TRANSRAIL

Transrail CSR Impact Assessment Report 2025

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Conducted & Developed By:

RENOVATE INDIA

Transrail CSR Impact Assessment Report 2025

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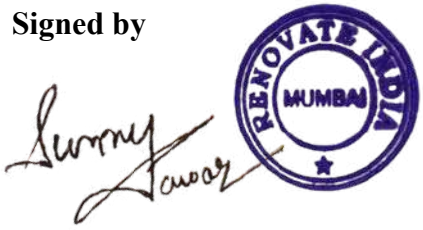
This report presents the findings of an independent Impact Assessment of the Corporate Social Responsibility (CSR) initiatives undertaken by Transrail Lighting Limited during FY 2022–23, FY 2023–24, and FY 2024–25. The assessment has been conducted in accordance with the provisions of Section 135 and Schedule VII of the Companies Act, 2013, the Companies (Corporate Social Responsibility Policy) Rules, 2014, and aligns with the broader objectives of the United Nations Sustainable Development Goals (SDGs).

Transrail Lighting Limited Entrusted Renovate India with conducting this independent assessment to evaluate the effectiveness, outcomes, and long-term impact of its CSR initiatives on the lives of beneficiaries and the communities served. The study seeks to provide an evidence-based understanding of the extent to which these interventions have contributed to meaningful and sustainable social change.

The assessment adopted a robust mixed-methods research design, integrating quantitative and qualitative approaches to examine the relevance, effectiveness, efficiency, impact, and sustainability of the supported programmes. The evaluation process involved extensive engagement with Transrail Lighting Limited, its implementing partners, community stakeholders, and beneficiaries, ensuring a comprehensive, participatory, and objective assessment.

The findings presented in this report are intended to support Transrail Lighting Limited in measuring the social value created through its CSR investments, identifying key learnings and opportunities for strengthening programme design and implementation, and informing future CSR strategy and decision-making.

Signed by



Mr. Sunny Pawar,
Managing Director
Renovate India

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Executive Summary

This Impact Assessment Report evaluates the Corporate Social Responsibility (CSR) initiatives undertaken by **Transrail Lighting Limited across multiple states in India.** Anchored in the objectives of inclusive growth and aligned with the Sustainable Development Goals (SDGs), the assessment examines the effectiveness, relevance, and outcomes of Transrail's interventions across healthcare, education, rural development, and emergency relief under key programmes such as **Project Aarogya, Project Saksharta and Rural Development.** The study adopted a mixed-methods approach, guided by the OECD-DAC Evaluation Criteria, combining quantitative surveys with qualitative tools, including in-depth interviews and focus group discussions. Data were collected from direct beneficiaries, implementing partners, healthcare professionals, educators, community leaders, and Transrail project representatives across **Maharashtra, Gujarat, Bihar, Rajasthan, Uttar Pradesh, Karnataka, Tamil Nadu, Jharkhand, and the Union Territory of Dadra and Nagar Haveli.**

The findings indicate that healthcare interventions under Project Aarogya significantly improved access to essential medical services for marginalised populations. Free ambulance services enabled timely emergency care across multiple locations, while health and eye screening camps reached thousands of beneficiaries, leading to early detection, treatment, and prevention of avoidable blindness. Cataract identification and surgeries restored vision for hundreds of individuals, directly improving quality of life and economic participation. Financial support for specialised care, including cancer treatment and services for children with intellectual and behavioural disabilities, reduced financial stress on families and ensured continuity of critical care.

Under Project Saksharta, **education-focused interventions strengthened learning environments** in rural schools by addressing gaps in infrastructure, digital access, safe drinking water, sanitation, sports facilities, and learning materials. The introduction of **digital classrooms, RO water systems, libraries, educational kits, and supportive classes** resulted in improved attendance, enhanced student engagement, better health outcomes, and measurable gains in learning levels. The vocational training equipped rural youth with essential skills and practical guidance, significantly improving their readiness in the job market.

Transrail's rural development through **installation of lights and poles** in underserved villages enhanced community safety, mobility, and resilience during crises. Timely disbursement of funds and partnerships with local NGOs ensured efficient outreach and equitable resource distribution during emergencies.

Overall, the assessment demonstrates that Transrail Lighting Limited's CSR strategy has delivered tangible and scalable outcomes that **address critical gaps in health access, educational quality, and community well-being.** While challenges such as remoteness, seasonal flooding, and rising service demand persist, the initiatives have demonstrated strong relevance and effectiveness. The report recommends strengthening diagnostic services, enhancing skill-based and employment-oriented training, investing in advanced medical infrastructure, and sustaining multi-stakeholder partnerships to deepen and scale impact in the coming years.

1. Introduction

The life expectancy of the Indian population has increased since the 1970s, with significant improvements in health outcomes since the early 2000s, mainly due to government initiatives. However, health outcomes are inconsistent across states and demographic groups due to the country's **ageing population and disease burden**. This can be attributed to India's mixed healthcare delivery system, which combines government and private services, with varying quality, cost, and effectiveness of the services (Selvaraj et al., 2022). The underfunding and weak regulation of government services, combined with the high cost of private services, have caused inequalities in the way the public receives healthcare treatment. Over the past three decades, India's urban population has grown rapidly, reaching **377 million** according the 2011 Census, with nearly **100 million urban poor living** in slums or improper settlements. While rural healthcare has seen improvements through programs such as the National Rural Health Mission (NRHM), urban primary care remains underfunded and neglected. As a result, government hospitals face overwhelming outpatient loads, reducing their capacity to deliver quality specialist services.

India falls short of the World Health Organisation's need-based minimum requirement of **4.45 healthcare workers per 1,000 population** (Motkuri & Mishra, 2020). This shortage directly impacts health outcomes nationwide, making timely treatments difficult for the general public to access, particularly in rural and underserved areas. The challenge causes significant strain on the healthcare system with the increase of high-risk diseases like cancer, emergency cases, and a lack of screening for preventable illnesses.

Cancer is the second leading cause of death worldwide, with low and middle-income countries accounting for a significant portion of this mortality. In 2018, India recorded 1.2 million new cancer cases, ranking third globally after the United States and China, and second in cancer-related deaths with an estimated 785,000 fatalities. The global burden data on cancer shows that the mortality rate from 1990 to 2021 shows a 46.02% rise over the past three decades. According to the 2021 GBD report, there has been a notable change in India's primary cause of cancer mortality. The total Out-of-pocket Expenditure (OOPE) for cancer diagnosis and management was INR 24,374.8. While costs at tertiary care institutions are less likely to be catastrophic for families, the direct non-medical expenses remain significantly high (Maurya et al., 2021). Therefore, many research studies emphasise the importance of preventive and early detection strategies in reducing the cancer burden in the country. An assessment of rural Indian women identified key barriers to cancer screening, with over 80% unaware of cancer screening programmes and special health camps. Meanwhile, smaller proportions cited financial constraints, lack of time, fear of diagnosis, lack of guidance, and other factors. To address this, investing in innovative cancer screening devices suitable for resource-limited rural settings is essential, as nearly two-thirds of India's population resides in these areas (Mangayarkarasi et al., 2025).

Beyond challenges in preventive and screening services, India also faces difficulties accessing emergency and critical care services in a timely manner. Emergency services, such as free state-operated ambulance services, provide essential lifesaving facilities that meet the needs of individuals in rural and underserved urban areas.

However, the emergency services in India face similar disparities in the delivery of their operations due to a lack of specialised staff, an unequal distribution of tertiary health centres across districts, and a lack of comprehensive care facilities (Sarkar et al., 2024). The prevalence of health camps, eye camps, and special camps, conducted in rural areas, has been beneficial for the screening of preventable diseases. Approximately 2.2 billion people experience **near- or distance-vision impairments**. In nearly half of these cases, vision impairment could have been prevented or has not yet been addressed, according to the World Health Organisation (2023) report. An estimated **4.95 million people** (0.36% of the population) are blind, while **35 million** (2.55%) suffer from visual impairment, with 0.24 million blind children across India. The primary causes of blindness and visual impairment in India are cataract and refractive errors, respectively, resulting in a **total loss of INR 832 billion** due to adult blindness and INR 13 billion due to childhood blindness (Shamanna et al., 2022). Eye camps are particularly important because they address preventable causes of blindness, such as cataract. A study in rural Northern India has shown promising outcomes in improving overall visual health and reducing the impact of eye diseases in underserved regions (Jabeen, 2025). Replicating eye health initiatives across India can promote overall vision care among underserved populations. The eye camps adopt a comprehensive approach to vision care, with prescription glasses as the most common intervention, followed by cataract surgeries. This highlights the focus on both correcting refractive errors and improving long-term eye health, and the success of the camps in enhancing visual function.

Besides healthcare, agriculture, and economic development, India has expanded its focus to include education and training to further enhance the quality of life. Education is a fundamental human right. In rural India, high dropout rates are reported across most states at all levels of primary and secondary schooling. Despite significant efforts, school attendance declines sharply from 90% at the primary level to 78% at the lower secondary level, and further to 58% at the upper secondary level (Mahalanabis & Acharya, 2021). Illiteracy, poverty, insufficient earnings, and poor living conditions force parents to withdraw their children from school and take on low-paid work to support their families. Therefore, it is crucial to engage these school children with interactive materials to capture their attention, deliver high-quality education, and help secure their future. In a recent study by Dubey & Bhardwaj (2024), it was observed that, similar to smart TVs, projectors, computers, smartphones, as well as mobile apps such as Diksha, Read-Along, and YouTube, WhatsApp supports online learning and communication. This combination of digital and non-digital Teaching Learning Materials (TLMs), including big books and teaching kits, boosts engagement, learning outcomes, enrolment, and attendance. Nonetheless, challenges persist due to limited ICT infrastructure, low digital skills, inadequate school facilities, and financial constraints in these rural regions.

Along with providing quality education, these children must have sustainable opportunities for growth and development. Rural youth face barriers such as low educational attainment, limited skills, poor infrastructure, and lack of awareness, which reduce employability and lead to migration to big cities. These challenges contribute to unemployment, social tension, and general dissatisfaction. About 65.5% of India's population is under 35, with 70% of youth residing in rural areas (Census 2011).

Therefore, government interventions, such as the Atma Nirbhar Bharat Programme, must assess the needs and aspirations of rural youth, focusing on skill development, capacity building, and the development of a tailored curriculum that caters to their specific requirements. Additionally, literacy and soft skills are crucial for individuals to build strong careers (Roy, 2022).

Addressing challenges related to employability, skills, and awareness requires integrated interventions that align education with health, vocational training, and community development. Responding to this need, Transrail Lighting Limited, through its **Corporate Social Responsibility (CSR)** initiatives, has adopted a holistic approach to development by addressing critical gaps in health screening, access to care, and quality education, while strengthening community engagement.

Aligned with national priorities and the Sustainable Development Goals (SDGs), initiatives such as Project Aarogya and Project Saksharta have contributed to improved health outcomes, enhanced learning environments, and strengthened skill development across India, including the Union Territories, supporting inclusive and sustainable growth in underserved regionswithin these domains.

This assessment report outlines the impact of each project across three key domains, highlights critical insights, and presents actionable recommendations to further strengthen future initiatives within these domains.

The CSR activities of Transrail are aligned with the following Sustainable Development Goals:

2. About Organisation

Transrail Lighting Limited is a leading turnkey engineering, procurement and construction (EPC) company with primary focus on power transmission and distribution business with 4 decades of experience. With its headquarters in India, it is a global enterprise with a footprint in 63 countries across 5 continents. It provides turnkey solutions from Designing, Engineering, Supply, Manufacture, Construction, Testing services across all its business verticals which include Transmission Lines, Substations, Civil Construction, Railways, Solar and Pole & Lighting. As part of Power T&D business, Transrail has large-scale manufacturing facilities in India for Galvanized Lattice Towers, Overhead Conductors and Galvanized Monopoles in addition to a well-accredited Tower testing facility.

Transrail Lighting Limited adopts a Corporate Social Responsibility ("CSR") policy in compliance with the requirements of the **Companies Act, 2013** and the Companies CSR Rules, 2014. The key CSR initiatives undertaken by Transrail include:

Transrail Aarogya (Health)

The health initiative aims to strengthen access to quality healthcare for marginalised populations by funding critical services such as screening camps, emergency services, and specialised medical care, ensuring timely diagnosis, treatment, and continuity of essential health services in underserved areas.

Transrail Saksharta (Education)

The education initiative aims to deliver quality education to children while strengthening rural schools and improving academic outcomes. Similarly, vocational training aims to enhance youth employability and competitiveness in the job market.

Rural Development

The rural development initiative aims to promote sustainable development in the village. Through this project, they have installed poles and lights in areas with limited lighting, thereby strengthening community cohesion and reducing accidents.

Transrail's Presence across the Globe

3. Research Methodology

In line with the Objectives of the projects under Transrail Aarogya, Transrail Saksharta and Rural Development initiatives, the study employs a **mixed-methods approach** that combines qualitative and quantitative methods to provide a comprehensive understanding of the overall impact of the interventions.

Study Approach

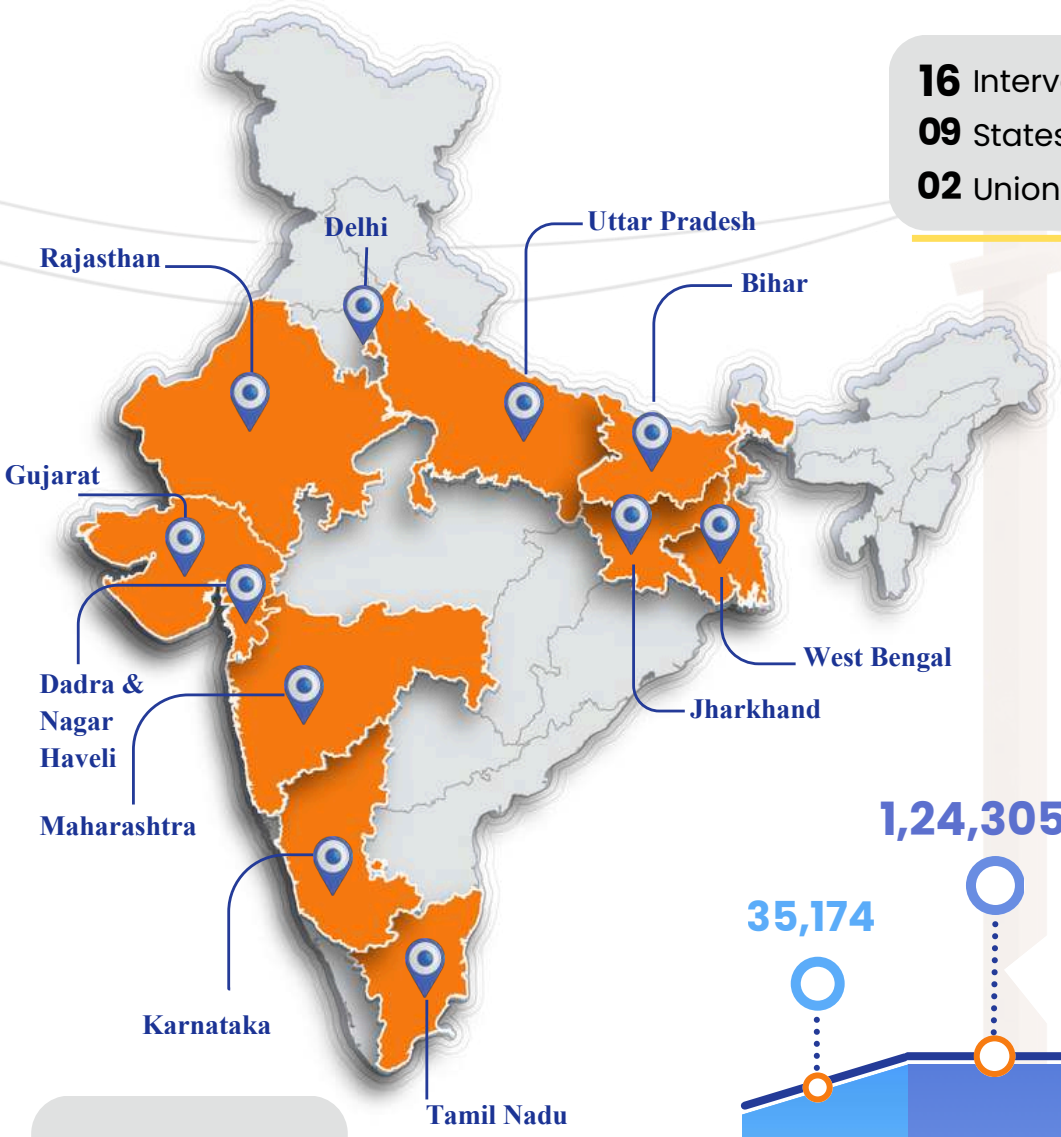
The projects being evaluated will follow the OECD-DAC Evaluation Criteria (OECD, 2024), which provides a normative framework to assess the CSR project with a focus on the following key factors, as presented below:

Factors	Details
Relevance - has the intervention done the right thing?	Are the project objectives aligned with the institution's needs and policies?
Coherence - how well did the intervention fit?	Compatibility of the intervention with other interventions in the country to understand the interlinkages
Effectiveness - has the intervention achieved its objectives?	The extent to which the intervention has achieved its objectives and the results
Sustainability – are the benefits of the activities likely to continue after the project completion?	Extend to which the benefits of the project continue after completion of the project period, community buy in contributing to the sustainability of the initiative

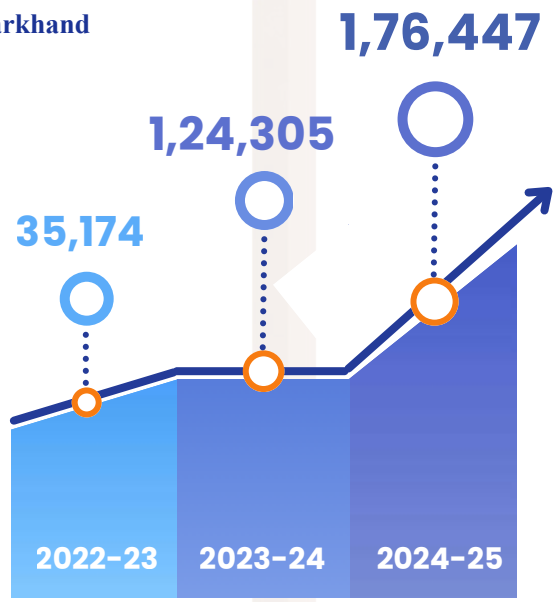
CSR Projects Impact At A Glance

Key Projects:

- Transrail Aarogya (Health)
- Transrail Saksharta (Education)
- Rural Development



16 Interventions
09 States
02 Union Territories



Lives Impacted Across the Years

Lives Impacted

Aarogya (Health)	Saksharta (Education)	Rural Development
1,73,320	19,440	1,43,166

Sampling Design

Sampling for the study was designed to ensure adequate representation across project locations and thematic areas. A random sampling design under the probability sampling method was adopted to collect the quantitative data for this study. Quantitative samples were drawn from beneficiaries across education, health, and rural development, and infrastructure-related interventions, with a total planned sample of beneficiaries across multiple locations such as Wardha, Nagpur, Supal, Bheja, Silvassa, and Madhubani.

For collecting the qualitative data, purposive sampling method was adopted in order to gain correct insights and experiences. The qualitative sample included in-depth interviews and observations with selected beneficiaries, community members, and key stakeholders to capture experiential insights and contextual understanding. The final sample achieved high coverage against planned targets, ensuring sufficient data to assess project reach, implementation quality, and perceived outcomes across different interventions and geographies (Refer to Annexure for the Sampling design table)

Research Objectives

- To assess the extent to which Project Aarogya contributes to improved health and well-being among marginalised rural populations through eye and general health screening initiatives, strengthening emergency healthcare services in rural areas and supporting critical care for cancer patients.
- To assess the outcomes of Project Aarogya support through the provision of medical equipment and funding for emergency healthcare services.
- To measure learning outcomes of children under Project Saksharta due to support from educational kits, water filters, digital classrooms, sports materials, co-curricular activities and supportive and scholarship classes.
- To evaluate the effectiveness of Project Saksharta's vocational skills programme in enhancing employability, addressing skill gaps, and aligning training with current market needs.
- To assess the impact of the rural development initiative in the installation of lighting poles on safety, mobility, and quality of life in village communities.

Data Collection

Data for the Transrail Impact Assessment Report was collected over a **two-month period,** aligned with stakeholder availability, from mid-November 2025 to mid-January 2026. The process was led by the Renovate India research team, which conducted FGDs and IDIs with key stakeholders. Prior to fieldwork, the research team facilitated an orientation session for field survey collectors, selected for their familiarity with the project areas and proficiency in local languages, to ensure consistency and quality in data collection.

Mobilisers from Transrail Lighting Limited accompanied the research team and survey collectors, supporting effective communication, fostering trust within communities, and enhancing respondent participation. To enable inclusive and accurate responses, all FGDs and IDIs were conducted in Hindi, Marathi or English, ensuring fidelity of qualitative insights and robustness of the analysis.

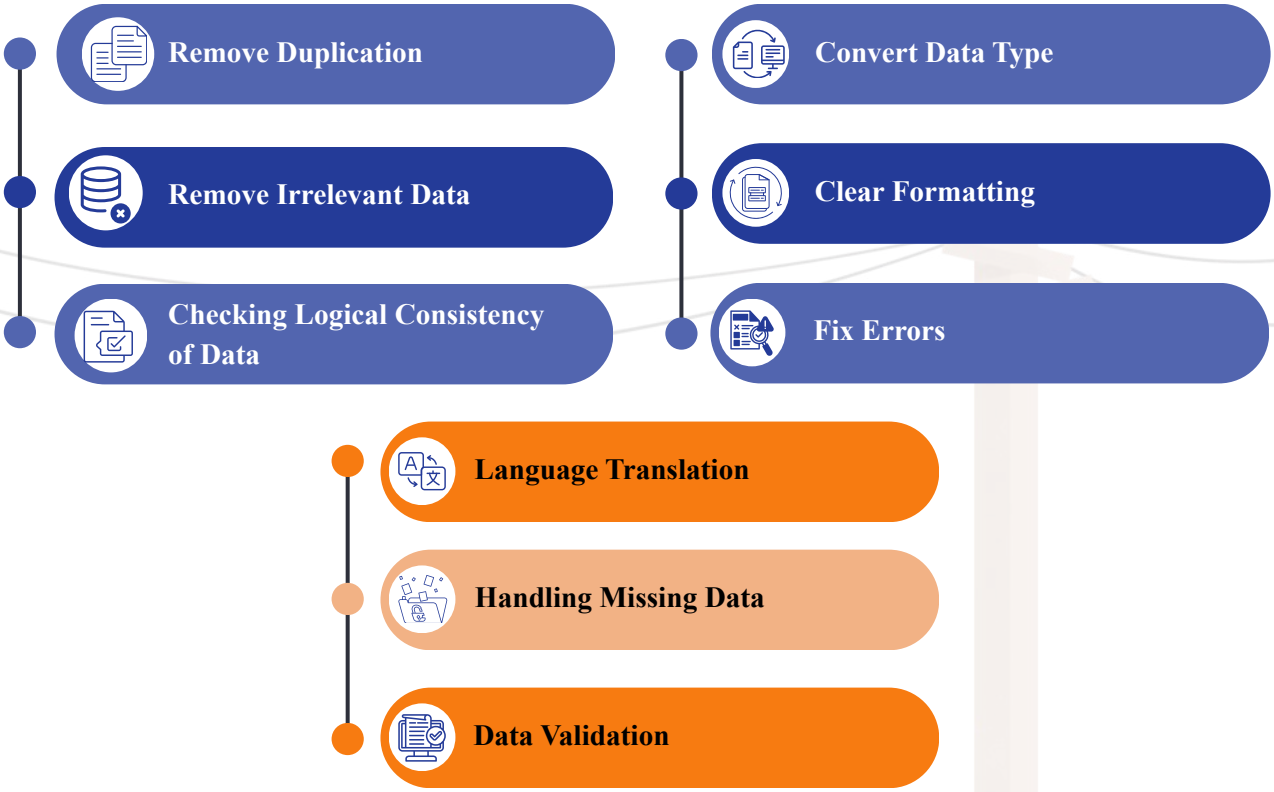
Framework of Data Analysis and Reporting:

A mixed-methods approach was adopted, combining both quantitative and qualitative techniques to gain a comprehensive understanding of the initiatives' outcomes. Survey data was cleaned to remove duplicates and irrelevant entries, ensuring consistency and data integrity.

Descriptive statistics were generated and presented in organised tables to improve clarity and visual appeal, facilitating effective reporting of key programme indicators. Any missing data points were identified and followed up on to ensure completion.

For the qualitative component, audio recordings were systematically cleaned, transcribed from regional languages (like Hindi and Marathi) to English, and analysed to ensure accuracy and eliminate inconsistencies. A content analysis was conducted on the qualitative data collected through interactions with various stakeholders. This process resulted in the development of a village-wise data matrix, which helped identify recurring themes and highlight domain-specific needs, providing actionable recommendations to address existing gaps.

The report is sectioned into the three thematic areas of Transrail Aarogya, Transrail Sakharta, and Rural Development, where each project was structured to involve an introduction of the project, qualitative and/or quantitative analysis, observation (if required), key findings, recommendations and project impact to ensure understanding of the project. This structure enables easy navigation and maintains a cohesive flow across the various domains of impact.



Ethical Considerations:

The purpose of the interview and focus group discussions, including the risks and benefits, was explained to all respondents, and their consent was obtained prior to the collection and recording of the data. The process ensured that respondents fully understood the aspect of the Impact study and what was expected of them, and provided an opportunity to seek clarification. Respondents' anonymity was maintained throughout the data analysis process.

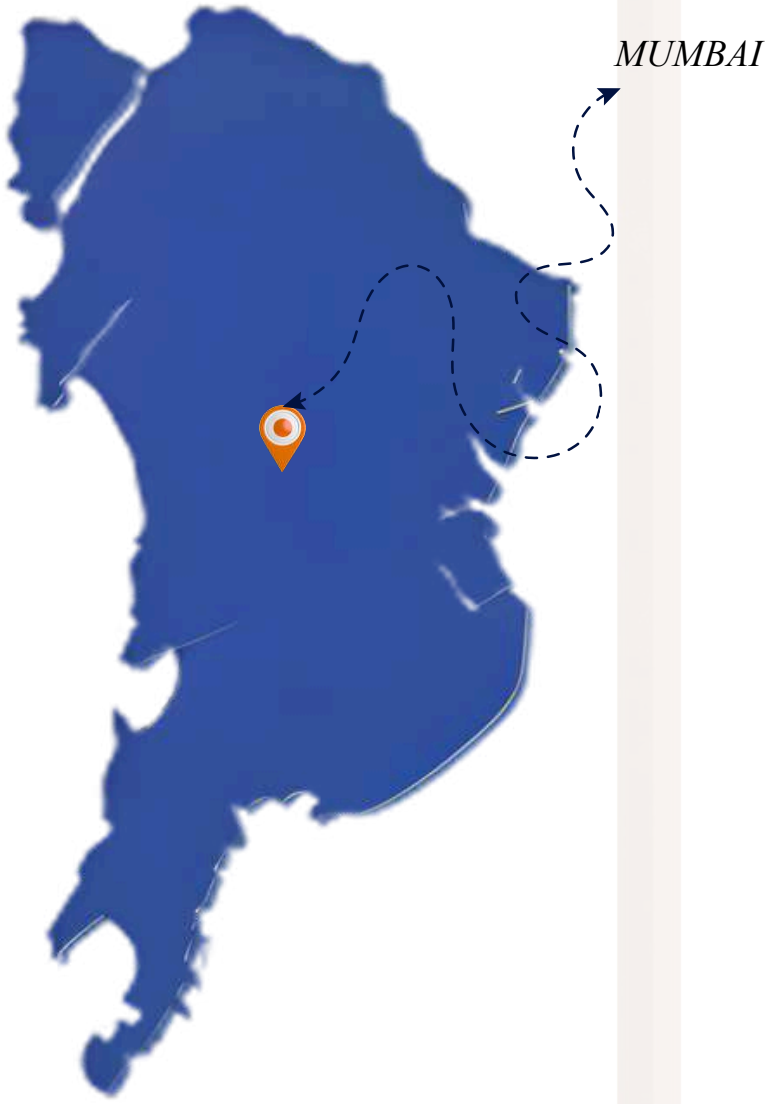
TRANSRAIL AAROGYA

- Medical aid to cancer patients
- Heart surgeries
- Cataract surgeries
- Eye screening and treatment
- General Health care and treatment
- Strengthening hospital with medical equipment
- Emergency Ambulance Services

Medical aid to support cancer patients to continue treatment in Tata Memorial Hospital (TMH)

Transrail Lighting Limited, through its CSR activities, provided medical aid to support cancer patients to continue treatment in Tata Memorial Hospital, with the aim of promoting Good health and Well-being for marginalised people. Transrail Lighting Limited, with the help of **Social Work Department at TMH**, provided medical assistance, enabling treatment support for **301** cancer patients across India.

In this chapter, we use a **mixed-methods approach t**o assess the impact of the medical aid facility on cancer patients. This chapter includes quantitative analysis from a survey of family members of **10 beneficiaries**, as well as qualitative analysis from in-depth interviews with various stakeholders, including the **officer-in-charge working in TMH** and the **Medical social worker.**



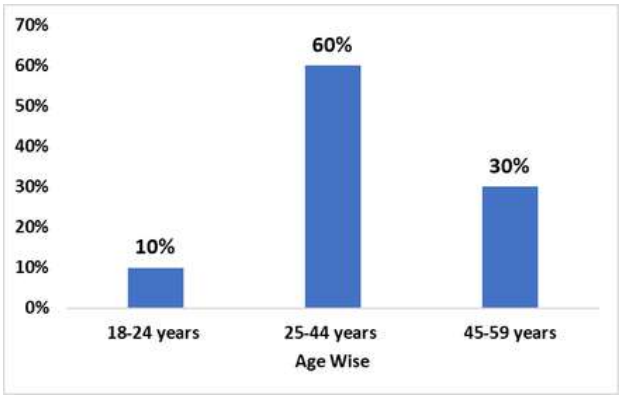


Figure 1: Percentage distribution of respondents by age (N=10)

The above figure shows the percentage distribution of respondents by age. Among the respondents, **10%** are in the 18–24 years age group, **60%** fall within the 25–44 years age group, and **30%** are between 45–59 years of age. About **30%** of respondents have completed higher education, while **20%** have secondary education, and another **20%** have completed higher secondary education. **30%** of respondents have less than secondary education (refer to table 1 in Annexure).

