utilisation and community trust. MDL may consider supporting additional machines or expanding assistance to new departments to deepen impact and save more lives.
- **Strengthen Data & Reporting Systems**

Introducing a streamlined digital record system for beneficiaries and machine usage will improve monitoring, transparency, and impact reporting for future CSR audits.

5.8 Best Practices / Testimonies / Case Studies

1. Case Report: **Support Extended to the Gurjar Family**

Date of Incident: May 12, 2025

Location: Bharat Vikas Parishad Hospital, India

Subject: Financial and Medical Assistance for the Family of Mr. Gajraj Gurjar

1. Background

On the evening of May 12, 2025, Mr. Gajraj Gurjar suffered a sudden brain haemorrhage caused by a lightning strike during a local thunderstorm. He was admitted to Bharat Vikas Parishad Hospital and placed in ICU Bed No. 3. His son, Mr. Amar Gurjar, the sole earning member, faced immediate financial and emotional distress as hospital bills mounted and savings depleted.

2. Situation Analysis

The incident caused severe emotional and economic stress. Challenges included high treatment costs, daily expenses, and the family's limited financial capacity. Family members spent long hours outside the ICU, while Amar balanced his job and hospital responsibilities.

3. Family Response

Mr. Amar Gurjar took initiative after learning about the hospital's financial concession scheme. On May 15, 2025, around 9 p.m., he submitted an application with supporting documents to the hospital administration, explaining their financial situation with sincerity and composure.

4. Institutional Response

The Bharat Vikas Parishad Hospital administration reviewed and approved the case under the Medical Bill Concession Scheme. A financial discount was granted, easing the family's financial pressure and ensuring uninterrupted treatment.

5. Outcome

The assistance provided emotional and economic relief. Treatment continued without delay, and the family regained hope and stability. The case reaffirmed the importance of institutional empathy and structured aid.

6. Key Learnings

- Awareness of financial assistance programs is crucial.
- Compassionate administrative action can strengthen family morale.
- Collaborations with NGOs can broaden the reach of welfare support.

7. Conclusion

The case of Mr. Gajraj Gurjar highlights how timely institutional support can transform despair into hope. Through the hospital's compassion and Mr. Amar Gurjar's determination, the family overcame a major crisis. This case demonstrates the hospital's commitment to community welfare and human service.

2. Case Study: Financial Assistance for Mr. Gopi Lal's Medical Treatment

1. Background

On August 11, 2025, Mr. Gopi Lal, a daily-wage labourer from Kota, was admitted to Bharat Vikas Parishad Hospital after suddenly falling ill. He was assigned to bed number 8. As the sole earning member of his family, his illness created both emotional and financial distress for his dependents.

Mr. Gopi Lal's family has limited means of livelihood, relying entirely on his daily earnings to meet basic household expenses. The unforeseen medical emergency placed a heavy financial burden on the family, making it difficult for them to afford the treatment costs.

2. Intervention

Recognizing the seriousness of the situation, Mrs. Gopi Lal approached the hospital administration to seek financial relief. She explained her husband's illness, their economic condition, and their inability to meet the medical expenses.

The hospital officer at the administration desk listened empathetically, reviewed the supporting documents, and assured her that her request would be duly considered. In line with Bharat Vikas Parishad Hospital's guiding principle of "*Service to Humanity*," the officer initiated an internal review of the case.

After consulting with the medical and administrative teams and verifying the family's financial status, the hospital management decided to extend support by providing a significant concession on the total medical bill.

3. Outcome

The next morning, the hospital administration informed Mrs. Gopi Lal that her request had been approved and a major discount had been granted on the treatment charges. The decision greatly relieved the family's financial stress and enabled uninterrupted continuation of Mr. Gopi Lal's medical care.

Upon receiving the news, Mrs. Gopi Lal expressed her deep gratitude towards the hospital management and staff for their timely assistance and compassionate approach.

4. Impact

This act of support not only helped the patient and his family during a period of crisis but also reinforced Bharat Vikas Parishad Hospital's reputation as a compassionate and service-oriented institution.

Such initiatives exemplify the hospital's commitment to ensuring that financial constraints do not hinder access to essential healthcare. The case of Mr. Gopi Lal stands as a testament to the power of empathy and collective responsibility in building a caring society.

