



टीएचडीसी इंडिया लिमिटेड
THDC INDIA LIMITED



**CSR PROJECTS
2016-17**

IMPACT ASSESSMENT REPORT



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CSR PROJECTS

2016-17

Submitted to

SEWA-THDC

By

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Acknowledgement

This **Evaluation and Impact Assessment Report** is a result of the intensive research and field visits undertaken by the Research Team, SR Asia. The Research study was conducted at the project sites in Tehri Garhwal district, Dehradun and Haridwar in Uttarakhand, India.

We extend our sincere thanks to all the officials of Tehri Hydro Development Corporation Ltd for their support and cooperation during our entire study and field visits at the project sites.

The project '**Evaluation and Impact Assessment of CSR projects of Tehri Hydro Development Corporation India Limited (THDCIL) for the year 2016-17**' was not possible without the help of good souls who have readily offered their support for successful completion of this project. We are very grateful to the entire team of SEWA-THDC for providing valuable insights and all the support throughout the evaluation and impact assessment process.

We are also grateful to all the implementing agencies for their cooperation. We appreciate the efforts made by all the respondents and participants of this study and thank them so much for their significant inputs.

Birendra Raturi

International Director, SR Asia

Preface

This is an evaluation and impact assessment report of the seven CSR projects undertaken by SEWA-THDC during the year 2016-17.

This document includes the CSR policy, agenda and objectives of the CSR unit of THDCIL. It also provides an insight of the Tehri District and further describes detailed information of the each CSR project and activities. The detailed elaboration of the success and failure of the CSR projects are given on the basis of the research study done by Research team SR Asia (an Independent agency for Evaluation of Impact Assessment).

The impact assessment report is documented with individual CSR project wise and the order as mentioned in the list of project under the scope of the study. A project is very briefly introduced with its aim and objectives, implementation agency, execution process followed by the impact seen during the onsite in quantitative and qualitative way. The overall impact can be read in under the title of verification of activities and sustainability perspectives.

Executive summary

This report is an outcome of '**Evaluation and Impact Assessment of the CSR projects of SEWA-THDC for the year 2016-2017**' done by SR Asia during the last quarter of the financial year 2017-18. There were seven projects implemented by Tehri Hydro Development Cooperation in different villages and districts of Uttarakhand. The Projects implementation is based on the need assessment of respective areas. These projects are executed on short and long term basis. The impact evaluation is based upon extensive research undertaken by team of SR Asia. As per the report, all projects have made positive impact on the beneficiaries in the following way:

- Improvement in sanitary situation and Reduction in open defecation practice
- Promotion of cultural heritage
- Improvement in livelihood standards of farmers with increase in income
- Support health facilities in the project affected areas

In order to evaluate and assess effectiveness, beneficiaries and sustainability of the CSR project an impact assessment has been done. Project scope, objectives, key indicators, project mobilization, number of beneficiaries, potential beneficiaries, systematic approach, strength of implementation agency, project data and reports, internal monitoring and public feedback etc were taken into consideration while conducting the impact assessment.

Research Team

Tehri Hydro Development Corporation India Limited (THDCIL) has appointed SR Asia for the evaluation and Impact Assessment of the CSR projects undertaken by THDCIL for the year 2016-17. In response to the details of the project SR Asia has constituted a research team for the Evaluation and Impact Assessment. Team members are as mentioned below.

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CHAPTER I

Tehri Hydro Development Corporation India Limited (THDCIL)

1.1 Introduction

THDC India Limited (formerly known as Tehri Hydro Development Corporation Ltd.), is a Joint Venture of Govt. of India and Govt. of Uttar Pradesh. The Equity is shared in the ratio of 75:25 between GoI and GoUP for the Power Component. The Company was incorporated in July" 88 to develop, operate & maintain the 2400 MW Tehri Hydro Power Complex (comprising of 1000 MW Tehri Dam & HPP, 1000 MW Tehri Pumped Storage Plant & 400 MW Koteshwar HEP) and other hydro projects. The Company has an authorized share capital of Rs. 4000 cr. THDCIL is a Mini Ratna Category-I and Schedule „A“ CPSE.



Photo 1.1 Tehri Dam

Tehri Dam has been conferred the Prestigious award of “**International Milestone Project**” by **International Commission of Large Dam (ICOLD)** in October, 2009 at China, considering the uniqueness of its design and construction features. Koteshwar HEP has been conferred the **PMI India Best Project Award** of the year in long term duration (More than 3 years) category in 2011-12. THDCIL has been conferred the **Power Line Award** in the

category of '**Best Performing Generation Company (in Hydro Sector)**' in May, 2012. THDCIL has been conferred **SCOPE Meritorious Award for Corporate Social Responsibility and Responsiveness** in April, 2012.

1.2 CSR Vision and Mission

Due to the construction of Tehri dam, villagers were rehabilitated and the major water resources went into submergence. THDCIL have a mission to undertaken rehabilitation and resettlement of project affected persons with human face and to develop the area and improve quality of life and their standards. Their constant endeavor is to formulate CSR initiative programmes on the basis of requirements of the local community.

Vision

Corporate Socially Responsible continuously enhancing value creation in society and community and promoting sustainable development.