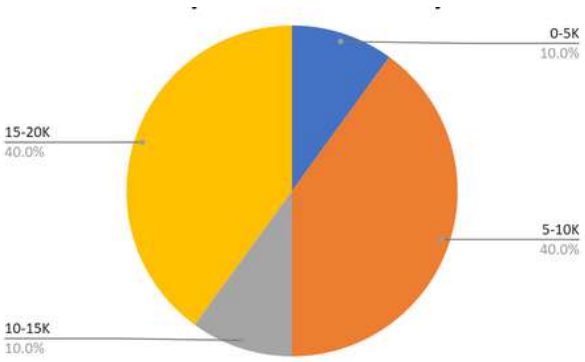


Figure 2: Percentage Distribution of respondents reported monthly income of the family (N=10)

The above figure shows percentage distribution of respondents reported cancer patients who are the primary earners in their families, with half of the patients (**50%**) not key earning members in their families, while the remaining **50%** contribute directly to household income. Among these key earners, indicates that a large majority (**80%**) depend on farming and agricultural activities, with only 20% engaged in formal employment (refer to table 3 in Annexure). Table 2 reflects a low-income profile, with monthly family incomes concentrated in the 5K–10K and 15K–20K brackets (40% each), suggesting limited financial resilience.

Table 1: Percentage Distribution of respondents reported receiving medical Aid Provided for the Treatment of Cancer Patients (N=10)

Medical Aid Provided for the Treatment of Cancer Patients	Percentage of respondents
Surgery	50%
Chemotherapy	50%
Total	**100%**

The above table shows the percentage distribution of the medical aid provided for cancer treatment. Medical aid by Tata Memorial is offered for surgery, chemotherapy, and radiation therapy. The surveys collected indicate that **50%** of respondents underwent surgery, while 50% received chemotherapy.

This distribution reflects the different treatment methods based on patients' needs, accommodating various stages and forms of cancer treatment.

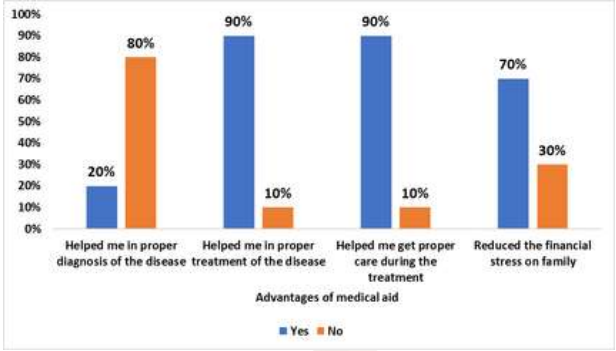


Figure 3: Percentage distribution of perceived benefits of medical aid as reported by respondents (N=10)

The above figure shows the percentage distribution of the advantages of medical aid reported by family members of cancer patients. **90%** reported that it helped in proper treatment and care during the treatment of the disease of their family member, while **20%** indicated that it helped them to get a proper diagnosis. Additionally, **70%** of the respondents stated that medical aid reduced the financial burden of family during the cancer treatment.

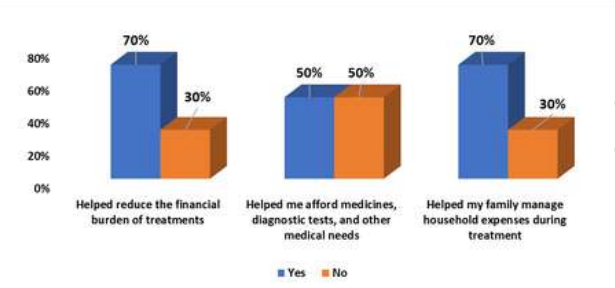


Figure 4: Percentage distribution of respondents reported reduction in Out-of-Pocket Expenditure due to medical aid (N=10)

The above figure shows the percentage distribution of respondents reported Out-of-Pocket Expenditure for family of cancer patients. **70%** of respondents reported that the medical aid has helped reduce the financial burden of treatments, subsequently, it has also helped their family manage household expenses during treatment (**70%**). **50%** stated that it helped them afford medicines, diagnostic tests, and other medical needs.

Table 2: Percentage distribution of respondents reported Medical Aid Receipt Satisfaction (N=10)

Medical Aid Receipt Satisfaction	Percentage of Respondents
Yes	100%
No	0%
Total	**100%**

Table 14 (Annexure) shows the percentage distribution of respondents reported satisfaction with the Medical Aid Application process, and The above table shows that there is a satisfaction rate (100%) of the medical aid application and receipt process.

Qualitative Section

Medical aid for cancer patients at TMH is provided through the government, Tata Trust, various CSR donors, and individual donors. This section encloses experiences by the officer-in-charge working in TMH for 27 years and the Medical social worker responsible for handling the Transrail funds of the social work department for the past 3 years.

When asked about their method for distributing aid to needy patients, they explained that they provide assistance based on the patient's level of need and aimed to do so as quickly as possible. The Medical social worker gave an example of a brain cancer patient who needed urgent surgery and described how funds were immediately allocated to them. She mentioned: '**cancer is a disease, it keeps progressing…..If we do not give the treatment on time, then it can go further**'.

Most of the funds are disbursed in **"7-15 days"**, so that the patient can start treatment immediately. As reported by the officer-in-charge of medical services, the application process for medical aid is simple: a cost certificate is mandatory, along with an income certificate, an identity card such as Aadhaar and/or PAN card, and any documents required for administrative processes. They further added how CSR or government funds are used for most of the treatment, but if there are any deficits, then **'self-contribution'** is required from the patient's side.

To understand the need for medical aid and the challenges patients face when receiving cancer

treatments, the in-charge explained that most patients from "remote areas" often feel overwhelmed by the hospital's extensive infrastructure, making early counselling essential to reduce the dropout rate. The social workers play a key role in navigating high costs, arranging subsidised funds, and ensuring access to discounted medicines at TMH.

The in-charger commented, **"trauma, which was increased due to finance, is completely reduced"**, indicating the impact of these funds for the treatment of the needy. He emphasised that patients are more likely to **"quit the treatment"** if no additional help from Transrail is provided.

Due to the burden of the disease, there is still a deficit of **"60 to 65 crores,"** despite receiving large amounts of funding from various donors. The social worker reported **" requirements are also increasing (every year)"**, and they are always in need of funds. The demand for this aid is relatively high, and even though the social work department at TMH tries its best to support the needy patients, there are still shortage in funds.

The insights shared by the officer-in-charge and the medical social worker highlight the critical role of timely financial assistance in enabling vulnerable cancer patients at TMH to begin and continue treatment without interruption.

Case study:

Restoring hope through timely support

A **31-year-old man** from West Bengal, living as a labourer in Mumbai with his family, was diagnosed with **high-grade sarcoma in his right femur in 2023**. Initially thought benign, MRI confirmed the cancer, leading to a treatment plan of chemotherapy and surgery, which was financially overwhelming. Support from Transrail of **Rs. 40,000/-** and other sources helped him start treatment. He completed seven chemotherapy cycles and had surgery in December 2023. Now, nearing the end of his final chemo, he has hope. The support saved his life, allowing his family to continue their dreams. This case shows how timely aid transforms despair into resilience a story of survival and hope.

Critical Support During a Health Crisis

In **November 2023**, a **48-year-old woman** from Uttar Pradesh, working as a housemaid in Mumbai, was diagnosed with lung cancer. As a widow raising her daughter alone, the news was devastating. The treatment, costing Rs. 4,40,000 and not covered by government schemes, seemed unaffordable. The Transrail Foundation stepped in, providing **Rs. 25,000**, enabling her to start chemotherapy and access vital care. Though she is still under followup, this support was life-changing restoring her dignity and giving her hope. Her family is grateful, describing Transrail's help as a lifeline. This story shows how every contribution can turn despair into resilience and hope.

Key Findings:

- **90% of patients** reported that the medical aid supported access to proper and timely treatment and care.
- **70%** of patients reported reduced financial stress due to CSR support.
- Through medical aid support, **50%** of respondents received surgical treatment and **50%** underwent chemotherapy, supporting continuity of cancer care.

Recommendations:

- Continued support from Transrail Lighting Limited can help provide timely treatment to the marginalised communities and save lives of patients suffering from cancer

Project Impact:

	FY 2022-23	FY 2023-24	FY 2024-25	Total Beneficiaries
No. of patients received financial aid for surgery	29	40	59	**128**
No. of patients received financial aid for Radiation Therapy	1	1	-	**2**
No. of patients received financial aid for Chemotherapy	48	72	101	**221**

Preventing blindness among vulnerable community through Cataract surgeries and Heart surgeries

Transrail Lighting Limited, through its CSR activities, provided funds to prevent blindness among vulnerable communities through cataract and heart surgeries in Delhi, Alwar, Varidawan, Bangalore, Kolkata, Lakhimpur Kheri, and Saharanapur with the aim of promoting Good health and Well-being for marginalised people. The funds from Transrail Lighting Limited were provided to the **Koshika Foundation** over the last **3 financial years (2022-2025)**, primarily for **cataract surgeries**, but also for **heart surgeries, cornea transplants, and retinoblastoma treatment cycles.**

This chapter presents a **qualitative analysis** based on in-depth interviews with various stakeholders, including the **parents of heart surgery** beneficiaries and **Trustees** from Koshika Foundation.

Qualitative Section:

This section draws on insights from key project stakeholders, including **9 parents of heart surgery beneficiaries** and Trustees of the Koshika Foundation. In-depth interviews were conducted with these stakeholders to understand their perspectives on programme design, fund utilisation, access to care, and perceived changes in health and quality of life. In-depth interviews of parents of heart surgery beneficiaries highlight the need for financial assistance and urgent care. The perspectives from the Trustee outline the work done by the Koshika Foundation and the utilisation of funds for surgeries in Delhi, Alwar, Varidawan, Bangalore, Kolkata, Lakhimpur, Kher, and Saharanapur.

Trustee Perspectives:

Koshika Foundation's primary work in the health sector focused on eye and heart surgeries. They selected these domains because India has the largest population affected by preventable blindness, and due to a **'lack of funds and awareness'**, these marginalised people don't seek treatment for their conditions. Since they are situated in northern India, they aimed to serve marginalised people in the region through establishing partnerships with hospitals where surgeries are performed. Their reach was in 10 locations for eye care and 3 locations for heart care at the time of the interview. Prior to COVID-19, eye camps were held to assess eye health and surgeries were recommended if necessary. **'Vision centres'** were established for people to visit if they experienced eye problems. Due to pre-COVID awareness campaigns, people are more aware of their eye health and visit the vision centre when required. End-to-end treatment was provided, with the beneficiaries' surgical costs, as well as food and accommodation, covered 'free of charge'. Therefore, funds from Transrail Lighting Limited reduced their financial burden as they received the treatment when they urgently needed it. When asked about 'follow-up care' of surgery taken by the beneficiaries, the Trustee reported that earlier, the beneficiaries who sought follow-up care was 50%-60%, but currently, it had increased to 80%-85%. This showed that people in these areas were more informed about eye care and post-surgical care, recognising the 'need to heal' properly after treatment. In cases of heart surgery, the cost of the procedure was high and depended on a case-by-case basis. Funds were administered according to the patient's needs.

The Trustee reported that the quality of life had surely increased for these people. They added that beneficiaries were able to manage their **'lives independently'**, which wasn't possible prior to the treatment. Based on feedback collected a month after surgery, the Trustee noted that the success stories of their treatment and care were **'gratifying'** and **'emotionally moving'**. Trustees revealed that this kind of work was only possible due to the large number of CSR and non-CSR donor networks that helped sustain the work and highlighted the **'need for further funds'** to take the work forward.

Since Koshika had established a broad health-sector reach in Northern India, when asked about the needs of other health areas, they highlighted the need for funds across all healthcare niches. The other Trustee, however, mentioned that **'dialysis and kidney care'** could be considered, as treatment costs were high and unaffordable for residents of remote villages.

Parents of Heart surgery beneficiaries Perspectives:

The funds for heart surgery were given to children with heart defects needing urgent surgery, mainly suffering from birth defects. These children suffered from shortness of breath, fever, poor weight gain, inability to study or play and in some major cases stopped breathing altogether. Hence, the funds from Transrail Lighting Limited were significant in **'improving the health and quality of life'** of these children. The parents of heart surgery beneficiaries reportedly had a lack of money or no money at all to fund their child's surgery. Through the efforts of Koshika Foundation, **'all expenses'** related to the child from surgery, food and accommodation were covered by financial aid provided. Following successful surgery, most parents reported that their children returned to school and were able to play with their friends. One parent reported that their child was able to **'lead a normal life'** and interact with peers at school. Overall, the general opinion among parents of heart surgery beneficiaries was positive, highlighting that the financial assistance was 'beneficial' and that they were **'extremely grateful'** for it.

However, a few parents reported difficulty obtaining information about financial assistance; therefore, these resources should be more prominently advertised by Koshika Foundation.

Through sustained CSR support over three financial years, Transrail Lighting Limited played a critical role in addressing preventable blindness and life-threatening cardiac conditions among marginalised communities across multiple regions in India. Implemented by Koshika Foundation, the interventions ensured timely, end-to-end treatment covering

surgery, accommodation, and food, thereby removing financial barriers to essential healthcare.

Key Findings:

- CSR funds enabled access to critical surgeries for vulnerable populations who would otherwise forgo treatment due to cost constraints, as care significantly **reduced financial stress for beneficiary families** and ensured timely medical intervention.
- **Improved post-surgical outcomes** were evident, with increased follow-up care **(from ~50–60% to 80–85%)** and greater health awareness among communities.
- Heart surgery beneficiaries, particularly children with congenital defects, showed marked improvements in physical health, school attendance, and social participation.
- Post-surgery and treatment, beneficiaries were able to perform their daily activities more independently, resulting in an improved quality of life.
- A total of **6,095 cataract surgeries**, **12 heart surgeries**, and **165 cornea transplant** surgeries were conducted, while 15 Retinoblastoma treatment cycles were completed.

Recommendations:

- **Dissemination** of information on financial assistance can be improved through local networks, health workers, and community campaigns.
- To reach more underserved regions, **continued CSR support** will help address growing healthcare needs
- Further healthcare support can be **extended to aid high-cost care treatments** of dialysis and kidney care, especially among rural populations
- To enhance efficiency, Koshika Foundation can build on more hospital and donor networks to enhance treatment efficiency, reach, and programme sustainability.

Project Outputs:

	FY 2022-23	FY 2023-24	FY 2024-25	Total Beneficiaries
No. of cataract surgeries conducted	1676	2145	2274	**6095**
No. of heart surgeries conducted	5	-	7	**12**
No. of cornea transplant surgeries conducted	-	135	30	**165**
Retinoblastoma treatment cycles	-	-	15	**15**

6095 Cataract surgeries conducted

12 Heart surgeries conducted

165 Cornea transplant surgeries conducted

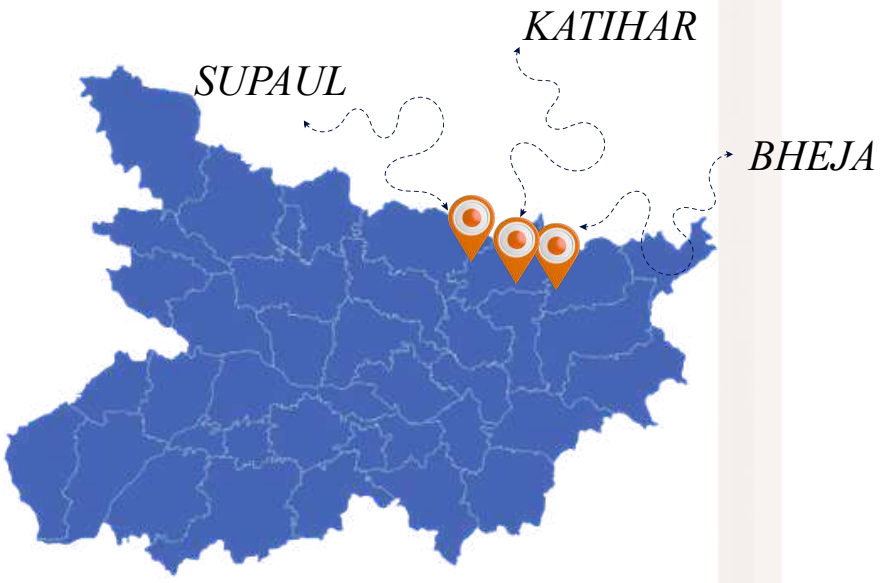
15 Retinoblastoma treatment cycles

Free Medical Treatment Health camps and eye screening camps in the villages and Cataract operation

Transrail Lighting Limited, through its CSR activities, provided support for eye screening and Medical treatment camps, with the aim of promoting Good health and Well-being for marginalised people in Supaul, Bheja and Katihar. Transrail Lighting Limited, in collaboration with the **Lions Club of Katihar Service Trust**, conducted 62 eye camps over the last 3 financial years, thereby reaching **8016 beneficiaries.** During this period, 3,974 beneficiaries received spectacles, and **664 beneficiaries** received cataract surgeries. Similarly, 23 health camps were organised during this period, during which 3942 beneficiaries received treatment.

Activities under this project included eye screening camps, at which beneficiaries received eye examinations and, if required, spectacle support and medication. In certain severe cases, beneficiaries were referred for cataract surgery at the nearby hospital. General Health camps were held during which beneficiaries were screened and diagnosed for common ailments such as diabetes, hypertension, common cold and cough etc. Beneficiaries were informed about the symptoms, and provided with primary medications for the same. In special cases, patients were referred to the government hospital or PHC for further treatment.

In this chapter, we use a **mixed-methods approach** to assess the impact of eye screening and health treatment camps on beneficiaries in Supaul, Bheja, and Katihar. This chapter presents quantitative analysis from a survey of **37 beneficiaries of eye screening camps** and **31 beneficiaries of health camps,** as well as qualitative analysis from in-depth interviews with various stakeholders, including the Doctor, Sarpanch, and Trustee of the implementing agency.



Quantitative Section:

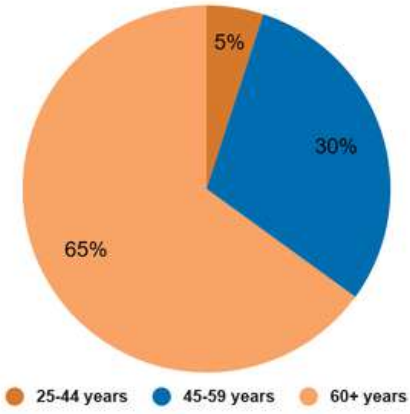


Figure 5: Percentage distribution of respondents by age (N=37)

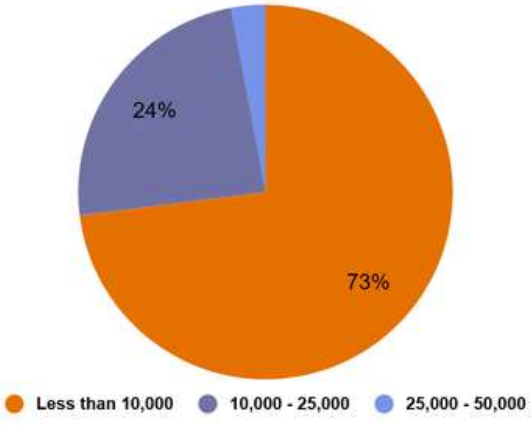


Figure 6: Percentage distribution of respondents by monthly family income (N=37)

The above figure 5 shows the percentage distribution of respondents by age. The data showed that 65% of respondents were elderly, aged 60 years or older. **30%** of the respondents belonged to the middle age group (45-59 years) and the remaining **5%** comprised younger respondents aged 18-24 years. Annexure Table 15 shows the percentage distribution of respondents by their education level. **49%** reported having no education; **41%** had less than secondary education; **5%** had secondary education; and **6%** had higher secondary education. Annexure Table 16 shows the percentage distribution of respondents by their current employment status. 49% of the respondents were currently employed, 46% unemployed and the rest 3% being students. Figure 6 gives the percentage distribution of monthly family income of the respondents. Results showed that 73% of respondents had a monthly family income of less than ₹10,000 per month. 24% fell in the ₹10,000–₹25,000 income bracket, while only 3% had monthly family income of more than ₹25,000.

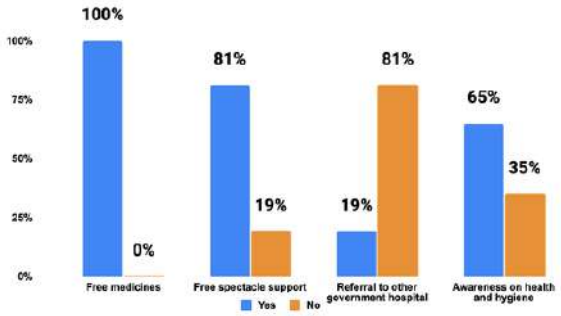


Figure 7: Percentage distribution of respondents reported different services provided in eye check-up camps (N=37)

The figure above presents the percentage distribution of different services provided in the eye check-up camps, as reported by respondents. All the respondents reported receiving free medicines **(100%)** from the eye check-up camps. **81%** received free spectacles, while **65%** reported receiving awareness on health and hygiene. However, only **19%** reported being referred to other government hospital for further treatment.

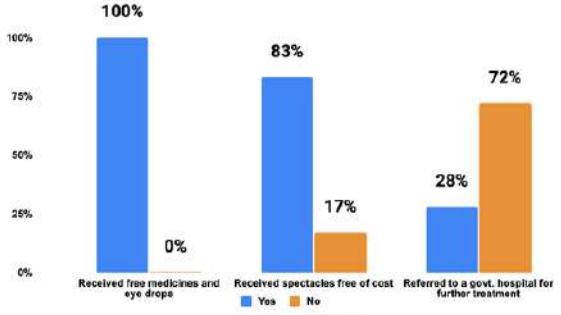


Figure 8: Percentage distribution of respondents reported treatments received for detected eye issues (N=36)

97% of the respondents had their eye issues detected through the eye screening camps (refer to Annexure Table 17). The table above presents the percentage distribution of respondents who reported receiving treatments for detected eye issues. **100%** of respondents received free medication and eye drops for their issues. Spectacle support was received by **83%** of the respondents, while **28%** were referred to a government hospital for further treatment.

Table 3: Percentage distribution of respondents reported a positive impact of treatment from eye screening camp (N=37)

Reported Positive impacts of treatment on the eyes	Percentage of Respondents
Yes	97%
No	3%
Total	**100%**

The above table shows the percentage distribution of respondents who reported a positive impact of treatment from the eye screening camp on their eyes. **97%** of respondents reported a positive impact of treatment on the eyes, provided either through free medication, free spectacles, or referral to government hospital.

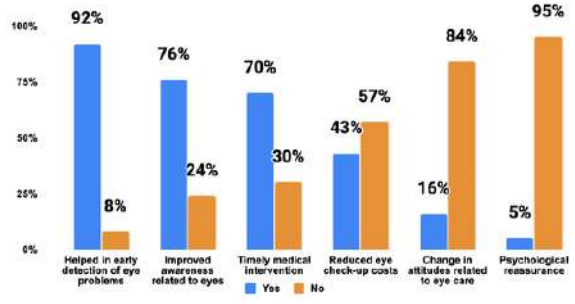


Figure 9: Percentage distribution of respondents reported benefits of eye camps (N=37)

100% of respondents reported increased awareness of eye care and treatment (Annexure Table 18 and 19). **92%** of the respondents reported that eye check-up camps helped in early detection of eye problems. **76%** believed that the camps helped them improve awareness related to eyes. 70% found timely medical intervention as beneficial. 43% found the camps beneficial due to reduced eye check-up costs.

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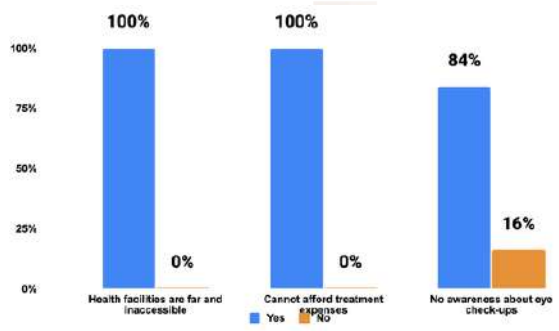


Figure 10: Percentage distribution of respondents reported reasons for inaccessibility of eye care without the eye camp (N =37)

97% of the respondents had their eye issues detected through the eye screening camps (refer to Annexure Table 17). The table above presents the percentage distribution of respondents who reported receiving treatments for detected eye issues. **100%** of respondents received free medication and eye drops for their issues. Spectacle support was received by **83%** of the respondents, while **28%** were referred to a government hospital for further treatment.

All the respondents believed that access to eye care would not have been possible without the eye check-up camps (Annexure Table 20). The most commonly cited reason was that health facilities were far and inaccessible (**100%**), that they could not afford treatment expenses **(100%**), and had no awareness about eye check-ups (**84%**)

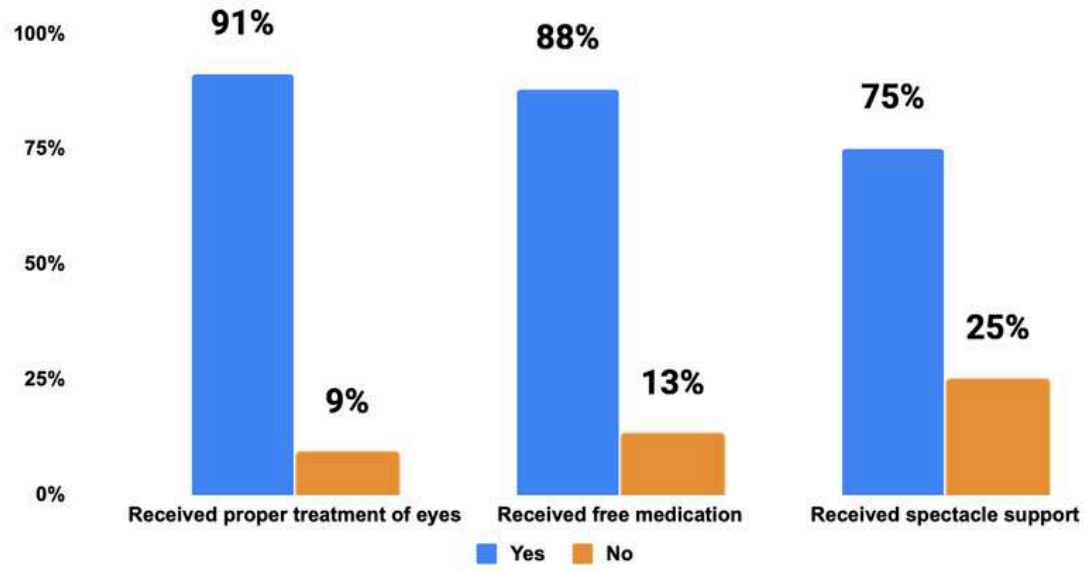


Figure 11: Percentage distribution of respondents reported reasons for satisfaction with eye camp treatment (N=32)

86% of respondents reported overall satisfaction with the eye camps (Annexure Table 21). The table above presents the percentage distribution of respondents who reported various reasons for satisfaction with eye camp treatment. **91%** reported proper treatment to the eyes as the reason for satisfaction, while **88%** and **75%** reported receipt of free medication and receipt of free spectacle support as the reason for being satisfied, respectively.

Health Camp Summary:

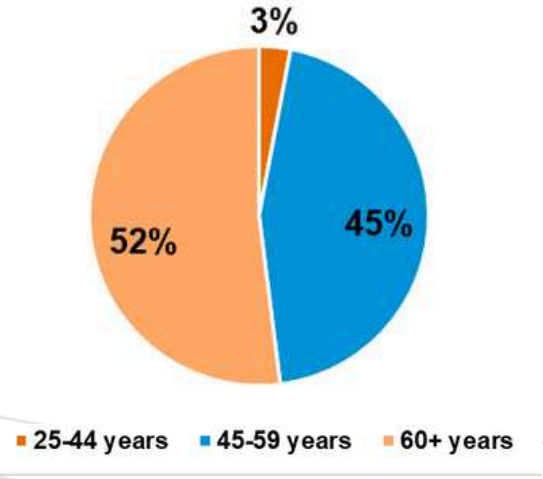


Figure 12: Percentage distribution of respondents by age (N=31)

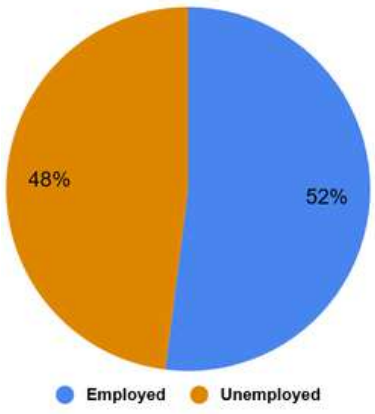


Figure 13: Percentage distribution of respondents by current employment status (N=31)

The above figure presents the percentage distribution of respondents by age. More than half of the respondents **(52%)** were older adults aged 60+. The rest **45%** and **3%** of the respondents belonged to the age group 45-59, and 25-44 respectively. **42%** of respondents had no education, while **45%** had less than secondary education. **10%** completed their secondary education, and **3%** completed their higher secondary education (Annexure Table 22). **52%** of the respondents were currently employed. Results showed that a majority of the respondents **(69%)** had monthly income between **₹10,000 - 25,000**, while **19%** had income of less than ₹10,000. A few percentage (6%) had monthly income between ₹25,000 - 50,000 and more than ₹50,000 respectively (Annexure Table 23).

Table 4: Percentage distribution of respondents reported treatment for health issues received at the health camps (N=26)

Treatment of health issues received at health camps	Yes	No	Total Percentage of Respondents
Received medicines free of cost from the camp	100%	0%	**100%**
Referred to a govt. hospital for further treatment	19%	81%	**100%**

84% of the respondents reported their health issues being identified through the health camps (Annexure Table 24). Among them, **100%** reported receipt of free medicines from the camps. However, referral to a government hospital was significantly less, with only **19%** being referred for further treatment.

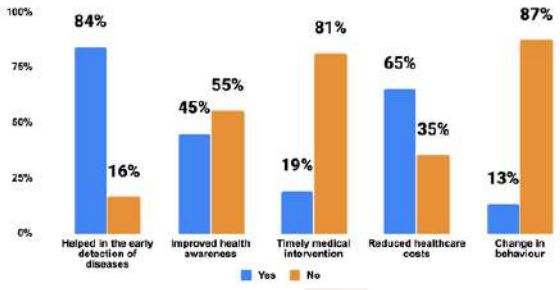


Figure 14: Percentage distribution of respondents reported type of benefit of health camp (N=31)

All the respondents (**100%**) reported that they received benefits from the health camp (Annexure Table 26). A major benefit was the early detection of diseases, as reported by **84%** of the respondents. Reduced healthcare cost

was reported by 65% of the respondents, while 45% reported improved health awareness as one of the benefits of the health camp. Other benefits included timely medical intervention and change in behaviour, as reported by 19% and 13% of the respondents respectively.