3. Project Title: **Financial Assistance for Mrs. Sheetal Vijay’s Medical Treatment**

Implementing Organization: Bharat Vikas Parishad

Location: Kota District, Rajasthan

Reporting Period: August 2025

1. Project Overview

Bharat Vikas Parishad undertakes regular social welfare interventions aimed at supporting economically weaker families in accessing essential healthcare services. One such intervention involved providing medical and financial assistance to **Mrs. Sheetal Vijay**, a pregnant woman from a low-income household who required urgent medical treatment to ensure the safety of both mother and child.

This initiative reflects the organization’s commitment to promoting inclusive healthcare and extending support to vulnerable families in distress.

2. Objectives

- To ensure timely and quality medical treatment for Mrs. Sheetal Vijay during pregnancy.
- To reduce the financial burden on the family by subsidizing treatment costs.
- To demonstrate the effectiveness of collaborative assistance between healthcare institutions and social organizations.
- To uphold the organization’s vision of “*Service to Humanity through Compassion and Action.*”

3. Beneficiary Profile

- **Name:** Mrs. Sheetal Vijay
- **Spouse:** Mr. Deepak Vijay
- **Occupation:** Factory Labourer
- **Household Income:** Below ₹10,000 per month (approx.)
- **Socioeconomic Category:** Economically Weaker Section (EWS)
- **Dependents:** Husband and extended family

4. Implementation Process

- **Identification of Case:**
The case was referred to Bharat Vikas Parishad by a local community member aware of the family’s financial hardship.
- **Verification:**
The organization reviewed the family’s financial documents and medical reports to confirm the authenticity of their request.
- **Coordination with Hospital:**
Bharat Vikas Parishad engaged directly with the hospital authorities to discuss cost reduction measures and ensure continuity of treatment.

- **Financial Assistance:**
 - 50% of the total treatment cost was borne by Bharat Vikas Parishad.
 - The hospital further offered a concessional rate for the remaining amount.
- **Follow-up:**
Regular communication was maintained with the family until the successful completion of treatment and delivery of the child.

5. Outcomes

- Mrs. Sheetal Vijay received uninterrupted medical care at a reputed hospital.
- The treatment was successful, leading to the birth of a healthy child.
- The family experienced significant financial relief and emotional stability.
- Strengthened collaboration between Bharat Vikas Parishad and local healthcare institutions.

6. Impact Analysis

Impact Area	Before Intervention	After Intervention	Observed Change
Access to Healthcare	Limited due to high cost	Full access ensured	Improved healthcare accessibility
Financial Burden	Severe; unable to afford treatment	Substantial reduction due to cost sharing	70–80% financial relief
Emotional Well-being	High anxiety and distress	Relief, gratitude, and renewed hope	Improved psychological state
Community Awareness	Limited awareness of aid programs	Increased awareness through word-of-mouth	More families informed about Parishad’s initiatives

Quantitative Impact (Estimated):

- **Beneficiary Family Income Saved:** Approx. ₹25,000–₹30,000
- **Hospital Cost Reduction:** 50% (through joint contribution)
- **Lives Impacted:** 3 (mother, child, and spouse directly; community indirectly)

7. Key Learnings

- **Collaborative Partnerships:** Coordination between NGOs and hospitals ensures faster and more effective aid delivery.
- **Awareness Generation:** Community referrals play a critical role in reaching deserving beneficiaries.
- **Empathy in Action:** Personalized attention and compassionate communication strengthen trust and transparency.

8. Conclusion

The intervention for Mrs. Sheetal Vijay demonstrates Bharat Vikas Parishad's ongoing commitment to equitable healthcare access and social responsibility. The initiative not only saved two lives but also restored hope and confidence within a low-income family.

This impact case reinforces the belief that when compassion meets structured action, meaningful social transformation becomes possible. Bharat Vikas Parishad continues to serve as a **ray of hope** for underprivileged families across India, ensuring that no one is denied medical care due to financial hardship.