Mission

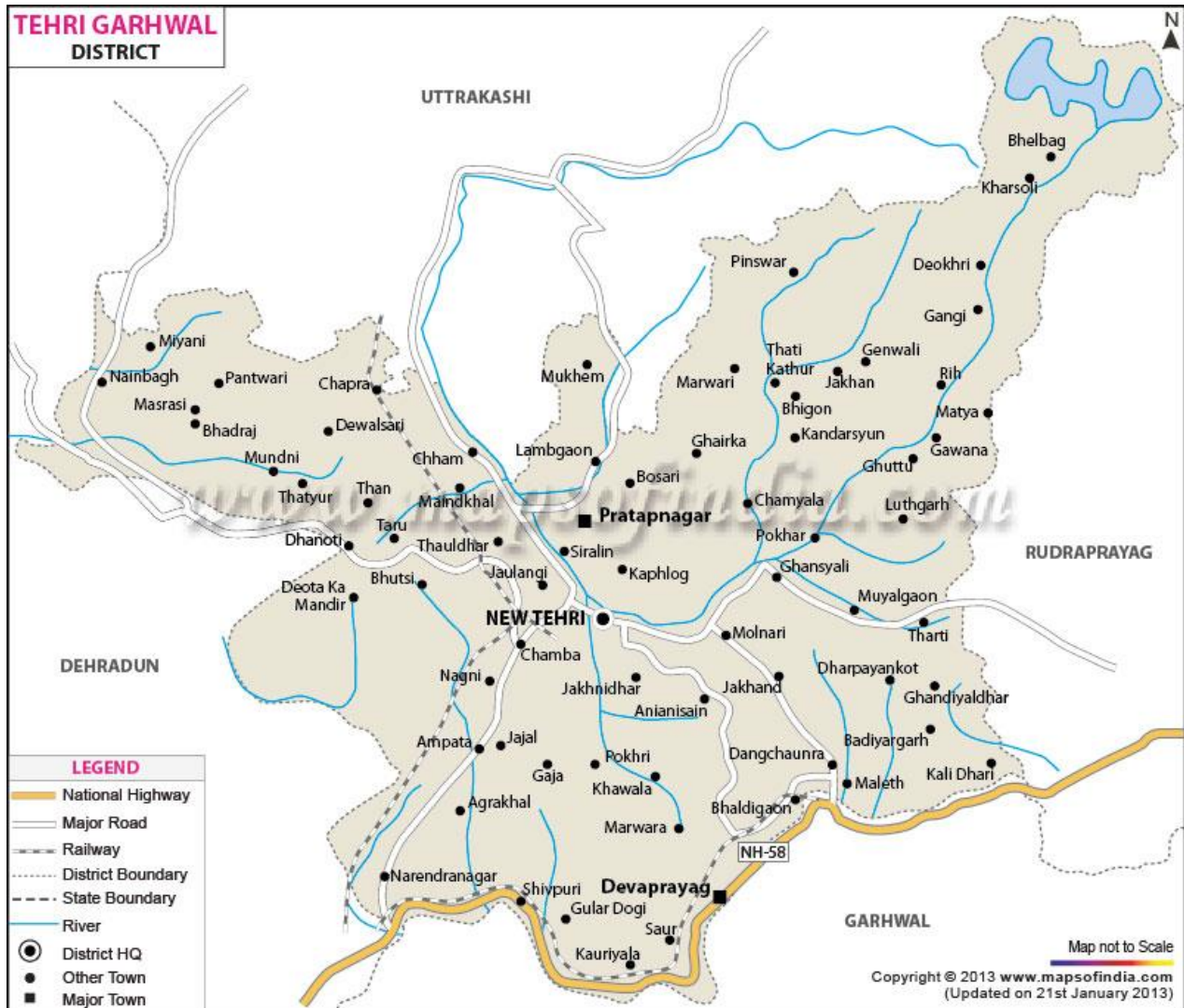
- 1.** To build sustainable value based relationship with the key stakeholders through on-going two way communication.
- 2.** To undertake CSR programmes with a human face and transparently share the CSR & Sustainability initiatives with the stakeholders.
- 3.** To ensure increased commitment at all levels in the organization to operate its business in an economically, socially and environmentally sustainable manner.
- 4.** To directly or indirectly take up CSR programmes that benefit the communities in and around its work centres and over a time result in enhancing the quality of life and economic well-being of the local populace.
- 5.** To promote inclusive growth and address the basic needs of the deprived, underprivileged, neglected and weaker sections of the society.

1.3 Overview of Tehri Garhwal District, Uttarakhand

Uttarakhand is one of the newly founded state of India (November 2000) and due to its geographic and strategic location, it has been given 'Special Category Status' by Union of India. Uttarakhand has traditionally been divided into two parts, the western half known as Garhwal Mandal and the eastern region going by the name of Kumaon Mandal. The state

comprises of 13 districts namely, Almora, Bageshwar, Chamoli, Champawat, Dehradun, Haridwar, Nainital, Pauri Garhwal, Pithoragarh, Rudraprayag, Tehri Garhwal, Udham Singh Nagar and Uttarkashi.

Figure 1.1 Map of Tehri Garhwal District



Good Social Indicators The literacy rate in Uttarakhand is 72 per cent (Census 2001), which is much better than the all-India level of literacy rate. Yet, it ranks 14th in the total literacy rate. Female literacy is 60 per cent and it ranks 15th among all the states in India. Despite being the rising ground of the Yamuna and the Ganga, the problem of drinking water is acute. In the villages, the sources of natural water are fast drying up.

It was observed in the surveyed villages that non-availability of industry sector is the main reason behind the involvement of majority of BPL household members in agriculture and allied agriculture sector and wage employment. in the surveyed village an important aspect

have been arises by knowing the high illiterate rate among age group 18 and above which further reveals that economic condition of BPL households in hill rural areas is very low poor someone who want to educate their children but poor economic resources make some hurdles to educate them. The ratio of income inequalities is high among the BPL households, which is further reflected in the existence of poor assets holdings, inadequate employment generation and most important imbalance regional growth.

The rural areas of Tehri district is largely characterized by medium to low level of developments, which are reflected in low per capital income, poor economic base, and very limited industrial development.



Photo 1.2 View of Kyari village, Tehri, Uttarakhand

Agriculture is one of the major economy bases of the area. Socioeconomic is an important determinant of the livelihoods as it influences levels of knowledge, skill and income conditions which mean for their living while wage employments are other important means of livelihood in the hilly areas, logging, and cultivation are the traditional sources of additional income. Socioeconomic status (SES) is an economic and sociological combined

total measure of a person's work experience and of family's economic and social position relative to others, based on income, education, and occupation.

Agriculture still remains a last resort by absorbing the major share of additions in the workforce. Though the structure of employment has been shifting in favor of non-agricultural sector over the years, this has been mainly in the case of male workforce. There has been hardly any shift in the structure of female employment in the state, particularly in its rural areas. They continue to remain the back bone of agriculture in the state, particularly in the hill region. In brief, the income inequalities between agriculture and non-agricultural sector have further widened over the years. This only shows a distress situation prevailing in the rural areas of the state. This is also reflected in higher incidence of poverty in the state.

THDCIL CSR projects are implemented through SEWA-THDC and TES, both are THDCIL owned society for implementing CSR and Education projects.

Chapter II

Details of CSR Projects and Approach

2.1 Introduction

CSR activities are planned in accordance with the CSR Policy of THDCIL. The CSR Scheme addresses the issues of sustainable community development mainly in the project neighbourhood areas and broad geographical areas of other stakeholders of the Company. Corporate Socially Responsible continuously enhancing value creation in society and community and promoting sustainable development. Following projects have been implemented under the CSR activities for the year 2016-2017.