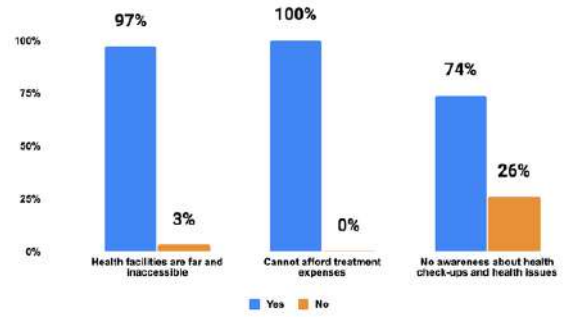


Figure 15: Percentage distribution of respondents reported reasons for access to treatment without health check-up camp (N=31)

100% of the respondents reported that health treatment would be inaccessible without the health checkup camp (Annexure Table 27). The above figure shows the percentage distribution of respondents who reported various reasons for inaccessibility to treatment without a health camp setup. All the respondents reported that they could not afford treatment expenses. **97%** reported that health facilities were far and inaccessible, while **74%** reported lack of awareness about health check-ups and health issues.

Qualitative Section:

This section draws on insights from key stakeholders of the project, that includes a Doctor, Village Sarpanch and Implementing Partner. In-depth interviews were conducted with these stakeholders to understand their perspectives on the impact of the care provided at the checkup camps. In-depth interviews of the doctor explain the services provided at the free eye camp. The interview with the Sarpanch highlights the implementation of health camps, as well as its benefits on the people. The interview with the Trustee of Lions Club Katihar Service Trust (implementing partner) helps understand the implementing partner's views on the overall implementation of the project and its perceived impacts.

Implementing Partner Perspectives:

The Trustee of the Lions Club of Katihar Trust reported that the health conditions in the remote villages of Supaul, Bheja, and Katihar was 'very poor'. Subsequently, many people suffered from preventable blindness solely because of illiteracy and a lack of awareness about eye health, which led to cataracts progressing into blindness.

This made the role of free eye screening camps essential in these areas. Eyes were examined in these camps, and spectacle support and eye drops were provided free of cost to those with eye issues. Villagers also lacked awareness on general health issues. Health screening camps were therefore set up in the villages. Checkups were done for common health issues such as pain, infections, hypertension, common flu etc.

Medicines were prescribed based on the health issues detected, and the beneficiaries are **'educated'** by the doctor on the correct use of medicines and effective practices. Awareness of eye health and care **'increased significantly'** among the beneficiaries who attended the camps. The Trustee mentioned that **'approximately 5000-7000 beneficiaries'** were reached through eye and health camps in the last 3 years.

The camps were typically conducted multiple times per year. Due to the remote nature of these villages, there were a few implementation challenges, such as identifying appropriate villages to set up camps in, as coordination and setup were more difficult with limited resources. However, the Trustee reported that the existing setup of the health check-up and eye screening camps had met the **'basic needs'** of the people and had improved their **'quality**

of life', while also bringing about **'behavioural change'** among the beneficiaries regarding health. The Trustee believed that the health status of the villagers had improved due to the awareness created and the free nature of camps that were conducted.

However, according to the Trustee, additional services could have been provided at the camps, such as **'testing for lifestyle diseases'** like diabetes, as well as measuring haemoglobin levels, especially for rural women who were more likely to suffer from anemia.

Sarpanch Perspectives:

The Sarpanch reported that, due to the provision of spectacles and eye drops at the camps, more people attended the camps. He also observed an increase in the awareness among villagers related to eye care and check-ups. Villagers were initially mobilised through **'microphone announcements'** and by volunteers who went door to door to inform households about the camps. Beneficiaries who required follow-up care or treatment for additional ailments also visited the camps. According to the Sarpanch, most of the attendees were **'elderly and poor'**, indicating that the camps successfully reached those who needed the services the most.

The sarpanch echoed the perspective of the implementation partner and the doctor about the challenges faced while setting up the camps. Seasonal flooding in these areas and transportation cost made it difficult to set up camps in certain remote locations. Hence, **'continued support'** from Transrail Lighting Limited along with other government funds can help reach out to more beneficiaries in the remote villages of Bihar. The Sarpanch addressed that further support would be beneficial to treat people suffering from health issues especially, skin diseases, back pain, tuberculosis and gynaecological issues.

To conclude, the perspectives of the implementing partner, doctor, and sarpanch collectively highlighted the relevance and effectiveness of the health and eye camps in addressing critical gaps in healthcare access in remote villages. The camps played a significant role in improving awareness, early detection of health and eye conditions, and access to basic treatment, particularly for elderly and poor.

Despite logistical challenges related to remoteness, flooding, and transportation, the camps had positively influenced health outcomes and quality of life among beneficiaries. At the same time, stakeholders consistently emphasised the need for continued and enhanced support, including the introduction of additional diagnostic services and sustained funding, to further expand reach and deepen impact in disadvantaged areas.

Doctor Perspectives:

When asked about the situation prior to the camps, the doctor mentioned that eye issues were common among people, and that for some, they **'couldn't see'** what they were eating. Post the eye screening camps, there has been an improved vision among the villagers, and they can see **'properly and clearly'**.

During the eye screening, the doctor assessed for low vision, refractive error, suspected cataract, and glaucoma. Spectacle support and required eye drops were prescribed by him and were provided through the camps free of cost. According to the doctor, an important part of this process was raising awareness on eye health and educating people about a healthy lifestyle.

The doctor was satisfied with the service provided. He rated the service as **'amazing'** given the economic support available.

However, he highlighted the logistical challenges faced by him, that included transportation challenges, including expenses for food and lodging, which was difficult to manage for him. There was also a need for additional medications for the beneficiaries. for food and lodging, which was difficult to manage for him. There was also a need for additional medications for the beneficiaries.

Key Findings:

- All the respondents reported that they received free medicines from the health camps and eye check-up camps.
- **65%** beneficiaries from health-camps and **43%** from eye-camps reported reduced healthcare expenditure due to free consultations and medicines.
- In health camps, **84%** had health issues identified and **100%** received free medicines, ensuring immediate relief for common ailments.
- **86%** of eye-camp beneficiaries expressed satisfaction with the services, with respondents citing proper treatment **(91%)**, free medicines **(88%)**, and free spectacles **(75%)** as key benefits of the intervention.
- **97%** of respondents reported a positive impact on eye health following the treatment and support provided through the camps, including free medication and spectacles.

Recommendations:

- Introducing basic diagnostic tests for lifestyle diseases (e.g. diabetes) and haemoglobin levels, with a particular **focus on women's health** can address needs of rural people.
- Continuing door-to-door mobilisation, local announcements, and peer outreach can help sustain awareness and encourage **early health-seeking behaviour** among rural population.
- Continued support from CSR initiatives, government schemes, and corporate partners will be essential to scale operations, reach deeper into remote villages, and improve the overall quality and continuity of care.

Project Outputs:

Project	Activities conducted	FY 2022-23	FY 2023-24	FY 2024-25	Total beneficiaries reached
Free eye screening camp in Bihar	No. of eye camps organized	17	26	19	**62**
	No. of people benefited received treatment	1380	2821	3815	**8016**
	No. of people benefited with spectacle	850	1960	1164	**3974**
	No. of cataract identified	230	280	144	**654**
	No. of cataract surgeries	64	137	463	**664**
Free Health camp in Bihar	No. of camps organized	4	9	10	**23**
	No. of beneficiaries received treatment	753	1580	1609	**3942**

8016 People benefited with eye camps treatment

3974 People benefited with spectacle

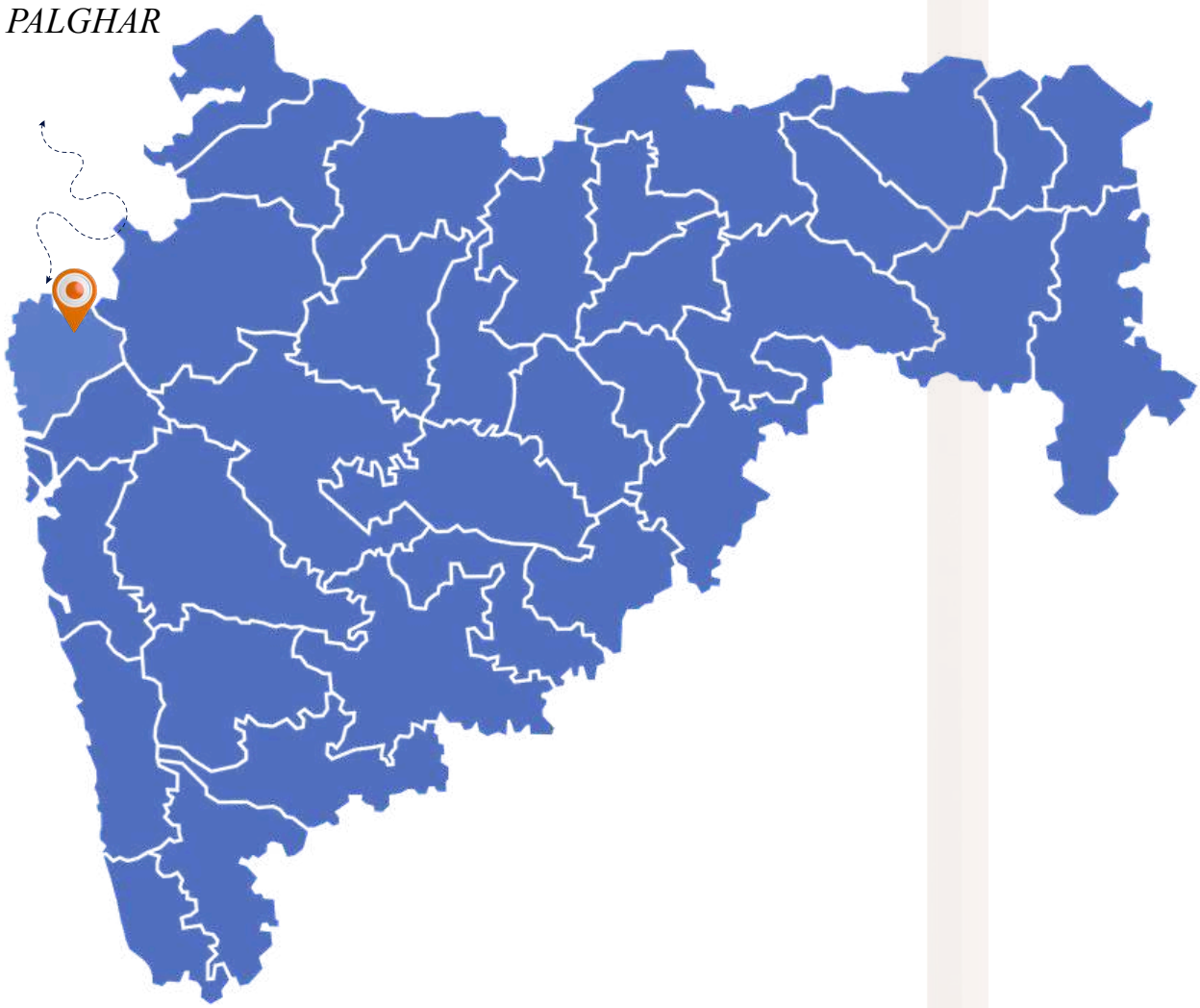
654 Cataract cases identified

3942 Beneficiaries reached through Health camps

Provide health care facility to needy people through Ayurvedic health care center- Arogya Niketan

Transrail Lighting Limited, through its CSR activities, provided funds to the Ayurvedic health care centre, **Arogya Niketan**, in Palghar District, with the aim of promoting Good health and Well-being for marginalised people. The funds from Transrail Lighting Limited were used by **Arogya Niketan** to provide high-quality ayurvedic treatment for 4800+ marginalised people at subsidised prices. These funds were also used to retain staff and to improve facility infrastructure.

This chapter presents a **qualitative analysis** based on in-depth interviews with various stakeholders, including the Doctor, Centre Manager, and Managing Trustee of Arogya Niketan Trust.



Qualitative Section:

This section draws on insights from key stakeholders of the project, that includes the **Doctor, the Centre Manager, and the Managing Trustee of the organization.** In-depth interviews with the Doctor and the Centre Manager provided perspectives on the quality of treatment and services provided at the centre, including Panchakarma, Physiotherapy, Yoga therapy, and the organisation of medical camps, supported by financial assistance. The in-depth interview with the Managing Trustee highlighted the importance of funds and its impact on patients and staff alike.

Managing Trustee Perspectives:

Arogya Niketan is located at Vasai East, where the general population work in industries on nominal wages. The Managing Trustee emphasised that the primary aim of Arogya Niketan was to provide **'affordable care'** to the public. Generally, ayurvedic treatment provided in hospitals was unaffordable for people from marginalised communities. Therefore, with the support of Transrail funds, the Ayurvedic Panchakarma services at Arogya Niketan became more cost-effective without compromising treatment quality. The funds were also **'utilised'** to maintain infrastructure, employ qualified and experienced personnel, and purchase medications and oil-related products necessary for providing appropriate treatment. Previously, there was no dedicated physiotherapy unit at the centre. After the availability of the funds, a dedicated ward was established for physiotherapy with the required equipment and medications. The Managing Trustee reported that CSR funds from organisations like Transrail Lighting Limited ensured that Aarogya Niketan could 'continue' providing relief to the needy.

Therefore, as reported by the Managing Trustee, the support provided to date had enabled them to maintain these services. However, he felt that with additional support, he could increase staff strength, computerise records, and raise awareness through marketing and social media.

Centre Manager Perspectives:

The Centre Manager confirmed that patients were **'very happy'** with the treatment provided and that they received positive reviews from the patients. The treatment provided was of high quality, and the costs were minimal compared with those at private centres. Patients were mainly elderly, who sought physiotherapy, medications, and other Ayurvedic therapies. The Centre Manager admitted that funds from Transrail Lighting Limited helped them expand their infrastructure, making it a fully functional facility, including yoga centres that offered **'holistic Ayurvedic treatment'** to the beneficiaries.

The Centre Manager however suggested that future expansion was necessary to enable people to stay on-site with proper arrangements and access the required treatment.

Doctor Perspectives:

The doctor confirmed that the Panchakarma services provided to marginalised people were low-cost and effective for relieving pain. The central rooms were **'spacious'** for Physiotherapy and Panchakarma, which helped provide high-quality care to patients. The doctor also observed an improvement in the patient's health outcomes, due to the nature of the care provided. However, the doctor addressed the need for additional

medications to improve the quality of care. The doctor also echoed the suggestion that additional funds could support publicity of the services provided, so as to reach more people in need.

Overall, the CSR support provided by Transrail Lighting Limited to Aarogya Niketan in Palghar District has played a critical role in strengthening access to affordable, and quality Ayurvedic healthcare for marginalised communities. The funding enabled the continuity of services, infrastructure enhancement, staff retention, and the expansion of therapeutic offerings, resulting in improved patient satisfaction and health outcomes.

Key Findings:

- CSR initiative made affordable, high-quality Ayurvedic treatment accessible to marginalised groups without compromising standards. Infrastructure upgrades, like a physiotherapy unit and expanded Panchakarma facilities, improved services. Funds helped keep qualified staff, ensuring ongoing, quality care. Patients reported high satisfaction, improved health, and positive health-seeking behaviour.
- More than 8000 OPD patients have benefited from the initiative; over 2,300 beneficiaries have received Ayurvedic medicines; and 450+ patients have received Panchkarma treatment.

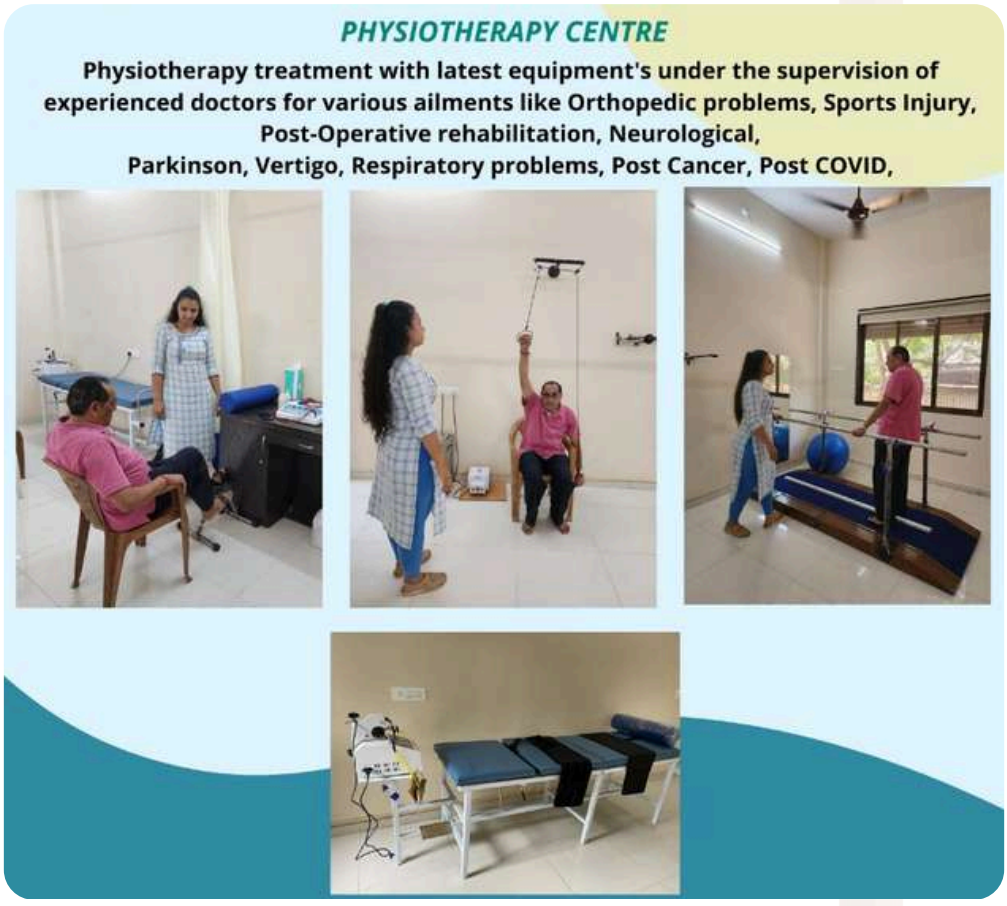
Recommendation:

- Additional funds could be used to **digitise patient records and administrative systems** to improve efficiency, monitoring, and long-term planning, and to strengthen outreach, awareness, and social media communication to ensure that services reach a wider population in need.
- Funds can be used to explore residential facilities for patients requiring longer treatment durations to improve accessibility and outcomes.

Project Outputs:

Sr No	Key Indicators	Acheieved Impact Numbers
1	No. of OPD	**4800+**
2	No. of beneficiaries benefited from Ayurvedic Medicines	**2300+**
3	No. of patients received Panchkarma treatment	**450+**
4	No. of patients provided with physiotherapy treatment	**250**
5	No. of patients benefited from Yoga Therapy	**75**
6	No. of Medical camps organised	**3**
7	No. of sensitisation sessions for people	**2**

4800+ OPD



Support to provide free medical treatment services to the Mentally Challenged Children through Adhar special care center

Transrail Lighting Limited, through its CSR activities, provided funds to the ADHAR Special Care Centre in Badlapur, with the aim of promoting Good health and Well-being for mentally abled Children with behavioural and intellectual disabilities. The funds from Transrail Lighting Limited were used by **ADHAR Special Care Centre** to provide high-quality care and to maintain services for **216 inmates.**

This chapter presents a qualitative analysis based on in-depth interviews with stakeholders, including the Caretaker, the Psychiatrist, and the Operations Head of the ADHAR Special Care Centre.

Qualitative Section:

This section draws on insights from key stakeholders, including the **Caretaker, the Psychiatrist, and the Operations Head of the ADHAR Special Care Centre.** In-depth interviews with the Psychiatrist and Caretaker outline how the funds have contributed towards the quality of treatment and services provided. The in-depth interview with the Operations Head highlighted the importance of funds and the impact on patients and staff alike.

Operations Head Perspective:

The Operations Head emphasised that the aim of ADHAR Special Care Centre was to **'provide life-long support'** to mentally challenged children, especially for parents who couldn't afford the care and treatment of their special needs children. The cost of care for such children was high, given the food, shelter, medications, and additional attention required. CSR funds, such as those from Transrail Lighting Limited, played an important role in ensuring that parents didn't worry about the cost of treatment. The Operations Head noted that parents felt **'relief financially and psychologically'** knowing their children were cared for. At ADHAR Special Care Centre, emergency services, including first aid and ambulance transport, were available for children, as was treatment for flu and other health issues. Therapy was also provided through tie-ups with NIEPID (National Institute for the Empowerment of Persons with Intellectual Disabilities). In severe cases, the Operations Head reported having a **'strong network'** of 20-27 doctors and affiliations with 5-6 hospitals, including a super multispeciality hospital. This system ensured that the urgent care needs of these children were met.

Training sessions are conducted for children to support their understanding of day-to-day activities, such as eating, walking, and wearing clothes, etc. Similarly, training/counselling sessions were conducted periodically for the 108 staff and parents to understand the needs and situation of the mentally challenged children. The Operation Head addressed the need for **'awareness'** of such children with special needs who require support, and emphasised the need for greater sensitivity to their issues. Therefore, Transrail Lighting Limited's funds were used to maintain these services that offered high-quality care to children with mental challenges.

Psychiatrist Perspectives:

The Psychiatrist highlighted the need for the ADHAR Special Care Centre as an organisation that managed the treatment and care of children with special needs for the rest of their lives. The role of a psychiatrist was to cater to 'all' the special needs children at ADHAR who had behavioural issues, especially administering appropriate medication to ease the symptoms of children with long-term conditions like epilepsy and seizures, along with monitoring their condition.

The Psychiatrist attended the facility on a **'fortnightly basis'**; if cases escalated, recommendations would be made to other doctors or the hospital. In line with the Operations Head's perspective, parents were counselled to improve their understanding of their symptoms, as they tend to visit their children. Through Transrail Lighting Limited funds, the psychiatrist emphasised that ADHAR **'reduces the burden'** of parents with special needs.

Caretaker Perspectives:

The caretaker explained that, previously, the ADHAR infrastructure was not conducive

for the health of all children; however, after the utilisation of funds from Transrail Lighting Limited, the infrastructure improved, resulting in fewer illnesses among children. With the new dormitory structure in place, the room was more **'spacious and well-designed**'; as a result, previously common skin infections and fractures decreased.

The cases of children are moderate or borderline-level cases, usually where children couldnot express themselves as they were hyperactive, irritated or agitated, requiring continuous observation. As a caretaker, all medications were available and administered multiple times daily. In an emergency, IV access, oxygen support, and catheterisation were provided as required. When asked about additional support, the caretaker reported that **'more therapies'** were needed, such as occupational therapy. Other medical equipment, such as ECG machines, physiotherapy equipment, a medical unit with monitors, oxygen lines, and emergency beds, could be purchased with additional funds.

Overall, the CSR support extended by Transrail Lighting Limited to the ADHAR Special Care Centre in Badlapur played a vital role in ensuring the continuity and quality of lifelong care for children with intellectual and behavioural disabilities. The funding strengthened medical, therapeutic, and residential services, reduced the financial and psychological burden on families, and improved overall health and safety outcomes for children.

Key Findings:

- CSR initiative **ensured lifelong, comprehensive care for mentally abled children/adults** requiring constant medical, therapeutic, and residential support.
- Parents experienced **financial and psychological relief**, knowing their children received consistent, quality care.
- **470** specially-abled children and adults benefited from free medical treatment and care support through the initiative.
- Infrastructure improvements led to better living conditions, reduced illnesses, skin infections, and injuries among special children/Adults.

Recommendation:

- Investing in **advanced medical equipment,** including ECG machines, monitoring systems, emergency beds, and oxygen lines, to strengthen on-site care.
- Enhance **awareness and sensitisation programmes** for communities and parents to build a greater understanding of intellectual and behavioural disabilities.
- Strengthening through regular **training and counselling support.**

Project Outputs:

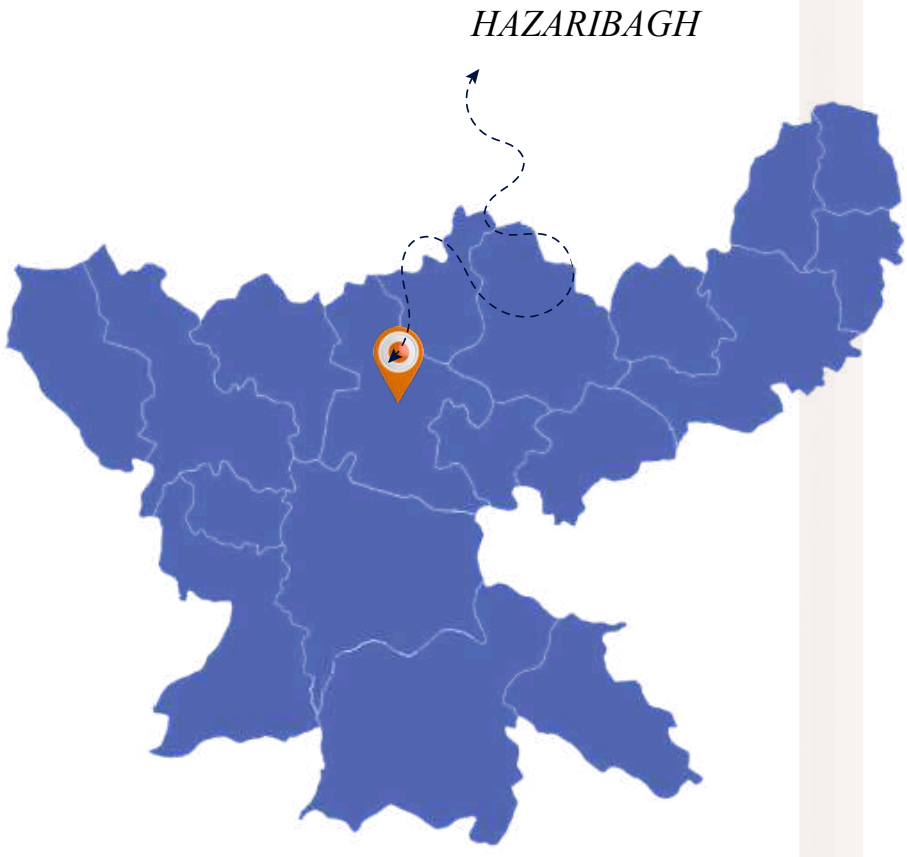
470 Specially abled children benefited

Eye screening & treatment camps and support for Cataract Surgeries for marginalised people in the villages

Transrail Lighting Limited, through its CSR activities, provided support for eye screening and treatment camps as well as for Cataract Surgeries, with the aim of promoting Good health and Well-being for marginalised people in the Bishnugarh block of the Hazaribagh district. Transrail Lighting Limited, with the help of **Navbharat Jagruti Kendra (NBJK)**, conducted 46 camps, reaching **3,398 beneficiaries**, during which 1,118 received spectacle support, and 500 cataract surgeries were performed over the last financial year.

Activities under this project included eye screening camps, where beneficiaries received eye checkups and, if required, spectacle and medicinal support. In certain severe cases, cataract surgeries were carried out at the nearby hospital.

In this chapter, we use a mixed-methods approach to assess the impact of the eye screening and treatment camps on the beneficiaries of Hazaribagh. This chapter includes quantitative analysis from a survey of **9 beneficiaries,** as well as qualitative analysis from in-depth interviews with various stakeholders, including the village social worker and the project manager from the implementing partner agency.



Quantitative Section:

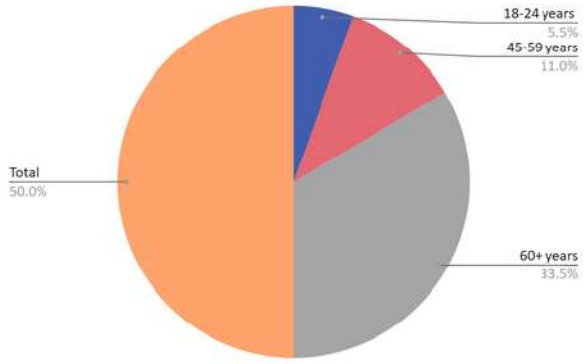


Figure 16 : Percentage distribution of respondents by age (N=9)

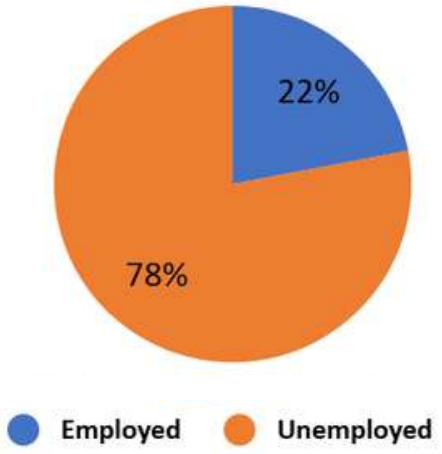


Figure 17: Percentage distribution of respondents by current employment status (N=9)

The above figure 16 shows the percentage distribution of respondents by age. The data showed that the majority of the respondents **(67%)** were elderly people above 60 years of age. Middle aged people in the age group of 45-59 years comprised **22%** of the respondents, and the rest **11%** were younger people in the age group of 18-24 years. **44%** of the respondents had less than secondary education. **33%** reported having no education, and the rest **22%** had secondary education. where **44%** had less than secondary education, **33%** had no education, and only **23%** had completed secondary school (Annexure Table 28). Figure 17 shows respondents employment status with **78%** of the respondents were currently unemployed, with the rest 22% having some form of employment. 89% of respondent households earned less than ₹10,000 per month, and only 11% fell in the ₹10,000–₹25,000 income bracket (Annexure Table 29).