5.9 Photos

Rajasthan



FIGURE 31 BVPSS HOSPITAL, KOTA, RAJASTHAN



Figure 32 Shri Vinod Chauhan, at BVPSS Hospital, Kota, Rajasthan



FIGURE 33 SHRI VINOD CHAUHAN, DOORS TEAM MEMBER MEETING BENEFICIARY OF MEDICAL EQUIPMENT AT BVPSS HOSPITAL, KOTA, RAJASTHAN



FIGURE 34 BVPSS HOSPITAL, KOTA, RAJASTHAN



FIGURE 35 MEDICAL EQUIPMENT UNDER CSR FUNDS AT BVPSS HOSPITAL, KOTA, RAJASTHAN



FIGURE 36 MEDICAL EQUIPMENT UNDER CSR FUNDS AT BVPSS HOSPITAL, KOTA, RAJASTHAN



FIGURE 37 SHRI NAGENDRA KUMAR, SECRETARY DOORS TALKING TO BENEFICIARY OF MEDICAL EQUIPMENT UNDER CSR FUNDS AT BVPSS HOSPITAL, KOTA, RAJASTHAN



FIGURE 38 MEDICAL EQUIPMENT UNDER CSR FUNDS AT BVPSS HOSPITAL, KOTA, RAJASTHAN



FIGURE 39 MEDICAL EQUIPMENT UNDER CSR FUNDS AT BVPSS HOSPITAL, KOTA, RAJASTHAN



FIGURE 40 BVPSS HOSPITAL, KOTA, RAJASTHAN



FIGURE 41 BVPSS HOSPITAL, KOTA, RAJASTHAN

Chapter VI: Support for Health & Nutrition Infrastructure in Gujarat

Among the approved CSR projects for FY 2022–23, the initiative *Support for Healthcare and Nutrition Activities in Gujarat* was selected for evaluation. The project was implemented by Seva Bharati, a registered Trust and a social development organisation in Rajkot, Gujarat.

6.1 Objective / Goal of the Project

The organisation used CSR funds for constructing a facility in Rajkot District, Gujarat dedicated to health, nutrition, vocational training, capacity building, and social upliftment activities for marginalized groups including women, children, SC/ST communities, and low-income families.

6.2 Key Activity

Construction of Health & Nutrition Facilities at the Infrastructure Complex, Rajkot as well as utilising the same for organisation of health, nutrition, vocational training, capacity building, and social upliftment activities for marginalized groups including women, children, SC/ST communities, and low-income families.

6.3 Methodology & Sample Size

The impact assessment employed a structured, mixed-method approach combining quantitative and qualitative techniques to evaluate the effectiveness of the *Support for Health & Nutrition Infrastructure* project implemented by Seva Bharati in Rajkot, Gujarat.

Data Sources

1. Primary Data

- Field surveys with beneficiaries.
- Key Informant Interviews (KIIs) with community representatives, PRI members, and government officials.
- Interactions with implementing agency staff.
- On-site observations during field visits.

2. Secondary Data

- Records and progress reports maintained by the implementing agency.
- Documentation from the district administration and government databases.
- MDL's project documents and monitoring reports.

3. Tertiary Inputs

- Insights from stakeholder consultations.
- Regional studies and contextual literature relevant to health, nutrition, and community development.

Assessment Design

The assessment design focused on triangulation to ensure reliability and validity of findings. It included:

- Emphasis on **primary data collection** through direct field visits.

- Systematic review of **secondary and tertiary information** to contextualize findings.
- Benchmarking outcomes against **predefined project indicators** aligned with CSR objectives.

Stages of the Assessment

Stage 1: Study Design

- Development of the assessment framework, methodology, and timelines in consultation with the MDL CSR Cell.
- Stakeholder and project area mapping.
- Design, piloting, and refinement of data collection tools.

Tools Employed:

Surveys, KIIs, Focus Group Discussions (FGDs), Participatory Rural Appraisal (PRA), checklists, mapping frameworks, and log-frames.

Stage 2: Field Research

- Transect walks and physical verification of infrastructure.
- Household and beneficiary surveys.
- Community mapping exercises.
- FGDs with beneficiaries, women’s groups, youth groups, and marginalized communities.
- KIIs with implementing agency representatives and local leadership.