2.2 CSR Project list and Implementing Agencies

Table 2.1: Project List and Implementing Agencies

Sr. No.	Name of the CSR projects	Name of the Implementing Agency
1.	Homeopathy Dispensary At Koteshwarpuram, Pokhari , Dhontary And Munni ki Reti, New Tehri	Swami Narayan Mission Society Shree Narayan Ashram, Homeopathic Dharmarth Chikitsalay, Muni ki Reti, Rishikesh.
2	Organizing Culture Event For Bridging The North-South Culture –Through The Great Saint Thiruvalluvar	Shree Nanda Devi Raj Jaat Purv Pithika Samiti 35, Krushna Street, Paltan Bazaar, Dehradun (Uttarakhand)
3	The Construction Of Toilets In Aradhana Bhawan Nearby THDC Campus Prgatipuram	SEWA-THDC, Rishikesh
4.	Providing 5 Hydraulic Tipper To Nagar Palika Parishad And Nagar Panchayat Tehri Garhwal	SEWA-THDC, Rishikesh
5.	Organizing Of 28 Multi-Specialty Medical Camps In Project Affected Area Tehri	Nirmal Mission for Vision Society, Nirmal Ashram eye institute, Khari Kalan , Nepali Farm, Shyampur, Rishikesh
6.	Construction 26nos. Toilets At Kharala Village Block Pratapnagar, Distt. Tehri	Department of Geography, Kirori Mal College, University of Delhi (Delhi)

7.	Livelihood Development Program Through Integrated Farming Systems Approach In Dam Affected Area Of Tehri District.	College of Forestry, Rani Chouri V.C.S.G. Uttarakhand University of Horticulture and Forestry Bharsar, Pauri Garhwal
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2.3 Objectives of the CSR projects

1. To benefit the communities in and around its work centres for enhancing the quality of life and economic well-being of the local populace.
2. To promote cultural interactions and celebrate cultural diversity in India by organizing cultural events in project implemented areas.
3. To provide an alternative waste management equipment to Nagar Panchayat and Nagar Palika Parishad for promoting Swatchh Bharat Abhiyan.
4. To promote inclusive growth of farmers and address their basic needs by livelihood development through integrated farming system approach.
5. To provide Medical and healthcare facilities to deprived, underprivileged, and weaker sections of the society living in rural areas by organizing medical camps and establishing homeopathic dispensaries.

2.4 Approaches in Development and Management of CSR Projects

SEWA-THDC receives various proposals from many aspiring and existing implementation agencies from time to time. All the proposal are screened in the first place for the minimum qualification criteria as laid down and subsequently sent to the committees for further review and consideration. Generally the approach followed to manage the CSR projects is described below

2.4.1 Need Assessment

Need assessment has been defined as the process of measuring the extent and nature of the needs of a particular target population so that services can respond to them. Need assessment is, therefore, a valuable tool for informing the planning process for the success of corporate social responsibility and sustainable development.

2.4.2 Formulating Projects

After the baseline was completed, the projects were formulated in different thematic areas and were implemented in the sampled villages. The team engages in constant Interaction with the community and maintains adequate sync between the implementing agency and the beneficiaries.

2.4.3 Planning and Execution of Project

One of the major part of any project is planning and execution of the project. All the CSR projects implemented after planning and consultation among stakeholders of the project. Adequate staff members were appointed for the coordination and handholding during the execution of projects. The implementation agencies are duly assessed and are in the list of implementation partners and are selected and awarded work according to their capacities and strength. SEWA-THDC awards to the work.

2.4.4 Stakeholders Responsibilities

The role of the SEWA-THDC is to oversee the project awarding and monitoring. The role and responsibility of the implementation agency is clearly stated through MoU or work order. Beneficiaries are expected to cooperate with the implementation agency to maximize the benefit from the planned activities and time to time provide feedback.

2.4.5 Project Implementation & Monitoring

Project Monitoring refers to the process of keeping track of all project-related metrics including team performance and task duration, identifying potential problems and taking corrective actions necessary to ensure that the project is within scope, on budget and meets the specified deadlines. To simply put, project monitoring is overseeing all tasks and keeping an eye on project activities to make sure you're implementing the project as planned. For each project there is a nodal officer assisted by the team members to oversee the successful implementation.