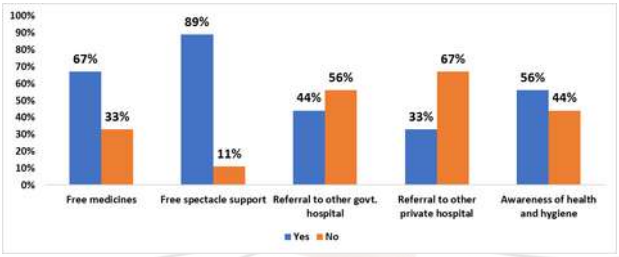


Figure 18: Percentage distribution of respondents reported different services provided in eye check-up camps (N=9)

The above figure shows the percentage distribution of respondents who reported different services that were provided at eye check-up camps. Most respondents reported receiving free spectacle support **(89%)** and free medicines **(67%)** from the eye camps. **56%** reported receiving awareness on health and hygiene, while some percentage of respondents received referral to government hospitals **(44%)** or private hospitals **(33%).**

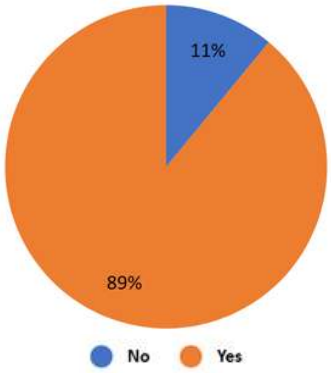


Figure 19: Percentage distribution of respondents reported a positive impact of treatment on the eyes (N=9)

100% of respondents had an eye condition identified at the eye camp (Annexure Table 31). The above chart presents the percentage distribution of respondents who reported a positive impact of treatment on the eyes.

89% of respondents reported a positive impact of the treatment received through the eye screening camps, while **11%** reported no impact.

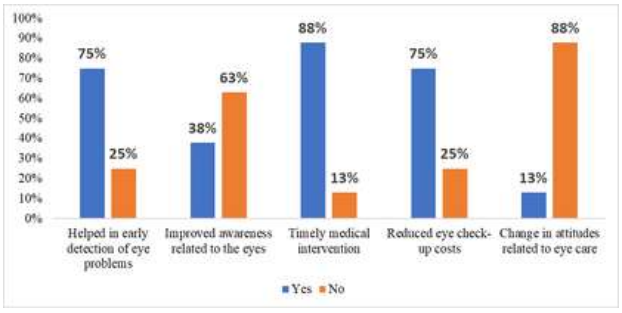


Figure 20: Percentage distribution of respondents reported benefits of eye camps (n=8)

The above figure presents the percentage distribution of respondents who reported different benefits of eye camps. A majority of the respondents **(88%)** reported timely medical intervention as the major benefit of the eye screening camps. **75%** of the respondents reported early detection of eye problems and reduced eye check-up costs as major benefits, respectively. However, improved awareness related to eyes was perceived as a benefit by only **38%** of the respondents.

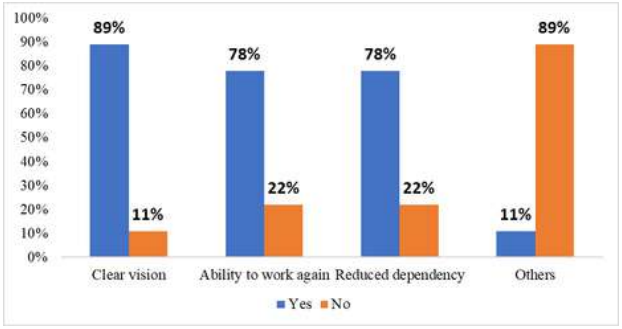


Figure 21: Percentage distribution of respondents reported changes in quality of life after treatment or surgery (n=9)

The above figure shows the percentage distribution of respondents who reported changes in quality of life after treatment or surgery. **89%** reported clear vision after treatment, while **78%** reported the ability to work again and experienced reduced dependency on others.

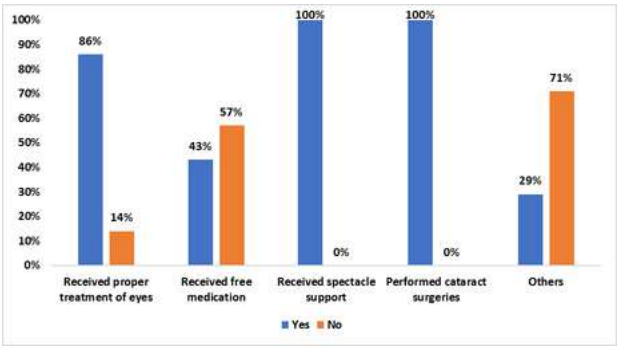


Figure 22: Percentage distribution of respondents reported reasons for satisfaction with eye camp treatment (n=7)

78% of respondents are satisfied with the treatment they received at the eye screening camp, while only **22%** reported dissatisfaction (Annexure Table 37). The above table shows the percentage distribution of respondents who reported reasons for satisfaction with eye camp treatment. **100%** of the respondents received spectacle support and cataract surgeries **(100%)**, along with proper treatment of their eyes **(86%)**. **43%** agreed that they were satisfied with the eye camps providing free medication.

Qualitative Section:

The qualitative section outlines the perceptions of the Project Head of Navbharat Jagruti Kendra and the Social worker associated with this project. Specialised eye camps were set up with the help of Transrail Lighting Limited to provide spectacle support, medicinal support, subsidised or free cataract surgery, and transportation to the hospital. In-depth Interview with Project Head highlights the overall implementation of the project and it's perceived impact, whereas the Social Worker insights explains the mobilisation and ground experiences of beneficiaries.

Project Head Perspectvies:

The project head explained that the implementation of specialised eye camps started with awareness campaigns before the

camps were established, ensuring that villagers attended eye checkup camps. He reported that due to the awareness campaigns, the targets for setting up camps, beneficiaries, and support were surpassed. This also helped villagers understand that eye conditions such as refractive errors, cataracts, and retinopathy were **'preventable'.**

The project head described how cataract surgery helped beneficiaries by enhancing **'improved daily functioning and independence,'** highlighting its role in boosting quality of life. After the treatment, the beneficiaries were asked to undergo two follow-up checkups free of cost after cataract treatment, and the project head had reported a **'100% attendance'** on first follow-up at the health centre or the hospital. However, people didn't show up for the second follow-up because they have to pay out of pocket.

The project head reported that Transrail Lighting Limited support for village-level screening, spectacles, medicines, surgery, and transportation is rare and highly valuable, because it removes both **'geographic and financial barriers'** and brings quality eye care within reach of some of the poorest and most remote households.

When asked about implementation of the project, NBJK project head stated that the project was implemented smoothly from October 2024 through March 2025. They encountered some challenges, such as the **'local belief'** that operations shouldn't be conducted during the summer and initial fears about the operations, but this was mitigated through awareness and mobilisation.

Social Worker Perspectives:

The social worker conveyed that he was **'very satisfied'** with the eye camps project conducted in Bishnugarh block and was happy about the level of care provided to the beneficiaries. Spectacles, medicines and information about eye care were provided at these eye camps. In case of cataract detection, the beneficiaries were transported to and from the hospital to ensure that treatment was provided free of cost. This transportation was necessary to provide because beneficiaries would hesitate to seek treatment because of **'severe lack of money.'**

The social worker mentioned that people were **'scared of the operation,'** but since the awareness has increased, and when one person undergoes treatment and **'recovers,'** others in the village observe this and become more willing to get their eyes checked. He also echoed project head's perspectives, noting that these eye camps have increased **'access to healthcare',** which would not have been possible without Transrail Lighting Limited's support. Due to the mobilisation and awareness, the beneficiaries are better informed about eye care and recognise that eyes need to be **'saved from dust and smoke'** after treatment. There were some initial challenges such as superstitious belief about surgery as also mentioned by project head but social worker assured that all issues had been resolved through NBJK's mitigation measures.

The qualitative insights highlight that the specialised eye camps in the Bishungarh block have significantly improved access to quality eye care for the marginalised population. Through sustained awareness campaigns, comprehensive service delivery from NBJK, and strong financial and logistical support from Transrail Lighting Limited, the project successfully addressed both fear and access barriers related to eye treatment. Despite minor cultural and follow-up challenges, the project was implemented smoothly and improved vision, daily functioning, and awareness of preventive eye care among beneficiaries, showing a meaningful and sustainable impact

on community eye health.

Patients Perspectives:

From the patients' perspective, the cataract surgery experience was positive and had a transformative impact on their lives. Several beneficiaries reported facing vision-related challenges for months prior to the surgery, which significantly affected their ability to carry out daily activities. Receiving timely treatment played a crucial role in restoring their vision. Many expressed high satisfaction with the overall arrangements, particularly the support provided for transportation, accommodation, and assistance during the hospital stay. The behaviour and support of the medical staff during the surgery were consistently described as excellent, creating a sense of comfort and trust throughout the process. Importantly, patients did not report any complications or discomfort after the surgery, and most experienced significant improvement in their vision, enabling them to resume their daily tasks more effectively.

In some cases, although travel support was not provided, patients still acknowledged that the treatment was delivered at the right time and expressed satisfaction with the care received. They appreciated the strong support from the medical staff and highlighted the absence of post-surgical complications. Additionally, guidance provided by doctors on preventive care after the surgery was found to be helpful. Overall, across all patients' vision is improved, greater independence in daily life, and a high level of satisfaction with the treatment process, underscoring the effectiveness and positive impact of the cataract surgeries.

Key Findings:

- **100%** of surveyed beneficiaries had eye conditions detected, and 89% reported improved vision after treatment
- **88%** reported timely medical intervention and **75%** reported reduced eye-care costs due to the camps.
- **100%** received spectacles or cataract surgery as required; **78%** expressed satisfaction with services.
- All respondents reported improved awareness regarding eye health and care, while **89%** of beneficiaries reported a positive impact on vision following the treatment and support received through the camps.

Recommendation:

- To enhance **long-term outcomes**, the project should extend financial support or introduce community follow-up for the second post-surgery check, together with ongoing awareness campaigns, to ensure treatment adherence and sustained eye health.
- Other specialised health check-up camps such as cancer screening can be organised for these villagers to provide a comprehensive health service.

Project Outputs:

46 Eye care camps organized in the villages

3,398 People benefitted with eye screening & treatment services

1,118 People benefitted with spectacle support

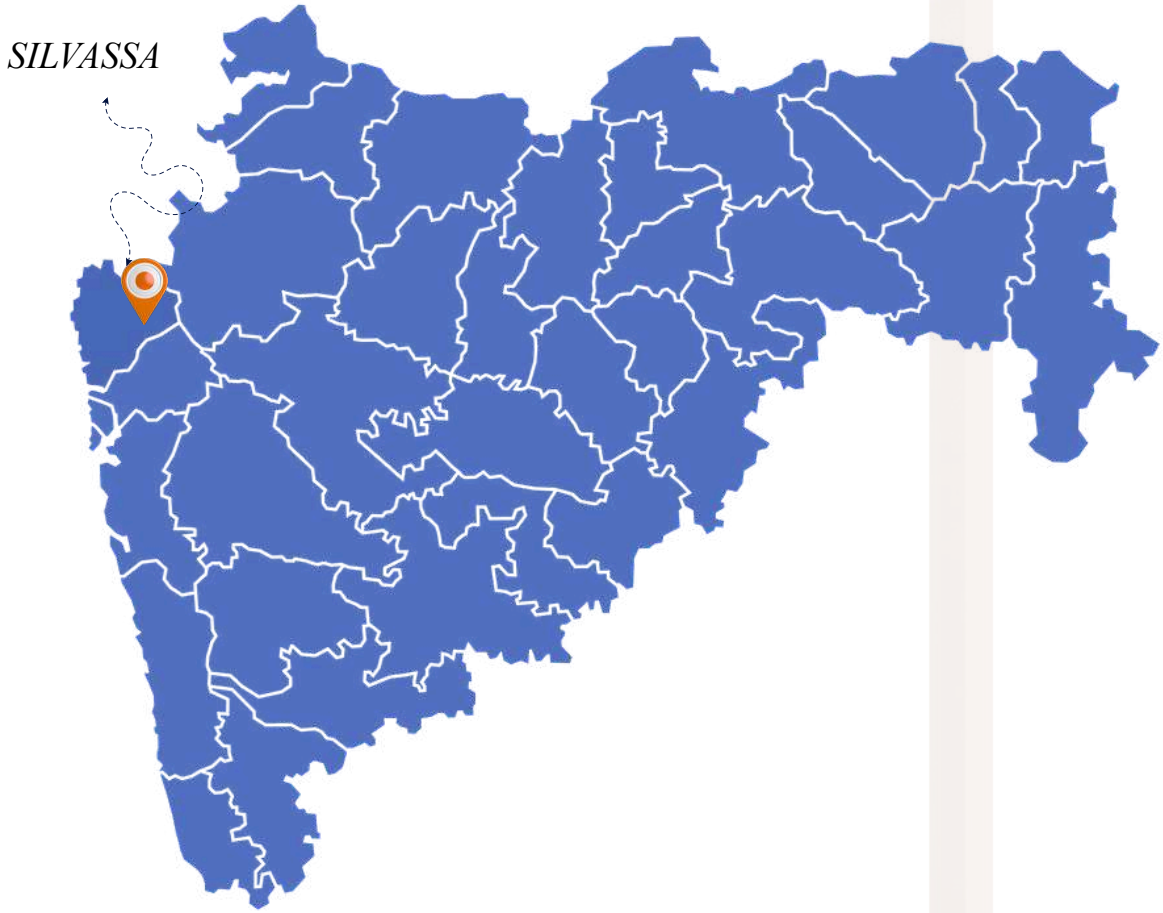
2,012 Patients received free medicines

Eye screening & treatment camps for marginalised people in the villages

Transrail Lighting Limited, through its CSR activities, provided support for eye screening and treatment camps, with the aim of promoting Good health and Well-being for marginalised people in Silvassa. Transrail Lighting Limited, with the help of **Soham Foundation**, conducted **21** camps, reaching out to **2,353** beneficiaries and providing referrals to **101** patients for cataract surgeries.

As a part of the eye screening camps, beneficiaries were provided with eye check-ups, and if required, spectacle and medicinal support, and, in severe cases, referral for cataract surgeries at the nearby hospital.

In this chapter, we use a **mixed-methods approach** to assess the impact of the support on beneficiaries in Silvassa. This chapter includes quantitative analysis from a survey of **10 beneficiaries** in the village, as well as qualitative analysis from in-depth interviews with various stakeholders, including the PHC nurse and the project manager from the implementing partner agency.



Quantitative Section:

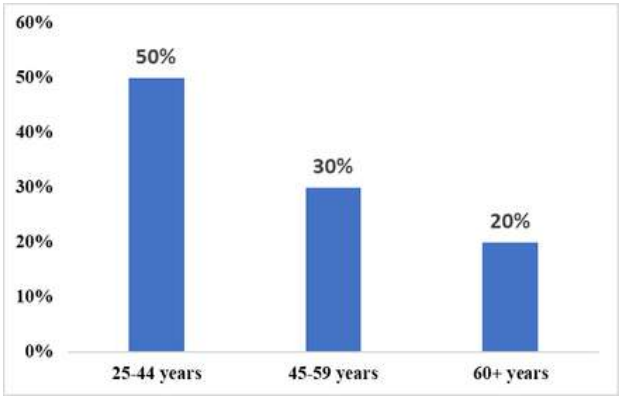


Figure 23: Percentage distribution of respondents by age (N=10)

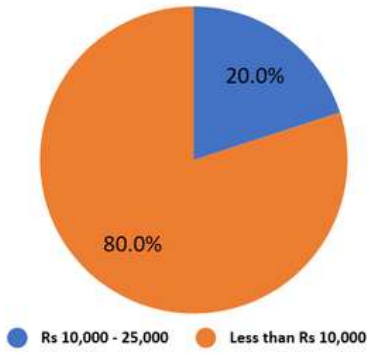


Figure 24: Percentage distribution of respondents by monthly family income (N=10)

The above figure shows the percentage distribution of respondents by age. The data shows that **50%** of respondents belonged in the age group of 25-44 years, **30%** belonged in the age group of 45-59 years, and **20%** were above 60 years. **40%** of respondents reported no education, 40% had less than secondary education, **10%** had higher secondary education, and 10% had higher education (Annexure Table 38). **60%** of respondents were currently employed, while 40% were not (Annexure Table 39). The income distribution indicates that **80%** of respondents earned less than **₹ 10,000** per month, with the remaining **20%** falling in the ₹ **10,000- ₹ 25,000** income bracket.

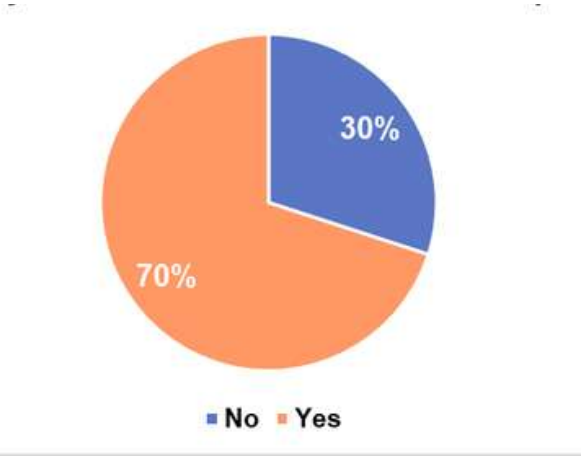


Figure 25: Percentage distribution of respondents reported eye issues detected at the camp (N=10)

The above figure shows the percentage distribution of respondents who reported detection of eye issues at the camp. Results show that **70%** reported having their eye issues detected, while **30%** did not.

Table 5: Percentage distribution of respondents reported treatments received for detected eye issues (N=10)

Treatments received for detected eye issues	Yes	No	Percentage of Respondents
Received free medicines and eye drops	14%	86%	100%
Received spectacles free of cost	100%	0%	100%

The above table shows the percentage distribution of respondents who reported different types of treatments received for eye issues. All of the respondents received spectacles free of cost, while only **14%** of them received medical support free of cost.

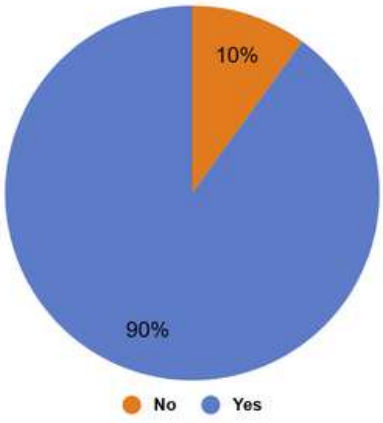


Figure 26: Percentage distribution of respondents reported a positive impact on the eyes (N=10)

The above figure shows the percentage distribution of respondents who reported a positive impact on the eyes. **90%** of respondents believed the treatment they received during the eye screening camp positively impacted their eyes, while 10% did not.

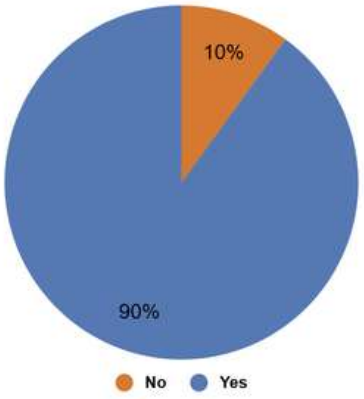


Figure 27: Percentage distribution of respondents reported improved awareness of eye care and treatment (N=10)

The above figure shows the percentage distribution of respondents reported improved awareness on eye care and treatment. **90%** of respondents reported improved awareness of eye care and treatment, while **10%** did not.

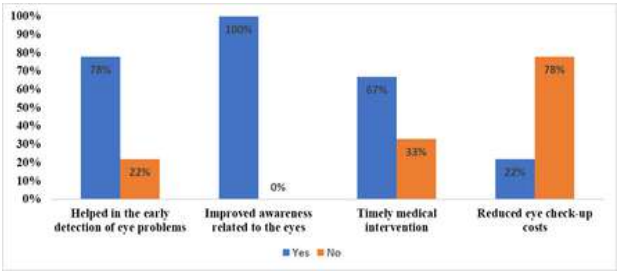


Figure 28: Percentage distribution of respondents reported benefits of eye camps (n=9)

90% of the respondents found the eye screening camp as beneficial, while only 10% did not (Annexure Table 43). The above figure shows the percentage distribution of respondents who reported types of benefits from eye check-up camps. All the respondents reported improved awareness related to eyes (100%). 78% found the camps useful in the early detection of eye problems, and 67% found it useful due to timely medical intervention. 22% also reported a reduction in eye check-up costs as a perceived benefit of the camps.

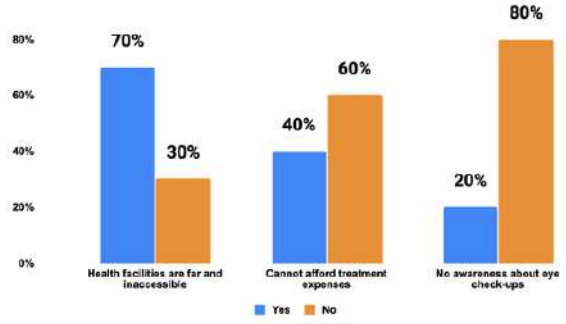


Figure 29: Percentage distribution of reported reasons by respondents for undetected eye issues without the camp (n=7)

70% of them felt they would not have been diagnosed with their eye problems without the eye screening camp. Only **30%** believed they would have been diagnosed anyway, indicating that, for most, the eye screening camp was the key factor in diagnosis, especially in an environment with limited access to routine care, which reflects the intersection of distance, cost, and lack of awareness that delays or prevents care (Annexure Table 45). The above table shows that most eye problems would have

remained undetected without the camp mainly because of access and money issues. Around **70%** of respondents reported health facilities to be far and hard to reach, while **40%** reported about their inability to afford treatment costs. **20%** reported low awareness about eye check-ups, suggesting that distance, expense and poor information together stop people from going for regular eye care.

Table 6: Percentage distribution of respondents reported reasons for satisfaction with eye camp treatment (N=9)

Reasons for satisfaction with camp treatment	Yes	No	Percentage of Respondents
Received proper treatment of eyes	78%	22%	100%
Received free medication	56%	44%	100%
Received spectacle support	78%	22%	100%

90% of respondents were satisfied with the treatment they received at the eye screening camp, while **10%** reported about their dissatisfaction (Annexure Table 46). The above table shows the percentage distribution of respondents reported different reasons for satisfaction with the eye camps. Receipt of proper treatment for eyes and receipt of spectacle support were the two most common reasons for satisfaction, as reported by **78%** of the respondents respectively. **56%** also reported free medication as one of the major reasons for satisfaction.

Qualitative Section

The qualitative section outlines the perceptions of the Project Head of Soham Foundation, the Sarpanch, and the PHC nurse regarding the implementation of this project. The general eye camps were set up to provide spectacle and medical support to the people and to refer patients for cataract surgery. In-depth interviews with the Project Head highlight the project's implementation and perceived impact, while insights from the Sarpanch and PHC nurse illustrate the on-ground efforts that supported its execution.

Project Head Perspectives:

In Silvassa, initially, there was no awareness or information about eye care, and they were **'reluctant'** to attend these eye camps. To solve this, the project head reported that it was necessary to create **'awareness'** by distributing pamphlets, making announcements via rickshaws, and word-of-mouth publicity, to ensure that people in the villages attended these eye camps.

When asked about the impact on beneficiaries, the project head reported that beneficiaries were screened for eye issues, if issues were identified, support was provide like spectacles or eye drops. In case of cataract detection, the beneficiaries were **'referred'** to the hospital for cataract surgery.

The project head reported that a significant challenge was for beneficiaries to travel to the hospital after receiving a referral. The nearest hospital was 60-70 km away, making it **'financially difficult'** for impoverished communities to travel for the operation. The project head of Soham Foundation emphasised the need for **'covering operation costs'**, highlighted a further financial support in this area. Besides eye care, the project head also mentioned the prevalence of skin diseases among the people.

Sarpanch Perspectives:

The people had no knowledge of eye care, as a result mobilisation of people to attend the camp was conducted. Sarpanch mentioned that

beneficiaries learnt more about eye-related issues like cataract **'exists'** through awareness and camps. He also added that people started coming forward to check their eyes as they discovered the benefits of attending the eye camps. The beneficiaries were now '**aware**' that low-cost cataract surgeries were conducted in nearby hospitals.

The camps were organised **'very well,'** according to the Sarpanch, with the recommendation and awareness that low-cost surgery has helped the marginalised sections of the community. He mentioened that the biggest challenge of the project was to mobilise people, he suggested that showing a short video on cancer and eye screening could help in greater awareness among the people of the village.

PHC Nurse Perspectives:

The PHC nurse reported that the number of people who attended the camps benefited from it. The awareness campaigns, combined with the **'free'** nature of the camps and the support provided, made them **'willing'** to attend these camps. When asked about challenges, the nurse mentioned that new technology could be used for eye screening.

The qualitative findings indicate that the general eye camps implemented by Soham Foundation played a crucial role in introducing eye-care awareness and basic services in communities with little prior exposure to such interventions. Through sustained awareness efforts and the provision of free screening and spectacles, the project successfully encouraged community participation and enabled early identification of eye problems, including cataracts. Although structural barriers, particularly the distance and cost associated with hospital-based cataract surgeries as well as limited eye screening technology, highlighted the need for further financial support mechanisms to translate screening into complete treatment.

Key Findings:

- **90%** of respondents were satisfied with the eye care treatment & services; **78%** cited proper treatment and spectacle support, and **56%** cited free medication as reasons for satisfaction.
- **78%** of respondents reported early detection of eye problems, while **67%** of respondents highlighted timely medical intervention as a major benefit.
- **90%** reported improved awareness of eye care, and **100%** of respondents perceived awareness as a key benefit of the camps.

Recommendation:

- Integrate financial and logistical support, including transport assistance and subsidised or free surgeries, to ensure that identified cataract cases can access timely treatment.
- Provide end-to-end care to improve treatment completion rates and achieve sustained eye health outcomes.

Project Outputs:

1,946 People benefited from spectacle support

2,353 People benefited from eye screening & treatment services

21 Eye care camps organised in the villages

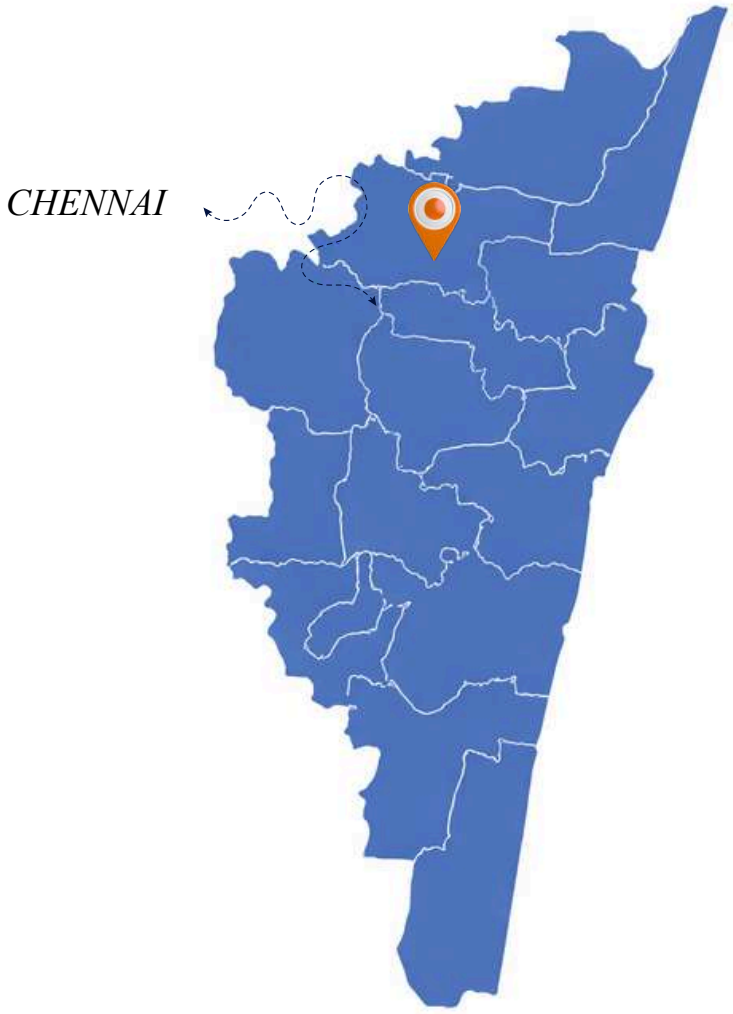

आंबोली पंचायत में आयोजित हुआ मुफ्त नेत्र जांच कैंप

358 लाभार्थियों की हुई आंख जांच, 188 लोगों को निःशुल्क चश्मा वितरण

Medical equipment support to Vijayganga's Vinita Hospital to provide quality health facility in Chennai

To ensure high-quality care, the use of new and advanced medical equipment is essential. As part of advancing the Sustainable Development Goal 3 for Good Health and Well-being, Transrail Lighting Limited has provided 40 lakh rupees over the past three years to Vijayganga Speciality Care hospital to install various medical devices, which includes a steriliser, surgical drill, dialysis machine, and defibrillator. **Vijayganga Special Care hospita**l is a multi-speciality hospital located in Chennai, which serves as a ONE STOP center for Quality Nephrology and Preventive care services. The main goal of the hospital is to promote awareness among the public towards kidney related diseases in order to prevent primary and secondary kidney problems.

This section of the report provides a detailed perspective of the various stakeholders of the equipment purchased by Vijayganga Speciality Care using CSR funds from Transrail Lighting Limited. The stakeholders include the patients who have benefited from the dialysis machines, along with the hospital staff and operators responsible for operating the machines.



Qualitative Section:

The qualitative section includes information from the **Financial Head** of Vijayganaga Trust associated with the project for 3 years, insights from **Biomedical staff** on equipment maintenance, and the perspectives of five dialysis patients who benefited from the medical equipment project.

Financial Head perspectives:

Medical equipment is purchased to meet the hospital's needs and provide quality care, ensuring affordable treatment for every patient at the Vijayganga Speciality Care Hospital. When asked about the need for the funds to purchase the equipment, the financial head quoted, **"don't need any patients to send outside to other hospitals"**, indicating their commitment to provide end-to-end care for their kidney patients. The finance manager issues orders according to the doctors '**specifications**' to facilitate easier treatment. The usual cost of dialysis is 4000-4500 per session, but since Vinita Hospital believes in offering affordable and equitable care, the treatment prices have been reduced for patients. The financial head reported his satisfaction with the medical equipment, **"patient satisfaction was very much ... than compared to previously, with all this equipment"**, which shows the Transrail funds were utilised to provide high-quality care for its patients. The patients themselves reported similar levels of satisfaction.

Staff Perspectives:

The Biomedical engineer is responsible for maintaining the equipment and training staff on it. He reported **'patient satisfaction'** has improved significantly since the installation of new equipment through Transrail funds. The equipment is **'maintained, calibrated and properly monitored'** by the staff and the biomedical engineer. The new staff are also trained to use the equipment correctly and efficiently.