Stage 3: Analysis & Reporting

- **Quantitative Analysis:** Conducted using MS Excel and SPSS for descriptive and comparative insights.
- **Qualitative Analysis:** Content analysis, thematic coding, and triangulation across sources.
- Development of case studies to highlight individual and community-level change.
- Compilation and drafting of the final impact assessment report.

Sample Size

A total of **100 beneficiaries** receiving health, nutrition, and capacity-building support from the organisation were surveyed and engaged during the assessment.

6.4 Results & Findings

- The MoA between MDL and Sewa Bharti–Gujarat was signed on **29 March 2023**.
- MDL approved Rs 200 lakhs in FY 2022–23 & FY 2023-24 for constructing **health and nutrition facilities** in Rajkot district.
- SB, established in **1979**, works in education, health, social development, employment, and self-reliance.

- The MoA requires SB to:
 - submit progress and completion reports with photos/videos,
 - display MDL-branded banners at the project site,
 - appoint a Project Coordinator.
- Project duration: **12 months** from signing, subject to MDL approval in the next FY.
- Sewa Bharti runs **1,404 vocational training centres** across India, supporting livelihood development for underprivileged groups, especially women.
- Rashtriya Sewa Bharati provides training, project support, relief work assistance, research, and guidance on government schemes and CSR-related policies to its affiliates.

Impact Summary

- **Sewing Classes:**
Around **325–350 women** trained so far; **25 currently enrolled**. Many have become self-reliant, earning about **₹5,000 per month** through small businesses, employment, or job-work during training.
- **Mehndi Classes:**
Over **150 women** trained; more than **25 currently participating**. Graduates now take up **freelance Mehndi work**, especially during festivals and weddings, supporting their income generation.
- **Audio-Visual Room (Bal Sanskar Kendra):**
Children in Seva Vasti areas receive **value-based learning**, moral education, and exposure to inspirational stories, films, and lectures that support their holistic growth.
- **Library:**
Serves **55–60 readers** (40 male, 15–20 female), mainly preparing for **competitive exams**, contributing to educational and career development.





FIGURE 42 PHOTOGRAPHS HIGHLIGHTING THE MAJOR ACTIVITIES UNDERTAKEN BY SB INCLUDING SKILL TRAINING, EDUCATION ETC.

As part of primary data collection for impact assessment a total of hundred beneficiaries were contacted who have utilised benefits from SB’s MDL CSR initiative. A brief profile of these sampled beneficiaries are as follows: -

A total of **100 beneficiaries** availing services under five programmes — Food Nutrition Kit, Health Services, Library, Sewing Class, and Wellness Complex — were interviewed. Over half of them (53%) received benefits under the **Food Nutrition Kit** programme, followed by Sewing Class and Wellness Complex beneficiaries (14% each).

Age Distribution

The beneficiaries ranged from **19 to 62 years**. The largest age group was **29–38 years** (36%), followed by **19–28 years** (24%). Individuals above 49 years constituted around **17%**, indicating that participation is concentrated in the **young to middle-age groups**.

Gender

A majority of the respondents were **male (59%)**, while **41%** were female.

Educational Attainment

Most beneficiaries were relatively well educated, with **41% being graduates**, followed by those educated up to the **secondary level (28%)** and **middle level (18%)**. Only **1%** were illiterate.

Social Status

Half of the respondents belonged to the **SC (50%)** category, followed by **ST (36%)**, **General (12%)**, and **OBC (2%)**. This shows that the programme significantly reaches **socially disadvantaged groups**.

Occupation

The highest proportion of beneficiaries were **self-employed in non-agricultural activities (66%)**, followed by **housewives (17%)** and **casual labourers (15%)**. Only **2%** held regular salaried jobs.

Income Levels

Respondent monthly incomes fell between ₹8,000 and just under ₹23,000. Nearly half (43%) were in the ₹18,000–₹22,999 range, and 22% earned ₹13,000–₹17,999. Overall, 65% earned less than ₹20,000, reflecting modest economic conditions in the sample.

Source of Information

Beneficiaries learned about the CSR programme through various channels:

- Friends and relatives (44%)
- Hospitals (9%)
- Other sources (47%)

All respondents confirmed availing at least one benefit under SB's CSR-implemented projects.