Research Methodology



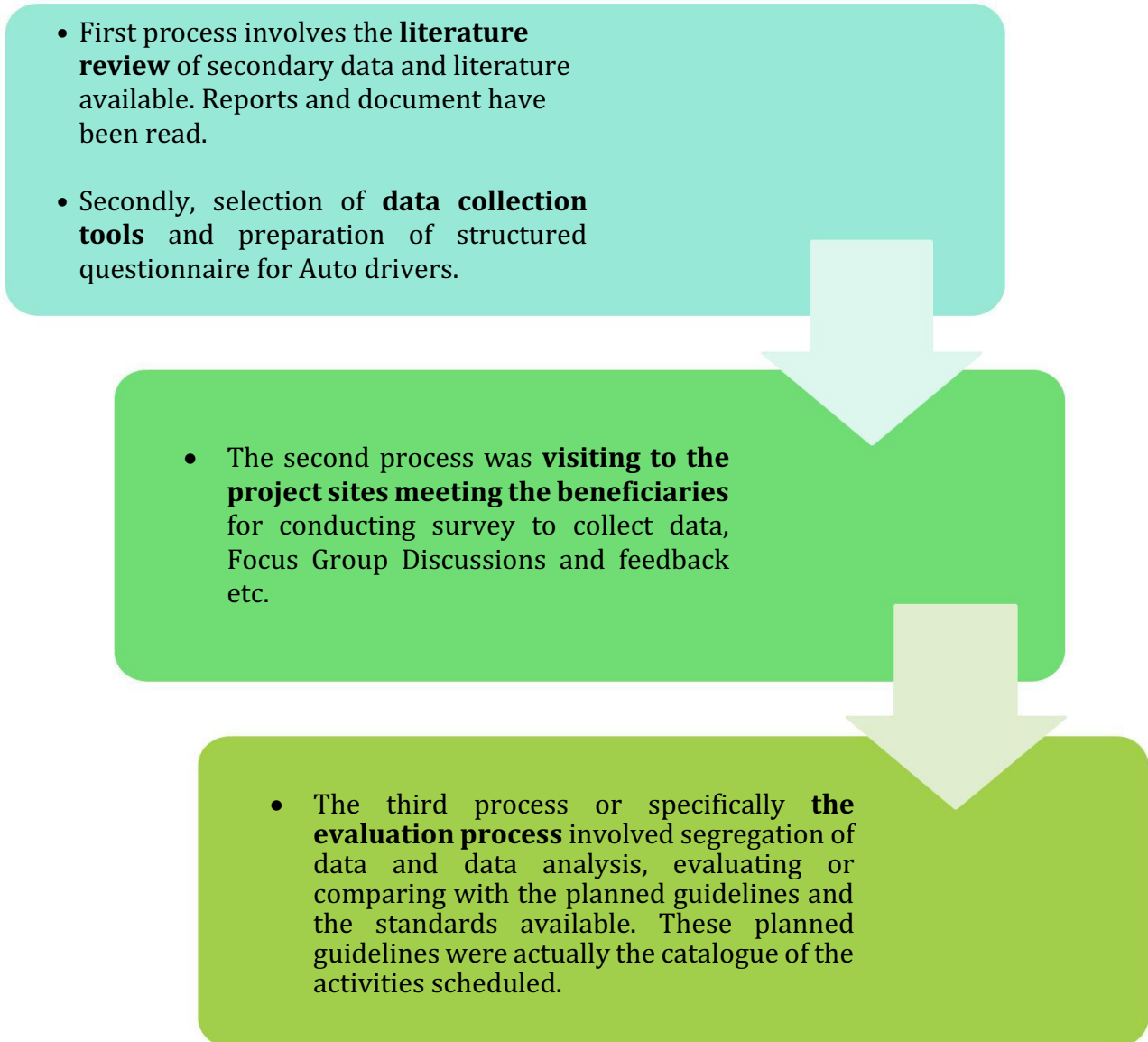
CHAPTER III Research Methodology

3.1 Introduction

The research methodology opted for evaluation and impact assessment for the CSR project by the experts comprises of formation of teams, assigning roles and responsibility, of site and on site project reviews and site visits, preparation of site visit plan, questionnaires, key points for the focused group discussion and verification of the activities. The expert supported by team members is expected to guide and train the team members on the various

CSR projects and the objectivity including the various work activities to be followed during the evaluation and impact assessment exercise.

The planned exercise is mapped briefly as follows



3.2 Objective of evaluation and impact assessment

The aim of research team is to evaluate the project implementation with respect to vision-mission alignment, objectives, extent of the implementation, and approach in overall management of the CSR project, its effectiveness and sustainability. The study will further

provide key inputs for improving the design, development and implementation of the projects.

3.3 Scheduling of impact assessment

A detailed planning was done before moving to the project sites. As per the availability of time and resources schedule of the project was decided as given in the following table.

Research team approached SEWA-THDC office in Rishikesh campus to get the details about CSR projects. Meetings and Discussions with THDCIL officials and SEWA-THDC officials were done at Rishikesh and B.Puram.



Photo 3.1 Discussion at SEWA-THDC B.Puram

Table 3.1: Planning of Project Execution

S.No	Work required to be done	Pre-requisite	Operational Mode
1	Departure from Delhi to Rishikesh	Arrangement of Vehicle and stay	Through Road
2	Meeting to the THDC SEWA Team and review of the projects, collection of MOA and other documents.	Project documents are to be read and reviewed by the SR Asia Team and discussion with SEWA THDC team, Collect all project MOA and reports. Preparation of questionnaire, meeting with THDCIL CSR department, briefing, understanding and testing.	Meeting with SEWA THDC Team

3	Departure to Tehri BPuram	Understanding of the MOA and Project	Verification of the documents and project work done on site, Meeting the stakeholders,
4	Visit to Muni Ki Reti Nagar Panchayat, Swami Narayan Mission Society	Understanding of the MOA and Project scope, objectives, activities and activity area	Discussion with Implementation agency, Site visits, Collection of data, FGD, Feedback and summing ups.
5	Meeting with THDC officials at B. Puram and visit to Kyari and Palam Village and Koteshwaram	Do	Do
6	Site Visit to Lambgaon Nagar Panchayat, Pokhari, Kharala Village, Deengaon	Do	Do
7	Site Visit to Nagar Parishad Chamiyala, Dhontari, Ghansali	Do	Do
8	Visit to College of Forestry, and Nagani,	Do	Do
9	Site Visit New Tehri Nagar Parishad, Pilkhi	Do	Do
10	Site Visit to Haridwar,	Do	Do

3.4 Tools Used for Data collection and Analysis:

As required various data sources were explored to find out the information on the area and various CSR project activities being organized. The information was gathered from the THDCIL website, and many government website in the public domain. The kind of data collected has been put in the categories as follows

- **Secondary Data:**

Secondary data was collected by reviewing various reports, Census, going through websites and maps. All the village profiles were collected using these secondary resources.

- **Primary Data:**

Collection of primary data was done by going in the field to assess the impact on the beneficiaries. Various forms of data collection were used for this purpose. Survey questionnaire was preferred first, at all the implemented location. After that Focussed Group Discussion and In-depth interviews was also conducted at all the locations.

Tool 1- Questionnaire Survey:

An intensive questionnaire (as per the requirement of project) to assess the impact of projects' upon villagers' lives was developed. Questionnaire consists of objective questions as well as subjective questions as needed. A sufficient number of responses were recorded to collect a quality data to derive a conclusion.

Tool 2- Focused Group Discussion:

Focused group discussions were conducted for assessment of all the projects. Participants in FGDs were very specific and include most of the project dimensions. Participation of public representatives, man, women and children were made possible to be part of this discussion. The exercise was to gain some of the pressed or hidden facts which might have been missed while surveying alone. Some of the beneficiaries were also selected for in-depth interviews for getting extensive insights about the projects progress and outcome.

Tool 3- In Depth Interviews:

The idea of in-depth interview was to gain the individual's view of the project and also to inform them about the evaluation and impact assessment in a one to one.

Tool 4- Data analysis tool:

MS- Excel was used as a data analysis tool to analyze the primary data collected during the survey. All the objective inputs are analyzed using this tool while subjective responses are analyzed using text analysis method.

3.5 Procedure of the Survey:

1. Participants were identified by the method of random sampling as per the inclusion criteria.
2. The participants were made comfortable and briefed about the purpose of survey and in the process their consent were obtained.
3. The responses were recorded by the investigator manually.
4. Debriefing was done after the completion of the questionnaire.