Patient perspectives:

The consensus was that the quality of care provided by the Vinita Hospital was **'excellent'** and met the needs of the patients. The patient commented on the quality of care as **"very good, the staff are very cooperative"** They further mentioned that they had no complaints about the treatment they received through the equipment or from the staff who assisted them. One patient reported positively about the overall dialysis care **"the treatment is very good and the machine is very good, everything is good here"**. From the data received, it can be inferred that the dialysis unit is **'clean'** and the treatment received by the patients are of high quality and another patient also reported the overall status of health, emphasising that the **"health is far, far better now"**.

The qualitative findings indicate that the medical equipment project supported through Transrail funds has significantly strengthened dialysis services at Vinita Hospital. Perspectives from management, staff, and patients consistently highlight improvements in service quality, affordability, and continuity of care. The availability of appropriate equipment has enabled the hospital to provide comprehensive in-house dialysis treatment, thereby enhancing patient satisfaction. Effective maintenance, staff training, and positive patient experiences show that the project has successfully met its objectives of improving access to reliable, high-quality dialysis care for kidney patients.

Key Findings:

- Support for medical equipment has enabled Vinita Hospital to provide end-to-end diagnostic treatment for patients such as dialysis care, reducing the need to refer patients to external hospitals. Hospital management and patients have reported high satisfaction with the equipment in terms of quality, functionality, and its contribution to improved patient outcomes.
- Support for medical equipment has enabled Vinita Hospital to provide end-to-end diagnostic treatment for patients such as dialysis care, reducing the need to refer patients to external hospitals. Hospital management and patients have reported high satisfaction with the equipment in terms of quality, functionality, and its contribution to improved patient outcomes.
- **30,442** patients with general medical treatment and services in the last 3 years **(2022-25)**
- **11,528** patients received dialysis treatment in 3 years (2022-25)

Recommendation:

Additional funds can be allocated for upgrading medical equipment to accommodate the rising patient load while ensuring the continued quality of care.

Project Outputs:

Requirements	Years		
Particulars	**2022-23**	**2023-24**	**2024-25**
Total OPD patients	9,999	11,166	9,277
Total IPD patients	894	889	1,536
Dialysis patients	2,817	3,780	4,931
OT Cases patients	201	220	199







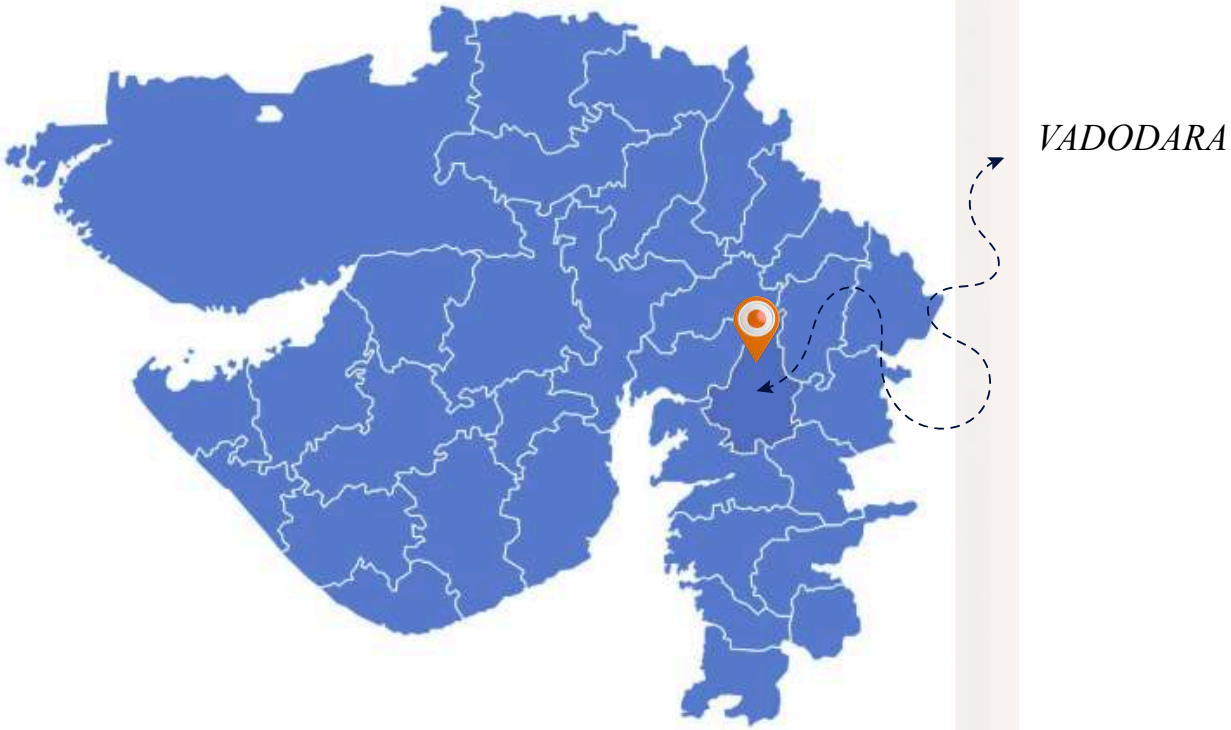




Emergency medical support & nutritional support for flood-affected people

Every year, Vadodara is prone to flooding due to intense monsoon rainfall, owing to its proximity to the Vishwamitri River. Human-induced factors, such as unplanned urbanisation, poor dam management, and poor waste management are other significant causes of seasonal floods in Vadodara . On 28th August 2024, the flood situation was worse than ever, affecting thousands in the surrounding area. Several NGOs and CSRs reached out in this time to provide much-needed assistance to the people in need.Transrail Lighting Limited, as a part of their CSR activities, contributed **3 lakhs rupees** as a one-time donation to support almost **300 flood-affected people** through the **Kajorilal Basantilal Nagori Trust** of Vadodara.

In this chapter, we use a qualitative approach to assess the impact of emergency medical and nutritional support on the flood-affected people in Vadodara. In-depth interviews with representatives from the Kajorilal Basantilal Nagori Trust highlight the key impact of the intervention on the people in need.



Key Stakeholders' Perspectives:

The situation on 28th August 2024 was recorded in the newspaper as one of the most disastrous floods to hit Vadodara. Among other organisations, Kajorilal Basantilal Nagori Trust stepped up to provide essentials to flood-affected communities.

The project heads of Kajorilal Basantilal Nagori Trust explained the need for this immediate assistance following the days after the flood. "**There were no lights for 3 days. There was no electricity, so there was no drinking water. There was no food"**, highlighting the seriousness of the situation in Vadodara. Although the proposal and acceptance process for Transrail funds took a few weeks, Transrail disbursed the funds as quickly as possible to help the people in need.

Drinking water was distributed as a priority because access to clean water was cut off at this time. Along with safe water, the project heads reportedly supplied food ration kits containing rice, dals, sugar, oil, salt etc., as well as pre-made food packets, along with food, clothes and medicines. Timely assistance was provided according to the needs of the people around, as were confirmed from the words of the Project heads: **"As requirements kept coming, the funds were utilised accordingly"**. To ensure the fair distribution of these items to everyone in need, other **NGOs and organisations** came together to support this project and helped in distributing the essential items.

They reached around **'hundreds'** of people through their efforts and prompt initiative. However, the project encountered certain challenges, mainly due to the high demand and limited availability of resources. Reaching people in remote areas or heavily affected areas were other challenges faced by the organisation in distributing the items.

This qualitative assessment highlights the importance of timely CSR intervention in disasters. Transrail Lighting Limited's collaboration with Kajorilal Basantilal Nagori Trust enabled quick mobilisation of emergency resources when basic services were disrupted. Despite challenges, funds were flexibly used to meet urgent needs like safe water, food, and medicines. Collaborations with NGOs expanded outreach and ensured a fair distribution of the items, offering strong support in providing relief.

Key Findings:

Flood relief was disbursed in a **timely manner**, enabling the quick delivery of items to needy communities in Vadodara during critical time. Nearly **250** beneficiaries were benefited through this activity.

Recommendation:

Transrail Lighting Limited can allocate a small contingency buffer within emergency funds to address sudden increases in demand during large-scale disasters. This, along with support from CSR donors, NGOs, and local institutions can maximise impact during times of natural calamities.

Photos:

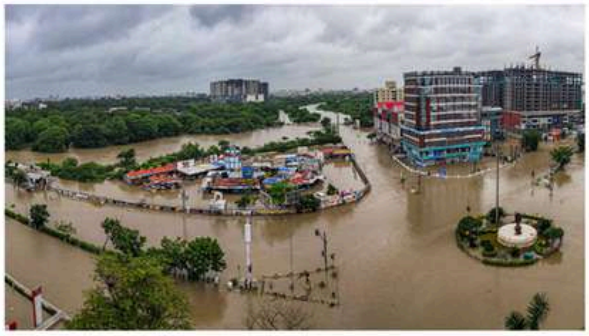
9/5/24, 12:23 PM Gujarat rains: Death toll rises to 28, Vadodara still under water - The Hindu

Gujarat rains: 28 deaths since Sunday, Vadodara still under water

More than 27,000 people were evacuated from flood-affected areas so far; PM Modi speaks to CM Patel to stock of the situation

Updated - August 29, 2024 01:53 pm IST Published - August 28, 2024 12:13 pm IST - Gandhinagar

THE HINDU BUREAU



Vadodara: A flooded area after heavy monsoon rainfall, in Vadodara, Tuesday | Photo Credit: PTI

Gujarat's death toll in rain-related incidents since Sunday reached 28 on Wednesday (August 28, 2024) amidst unprecedented flooding and waterlogging in Vadodara city, Jamnagar city and parts of Devbhumi Dwarka district.

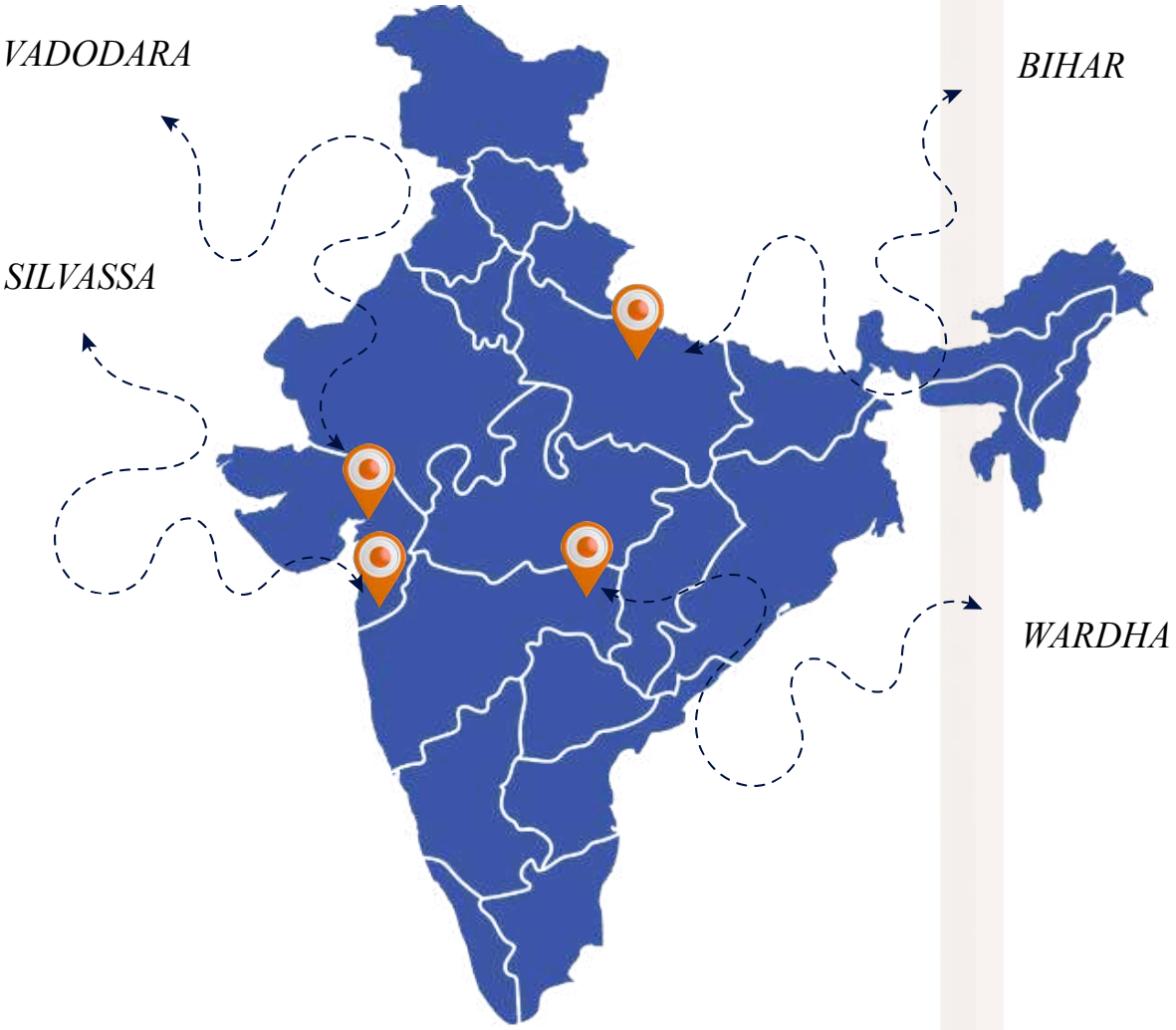
Also Read: Gujarat Floods LIVE updates

The deceased included seven persons who went missing after the tractor trolley they were in was swept away while crossing an overflowing causeway near Dhavana village

Free Ambulance service provided to the marginalised population

Transrail Lighting Limited, through its CSR activities, provided ambulances to PHCs across various locations in India, with the aim of promoting Good health and Well-being for marginalised people.

In this chapter, we use a **mixed-methods approach** to assess the impact of the free ambulance service on people in Wardha, Silvassa, Vadodara, Bihar. This chapter includes quantitative analysis from a survey of **13 beneficiaries** in Wardha, as well as qualitative analysis from in-depth interviews with various stakeholders, including the EMT, a Doctor, and a Nurse working at a nearby Primary Healthcare Centre (PHC) or hospital.



Quantitative Section:

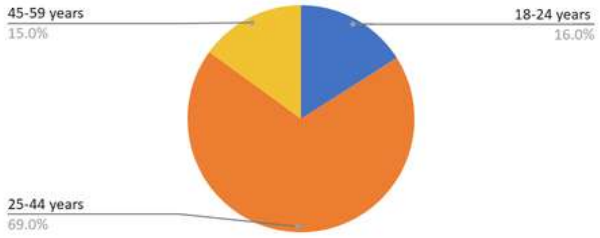


Figure 30: Percentage distribution of respondents by age (N=13)

The above chart presents the percentage distribution of respondents by age. **69%** fall within the 25–44 years age group. This is followed by **16%** of respondents in the 18–24 years category and **15%** in the 45–59 years age group.

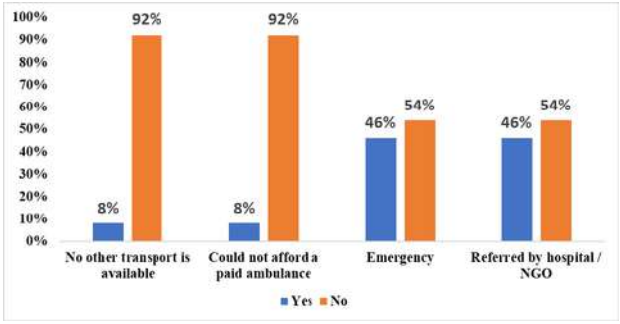


Figure 31: Percentage Distribution of respondents reported reasons for choosing free ambulance services. (N=13)

The above figure shows the percentage distribution of reasons for choosing free ambulance services. The ambulance service was chosen for emergency situations **(46%)**, and referrals were made by the hospital/NGO **(46%)**. **8%** reported that no other transport was available and that's why they used the ambulance service; **8%** also stated they could not afford a paid ambulance.

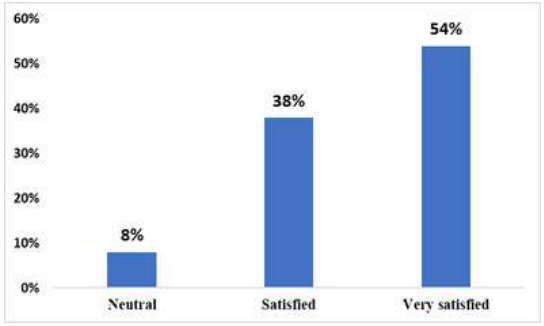


Figure 32: Percentage distribution of respondents reported satisfaction with the condition of the ambulance (N=13)

The above figure shows the percentage distribution of respondents resatisfaction with the condition of the ambulance. **54%** reported being "very satisfied", whereas **38%** stated being "satisfied" with the condition of the ambulance service. While, **8%**, had a "neutral" response about the condition of the ambulance.

Table 7: Percentage Distribution of respondents' reported improved health outcome due to the ambulance service

Improved health outcome	Percentage of Respondents
Yes	77%
No	23%
Grand Total	**100**

The above table shows the percentage distribution of respondents' improved health outcome due to the ambulance service. **77%** of the respondents have reported their health improved due to the ambulance service, but **23%** disagree with this.

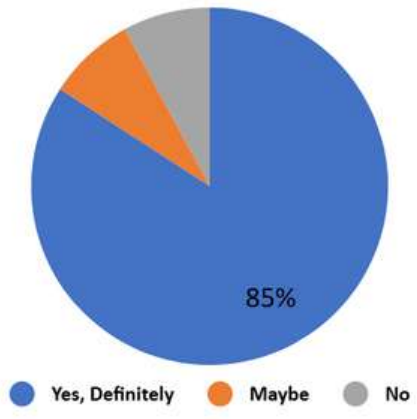


Figure 33: Percentage distribution of respondents reported recommending the free ambulance service to others (N=13)

The above chart shows the percentage distribution of respondents recommending the free ambulance service to others. **85%** of the respondents have reported that they will "**definitely**" recommend the ambulance service to others.

Qualitative Section

Ambulance services play a critical role in ensuring timely access to emergency healthcare, especially in rural and tribal areas. This section presents the experiences of the Program Manager, a Doctor, and first responders, including EMTs (Emergency Medical Technicians) and ambulance drivers, highlighting operational efficiency, medical preparedness, community response, and critical gaps in emergency care delivery, enabled by support from Transrail Lighting Limited.

Program Manager Perspectives:

The Program manager from Silvassa highlighted the critical need for low-cost ambulances in rural areas, noting that a **'10-minute response time'** would be detrimental in emergencies such as trauma and childbirth. Their entire end-to-end operation from the first call to dispatching the ambulance and transfer to the hospital runs systematically on four pillars: Sense, Reach, Care, and Follow, ensuring that nearby ambulances dispatched in the given time frame. The ambulance was equipped with trained personnel, including a driver (pilot) and an EMT. The EMT was responsible for providing pre-hospital care in accordance with the dispatcher's pre-arrival instructions. They administered any required first aid, injections, and IV fluids, ensuring that the patient was properly handed over to the hospital. The ambulance was also equipped with machine needed for **'basic life support'**, such as a pulse oximeter for vital monitoring, Digital and manual BP equipment, Nebulizer machine, Oxygen cylinders, saline, IV drips, Delivery kits, etc.

When asked about feedback and responses from the community on the emergency medical service provided, the program manager reported that they were **'very good'**. The usual cases seen in these areas are pregnancy-related, stomach pain-related and lastly road traffic accidents. However, the program manager determined that Khanvel (in Silvassa) required an **'additional ambulance'** to reduce response time.

Doctor Perspectives:

The Doctor emphasised the importance of free ambulance services in addressing accidents and providing emergency care for the rural population. He added that the ambulance was the **'most important service'** to ensure that patients were brought in on time in cases of critical care. He rated the coordination between the hospital and Emergency Medical Services as **'excellent'**, because they believed the patient was the first priority in such situations and immediate assistance should be provided. In accordance with the program manager's responses, the doctor mentioned that the ambulance in Nagpur was equipped with basic life support equipment. He further stated that this **'24/7 service'** was maintained by the biomedical team to ensure that the ambulance was in optimal working condition. Therefore, it can be observed that the smooth operation of the ambulance and the assistance provided by first responders were utilised successfully.

When asked about improvement and further emergency needs of the area, the doctor noted that there was a need for another **'ventilator ambulance'** in case of accidents and cardiac arrest cases.

First Responder Perspectives:

In Nagpur, prior to the ambulance provided by Transrail Lighting Limited, patient transfers to the hospital were difficult due to longer response times. The EMT reported that this situation had improved due to the introduction of an ambulance in Nagpur. According to the EMT and ambulance driver in Nagpur, the most common incidents were of cardiac patients, stroke patients, and accidents. Therefore, the free ambulance facilitated the transfer of patients to the nearest hospital, thereby saving a critically ill patient. In line with responses from the Program Manager in Silvassa and the Doctor in Nagpur, the ambulance was **'equipped'** with oxygen delivery systems, a cardiac monitor, a defibrillator for delivering shocks, infusion pumps, and a ventilator, among other equipment. EMT reported that the ambulance response was **'very good'**, and the free ambulance provided was equally **'beneficial'** to the hospital, to emergency service workers, and to the patients. In addition to the reduction in response time, the ambulance driver reported that the cost of this ambulance was **'lower'** than that of a private ambulance.

The dispatching system in Bheja was similar to those in Nagpur and Silvassa. The Ambulance driver reported that the usual accident cases involved **'labourers'** working on the industrial site. To ensure emergency needs were met, emergency contact numbers were posted at every site on charts, so that, in the event of an accident, everyone had the phone number. Other profiles of patients were villagers with cardio and maternal incidents. The fully equipped ambulance ensured that **'critical emergency needs'** were met in the most remote villages of Supaul, Bheja, and Katihar.

Overall, the free ambulance services provided by Transrail Lighting Limited played a vital role in strengthening access to emergency healthcare in underserved regions. By improving response times, ensuring 24/7 readiness, and providing life-saving pre-hospital care, the initiative contributed directly to saving lives and improving emergency outcomes for rural populations. The coordinated efforts of program teams, medical professionals, and first responders underscore the value of reliable and affordable emergency transport in critical care scenarios.

Key Findings:

- **46%** of the respondents used the ambulance for medical emergencies Free, low-cost ambulance services significantly reduced response times in emergency situations such as trauma, childbirth, cardiac arrest, and accidents.
- **16%** of the respondents used the service due to lack of alternatives or inability to afford private ambulances, indicating reduced financial and transport barriers.
- **92%** of beneficiaries expressed satisfaction with the timeliness and accessibility of the ambulance service in reaching hospitals.
- **100%** reported received on-time treatment due to ambulance service**.**
- **77%** patients had improved health outcomes due to emergency ambulance service.

Recommendation:

Through CSR funds, **additional ambulances** in high-demand areas could be deployed to further reduce response times, and specialised, ventilator-equipped ambulances could be introduced to address cardiac arrest and severe trauma cases.

Case Studies:

A Case of Medical Emergency

Mr. Lalan Ali, a 35-year-old resident of Kamrup Rural District, experienced a life-threatening medical emergency when his condition rapidly deteriorated from body pain and mild fever to severe breathlessness and extreme weakness on the morning of 2 December 2024. After he collapsed in the bathroom and was moved to bed by his wife, a family member contacted the 108 Ambulance service, and the case was assigned to the Mirza PS location at 1:53 pm. His restless state, rapid breathing, remote location, and poor road connectivity delayed ground response and heightened the urgency of the situation. The emergency response team. EMT Mr. Gopal Chandra Kalita and pilot Mr. Lachit Choudhury, promptly reached the site and adhered strictly to safety and medical protocols despite challenging conditions. The EMT provided timely and critical pre-hospital care during ambulance transfer and air evacuation, stabilising the patient en route to an advanced healthcare facility. The team's swift judgment and effective intervention were widely appreciated by the patient's family and ultimately led to Mr. Ali's complete recovery and discharge in good health.

"Breathing difficulty cases are very critical. I handled the case with great generosity following all the code of Ethics. I am happy that I could save the life of the patient.
— Gopal Chandra Kalita (EMT)

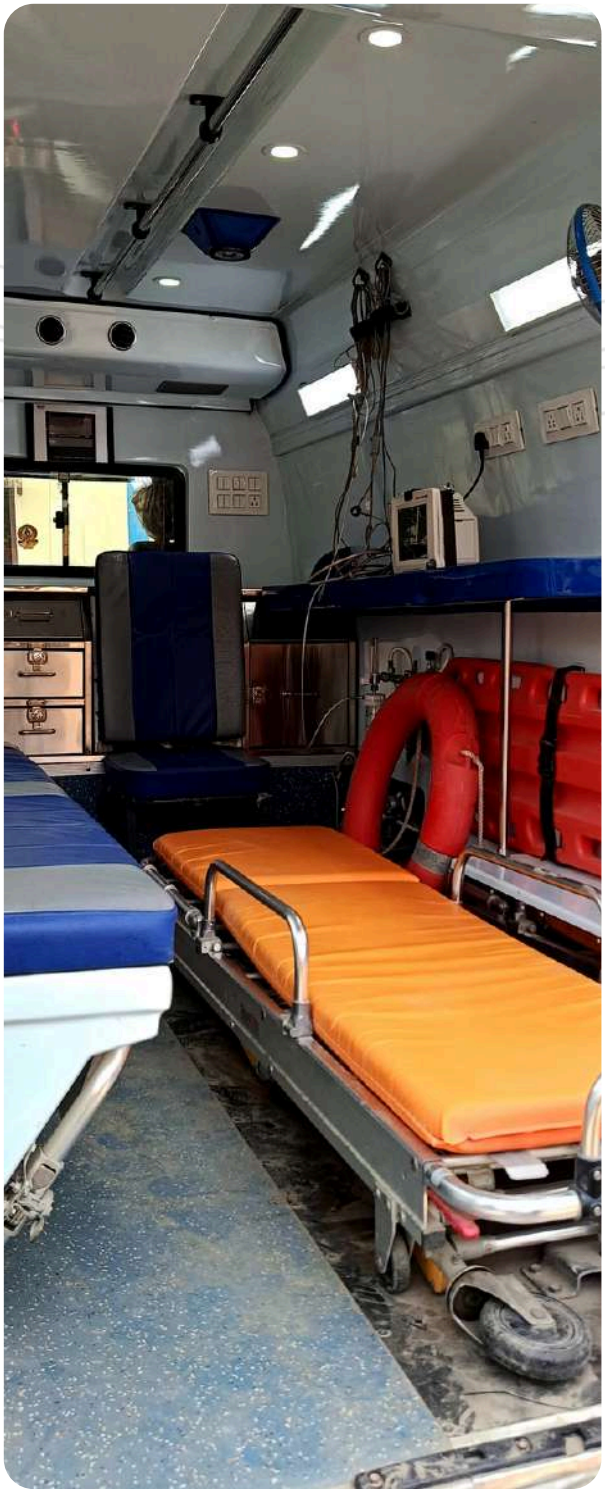
A Case of Snake Bite

On 6 December 2024, Madhuben Vasava sustained a snakebite on her left ankle and rapidly developed vomiting and loss of consciousness. Due to poor road connectivity and difficult terrain, her family initially transported her in a private vehicle to reach an accessible point, after which the 108 Emergency Ambulance Service was contacted and responded promptly. On assessment, the EMT found the patient unresponsive with visible bite marks, ankle swelling, and critical symptoms including breathing difficulty, bradycardia, hypotension, and hypoxia. Immediate pre-hospital care was initiated, including airway clearance, assisted ventilation with high-flow oxygen, intravenous access, limb immobilisation, and administration of anti-snake venom and supportive medication under medical guidance. During the 30 km transfer to SDH Hospital, Narmada, continuous ventilation and monitoring were maintained, resulting in improved vital signs by the time of hospital handover. The case underscores the life-saving role of timely emergency response, skilled pre-hospital management, and coordinated teamwork in rural and remote settings.

"I am very grateful and happy as our case has been selected as a Saviour. Saving a patient's life and bringing a smile on the faces of the patient's relatives gives me greater happiness."
—Alka Tadvi (EMT)

NAGPUR

BIHAR



TRANSRAIL SAKSHARTA

- Educational Learning Materials
- Supportive Classes
- Strengthening School Infrastructure
- Digital Classroom Setup
- Access To Safe Drinking Water
- Skill Education And Placement Support

Support Rural Schools to provide Quality Education and supportive classes for children

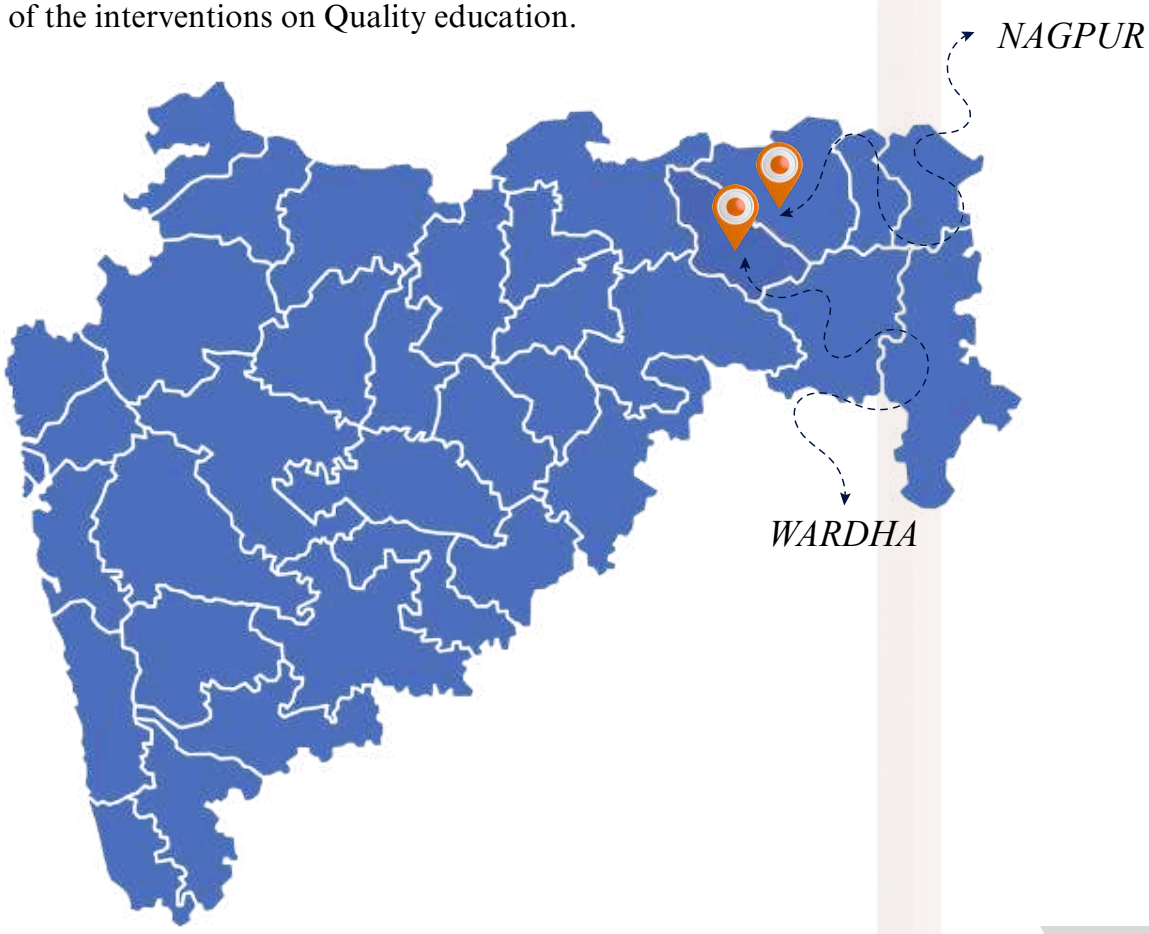
Sahyadri Foundation

Transrail Lighting Limited, through its CSR activities, provided support to Rural schools across Wardha and Nagpur with the aim to provide Quality education and supportive classes for children. Transrail Lighting Limited with the help of Sahyadri Foundation, supported 62 schools through its CSR activities over the last 3 financial years, with a total of **16392 students benefitting from the activities.**

Activities under this project included provision of educational materials, digital classroom setups, informative wall paintings, safe drinking water facilities, toilet facilities, sports materials, co-curricular activities, and supportive classes for children.