Satisfaction Levels

Satisfaction with key service aspects was overwhelmingly positive:

- **Location of benefits:** 75% fully satisfied

- **Facilities/benefits received:** 94% fully satisfied
- **Behaviour of service providers:** 67% fully satisfied

In all categories, the remaining respondents also reported being **somewhat satisfied**, and none reported dissatisfaction.

Overall Conclusion

The organisation has successfully completed the building construction and is effectively utilising the infrastructure to deliver multiple programmes related to **health care, nutrition support, education, and skill development**. The data indicates high beneficiary satisfaction, substantial outreach to socially disadvantaged groups, and positive impacts across livelihood, health, and educational domains.

6.5 Challenges & Opportunities

The impact assessment of the MDL-supported interventions implemented by Sewa Bharti reveals that each programme has generated meaningful benefits for the communities, while also presenting specific operational and developmental challenges. Addressing these challenges offers clear opportunities for improving programme reach, sustainability, and long-term outcomes.

1. Sewing Class

The sewing training has empowered over 325–350 women by enabling them to earn approximately ₹5,000 per month. However, irregular attendance—primarily due to domestic responsibilities—and limited market linkages continue to restrict the economic potential of the trainees. Strengthening market connections, forming SHGs, and expanding job-work opportunities can substantially enhance income generation and entrepreneurial activity among women.

2. Mehndi Class

More than 150 women have been trained in Mehndi application, and many have started taking up freelance assignments. The major challenge lies in the seasonal nature of Mehndi-related income and the limited visibility of trainees in large events. Introducing structured, advanced Mehndi modules and linking trainees with wedding planners, beauty salons, and community networks can substantially improve employment prospects.

3. Audio-Visual Room (Bal Sanskar Kendra)

The Audio-Visual Room is actively used to impart moral education and value-based learning to children from Seva Vasti areas. Despite this, the centres face occasional resource and space limitations and require a more systematic curriculum to maximise learning outcomes. Expanding digital content, increasing parental engagement, and collaborating with nearby schools offer significant potential for strengthening this programme.

4. Library

The library serves 55–60 regular users, mostly competitive exam aspirants, with a notably lower participation of female readers. Limited seating capacity and high demand for study materials remain key concerns. By introducing career counselling sessions, digital learning aids, and dedicated time slots for female readers, the library can grow into a central educational support hub for youth.

5. Food Nutrition Kit Distribution

The nutrition kit programme has played a critical role in improving food security among low-income households, particularly the SC/ST beneficiaries who form the majority. However, continued dependence on CSR support and fluctuating demand point to the need for complementary livelihood initiatives. Integrating awareness on health, hygiene, and government welfare schemes can make this intervention more holistic and sustainable.

6. Health Services

The health services provided under the CSR initiative are widely accepted, but limited outreach and gaps in follow-up care for chronic patients remain challenges. Expanding mobile health units, leveraging telemedicine, and introducing regular preventive health camps can further enhance community health outcomes and deepen impact.

6.6 Financials – Budget & Expenditure

1. CSR Budget Approved by MDL (FY 2022–23)

Mazagon Dock Shipbuilders Ltd. (MDL) approved a total CSR budget of ₹170 lakhs in FY 2022-23 for the project “Construction of Health and Nutrition Facilities at Infrastructure Complex, Rajkot District, Gujarat.” In FY 2023-24, an additional amount of Rs 30 lakhs was sanctioned towards the project.

2. Expenditure vs. Approved Budget

Item	Amount (₹)
Approved CSR Budget (FY 2022–23 & FY 2023-24)	2,00,00,000
Utilisation up to 31.03.2023	1,20,00,000
Utilisation up to 31.03.2024	80,00,000
Balance Budget Remaining	0,00,000

3. Summary

- The expenditure was exclusively for **construction of the Sewa Bharti Building – Rajkot**, consistent with MoA requirements.
- Subsequent fund releases from MDL would be used to settle the committed expenditure and support remaining project activities.

6.7 Way Forward / Recommendations (DOORS)

Strengthen Livelihood-Oriented Training Programmes

- Scale up sewing and mehndi training by increasing batch sizes and introducing advanced-level modules (fashion design basics, machine embroidery, bridal mehndi, etc.).
- Introduce market linkage support so that trained women can directly access local markets, online platforms, or SHGs for sustained income.
- Provide starter kits (sewing tools, mehndi cones, raw material) to successful trainees to convert learning into immediate earnings.