3.6 Limitations of the Study

1. There were a few locations where the researchers could not track the beneficiaries as the programs were kind of events.
2. Some beneficiaries were not out spoken.
3. In some of the locations, concerned implementing partners were not available that acted a restriction to data collection.

Project Details

Name of the Project

Running of 04 no. Homeopathy Dispensararies at
Pratapnagar, Dunda, Koteswar & Rishikesh
Uttarakhand”

Name of Implementing Agency:

Swami Narayan Mission Socitey Charitable
Homeopathy Dispensary, Muni ki reti Rishikesh

Project Cost

17,62,440 Rs

Date of Start

01/04/2016

Date of Completion

31/03/2017

Area of operation

Dhontary, Pokhri, Koteswar and Rishikesh

Number of People benefited

Approx 54797 Patients

4.1 Project Background

Health Care is one of the important determinant in promoting General physical health and well-being of people. According to the National Family Health Survey of the Government of India access to medical health care is still a major challenge for the local poor community. Health statistics of ruler India continue to be poor, the health status and access to health for the poor in the urban slum dwellers has surfaced to be equally deplorable.

In Uttarakhand about 85% of the population of the state lives in rural areas. People have to travel long distances to cities for receiving proper medical care. A large number of quacks play with the health of innocent people because of inadequacy of quality medical infrastructure and shortage of qualified medical professionals in this area. Though there has been substantial progress on the health and family welfare indicators of Uttarakhand, but still there is a wide scope to support the population on Maternal and child health (MCH) programme, non-communicable diseases burden as well as other vulnerabilities etc

In proportion of the population living in rural areas of Tehri District medical facilities are not adequate for their healthcare. There were no homeopathic dispensaries in these areas. This project is being funded and monitored by SEWA-THDC. This project has been implemented to complement patients in rural area with alternative homeopathic medicines. This initiative had made good implications in lives of people. This project is a long term initiative of SEWA-THDC. There are four homeopathy Dispensaries at Pokhari, Dhontri, Koteshwar and Rishikesh run and managed by Swami Narayan Mission Society, Rishikesh. In the past six years thousands of poor and needy people living in difficult conditions at Pokhri and Dhauntari and in nearby villages have been benefited.

4.2 Aims and Objectives

This ambitious healthcare project has been implemented with following objectives

1. To create awareness about Homoeopathy treatment among local community living in rural areas and to complement them with homeopathic medicines.
2. To serve medical consultation and to provide free of cost homeopathic medicines for the poor and needy patients.

4.3 Area of Operation

The dispensaries are opened in the project affected areas of Their Dam and villages named Koteshwar, Rishikesh, Pokhari and Dhontary of Tehri Garhwal District. Patients also come from the nearby and surrounding villages of these dispensaries for availing the medical and health care facilities.

4.4 Implementing Agency

Swami Narayan mission society, Rishikesh is operating this project for the last six years in the four geographical areas. The Narayan Mission Society has its own well maintained Homoeopathic Charitable Dispensary.

In the dispensary the patients are checked by Dr. Swami Narayan Dass. In the dispensary there is no registration charges for the patients. All the medical check-up is free of cost. All types of medicines required shall be available free of cost. If the medicine is not available in the dispensary the patient has to purchase it from the market. Patient shall have to go to the laboratory if the doctor needs the report of urine, blood and sputum.

4.5 Execution of Project

This project is being implemented through a MoU between SEWA-THDC and Swami Narayan Mission Society Rishikesh. As per agreement they have established Homeopathic Dispensary Centre at three different places in Tehri district and main Homeopathic Dispensary is situated in Rishikesh. The implementing agency has appointed a qualified and experienced doctor and one assistant in every Homeopathic Dispensary. The timing of consultation at Homeopathic Dispensary starts from 10AM to 5PM and while Sunday is holiday. The emergency somehow is open any given point of time. All three Dispensaries submit their monthly report to Swami Narayan Mission Society, Rishikesh who in turn submit the combined report to the SEWA-THDC. This monthly report provides details about number of patients visited, amount of medicines provided and requirement of medicines for next month. As per the report medicines are being provided to each dispensary by Swami Narayan Mission Society.

4.5.1 Homeopathy Dispensary, Koteshwar

The Health Centre established at Koteshwarpuram (Block-Narendranagar) in Tehri Garhwal in the beginning of March 2014. This dispensary is 22 km downstream of Tehri. People come from surrounding villages of Kyari, Siroli, Dobhal-Goan, Bandaria, Payal-Goan, Jakholi-Saundiya Goan, Sauni, Alli-Talli, Khand-Surkhet, CISF & allied staff. THDCIL -staff and officers are also beneficiaries of this project. The staff and a doctor are trained to serve humbly to poor people who are living in difficult conditions in nearby villages; doctor goes to even the doors of patients who are not able to arrive at the clinic. Presently Dr. Naresh Painuly is providing consultation and medicines at Koteshwar Homeopathic Centre



Photo 4.1 Discussion with Dr. Naresh Painuly at Homeopathy Dispensary, Koteshwar

As per the monthly report submitted to Swami Narayan Mission, Rishikesh **15256** patients were consulted and they have been provided medicines free of cost. In the past six years thousands of poor and needy people living in difficult conditions at Pokhri have been benefitted through this Health Centers.

4.5.2 Homeopathy Dispensary Pokhari, Pratap Nagar:

This Homeopathy Dispensary is established at Pokhari Village of Pratapnagar Block. There is a doctor and one assistant in this dispensary. The beneficiary villages of this Centre are Pokhari, Galyakhet, Khalad Gaon, Khitta, Aabki, Banyani, Semdhar, Sinwalgaon, Kotalgaon, and Majhkhet. From April 2016 to March 2017, **11396** patients of different cases were checked, treated and provided medicines free of cost in the O.P.D. of Pokhari, Pratapnagar, a unit of Swami Narayan Mission (Society).



Photo 4.2 Visit to Homeopathy Dispensary Pokhari

4.5.3 Homeopathy Dispensary Dhontri:



Photo 4.3 Visit to Homeopathy Dispensary, Dhontri

A total of 11673 patients of different cases were checked, treated and provided medicines free of cost in the O.P.D. of Dhauntary, Uttarkashi, The beneficiary villages of this Centre are Dhauntri, Saud, Lugada, Kamad, Udari, Gongad, Satiyali, Gahar, Dikholi, Saundi.

4.5.4 Homeopathy Dispensary Rishikesh

This dispensary is located at Ganga Kinare, Shisham Jhari, Street No-12, Muni-Ki-Reti, and Rishikesh. Around 27868 patients local public of Rishikesh and nearby area have come to the dispensary and took benefit of health care.