In this chapter, we use a **mixed-methods** approach to assess the impact of the activities on children, who are the direct beneficiaries.

This chapter includes quantitative analysis from the survey of **50 parents** whose children were beneficiaries of rural school support, as well as qualitative analysis from in-depth interviews and focused group discussions from different stakeholders, which includes teachers, principals, students and representatives from the implementing partner agency. In addition, field observation along with visual documentation have been included to highlight the key impact of the interventions on Quality education.



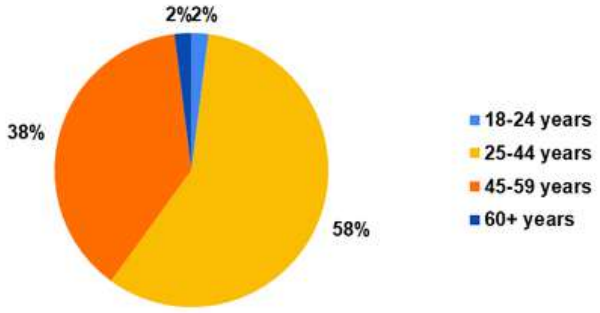


Figure 34: Percentage distribution of respondents by age (N=50)

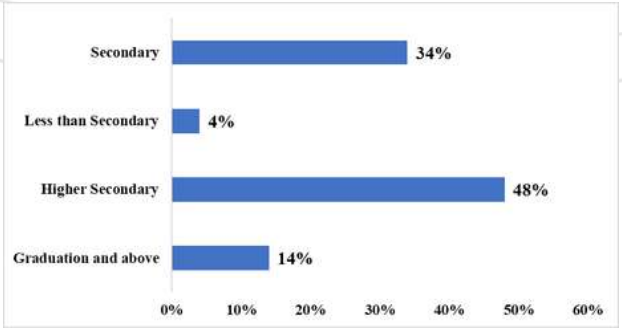


Figure 35 : Percentage distribution of educational level (N=50)

The above chart presents the percentage distribution of the respondents by age. A majority of the respondents belong to the 25-44 years age group **(58%)**, followed by respondents in the age group of 45-59 years **(38%)**. The other two age categories consist of only **2%** of the respondents respectively. The above figure shows the educational profile of the respondents. **48%** and **34%** of the respondents have completed their higher secondary and secondary education respectively. The percentage of respondents with less than secondary education was only **4%.** Also, **14%** of the respondents have achieved higher education.

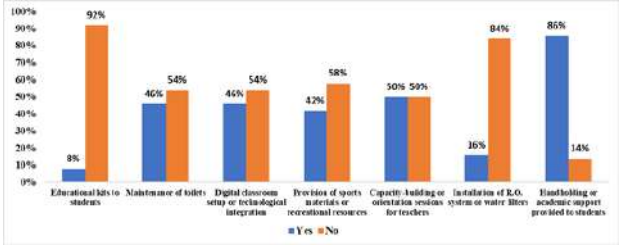


Figure 36: Percentage distribution of perceived gaps in school facilities and academic support before the intervention reported by respondents (N=50)

The above figure presents respondents' perceptions of gaps in their children's school facilities. The most significant gap reported is handholding or academic support for students, with **86%** of respondents reported on this. No provision of capacity-building or orientation sessions for teachers was reported by **50%** of the respondents. Infrastructure-related gaps, particularly in toilet maintenance and the setup of digital classrooms, were reported by **46%** of respondents. Similarly, **42%** identified no provision of sports materials or recreational resources. Fewer respondents reported gaps in educational kits for students **(8%)** and in the installation of RO systems or water filters **(16%).**

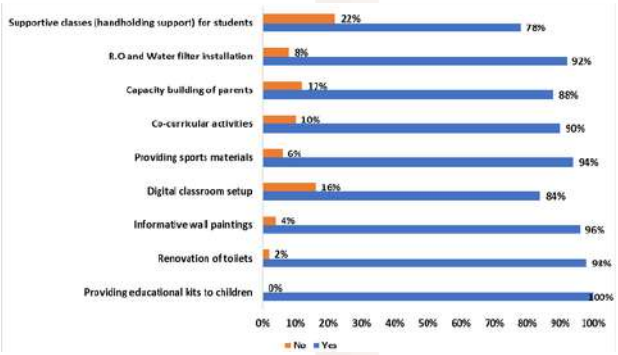


Figure 37: Percentage distribution of types of developmental activities implemented by Transrail in Children's Schools as reported by Respondents (N=50)

All surveyed respondents **(100%)** were aware of developmental activities in their child's school (Annexure Table 56). The above figure shows presents respondents' knowledge about the type of developmental activities implemented by Transrail Lighting Limited in the schools. All respondents **(100%)** confirmed that their children had received the educational kits. Infrastructure-related improvements were also widely reported, with **98%** reported the renovation of toilets and **92%** reported the installation of safe drinking water facilities

such as RO systems or water filters in the schools. Learning environments were further enhanced by informative wall paintings **(96%)**, which contributed to educational awareness, and by the provision of sports materials **(94%)**, which was to promote physical development of the children. **84%** of the parents reported about the setting up of digital classrooms in the schools, while **90%** reported about co-curricular activities in the school. **88%** of the respondents reported about the capacity-building initiatives of the parents, and **78%** reported the receipt of supportive classes for their children.

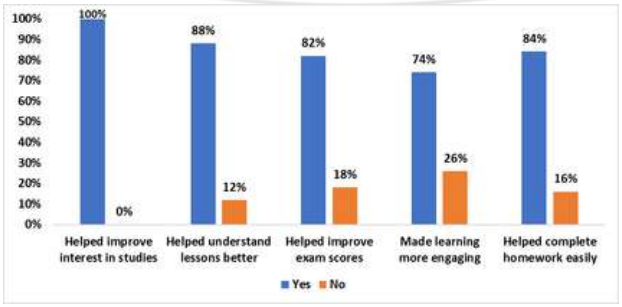


Figure 38: Percentage distribution reported type of positive impact of educational kits for Respondents' Children (N=50)

All the respondents reported the receipt of educational kits by their children, with 94% of them reported daily usage of the kits by their children. **100%** of the respondents also perceived the educational kits as beneficial for their children (Annexure 57, 58 and 59). The above figure shows the specific learning benefits of educational kits as perceived by the parents. All respondents **(100%)** agreed that the kits helped improve their child's interest in studies. 88% of the respondents stated that the kits helped students understand lessons better, and 82% felt that the educational kits contributed to improved exam scores for their child. 84% noted that the kits made it easier for students to complete homework. Additionally, 74% of respondents reported that the kits made learning more engaging for their child.

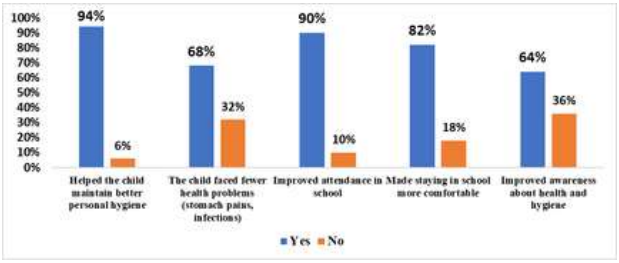


Figure 39: Percentage distribution of respondents reported the type of Positive Impact of Toilet Renovation on their children (N=50)

The table shows that **100%** of respondents reported the renovation of the toilets at their child's school and that the children benefited from it (Annexure Table 60 and 61). The above figure shows that a majority of the parents **(94%)** reported that the renovated toilets helped children maintain better personal hygiene. A significant percentage of the respondents **(90%)** also reported improved school attendance of their child, and **82%** stated that staying in school became more comfortable for their children after the renovation of the toilets. Health-related benefits were also observed, as 68% of respondents felt that their children experienced fewer health problems such as stomach pains and infections. Additionally, **64%** of the parents reported improved awareness among children about health and hygiene practices, contributing to efforts to strengthen WASH practices.

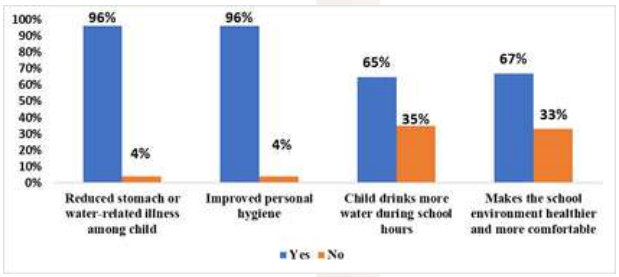


Figure 40: Percentage distribution of Respondents reported type of Positive Impact of Water Filter Installation on their Children (n=49)

100% of respondents report the installation of R.O. systems and water filters at their children's school. 98% of respondents believed that installation of water filters has a positive impact on their children (Annexure Table 62 and 63). The above figure shows respondents who reported the type of positive impact of water filter installation on their children. **96%** reported reduced stomach or water-related illness and improved personal hygiene as the two main benefits of water filters at school. **67%** of the parents reported that water filter installation made the school environment healthier and more comfortable, while **65%** reported that their children drank more water during school hours.

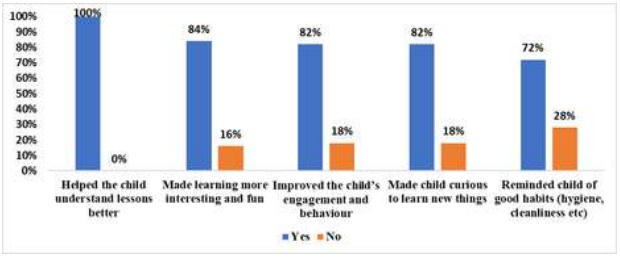


Figure 41: Percentage distribution of type of positive Impact of Informative Wall Paintings on respondents' children (N=50)

100% of respondents reported having wall paintings in their child's school, and all of them reported a positive impact of informative school wall paintings on their children (Annexure Table 64 and 65). The above figure shows the percentage distribution of perceived educational and behavioural benefits of these wall paintings for the respondents' children. All respondents (**100%**) agreed that the wall paintings helped children better understand lessons, indicating a strong impact on learning comprehension. A large majority also felt that the paintings made learning more interesting and enjoyable **(84%)**, contributing to a more engaging classroom environment. In addition, **82%** of respondents reported improved student engagement and behaviour. **82%** also believed that the wall paintings increased children's curiosity to learn new things. Besides academic outcomes, **72%** noted that the paintings served as effective reminders of good habits for children, such as maintaining hygiene and cleanliness.

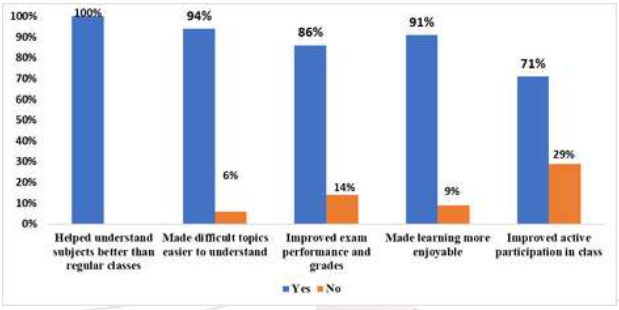


Figure 42: Percentage distribution of respondents reported the type of Positive Impact of Digital classroom setup on their children (n=35)

88% of respondents reported that their child's school had a digital classroom setup. In comparison, **12%** did not know about any setup in their child's classroom (Annexure Table 66 and 67). The above figure presents respondents' perceptions of the learning and engagement benefits of digital classrooms for their children. **100%** of respondents felt that digital classrooms improved understanding of subjects better than regular classes, and **94%** stated that difficult topics became easier to grasp. Academic performance outcomes were also positive, as **86%** observed improvements in exam performance and grades. In terms of classroom experience, **91%** of respondents felt that digital classrooms made learning more enjoyable, while **71%** reported improved active participation in class, indicating mixed experiences in student engagement.

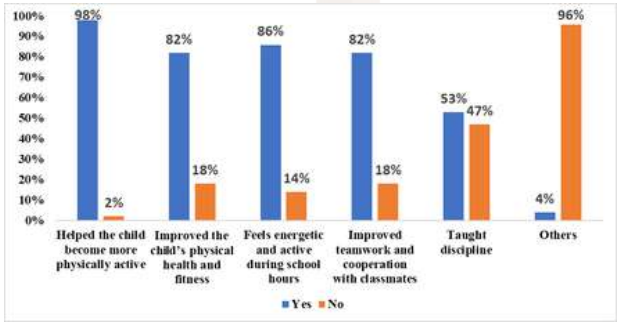


Figure 43: Percentage distribution of type of Impact of School Sports Equipment on Respondents' Children (n=49)

100% of the respondents have reported having access to sports materials. **94%** of the respondents report daily use, while **6%** report occasional use of the sports materials. **98%** of respondents report a positive impact of sports equipment on their children's school (Annexure Table 68,69 and 70). The above figure also shows that **98%** reported that participation in sports helped children become more physically active. **82%** of the respondents also observed improved physical fitness in their child's health. **86%** reported that their child felt energetic and active during school hours, and **82%** stated that sports improved teamwork and cooperation among classmates.

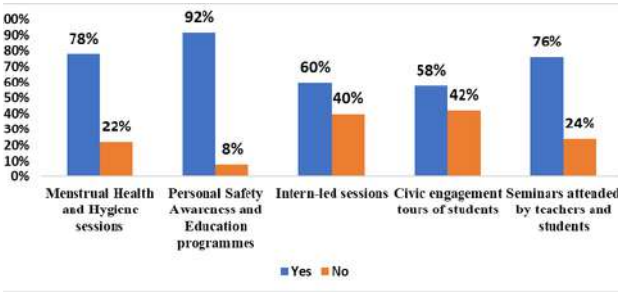


Figure 44: Percentage distribution of respondents reported the type of Co-Curricular Sessions and Programmes conducted in their Children's Schools (N=50)

100% of respondents were aware of co-curricular activities conducted at their children's school (Annexure Table 71). The above figure shows displays the types of co-curricular sessions and programmes offered at respondents' children's schools. **92%** of respondents reported that personal safety awareness and education programmes were conducted, followed by menstrual health and hygiene sessions **(78%)**. Intern-led sessions, fostering peer support, were reported by **60%** of the respondents. Additionally, civic engagement tours and seminars involving both teachers and students were also reported by **58%** and **76%** respectively.

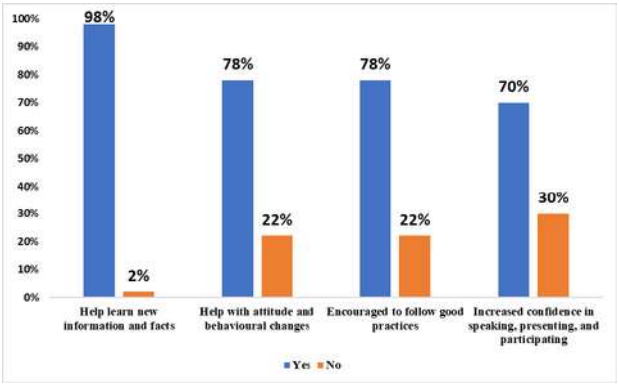


Figure 45: Percentage distribution of respondents reported type of Positive Impact of Co-curricular activities on their children (N=50)

100% of respondents reported a positive impact of co-curricular activities on their children (Annexure Table 72). The above figure presents the perceived positive impact of co-curricular activities for respondents' children. **98%** of respondents agreed that their children learned new information and facts. The program also showed an influence on mindsets and habits of children, with **78%** reported positive shifts in their attitudes, behaviours, as well as adherence to good practices**. 70%** reported an increase in confidence in speaking, presenting and participating.

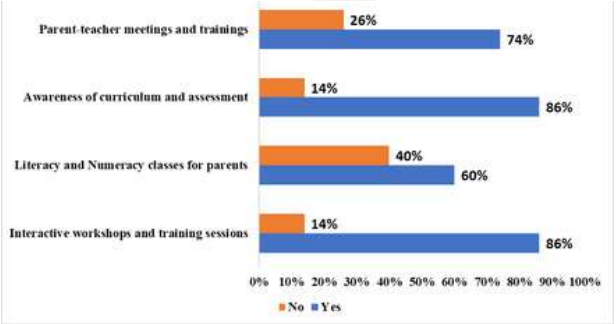


Figure 46: Percentage distribution of respondents reported Parent Capacity-Building Activities Conducted in their children's schools (N=50)

100% of respondents were aware of the parent capacity-building activities conducted in their child's school. It highlights the efforts to strengthen parental involvement and support for children's education (Annexure Table 73). The above figure shows the percentage distribution of the different types of parent

capacity-building activities conducted in schools. **86%** of respondents reported the conduct of interactive workshops, and awareness of curriculum and assessment. **74%** of the respondents reported about the conduct of parent-teacher meetings and training, while **60%** reported about the conduct of Literacy and Numeracy classes for parents.

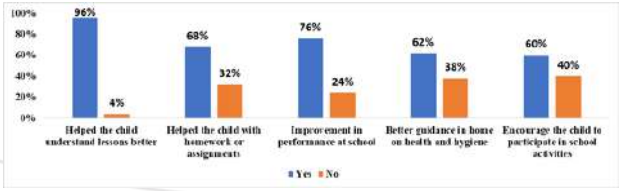


Figure 47: Percentage distribution of respondents reported the type of Positive Impact of Capacity-Building Activities on their children (N=50)

100% report a positive impact from the parent capacity-building activities (Annexure Table 74). Furthermore, **96%** of respondents reported that these activities helped their children better understand school lessons, while **76%** reported improvement in their children's overall school performance, and **68%** reported an increase in their ability to assist with their children's homework or assignments. Additionally, **62%** can provide better guidance on health and hygiene at home, and **60%** r an increase in their child's participation in school activities.

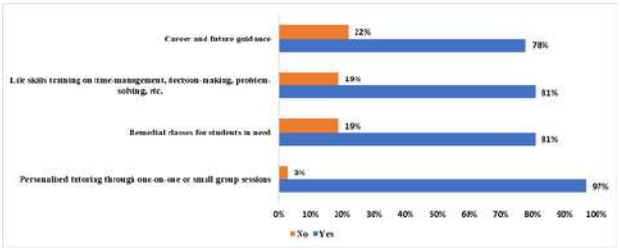


Figure 48: Percentage distribution of respondents reported type of Supportive / Handholding Classes in their children's school (n=36)

88% of the respondents' children received handholding support, whereas 12% did not receive handholding support (Annexure Table 75). The above figure highlights the percentage distribution of the type of handholding support provided to students in respondents' children's schools. Personalised tutoring, conducted through one-on-one or small-group sessions, was reported by **97%** of respondents. Other targeted interventions, including remedial classes and life skills training (covering time management and problem-solving), were reported at **81%** each. Furthermore, 78% of respondents reported on career and future guidance to their children.

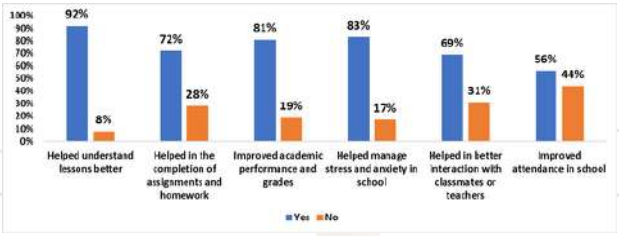


Figure 49: Percentage distribution of respondents reported the type of Positive Impact of Supportive / Handholding Classes on their children (n= 36)

100% of the respondents reported a positive impact of supportive/handholding sessions on their children (Annexure Table 76). The above figure percentage distribution of respondents who reported the type of positive impact of supportive / handholding classes on their children. A significant **92%** of respondents noted that these sessions helped their children understand lessons better. **81%** of the respondents also reported an improvement in academic performance and grades of their students. **83%** of respondents reported that the support helped their children manage stress and anxiety in school. **72%** also reported that the supportive classes helped in the completion of assignments and homeworks. 69% and **56%** of the respondents reported about better interaction with classmates or teachers and improved student attendance in school as perceived benefits respectively.

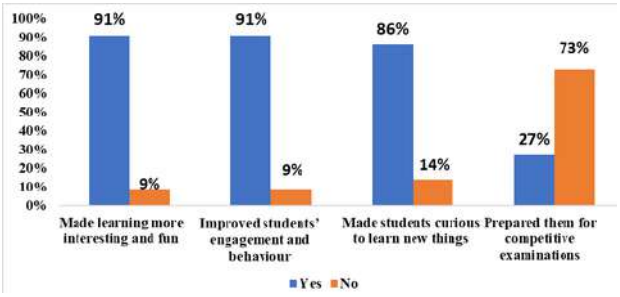


Figure 50: Percentage distribution the type of positive impact of 9th–10th Grade Students in Scholarship Classes (n=22)

100% of respondents reported a positive impact of scholarship classes on their children (Annexure Table 77). **91%** of respondents reported that the sessions made learning more interesting and fun, and another **91%** observed improvements in student engagement and behaviour. Furthermore, **86%** reported that the classes sparked a curiosity to learn new things. However, only **27%** of respondents felt the classes effectively prepared students for competitive examinations.

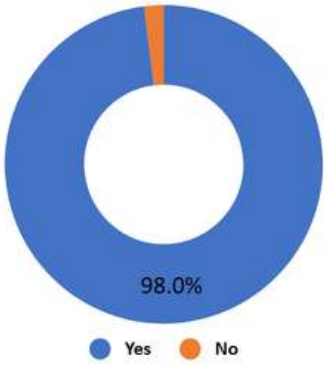


Figure 51: Percentage distribution of respondents reported the attendance of PTA and SMC Meetings in their children's school (N=50)

100% of the respondents are aware that PTA and SMC meetings are held at their children's schools (Annexure Table 78). The above figure shows the percentage distribution of attendance at PTA and SMC meetings by respondents' children's schools. **98%** reportedly attend PTA and SMC meetings, with **64%** attending monthly, **34%** weekly, and **2%** quarterly. While **2%** of the respondents do not participate in the meetings at all (Annexure Table 79).

Table 8: Percentage distribution of respondents reported type of positive impact of PTA and SMC Meetings on their children (N= 49)

Impact of PTA and SMC Meetings as reported by respondents	Yes	No	Total
Learnt about the child's academic performance and areas that need improvement	100%	0%	**100%**
Learnt about the child's behaviour, participation, and discipline in school	98%	2%	**100%**
Learnt about the child's strengths, interests, and overall progress	94%	6%	**100%**
Learnt about the developmental activities conducted in school	76%	24%	**100%**

The above figure shows the percentage distribution of the impact of PTA and SMC meetings at respondents' children's schools. **100%** of respondents reported learning about their child's academic performance and areas needing improvement. **98%** of respondents gained insights into their child's behaviour and discipline, while **94%** learned about their child's specific strengths and overall progress. **76%** of the respondents also used these meetings to stay informed about the various developmental activities conducted within the school.

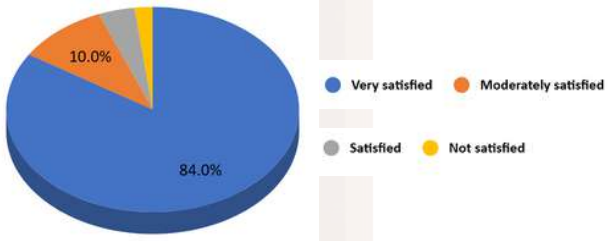


Figure 52: Percentage distribution of Level of Parents' Satisfaction with Developmental Activities Conducted in Their Children's School (N=50)

The above figure shows respondents' satisfaction with the developmental activities conducted at their children's school. **84%** of the respondents were very satisfied, whereas **10%** were moderately satisfied with the developmental activities. **4%** reported satisfaction with the activities conducted.

Table 9: Percentage distribution of Barriers in Accessing School Facilities and Developmental Activities as reported by respondents (N=50)

Barriers to Accessing School Facilities and Developmental Activities	Yes	No	Percentage of Respondents
The child is not able to use all the facilities regularly	6%	94%	100%
Non-functional equipment such as water filters, digital equipment, sports equipment, etc	6%	94%	100%
Poor parent-school communication	6%	94%	100%
Activities do not consider all children (gender, abilities, interests)	6%	94%	100%
No barriers	94%	6%	100%

The above table shows that a significant percentage of respondents **(94%)** indicated that their child faced no obstacles in assessing the developmental facilities. According to the data, 6% of respondents identified barriers such as restricted access to facilities, nonfunctional equipment (including water filters and digital tools), or poor parent-school communication. Similarly, only 6% felt that school activities were not inclusive of all children.

Qualitative Section

This section presents the insights from the Key stakeholders of the project, that includes teachers, principals, students, Government officials, and project team members. In-depth interviews were conducted with teachers and principals from the selected schools to understand their perspectives on the impact of the developmental activities on the overall development of children. In-depth interviews were also taken with the Block Education officer and the President of Sahyadri Foundation (Implementing partner) to understand their views on the overall implementation of the project and its perceived impacts. Focused group Discussions (FGDs) were conducted with students to understand their views on the benefits they have received from the various developmental activities conducted in the school.

Implementation Partner perspectives:

Sahyadri Foundation, the implementing partner of the project, had done a **"Needs assessment"** to identify the needs of the schools. According to the president of Sahyadri Foundation, they identified the need for both infrastructural and educational development in the schools. According to them, the schools lacked clean toilets and drinking water facilities. Academic performances of students were poor, and weak students lacked handholding support. To improve the **'quality of education'**, digital classrooms were established in the schools, that included a smartboard, and a projector. Supportive classes were provided for students who required additional academic support.

Scholarship classes were provided to students to help them prepare for competitive

examinations. According to the implementation partner, such support improved the academic performances of students. Students achieved better grades both in school and board examinations. Infact, the developmental activities led to some schools receiving **'PM Shri Award'** for both infrastructural facilities and academic performances of the students.

According to the implementation partner, Phase 1 of the project began in 2022-23, starting with 9 schools in Wardha. It subsequently expanded to 39 schools by 2024-25. With the help of Transrail Lighting Limited, the schools have **'improved'** in all aspects that were initially lacking before the intervention.

Teachers' Perspectives:

The teachers reported about the lack of basic infrastructure in their schools prior to the project. There was no access to clean drinking water and toilet facilities for the students. This resulted in low attendance among students, as well as a greater incidence of water-borne diseases. There was no digital learning setup in the schools, and there was limited academic support for the students. However, teachers observed massive improvements among children after the implementation of the project. The renovation of toilets and installation of RO water filters led to increased **'awareness'** in hygiene practices among children. Students also felt comfortable attending classes, which **'increased attendance'** and **'lower incidence of water-borne diseases'**.

The teachers also reported **'improvement'** in academic performances of students due to the introduction of supportive and scholarship classes. There was an 'increased interest' in academics due to digital classroom setup, and the availability of educational kits. One teacher also mentioned that children now understand the importance of maintaining things **'properly'**. The teachers believed that installation of R.O water filters, digital classroom setup, scholarship classes, and reconstruction of toilet facilities had the most impact on the students.

Principals' perspectives:

Prior to the intervention, the children had to drink water from unclean or open sources, as reported by some of the Principals. The principals reiterated the fact that the installation of R.O water filters encouraged these children to drink clean water during school hours. The principals also observed an increased interest in academics due to the digital classroom setup and informative wall paintings.

The principals felt that the students **'understand the concepts better'** and that the introduction of projectors has made the students **'tech-savvy'**. Few principals believed that their rural schools are now **'comparable'** to convent schools in terms of quality of education and infrastructural facilities. The students experienced **'joy'** and **'pride'** in attending the school, thereby increasing their attendance. The principals also emphasised the importance of comfortable classroom furniture provided through this project. These **'basic necessities'** have created a positive impact among the students, and that they are 'satisfied' with the implementation of developmental activities. Some principals however requested for **'Computer classes'** for the students, and the setup of **'computer and science labs'** that would be extremely beneficial for the students.

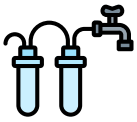
They also wanted the setup for 'libraries' in their school, that would motivate the children to read more and improve their academic performances.

Students' Perspectives:

The students responded positively to the developmental activities conducted at the school. Prior to this intervention, the students reported facing difficulties in learning and understanding the curriculum. Weak students found it difficult to improve their academic performance due to a lack of supportive and handholding classes. The absence of clean drinking water and toilet facilities made it very difficult for them to attend classes. Students reported falling sick due to a lack of clean drinking water. After the interventions, the situation across schools 'improved'. Students mentioned that toilets are now 'clean and maintained', and there is 'availability' of clean drinking water. Additionally, they reported that the informative wall paintings were a 'source of motivation' for the students, and the digital classroom setup facilitated easy understanding of 'hard topics' and 'improved interest in classes'. The scholarship classes helped students qualify in national level examinations. Overall, the students were 'very satisfied' with the developmental activities carried out in their school.