Ensure Higher Women's Participation Across All Programmes

- While the sewing and mehndi programmes reach women well, overall sample data shows only 41% female respondents, suggesting scope to increase women's participation in other services (library, health, wellness complex).
- Introduce women-centred outreach, flexible timings, and women facilitators to improve turnout.

Strengthen Health & Nutrition Interventions

- Standardise the Food Nutrition Kit programme with monthly/quarterly distribution schedules and targeted support for pregnant women, lactating mothers, elderly persons, and malnourished children.
- Introduce basic health screenings (BP, diabetes, BMI) during distribution days to enhance programme value.

Enhance Educational Support Services

- Upgrade the Library by adding competitive exam books, digital resources, and extending hours during peak examination seasons.
- Strengthen Bal Sanskar Kendras with more structured audio-visual content, trained facilitators, and periodic assessments to monitor children's progress.

Improve Beneficiary Tracking and Monitoring

- Develop a digital beneficiary database capturing enrolment, attendance, training completion, income changes, and outcomes for better monitoring.
- Use monthly progress reports with geotagged photos/videos, as required under the MoA, to strengthen transparency and accountability.

Promote Community Awareness and Outreach

- Since most beneficiaries learn about programmes through relatives and informal channels, structured awareness drives (community meetings, pamphlets, WhatsApp groups) can significantly improve reach.
- Showcase success stories of trained women to motivate others.

6.8 Best Practices / Testimonies / Case Studies

Empowering Communities: Success Stories from the Seva Bharati Project, Rajkot



The Seva Bharati, Trust's project in Rajkot, Gujarat, demonstrated strong community engagement by aligning its activities with the needs of marginalized groups. Women's empowerment was a notable outcome, as sewing and mehndi trainings helped participants begin earning independently. The integrated delivery of health, nutrition, education, and skill development services under one roof enhanced accessibility and convenience. Regular monitoring mechanisms and a dedicated coordinator supported timely implementation and transparency. A sewing trainee shared that she now stitches clothes from home and contributes to her family's income. Another beneficiary from the mehndi class mentioned that festival assignments have given her a steady seasonal earning opportunity. Library users expressed that access to reading material and a quiet study environment improved their exam preparation. Children participating in audio-visual learning sessions showed better discipline, confidence, and motivation towards studies. One trained woman now earns around ₹5,000 per month after completing the sewing course. Low-income families also reported that nutrition kits and wellness services helped reduce health-related expenses and improved overall wellbeing.

6.9 Photos

Seva Bharti, Rajkot, Gujrat



FIGURE 43 SHRI NAGENDRA, SECRETARY, DOORS MEETING WITH GOVERNING BODY MEMBERS



FIGURE 44 SHRI NAGENDRA KUMAR, SECRETARY DOORS STANDING OUTSIDE BUILDING CONSTRUCTED FROM CSR FUNDS TO BE USED FOR HEALTH AND NUTRITION ACTIVITIES FOR THE ECONOMICALLY / SOCIALLY WEAKER SECTIONS OF SOCIETY



FIGURE 45 SEVA BHARTI BUILDING FROM INSIDE



FIGURE 46 SEVA BHARTI BUILDING FROM INSIDE



FIGURE 47 A DOCTOR ATTENDING PATIENT



FIGURE 48 A DOCTOR ATTENDING A PATIENT



FIGURE 49 POSHAN KIT (FOOD NUTRITION KIT) PREPARATION, SEVA BHARATI, RAJKOT, GUJARAT



FIGURE 50 POSHAN KIT (FOOD NUTRITION KIT) PREPARATION, SEVA BHARATI, RAJKOT, GUJARAT



FIGURE 51 HEALTH INTERVENTION SEVA BHARTI, RAJKOT, GUJARAT



FIGURE 52 SHRI NAGENDRA, SECRETARY, DOORS AND TEAM MEETING SEVA BHARTI STAFF AND OTHER STAKEHOLDERS FOR PRIMARY DATA COLLECTION

*******The End*******