Photo 4.4 Visit to Homeopathy Dispensary Muni ki Reti Rishikesh

4.6 Impact Assessment

The project has served the purpose by providing the accessible health to the villagers /community where it is operating as there are no other medical facilities are available. The mission is providing health care consultation and medicines free of cost to the needy and poor. Since April 2016 until March 2017, approx., 54797 patients have been consulted and mostly have been benefited with better health.

4.6.1 Verification of Activities:

The team of evaluators visited to each of the dispensaries and during the processes this found that every Homeopathy Centre is maintaining the OPD register's and Guest visit register. Monthly reports for the month of July and December 2017 were seen and records of patents, medicine given and medicine stock was available.

4.6.2 Stakeholders Mapping

Research team has visited all the dispensaries established under this project. Meeting and discussion with some of the stakeholders was done. Survey was conducted for a verification and impact assessment of this project. Team has also conducted semi structured interviews to get insights of stakeholders and to get suggestions from them.

Table 4.1 stakeholders mapping during evaluation and impact assessment

Stakeholders	Meeting	Discussion	Records verification	Feedback	Site visit	Sample verification
THDCIL	√	√	-	√	√	-
SEWA-THDC	√	√	√	√	√	-
Doctor/Staff Rishikesh	√	√	√	√	√	√
Doctor/Staff Pokhari	√	√	√	√	√	√
Doctor/Staff Dhontri	√	√	√	√	√	√
Doctor/Staff Koteswar	√	√	√	√	√	√
Patients	√	√	-	√	√	√
Public Representatives (Pradhan)	√	√	-	√	√	-
Family members	√	√	-	√	√	√
Nodal Officer	√	√	√	√	√	-

4.6.3 Analysis of patients visited to the dispensary in the 2016-17

Based on the data and reports received from the implementing agency is further analyzed to check the number of patients throughout the year visiting to the dispensaries and kind of health issues they have. We have found out that 50 % of the patients are male/adult and rest of them are women, children and old age. The data and there presentation is put in tabular and graphical form in the following.

Table 4.2 Patients log at Homeopathic Dispensary, Dhontri for Year 2016-17

Classification of Patients Consulted and Treated		Classification of Patients Consulted and Treated (2016-17)
Male	5642	<p>A pie chart titled 'Classification of Patients Consulted and Treated (2016-17)' showing the distribution of patients by gender and age group. The chart is divided into three segments: Male (blue, 51%), Female (red, 39%), and Children (green, 10%). A legend to the right of the chart identifies the colors: blue for Male, red for Female, and green for Children.</p>
Female	4241	
Children	1111	
Emergency	679	

Homeopathy dispensary established at Dhontri provided healthcare facility to 5642 male patients that constitute 51 % of the total patients consulted by this dispensary. There were 679 emergency cases reported in this dispensary and all of them were taken to nearest hospital after providing first aid. As per the record 39 % of the total patients were female and maximum of them are anemic.

Table 4.3 Patients log at Homeopathic Dispensary, Pokhari for Year 2016-17

Classification of Patients Consulted and Treated		Classification of Patients Consulted and Treated (2016-17)
Male	6993	<p>A pie chart titled 'Classification of Patients Consulted and Treated (2016-17)' showing the distribution of patients by gender and age group. The chart is divided into three segments: Male (blue, 50%), Female (red, 44%), and Children (green, 6%). A legend to the right of the chart identifies the colors: blue for Male, red for Female, and green for Children.</p>
Female	6176	
Children	827	
Emergency	30	

Homeopathy dispensary established at Pokhari has provided healthcare facility to 6993 male patients who constitute approximately 50 % of the total patients consulted by this dispensary. During 2016-17 year 30 emergency cases were reported in this dispensary and all of them were taken to nearest hospital after providing first aid. As per the record 44 % of the total patients were female and maximum of them were anemic. 827 patients were children. Many of them were suffering from malnutrition. They were given homeopathic medicines for the fulfillment of vitamin deficiency and their overall growth.

Table 4.4 Patients log at Homeopathic Dispensary, Rishikesh for Year 2016-17

Classification of Patients Consulted and Treated		<p>Classification of Patients Consulted and Treated (2016-17)</p> <p>8% 46% 46%</p> <ul style="list-style-type: none"> ■ Male ■ Female ■ Children
Male	12941	
Female	12805	
Children	2122	
Emergency	0	

This dispensary established at Rishikesh covers high number of patients. It has created awareness about homeopathic medical care and its significance. It has provided healthcare facility to 12941 male patients who constitute approximately 46 % of the total patients consulted by this dispensary. During 2016-17 year. As per the records it was found that most of the patients were between the age group of 45-75 years.

Table 4.5 Patients log at Homeopathic Dispensary, Koteshwar for Year 2016-17

Classification of Patients Consulted and Treated		<p>Classification of Patients Consulted and Treated (2016-17)</p> <p>7% 39% 54%</p> <ul style="list-style-type: none"> ■ Male ■ Female ■ Children
Male	5910	
Female	4178	
Children	793	
Emergency	515	

As per the doctor, despite of allopathic medical health care facility at Koteshwar patients are choosing to undergo homeopathic medical health care due its positive results over the period of time with very minimal side effects. Almost 10,000 patients were consulted during 2016-17. Number of male patients were more than that of female.

4.6.4 Sustainability of the Project

All the four homeopathic dispensaries are well managed, maintained by the qualified doctors supported by technical staff. Generally the access to the dispensaries is easy and are centrally located. Cleanliness and hygiene in the dispensaries is of good standards with minimum facility for the patients. The numbers of patients treated are significant and also have reported positive results. There are some limitations with regard to quality of medicines

available to these dispensaries as shared by the doctor. People in the area and patients are very much happy from the services rendered and want to have continued these health services. Some generic pathological test facilities attached to these dispensaries may add lots of value in further diagnosis and proper treatment. The overall management of the whole project is deduced as follow

Table 4.6 sustainability of the Project

Particulars	Remarks
Project Management	<p>This project is being managed and monitored by Swami Narayan Mission Society, Rishikesh. Nodal officer visits all the dispensaries on periodic basis to monitor the project.</p> <p>At all the dispensaries, one doctor and one assisting staff has been appointed. A sphygmomanometer, stethoscope is also provided.</p> <p>The records and dossiers have been maintained for day to day management and reporting to Swami Narayan Mission</p> <p>Progress Report and project review diary is being maintained by every dispensary. Progress report contains number of patients (consulted and treated), amount of medicine provided, requirement of medicine of the project is evident with the regular reporting</p>
Project relevance	The program is highly desirable and relevant in the given situation and had a potential to contribute for health care facility in rural areas of Tehri Garhwal.
Project effectiveness	Project has been implemented effectively and as per the doctors all the medicines are being provided at every dispensary. There is insufficient supply of high quality medicines.
Impact	<p>It has a positive impact on women and children as far as health is concerned.</p> <p>Dhontri and Pokhari Homeopathic dispensary saved life of some serious patients by providing medical consultation, further with the guidance and support at right time.</p>
Sustainability	The program was planned for long term benefit and it will make positive impact and bring about positive changes in the life of the people. These dispensaries should be provided with all the medical equipment and newly found best quality medicines to make this project effective and sustainable.