Observation:

Developmental Activities	Indicators	Higher Primary School, Anji	Yashwant Girls school	Janata High school - Deoli	Z.P school, Goul	Dr. Baba Saheb Adarsh Shala
 **Educational kits**	Available in classroom (books, copies, pens, charts etc)	✓	✓	✓	✓	✓
	Students can easily access	✓	✓	✓	✓	✓
	Students actively during classes	✓	✓	✓	✓	✓
	Complete and good in condition	✓	✓	✓	✓	✓
	Materials align with the curriculum and standards	✓	✓	✓	✓	✓
 **Renovation of schools**	Renovated toilets are functional	✘	✓	✓	✓	✓
	Clean and hygienic	✘	✓	✓	✓	✓
	Water and flush systems are functional	✘	✓	✓	✓	✓
	Separate Toilet for boys and girls	✓	✘	✓	✓	✓
	Regular usage by students	✓	✓	✓	✓	✓
 **Classroom Setup**	Sufficient benches/desks for all students	✓	✓	✓	✓	✓
	Furniture is age-appropriate and comfortable	✓	✓	✓	✘	✓
	Desks and benches are clean and well-maintained	✓	✓	✓	✓	✓

Developmental Activities	Indicators	Higher Primary School, Anji	Yashwant Girls school	Janata High school - Deoli	Z.P school, Goul	Dr. Baba Saheb Adarsh Shala
 **Informative wall paintings**	Visibility	✓	✓	✓	✓	✓
	Content matches curriculum (alphabets, numbers, maps, etc.)	✘	✓	✘	✓	✓
	Students refer to/use wall art during learning	✓	✓	✘	✓	✓
	Paintings are clean and legible	✘	✓	✓	✓	✓
 **Digital classroom setup**	Digital classroom equipment installed (TV/projector/smartboard)	✘	✓	✓	✓	✓
	All digital equipments are operational	✘	✓	✓	✓	✓
	Digital devices are maintained properly	✘	✓	✓	✓	✓
	Students can use digital devices	✘	✓	✓	✓	✓
 **Sports materials**	Adequate	✘	✘	✓	✘	✓
	Materials are in usable and safe condition	✘	✘	✓	✘	✓
	Students regularly engage in sports	✘	✓	✓	✘	✓
	Equipment properly stored and maintained	✘	✘	✓	✘	✓
 **R.O and water filters**	Installed and functional	✓	✓	✓	✓	✘
	Unit and water station area are clean	✓	✓	✓	✘	✘
	Students can easily access drinking water	✓	✓	✓	✓	✘
	Filters are serviced or cleaned regularly	✓	✘	✓	✓	✓

Key Findings:

- **Infrastructure related improvements: 98%** schools have reconstructed toilets to maintain hygiene practice; **92%** schools have R.O and water filters installed for accessing safe drinking facility for children. All respondents stated that the wall paintings helped children better understand lessons, indicating a strong impact on learning comprehension.
- **100%** provision of educational kits to all children; **88%** of the respondents stated that educational kits helped students understand lessons better.
- **84%** schools have digital classroom setup for digital literacy, and all respondents stated it help children to understanding of better conceptual clarity of lessons.
- **100%** of children have improved interest in studies, **82%** have improved their exam scores, **90%** improvement in school attendance.
- **98%** attendance of parents in school SMC meetings, **84%** parents **"very satisfied"** with developmental activities, **96%** reported enhanced learning environment through Learning Wall painting.

Recommendations:

- To further **support class 10 students,** structured career guidance can be provided to support informed subject selection, vocational pathways, and higher education choices.
- **Digital education** for children can be strengthened through updated hardware, practical computer training, and basic coding and application-based learning

- To further **support class 10 students,** structured career guidance can be provided to support informed subject selection, vocational pathways, and higher education choices.
- **Digital education** for children can be strengthened through updated hardware, practical computer training, and basic coding and application-based learning

- To promote students' mental health, emotional counseling can improve well-being, help in stress management, and build overall resilience.
- Development of a **well-resourced library** with age-appropriate materials, along with reading programs can promote reading and improve interest in academic and learning.
- Introduction of an **additional language** during class could help enhance communication skills, cultural awareness, and future academic and career opportunities.
- **Competitive inter-school competitions** and sports activities could build teamwork, discipline, physical fitness, and leadership skills.

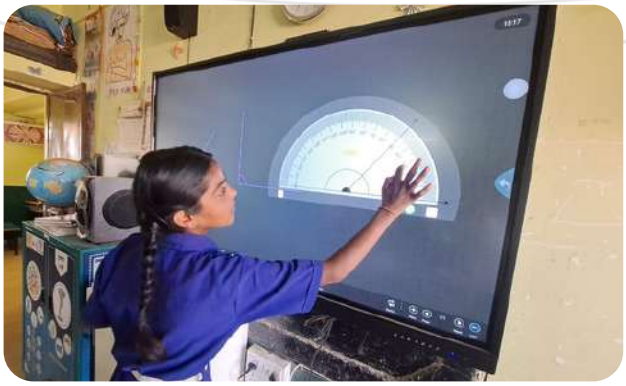
Before Situation

After Intervention

Project Outputs:

Sr. No.	Developmental activities	FY 2022-23	FY 2023-24	FY 2024-25	Total
1	Schools supported by CSR activities	9	14	39	**62**
2	Students benefited from CSR activities	3,472	4,397	8,520	**16,389**
3	Educational materials	213	813	1,500	**2,526**
4	Schools digitalized	2	2	4	**8**
5	Schools with colourful painted with informative walls	3	5	4	**12**
6	Schools supported with safe drinking water facilities	9	4	4	**17**
7	Schools supported with toilet facilities	5	4	3	**12**
8	Students benefited from support classes	809	1,160	1,359	**3,328**
9	SSC students	345	342	348	**1,035**
10	Students passed in first grade	96	112	136	**344**
11	Students benefited from the scholarship classes	70	87	102	**259**
12	Students got more than 90% in SSC	73	80	95	**248**
13	Teachers covered in training and capacity building workshops	24	43	47	**114**


महाराष्ट्राचा नकाशा
"Saksharata"




"Saksharata"
Strengthening Rural Schools to
Provide Quality Education
in Deoli, Dist. Wardha


PM SHRI
ADEGAON

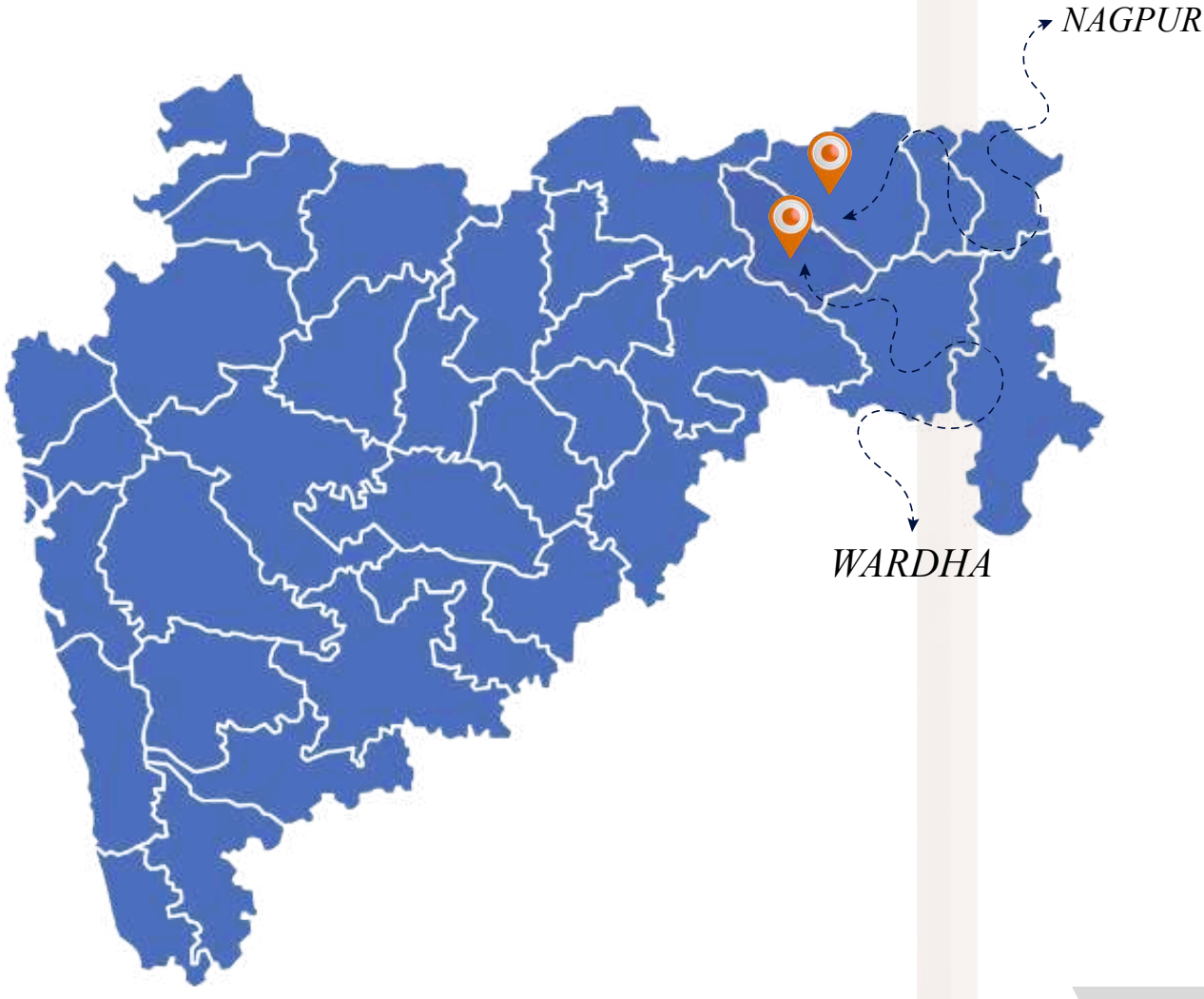

TRANSRAIL
A CSR Initiative of
nsrail Lighting Limited


राष्ट्रभक्ती
जीवनमूल्ये
सौजन्यशीलता
श्रमप्रतिष्ठा
वक्तशीरपणा
संवेदनशीलता
मूल्य शिक्षण
SOLAR SYSTEM

Provide vocational Skill Training Education for underprivileged youth in Nagpur and Wardha

Transrail Lighting Limited, through its CSR activities, provided support for vocational Skill Training to underprivileged youth in Nagpur and Wardha districts of Maharashtra. In partnership with Spoken English and NIIT Foundation, courses were designed to cover BFSI, BPO, Retail, Accounting, and IT courses. In the last 3 years, Transrail Lighting Limited, with the help of **Vipla Foundation**, supported 2 centres through its CSR activities, with a total **of 1360 trainees enrolled, 1181 beneficiaries reached, and 686 students placed through various courses.**

In this chapter, we use a **mixed-methods approach** to assess the impact of the training activities on enrolled youths, who are the direct beneficiaries. This chapter includes quantitative analysis from a survey of **50 youth beneficiaries** from the vocational training centers, as well as qualitative analysis from in-depth interviews and focused group discussions with different stakeholders, including trainers, beneficiary youth placed through this training, and representatives from the implementing partner agency.



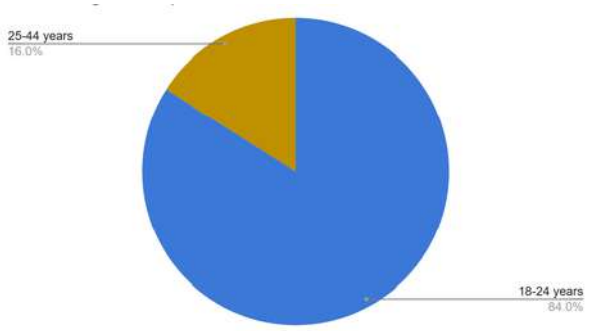


Figure 53 : Percentage distribution of respondents by age (N=50)

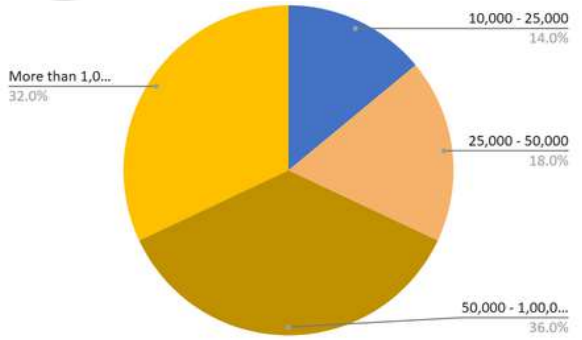


Figure 54: Percentage distribution of respondents by monthly family income (N=50)

The above chart shows the percentage distribution of the age of respondents. A majority of the respondents are young adults, falling in the age group of 18-24 years **(84%).** The remaining **16%** are in the age group of 25-44 years. **58%** of the respondents have received higher education, while **42%** have their education till higher secondary (Annexure Table 80)**. 88%** of the respondents were currently unemployed, with the rest **12%** being employed (Annexure Table 81). The chart shows the percentage distribution of respondents' monthly family income. **36%** of respondents reported their monthly income in the **₹ 50,000-1,00,000** range. **32%** had their monthly family income of more than 1 lakh per month. **18%** reported their monthly family income in the 25,000 to **₹ 50,000** range, and the remaining **14%** in the **₹10,000** to **₹25,000** category.

Table 10: Percentage distribution of Respondents reported the Type of Vocational Course Enrolled in (N=50)

Type of vocational courses enrolled in	Percentage of Respondents
BPO Retail	78%
BFSI	16%
IT	2%
Accounting -Tally	4%
Total	**100%**

100% of the respondents have actually attended the vocational training course (Annexure Table 82). **98%** of respondents reported the duration between 1-3 months, while the rest **2%** reported less than 1 month of training. All the respondents **(100%)** completed their respective training after enrollment (Annexure Table 83 and 84).

The above figure shows the percentage distribution of the types of vocational courses that respondents were enrolled in. BPO Retail was the most sought after course, with **78%** of the respondents enrolled. **16%** were enrolled in BFSI course, with **4%** and **2%** of the respondents enrolled in Accounting-Tally and IT courses respectively.

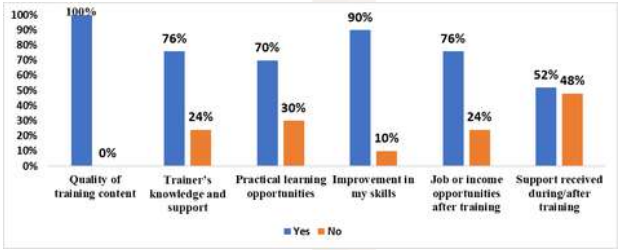


Figure 55: Percentage Distribution of Respondents reported Reasons for Satisfaction with vocational Training (N=50)

96% reported being satisfied with the training, and **4%** being very satisfied (Annexure Table 85). The above figure shows the percentage distribution of different reasons for satisfaction as reported by the respondents. **100%** of the respondents identified quality of training as a major reason for satisfaction. **90%** were satisfied as they perceived that the training improved their skills. **76%** reported trainers' knowledge and support and job or income opportunities after training as reasons of satisfaction, respectively. Practical learning opportunities was identified by 70% of the respondents, and **52%** reported support received during/after training as reason for satisfaction.

Table 11: Percentage Distribution of Respondents reported Reasons for Relevance of Training (N=50)

Relevance of training	Yes	No	Percentage of Respondents
Quality of training content	100%	0%	100%
Trainer's knowledge and support	78%	22%	100%
Practical learning opportunities	78%	22%	100%
Improvement in my skills	94%	6%	100%
Job or income opportunities after training	48%	52%	100%

100% of respondents agreed the training to be relevant to their employment needs (Annexure Table 86). The above table shows the percentage distribution of respondents reported the different reasons for the relevance of training. **100%** agreed that the quality of training content was relevant to their needs, and **94%** felt it improved their skills. Additionally, **78%** found the trainer's knowledge and support, as well as the practical learning opportunities, relevant to their context. **48%** perceived the training as applicable for job or income opportunities after training.

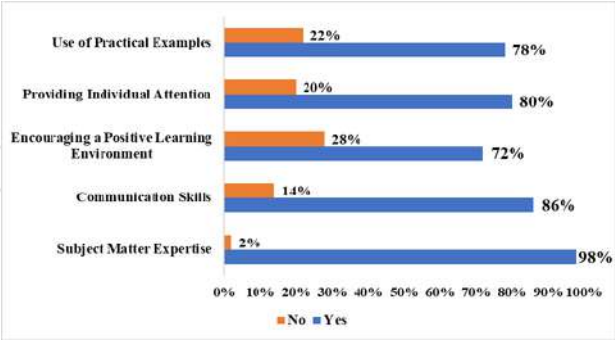


Figure 56: Percentage Distribution of respondents reported aspects of training found helpful (N=50)

98% of respondents rated the trainer as "Excellent" and **2%** as "Good" (Annexure Table 87). Furthermore, The above figure shows the percentage distribution of different aspects of the training found useful by respondents. **98%** found the subject matter expertise as useful, while **86%** found communication skills of the trainer as useful. **72%** and **80%** of the respondents reported a positive learning environment and provision of individual attention as useful for them, respectively. Use of practical examples during training was also found useful by **78%** of the respondents.

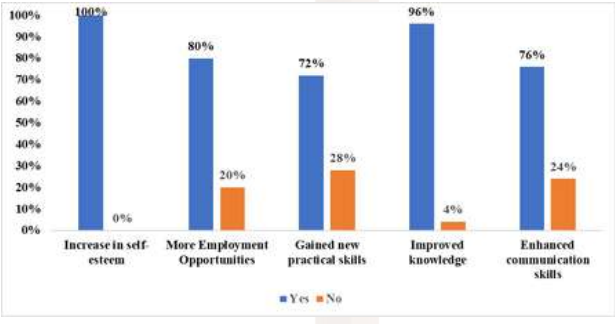


Figure 57: Percentage Distribution of respondents reported different outcomes after training completion (N=50)

The above table shows percentage distribution of respondents who reported different outcomes after training completion. All respondents **(100%)** reported an increase in self-esteem. A large percentage also reported gains in knowledge **(96%)**, enhanced communication skills **(76%)**, and new practical skills **(72%),** reflecting the training's effectiveness in building both cognitive and soft skills. Additionally, **80%** of respondents felt that the training improved their employment opportunities, though a smaller proportion **(20%)** did not perceive a direct employment benefit.

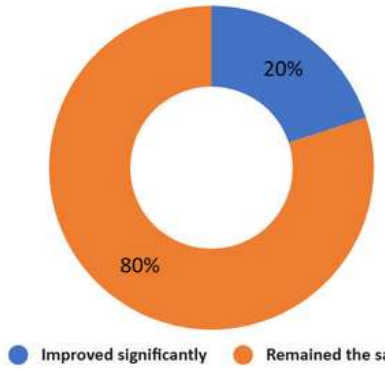


Figure 58: Percentage Distribution of respondents reported increase in income after vocational training (N=50)

The above figure shows that **20%** of the respondents reported having a significant increase in their income after the vocational training. The remaining **80%** reported having no change in income after attending the vocational training sessions.

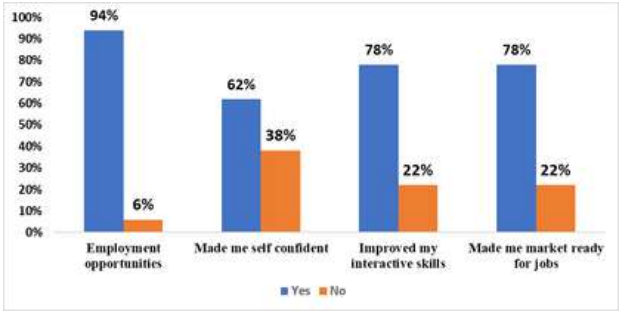


Figure 59: Percentage distribution of respondents reported Positive Impact of Vocational Training (N=50)

100% of the respondents reported some kind of positive impact from the vocational training (Annexure Table 99). The above figure shows the different types of positive impact respondents perceived after the vocational training. **94%** reported that the training helped them in finding employment opportunities, either directly or indirectly. **78%** of participants felt the vocational training improved their interactive skills and made them market-ready for jobs, indicating that the program helped participants better align with labour market expectations and workplace behaviour norms. **62%** also stated that the training made them self-confident, which reflects a meaningful boost in personal confidence for most respondents.

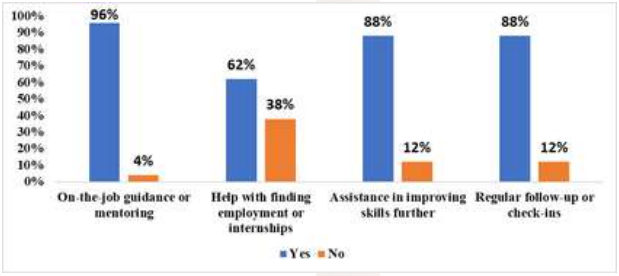


Figure 60: Percentage Distribution of respondents reported receiving diffferent kinds of handholding support (n=49)

98% of respondents received handholding or placement support post-training. The remaining **2%** did not receive such support (Annexure Table 100). The above figure shows that most respondents received substantial handholding support after training. **96%** reported receiving on-the-job guidance or mentoring support. **88%** reported receiving assistance to improve their skills further and regular follow-up or check-ins. However, only **62%** reported receiving help with finding employment or internships after completion of the training. **100%** of respondents reported this handholding/placement support as "Very Effective" in securing a job, highlighting the strong perceived usefulness of the support system. **100%** of respondents were willing to

recommend the course to others, suggesting a very high level of overall satisfaction and trust in the training's quality and outcomes (Annexure Table 101 and 102).

Quantitative Section:

This section presents insights from key stakeholders of the project, that includes employed youths, trainers, and members from the implementation partner. In-depth interviews were conducted with each key stakeholder to gather a holistic understanding on how the programme was designed, implemented, and its perceived impact on the lives of the beneficiaries. Courses such as BFSI, BPO Retail, Accounting, and Beautician training were provided to the youth in Deoli and Nagpur. The narratives shed light on the context of local skill gaps, the responsiveness of the training model to current market needs, and the perceived impact of the programme on employability, confidence, and income of the youths.

Implementation Partner perspectives:

Project team members from the Vipla Foundation (implementing partner) reported on a **'Needs Assessment Study'** to understand the needs of the youth in Deoli and Nagpur. According to them, youth in Wardha exhibited a dissonance between their skills and their jobs. To address this issue, Vipla Foundation, with the help of Transrail Lighting Limited launched a 90-day BFSI and BPO Retail course for youth, in 2022. The courses were designed in line with the **'current needs of the market'**. However, members of the project team soon identified the lack of soft and communication skills among youths that was essential to secure employment and work effectively.

Hence, life skill sessions and counselling sessions were also introduced to improve the communication and confidence of the youth.

Vipla Foundation hired a **'placement officer'**, to support the youths with jobs after completion of the training. The program manager also mentioned conducting exposure visits and job fairs to make students accustomed with job expectations. A **'certification distribution ceremony'** was held to encourage and recognise the students for taking a step forward in their careers. The program manager reported making the youth **'job-ready'**, and highlighted an increased income of students after completion of the training. Members of the project team also reported on the **'increased confidence'** among the students.

They also highlighted some of their challenges, that includes **'job placements'** for all students. Youths in Deoli, particularly, were hesitant to migrate to other places to get better job opportunities. Project team members also hoped for Transrail Lighting Limited to arrange internships for the students, to make them market ready.

Trainer Perspectives:

The trainer's role was to provide basic employable skills to the youth. According to the trainer, they aimed at improving the **'communication skills'** of the students, along with **'personality development'**, **'leadership skills'**, **'presentation skills'**, and **'teamwork'** that were lacking in the students. According to the trainer, there was notable improvement in the **'confidence'** and **'communication skills'** of the students after attending the training. The trainer reported that the exposure visits provided participants with real-life scenarios. **'Counselling'** was provided to students who lagged behind in order to solve their problems. The trainer stated that **"75%"** of students either obtain employment post training or start their own businesses.

Employed Youth perspectives:

In-depth interviews with the employed youths revealed the true impact of the programme. One youth, previously enrolled in the BPO retail course, was working as a Sales executive in a jewellery store in Nagpur. The other youth, previously enrolled in the BFSI course, was serving as a Computer Operator in a firm in Wardha. They both got placed after attending the training course, which **'doubled'** their monthly income. This course also helped the youth in their **'personality development'** and **'improved communication skills'**. One of the youth mentioned that she was scared of attending interviews earlier. The training course has helped her develop the confidence to talk to anyone and work anywhere. They also mentioned that trainers explained the sessions well, and one of the youth learnt new skills on **'Excel'** and **'Word'**. Both the youth were **'very satisfied'** with the training quality, the placement support, and its outcome.

The experiences of the implementation partner, trainers, and employed youth indicate that the Vipla Foundation's skill development programme has been effective in addressing skill and job mismatches among youth in Deoli and Nagpur. By aligning technical training with market needs and integrating soft skills, counselling, and placement support, the programme has enhanced employability, confidence, and income levels of the students. These findings highlight the programme's role in preparing youth for employment and fostering sustainable livelihood opportunities.

Key Findings:

- **100%** attendance of students, 96% satisfied with quality of training
- A dedicated placement officer, exposure visits, and job fairs strengthened employer linkages and improved placement outcomes.
- **53%** enrolled in BPO retail course, **41%** enrolled in Banking and Finance course, **36%** enrolled in Career Guidance.
- **94%** reported that the training helped them in finding employment opportunities.
- **69%** of the students secured employment after completing the training, of whom 78% obtained new job placements through the Vipla Foundation, 17% became self-employed, and 5% continued in their existing jobs.
- Approximately **30- 40%** increase in income after Skill training.

Recommendations:

- Placement linkages could be strengthened with partnerships of local employers to enhance structured placement and internship opportunities for trainees.
- Facilitating **short-term internships or apprenticeship** opportunities could provide practical exposure and improve employability outcomes for trainees.
- Deepening **workplace readiness** by enhancing soft skills, interview preparation, digital literacy, and components to support sustained employment.
- **Introducing** advanced digital and AI courses to further enhance employability across sectors, along with expanding course options in alignment with evolving market demand
- A **systematic alumni tracking** and mentoring mechanism could be developed to monitor long-term employment and income progression

Project Outputs

Mobilization			
	2022-2023	**2023 - 2024**	**2024 - 2025**
Number of youth mobilised	**371**	**1040**	**1825**
Enrollment			
Banking and Finance Insurance	91	217	250
BPO and Retail	65	267	400
Accounting and Taxation	0	0	70
Carrier Guidance	150	170	170
Job Fair	0	300	230
Total	**156**	**484**	**720**
Training Completed			
Banking and Finance Insurance	91	136	188
BPO and Retail	65	261	390
Accounting and Taxation	0	0	50
Carrier Guidance	123	125	170
Total	**156**	**397**	**628**

Project Outputs

Placement			
Employed by Vipla	40	168	303
Self Employed	21	30	95
Continue and Promotion	5	11	9
Entrepreneur	0	2	2
Total	**66**	**211**	**409**

3236 Youths mobilised

1360 Youth enrolled

1181 Training completed

686 Youth placed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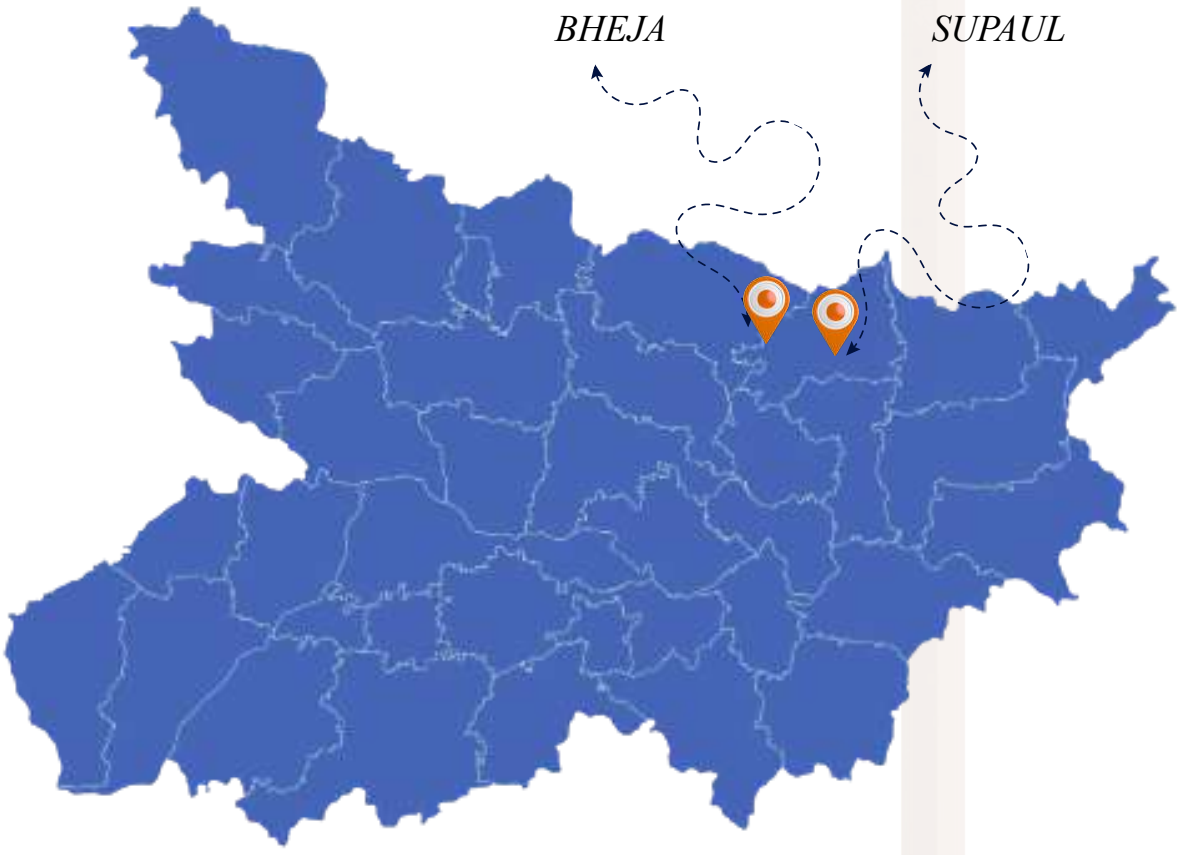
Strengthening rural schools to provide quality education in Bheja, Supaul in Bihar State

Transrail Lighting Limited, through its CSR activities, provided support to Rural schools across Supaul and Bheja with the aim to provide Quality education and supportive classes for children. Transrail Lighting Limited with the help of **Project Potential Trust**, supported 4 schools through its CSR activities over the last financial years, with a total of **1691 students benefitting from the activities.**

Activities under this project included provision of educational materials, digital classroom setups, safe drinking water facilities, and library access for students.