4.7 Feedback and Suggestions:

This activity should be continued as it has made some landmark impact on the target group it was intended. There were good appreciation about this activity from the beneficiaries and the common villagers. Some suggestions and feedback were received during the site visit and has been compiled to inform to the SEWA-THDC

- 1) On weekly basis doctors and staff should visit villages' nearby dispensary to increase the reach of healthcare services in rural and remote areas.
- 2) Improved and newly found medicines which are now available in market should be provided at every dispensary especially for leucoderma and warts.
- 3) Menstruation kit/ sanitary napkins should be distributed at dispensary to girls and women for their hygiene and safety. There should be disposal mechanism for the same.
- 4) Basic medical equipment like endoscopic devices including laryngoscopes, laparoscopes, anosscopes, proctoscopes, otoscopes, retinoscopes, or colposcopes blood pressure monitors, gauges, cuffs, aneroid, or infusers and monitor for glucose management should be made available to satisfy the need of health care centre.
- 5) As per the doctor's observation almost all women are anaemic hence awareness campaign should be undertaken by every dispensary in all surrounding villages and necessary medicinal facility and consultation to be provide to anaemic patients
- 6) As per the need and availability, expert doctors should be made available at all these dispensaries on weekly/monthly basis.
- 7) There should be a provision to take serious patients to nearby hospital in emergency cases hence mini ambulance should be made available for the patient's safety.
- 8) Special Health care facility should be made available for children

4.8 Success stories

- 1) **Aradhana Rawat** who is a teacher at BVS Biwani said, "I am very happy after taking treatment from this homeopathic clinic run by SEWA-THDC. I was suffering from chronic cough for long time, after taking treatment from this clinic my health has improved. I heartily thank SEWA-THDC for this great initiative. Whenever our students get injured during school hours they get free dressing and medical care from this clinic. I hope SEWA-THDC will continue this initiative."
- 2) **Ram Singh** who is staff member at Department of Agriculture Lambgaon said, "I am very grateful to SEWA-THDC for this good initiative. I was suffering from kidney stone of size 8.5 mm. When I consulted the hospital they asked me for operation to cure it. But I did not wanted to undergo operation. Finally I came in contact with Dr. Mukesh of homeopathy dispensary; I was given consultation and free of cost medicines. The treatment was of 4 months. All medicines had positive effects on me and now I am well. I thank SEWA-THDC for providing me free of cost medical treatment."
- 3) **Ramesh Kumar said,** "I was suffering from skin disorders and infections. Before coming here, I had visited various hospitals for consultation but could not get proper treatment. But Homeopathic medicines were very much effective and done a good job for me. I got proper treatment here and now I am free of skin disorders and infections."

I am really happy and grateful to SEWA-THDC for this help and support for people living in rural areas.

- 4) **Mrs Shobha said,**” I got treatment from Homeopathic Dispensary. I am well now and credit goes to SEWA_THDC for providing this medical facility. It helped me.”

5.1 Project Background

Under the project, statue of Great Saint Thiruvalluvar has been unveiled on the bank of River Ganga, Haridwar in the gracious presence of Hon'ble Governor of Uttar Pradesh, Shri Ram Naik. The then Governor of Meghalaya, Shri Shanmuganathan; Sri Lankan Minister Shri Thiru Sentiil Thondaman and many other dignitaries including a handsome gathering of followers of Saint Thiruvalluvar coming from Tamil Nadu were present. Objective of the programme was to bridge the North and South culture

Table 5.1 Details of the project

1.	Name of the Project	Organizing cultural event for bridging the North and South Culture at Haridwar, Uttarakhand
2.	Project Code	012
3.	Name of Implementing Unit and Unit Code	SEWA-THDC, Rishikesh
4.	Name of Implementing Agency	Shri Nanda Devi Raj Jaat Purve Pithika Samity, Dehradun C/o Sh Tarun Vijay, the then MP (Rajya Sabha)
5.	Project Cost	20 Lack Rupees
6.	Date of Start	26.06.2016
7.	Date of Completion	29.06.2016
8.	Area of operation of the Project	Haridwar, Uttarakhand
9.	Activity covered in the Project	A program was organized in memory of and by installing statue of the Great Saint Thiruvalluvar in Haridwar for bridging the North and South Culture
10.	Target Group	North and South Indian population
11.	Number of People benefitted from the project	The activity has been done considering North and South Indian societies at large to bring them socially & culturally closer.

5.2 Aims and Objectives of the project:

“Shri Nanda Devi Raj Jaat Poorva Pithika Samiti”, Dehradun with an intention to bring North and South population closer, organized a cultural event in Haridwar. During event, statue of Great Tamil Saint and Philosopher “Thiruvalluvar” has been established and unveiled , who spoke for human values and gave best of gems to the society.

5.3 Implementing Agency:

“Shri Nanda Devi Raj Jaat Poorva Pithika Samiti, Dehradun” is a trust registered as a nodal agency to conserve and promote the rich cultural heritage of Uttarakhand and the Yatra and exchange cultural relation among other cultures at national level. The trust was formed as a cultural, civilization and social organization to have Nanda Devi Raj Jaat Yatra also known as Himalayan Kumbh on a grand scale organized in Uttarakhand after every 12 years. The trust keeps on organizing various programmes.

5.4 Impact of the Project

The program has been organized in the larger interest of bridging the gap between the people of Southern and Northern India. During event, grand statue of great Tamil Saint “Thiruvalluvar” was unveiled.

5.5 Stakeholders Mapping

Major stakeholders were consulted and feedbacks were taken from all the possible stakeholders. Research team has collected feedbacks from project stakeholders by conducting semi structured interviews.