In this chapter, we use a mixed-methods approach to assess the impact of the activities on children, who are the direct beneficiaries. This chapter includes quantitative analysis from the survey of **21 parents** whose children were beneficiaries of rural school support, as well as qualitative analysis from in-depth interviews and focused group discussions from different stakeholders, which includes teachers, principals, students and representatives from the implementing partner. In addition, field observation along with visual documentation have been included to highlight the key impact of the interventions on Quality education.



Quantitative Section:

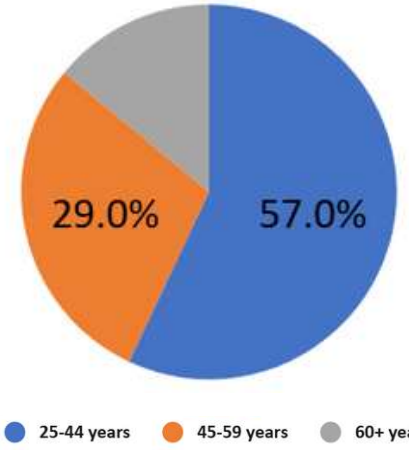


Figure 61: Percentage distribution of respondents by age (N=21)

The above figure shows a percentage distribution of respondents by age. **54%** of respondents are aged 25–44 years, **29%** fall in the 45-59 year age group and only **14%** of the respondents belong in the 60+ years age group. **71%** of the respondents have reported having no education, while only **10%** and **14%** have reported receiving less than secondary and secondary education respectively. Only **5%** of the respondents have completed higher secondary education (Annexure Table 103).

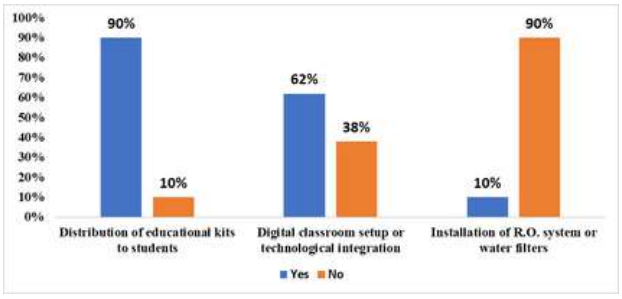


Figure 62: Percentage distribution of respondents reported different types of perceived gaps in school facilities and academic support (N=21)

The above figure presents the percentage distribution of perceived gaps in school facilities and academic support as reported by respondents. The data indicates that **90%** of respondents identified the distribution of educational kits as a perceived gap, while **62%** reported a lack of digital classroom setup as a gap in school facilities. In contrast, **10%** of respondents reported the absence of R.O. systems or water filters as a perceived gap in school facilities.

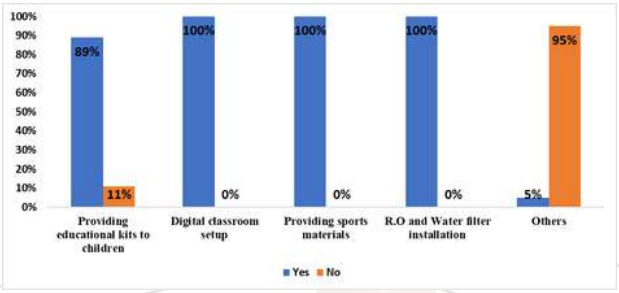


Figure 63: Percentage distribution of respondents reported different types of developmental activities implemented in their children' school (n=19)

90% of respondents reported awareness. In comparison, only **10%** indicate they were not aware of such developmental activities (Annexure Table 104). The above figure shows the percentage distribution of different types of developmental activities in school as reported by the respondents. Presence of digital classroom setup, provision of sports materials, and installation of safe drinking water facilities were reported by **100%** of the respondents. **89%** of the respondents also reported provision of educational kits among children.

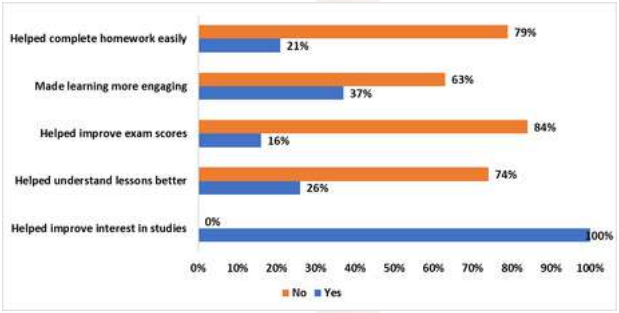


Figure 64: Percentage distribution of respondents reported type of positive impact of educational kits on their children (N=19)

100% reported the installment of new R.O. systems and water filters in their children's schools (Annexure Table 110). **90%** of the respondents reported that the educational kits were distributed to their children. Among them,

100% reported daily usage of these educational kits by their children (Annexure Table 111). The above table shows that **100%** respondents reported that their children benefited from the educational kits. The educational kit helped improve interest in studies among children, as was reported by all the respondents. Other benefits such as “helped understand lessons better”, “helped improve exam scores”, "made learning more engaging”, and “helped complete homework easily” were less reported by the respondents.

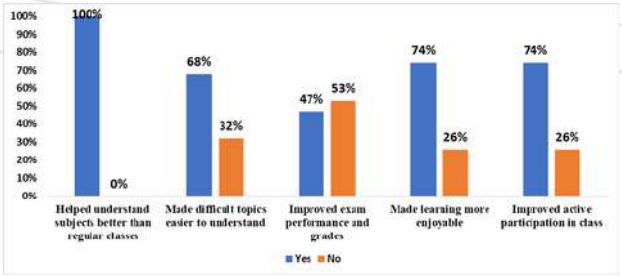


Figure 65: Percentage distribution of respondents reported type of positive Impact of Digital Classroom Setup on their children (n=19)

All respondents **(100%)** reported the new setup of digital classrooms in their child’s school (Annexure Table 108). A large majority of respondents **(90%)** perceive the digital classroom setup as having a positive impact on their children. In comparison, only a small percentage reported no impact **(5%)** or are unsure about the impact of digital classroom setup **(5%)** (Annexure Table 109). Among those who perceived some kind of benefit of the digital classroom setup, **100%** felt that setup helped their children understand subjects better than regular classes. In addition, the respondents reported that it made learning more enjoyable **(74%)** and improved active class participation **(74%)**. The table further indicates that **68%** of respondents believed digital classrooms made complex topics easier to understand, and **47%** felt they have improved exam performance and grades.

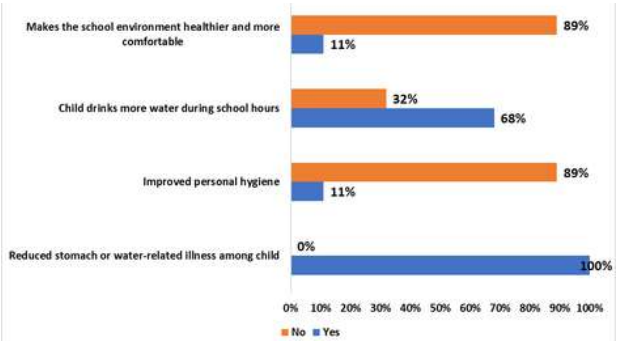


Figure 66: Percentage distribution of respondents reported type of positive impact of School Water Filter Installation on their Children (n=19)

100% of the respondents reported RO installation and water filtration at their child’s school (Annexure Table 110). **90%** perceive the installation of school water filters as having a positive impact on their children, while only **10%** report no positive impact (Annexure Table 111).

The above figure shows the different benefits perceived by respondents. All **(100%)** the respondents reported that water filter installation resulted in a reduction in stomach or other water-related illnesses among children. **68%** also reported that their child drinks more water during school hours. **11%** of respondents perceived improvements in personal hygiene of their children, and **11%** observed a healthier and more comfortable school environment.

Table 12: Percentage Distribution of respondents reported measures taken by them to strengthen School Facilities and Developmental Activities (N=21)

Measures by Parents to Strengthen School Facilities and Developmental Activities	Yes	No	Percentage of Respondents
By involving the parents and community actively	52%	48%	100%
By training teachers and students to take leadership roles	43%	57%	100%
By allocating regular budget and resources for maintenance	43%	57%	100%
By integrating activities into the school curriculum	38%	62%	100%
By partnering with NGOs or external organisations	43%	57%	100%
All of the above	29%	71%	100%

All parents **(100%)** report being satisfied with the developmental activities conducted in their children's school. A major percentage of them are "moderately satisfied" **(67%)**, with a smaller percentage reported being "very satisfied" **(19%)** or "satisfied" **(14%)** (Annexure Table 112 and 113).The above table shows that parents suggested a range of measures to improve school facilities and developmental activities, with the most commonly reported option being active involvement of parents and the community **(52%)**, followed by training teachers and students to take leadership roles, allocating a regular budget and resources for maintenance, and partnering with NGOs or external organisations (each identified by **43%** of respondents), and integrating activities into the school curriculum **(38%)**. **29%** of them reported "all of the above" to sustain and enhance school development initiatives.

Qualitative Section:

This section presents the insights from the key stakeholders of the project, which includes teachers, principals, students, and representatives from the implementing partner. In-depth interviews were conducted with teachers, principals, and project team members along with Focused Group Discussion of students to understand their perspectives on the impact of the developmental activities in the schools on the overall development of the students. Under this project, several activities were implemented that included setup of digital classrooms, provision of sports equipment, installation of R.O. and water filters, and setup of libraries.

Implementation Partner perspectives:

A formal needs assessment conducted by Project Potential Trust, the implementing partner, identified the needs of the students in the schools of Bheja and Supaul. The project team members reported identifying the need for water coolers and water filters in the schools, as well as digital classroom setup. They also identified the lack of sports materials, books and libraries in the schools.

Pre-intervention, there was **'low attendance'** of students due to lack of drinking water facilities. Academic performance of students was reportedly poor, due to the lack of books, and study materials. Post-intervention, the program manager reported **'better attendance, participation, and learning levels'** of the students. The children **'liked'** the sports equipment provided to them including cricket bat, football, carrom board, badminton rackets

etc. They also found the digital classroom setup **'useful'** in understanding complex concepts. The introduction of RO filters has **'reduced illness'** among students and increased attendance.

According to the project team members, the implementation of the project was smooth. However, the project locations were prone to seasonal floods owing to their close proximity to the Kosi river. Challenges arose during the rainy season, affecting project implementation. There was a decline in school attendance during this time, resulting in drops in educational performance of students. They also shared their plan in scaling their work, and acknowledged the scope for improvement, including provision of more sports materials and educational kits for students.

Principal Perspectives:

The principals echoed the teachers' perspectives. The Principal reported that the digital classroom setup and whiteboards have made **'learning easier'** for students. Attendance of students increased as children were more **'attracted'** to the digital classroom. The installation of water filters and RO systems have provided access to safe drinking water for children, thereby reducing stomach related illnesses.

The principal informed that Quiz competitions conducted by Transrail Lighting Limited encouraged **'participation'** among students and increased their motivation for learning.

The teachers reported that the students were eager to **'learn'** from the digital setup provided in the schools. Students found their studies **'interesting'**, which helped the teacher in keeping the students engaged. The RO filters have improved health outcomes by making the water suitable for drinking and keeping it cool during the extreme summer temperatures. Previously, children fell ill due to unclean water and missed school, as per the teachers' insights. The teachers also observed children benefiting from the play materials provided, which helped children engage with peers and maintain their physical health.

Children's Perspectives:

Focused Group Discussions with students revealed the actual impact of the interventions. The students confirmed receiving a smart board, water facilities, books for the library and sports materials. They rated the use of smart boards and sport materials a **'10 out of 10'**, therefore showing that the help provided by Transrail Lighting Limited has benefited the students.

However, the children reported a lack of books in the libraries. Often, they had to share the existing books among themselves, and a deficit occurs when a book is borrowed. The children also felt a lack of sports equipment, such as footballs and badminton rackets. Adequate number of sports equipment would help the children engage more in sports activities.

The experiences shared by the implementation partner, educators, school leadership, and students collectively indicate that the project has had a meaningful and positive impact on the learning environment in Supual and Bheja. This project contributed to improved attendance, greater student engagement, better health outcomes, and enhanced learning experiences among students. Even when challenges, such as flooding, have at times affected attendance, and gaps remain in the availability of books and sports equipment, the interventions have clearly strengthened the quality of education and the overall school experience. These insights highlight the effectiveness of the initiatives implemented by Project Potential Trust and the utilisation of funds provided by Transrail Lighting Limited.

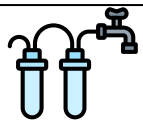
Key Findings:

- **100%** provision of digital classrooms in the intervention schools; **90%** perceived a positive impact of digital classrooms help easier to understand subject concepts
- **90%** children received educational kits and children are utilizing daily.
- **100%** provision of R.O and water filter in schools, **100%** provision of sports materials in the intervention schools
- **67%** parents satisfied with developmental activities in school

Recommendations:

- Introducing **structured career guidance** and counselling programmes for high school students could support informed decisions on career pathways.
- **School libraries** could be strengthened by adding course-wise books, prioritising textbooks for Classes 9, 10, 11, and 12 to meet students' academic needs.
- **Essential digital skills** such as typing, basic computer literacy through use of applications like MS Office could be established with the help of computer lab setup.
- To promote **holistic development** of children, dedicated science labs could be setup to promote future interest in academics.
- Besides academics, regular art and music classes, sports, debates, and other co-curricular activities could be encouraged according to the **child's interest.**

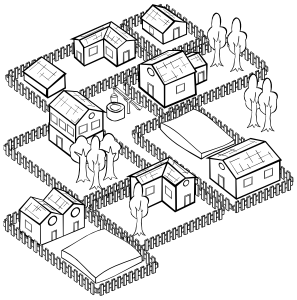
Observation:

Developmental Activities	Indicators	Bheja	Supaul
 Educational kits	Availability	✘	✓
	Students accessibility	✘	✓
	Usage during classes	✘	✓
	complete and in good condition	✘	✓
	Materials align with the curriculum and standards	✘	✓
 Classroom Setup	Sufficient benches/desks for all students	✓	✓
	Furniture is age-appropriate and comfortable	✓	✓
	Desks and benches are clean and well-maintained	✓	✓
 Digital classroom setup	Digital classroom equipment installed (TV/projector/smartboard)	✓	✓
	All digital equipments are operational	✓	✓
	Digital devices are maintained properly	✓	✓
	Students can use digital devices	✓	✓
 Sports Materials	Availability of adequate sports materials	✘	✓
	Materials are usable and in safe condition	✓	✓
	Students regularly engage in sports	✓	✓
	Both boys and girls use the sports equipment	✓	✓
	Equipment properly stored and maintained	✘	✓
 R.O and water filters	R.O./Water filter installed and functional	✓	✓
	Unit and water station area are clean	✓	✓
	Students can easily access drinking water	✓	✓
	Filters are serviced or cleaned regularly	✓	✓

Project Output:

1691 Student beneficiaries reached

RURAL DEVELOPMENT

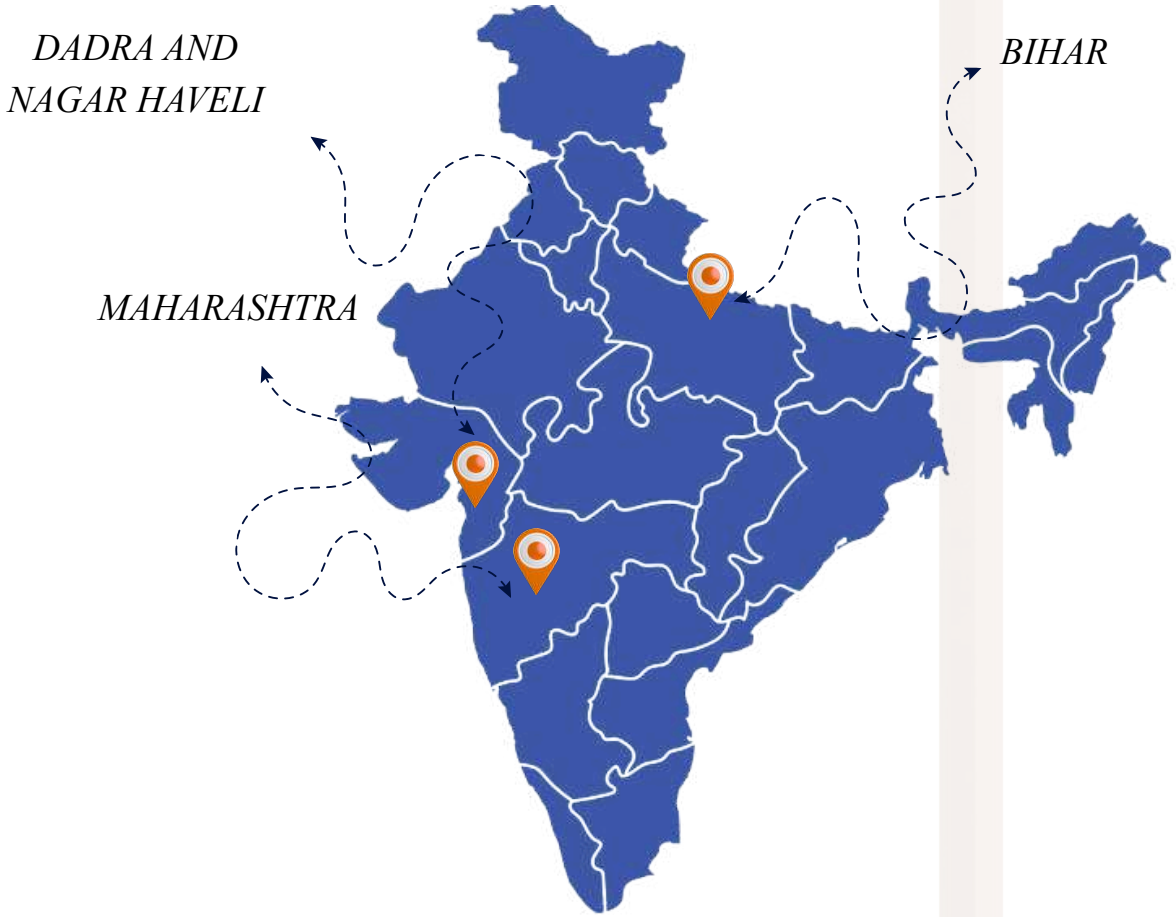


- **Enhancing Health & Safety Through Installing Poles and Lights**

Lighting the villages through support of poles and lights in the interior villages in three states/UT

Transrail Lighting Limited, through its CSR activities, provided lighting in villages through poles and lights in Bihar, Maharashtra, D&N. **Transrail Foundation** installed light poles in rural villages to improve illumination, reduce accident risks, and create safer spaces where people could gather after dark.

In this chapter, we employed a qualitative approach to gather insights on the impact of the lights. In-depth interviews and focused group discussions from different stakeholders, which includes Panchayat, local villager and mobiliser from the implementing partner. In addition, field observations and visual documentation have been included to highlight the key impact of the interventions.



Qualitative Section:

This qualitative section captures perspectives from Panchayat members, community mobilisers, and residents across Bihar, Silvassa, Deoli, and Wardha to understand the social and safety impacts of the street lighting intervention supported by Transrail Lighting Limited. The narratives reflect changes in mobility, safety, social interaction, and local economic activity before and after the installation of light poles in public spaces.

Panchayat's Perspective

According to the Panchayat members in Bihar, prior to the installation of light poles, Bheja village faced significant challenges related to poor visibility. Village roads remained largely dark, restricting mobility and making it difficult for residents to commute safely. The lack of lighting contributed to a higher incidence of road accidents and increased risk of snake bites, particularly during evening and night hours. This led to a sense of fear among the villagers, and they avoided going out of their houses after sunset.

Post the installation of light poles, respondents reported a noticeable improvement in the safety of the villagers. There has been a reduction in road accidents and cases of snakebites, encouraging people to move out of their houses during night time. Additionally, respondents highlighted a significant decline of theft incidents, with some noting that such incidents have nearly stopped altogether. The light poles also made it feasible for children to play during the evening hours. The light poles were set up in public spaces, such as in markets and around temples, which increased community gatherings and celebration of festivals. Shops were open till late nights, which increased business and contributed to overall economic development of the community.

Mobiliser Perspective

According to the community mobiliser in Silvassa, the village previously experienced limited mobility during night hours due to inadequate lighting. Poor visibility restricted residents' movement after dark and raised safety concerns, affecting overall community activity in the evenings.

Post the installation of light poles across the village, respondents reported a marked improvement in visibility and perceived safety at night. Villagers are now able to move freely within their neighborhoods, and many community members spend time outdoors in the evenings. The improved lighting has also contributed to a noticeable reduction in road accidents, while women and children reportedly feel safer walking in public spaces after dark.

Although fear of snake encounters was not a major concern earlier, the presence of adequate lighting has further enhanced residents' confidence in using outdoor spaces at night. Lighting has enabled local shops and small businesses to remain operational for longer hours, particularly during the evening.

Overall, the lighting intervention has positively influenced safety, social interaction, and local economic activity, contributing to an improved quality of life for village residents.

Community Perspective

From the community's perspective in Deoli, the situation prior to the installation of street light poles was marked by poor visibility and limited safety. The area experienced prolonged darkness, frequent incidents of theft, and early closure of local shops. Community members also expressed fear of animals entering public spaces, which restricted outdoor movement, particularly after sunset.

The locations for pole installation were identified collaboratively by the community and local authorities, focusing on key public spaces such as religious places, open grounds, fields, and less crowded streets. Following the installation, respondents reported a noticeable improvement in safety, mobility, and social interaction. Women now feel comfortable gathering in these spaces during the evening hours (up to 11:00–11:30 PM), engaging in social activities, and supervising children as they play outdoors. The improved lighting has reduced fear related to animals and enhanced overall confidence in using public spaces at night.

Community members also highlighted that improved lighting has strengthened emergency responsiveness. In case of medical emergencies, such as a heart attack, people can now safely access transportation and reach hospitals during nighttime. Overall, respondents expressed high levels of satisfaction with the intervention, citing increased safety, social cohesion, and improved quality of life.

In Wardha, internal roads and open grounds were prioritized for pole installation. The enhanced lighting has supported the organization of community programs and gatherings, enabling greater participation and utilization of shared spaces during evening hours.

Maintenance of the installed poles in both Deoli and Wardha is managed by the respective Gram Panchayats, ensuring continued functionality and sustainability of the infrastructure.

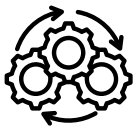
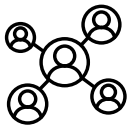
Key Findings:

- Adequate street lighting significantly reduced road accidents, theft incidents, and fear associated with night-time movement, including risks such as snake bites in certain regions.
- Better visibility facilitated safer and faster access to transportation and healthcare services during night-time medical emergencies.
- **1,43,166** beneficiaries were benefitted , includes **50,023** beneficiaries from Bihar, **45,887** beneficiaries from Dadra & Nagar Haveli and **47,256** beneficiaries from Maharashtra were benefited.

Recommendations:

- Scaling up lighting coverage to **additional internal roads,** isolated stretches, and underserved hamlets to keep the community secure and well-lit.
- An **added focus** on installing light poles could be given on accident-prone roads, marketplaces, religious sites, and open grounds with high footfall to ensure safety of the community.
- Maintainence systems could be strengthened with the help of Panchayats and community leaders to ensure timely repair and upkeep of light poles.

Observation:

Developmental Activities	Indicators	Availability
 **Pole & Fixture Physical Condition**	Number of lights/poles observed by the field investigator	20
	Poles placed in appropriate place	Partially
	Pole standing upright	Tilted/damaged
	Pole base/foundation condition	Good
	Any exposed wires	Yes
 **Functionality of lights and poles**	Lights in working condition	Partially
	Light turns on at expected time	Partially
	Time at which the lights / poles are turned on	19:00
	Time at which the lights / poles are turned off	6:00
	Pole placed away from obstructing branches/structures	Partially
 **Community Interaction & Perceived Safety**	Children playing around the area	Few
	Business/ shops open in the area after dark	Few
	Community gatherings or activities	Few
	Villagers appear more comfortable walking at night in lit areas	Few
	Women and children look comfortable walking around in the surroundings	Yes

Project Impact:

Bihar

50,023 Beneficiaries

Dadra & Nagar Haveli

45,887 Beneficiaries

Maharashtra

47,256 Beneficiaries

Total

1,43,166 Beneficiaries




7. Key Findings

Project Aarogya:

- Medical assistance significantly improved access to healthcare to cancer patients, with **90%** of respondents reported timely and appropriate cancer treatment in Mumbai.
- CSR funding enabled free cataract surgeries that helped prevent blindness among people across India.
- Nearly all respondents reported several benefits from eye screening camps in Silvassa, Jharkhand, and Bihar, including improved vision, greater health awareness, positive treatment-seeking behaviour, and better quality of life.
- General health camps in Supaul and Bheja ensured screening for lifestyle-related conditions, with **100%** of beneficiaries receiving free medicines for immediate relief from common ailments.
- Subsidised and free cataract surgeries in Hazaribagh, supported by transport assistance and follow-up care, ensured end-to-end management of cataract cases.
- CSR support enabled affordable, high-quality Ayurvedic treatment for marginalised communities in Palghar without compromising care standards.
- In Chennai, CSR-funded medical equipment strengthened hospital capacity to deliver comprehensive dialysis care.
- Sustained CSR funding ensured lifelong medical, therapeutic, and residential care for children requiring continuous support, providing financial and psychological relief to families.
- Timely disbursement of CSR funds for flood relief enabled rapid delivery of essential supplies to affected communities in Vadodara.
- The **24/7** ambulance service operated efficiently with trained EMTs, drivers, and real-time dispatch systems; **77%** of beneficiaries reported improved health outcomes, strengthening emergency care where private services are limited or unaffordable.

Project Saksharta:

- In Nagpur, upgrades to infrastructure and WASH facilities resulted in clear improvements in student health and attendance. Academic interventions led to measurable learning gains, while remedial and handholding classes effectively addressed critical learning gaps. Overall satisfaction levels were high, with **84%** of parents repo being very satisfied and **94%** indicating no barriers to accessing school facilities or activities.
- The integration of soft skills training, communication modules, and counselling substantially enhanced youth employability, confidence, and workplace readiness. Employed beneficiaries reported improved communication abilities and notable income increases, with some doubling their initial earnings. Attendance and course completion rates stood at **100%,** alongside complete satisfaction with the programme.
- In Bihar, all surveyed parents confirmed the availability of digital classrooms, sports materials, and safe drinking water in schools, and expressed full satisfaction with the schools' developmental initiatives.

- Adequate street lighting significantly reduced road accidents, theft incidents, and fear associated with night-time movement, including risks such as snake bites in certain regions.
- Villagers, particularly women and children, reported feeling safer using public spaces after dark, leading to increased outdoor activity and social interaction.
- Extended operating hours for shops and small businesses contributed to increased economic activity and livelihoods.
- Well-lit public spaces such as temples, markets, roads, and open grounds enabled community gatherings, festivals, and evening play for children.
- Better visibility facilitated safer and faster access to transportation and healthcare services during night-time medical emergencies.
- Maintenance of lighting infrastructure by Gram Panchayats ensured continued functionality and long-term benefits.

8. Recommendations

Project Aarogya:

Sustain and Scale Healthcare Support

- Continuing CSR support to ensure timely treatment for vulnerable patients and expand coverage to underserved and remote regions.
- CSR funds could be further extended to high-cost and long-term treatments such as kidney care, cancer treatment.
- A contingency buffer could be established within emergency funds to address sudden surges in demand during disasters.
- Established Vision Center for eye treatment in the center locations of interventions geography.
- Expand health care camps with additional services such as eye, diabetes, etc.

Strengthen Access to Critical and Emergency Care

- Additional ambulances to PHC in high-demand areas, including ventilator-equipped units for cardiac and trauma cases.
- Improving follow-up support mechanisms in surgery care, including assistance for post-surgery check-ups, to improve treatment adherence and long-term outcomes.

Improve Community Awareness and Outreach

- Formalising community mobilisation strategies, including door-to-door outreach and local awareness campaigns, to promote early health-seeking behaviour.
- Sensitisation programmes could enhance information for families and communities, particularly regarding intellectual and behavioural disabilities.

Enhance Systems, Capacity, and Partnerships

- Digitising records, administrative systems to improve efficiency, monitoring, and long-term planning.
- Implementing partners could leverage partnerships with hospitals, government schemes, CSR donors, and local institutions to enhance geographic reach, sustainability, and programme efficiency.

Project Saksharta:

Strengthening Learning Infrastructure and Quality

- Upgrading digital classrooms with updated hardware, hands-on computer training, and introductory coding and application-based learning could help improve interest.
- Well-resourced libraries with age-appropriate materials could be established with structured reading programmes to improve literacy and learning interest.

Promoting Holistic Development and Student Engagement

- Inter-school academic and sports competitions can be encouraged to build teamwork, discipline, leadership, and physical well-being.
- Science labs and regular art and music classes could be conducted for children to ensure engagement.

Enhancing Career Readiness and Employability

- Structured career guidance and counselling programmes for secondary and high school children could help support informed career choices.
- Expanding courses to digital and AI-focused could improve employability and align training with evolving market demand.

Improving Placement Opportunities

- Placement pathways could be strengthened through partnerships with local employers to enable structured internships and employment opportunities.

Rural Development:

- Scaling up lighting coverage to additional internal roads, isolated stretches, and underserved hamlets to keep the community secure and well-lit.
- Maintenance systems could be strengthened with the help of Panchayats and community leaders to ensure timely repair and upkeep of light poles.

9. References

Baliga, L. (2011, September 23). *1 in 5 Mumbaikars below poverty line.* The Times of India; Times Of India. https://surl.li/dejjjb

Dev, S., Duval, J., Amith Galivanche, Tejal Shitole, Sawant, K., Shrutika Shitole, Patil-Deshmukh, A., Lincoln, A., Ramnath Subbaraman, & Weinstein, L. (2023). Spatializing stigma-power: Mental health impacts of spatial stigma in a legally-excluded settlement in Mumbai, India. *PLOS Global Public Health,* 3(7), e0001026–e0001026. https://doi.org/10.1371/journal.pgph.0001026

Mumbai Suburban Population 2025. (2025). Indiacensus.net. https://www.indiacensus.net/district/mumbai-suburban

Rajendran, S., & Haripriya, G. (2024). *The Impact of Drinking Water Quality and Sanitation on Child Health*. Ssrn.com. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1152234

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