Table 5.2 stakeholders mapping during evaluation and impact assessment

Stakeholders	Meeting	Discussion	Records verification	Feedback	Site visit	Sample verification
THDCIL	√	√	-	√	√	-
SEWA-THDC	√	√	√	√	√	-
Mr. Vijay Tarun	√	√	-	√	√	-
Shree Nanda Devi Raj Jaat Purv Pithika Samiti office	√	√	√	√	√	-
Local community of Haridwar	√	√	-	√	√	√
Public Representatives (Pradhan)	√	√	-	√	-	-
Nodal Officer	√	√	√	√	√	-



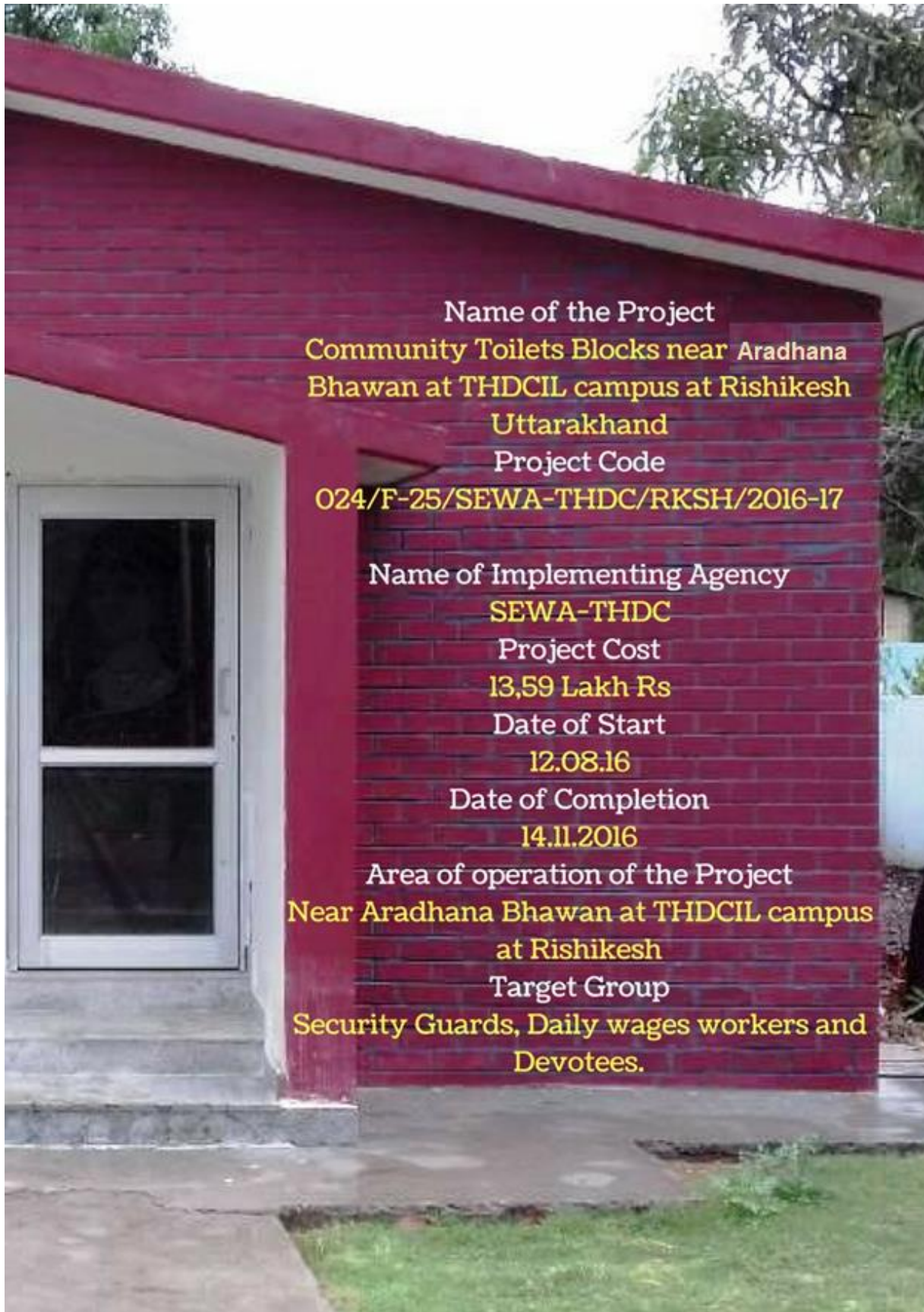
Photo 5.1 Cultural event at Haridwar

5.6 Project Activities Covered by Media

1. INDIAN EXPRESS: http://www.newindianexpress.com/states/tamil_nadu/MPs-Thiruvalluvar-Ganga-Payanam-reaches-Chennai/2016/06/23/article3495974.ece
2. TIMES OF INDIA: <http://timesofindia.indiatimes.com/city/chennai/Tamil-saintpoet-Thiruvalluvar-to-get-pride-of-place-in-Haridwar/articleshow/52719521.cms>
3. NEWS MINUTE: <http://www.thenewsminute.com/article/bjp-mp-tarun-vijays-brings-thiruvalluarharidwar-all-way-kanyakumari-44765>

Construction of Community Toilet Block Near Aradhana Bhawan, THDC Campus, Rishikesh





6.1 Project Background

The project was funded and implemented by SEWA-THDC where all the authority of decision making was with SEWA-THDC. The project has completed under CSR initiative for the year 2016-2017. All the operations are headed by SEWA-THDC which look after the implementation, functioning and monitoring. The total cost of this project was Rs. 1065676.23.

Table 6.1 Cost estimation of the project

Sr. No	Particulars	Amount
1	Total Cost of toilets excluding cement, sand aggregate & steel	997123.96
2	(Less) Rebate 5%	49856.20
3	Total (1-2)	147267.76
4	(ADD) Centage 12.5%	118,408,47
5	Grand Total	10655676.23

6.2 Aims and Objectives

Inadequate sanitation is a major cause of disease world- wide and improving sanitation is known to have a significant beneficial impact on health both in households and across communities. Number of devotees visits Aradhana Bhawan daily but there was no toilet and sanitation facility available. Hence, this project has developed with following aims and objectives,

1. To make available toilet and sanitation facility for security guards of THDCIL campus, Rishikesh, and for daily wage workers working for the beautification and maintenance of the garden this is just behind Aradhana Bhawan.
2. This project also aims to provide clean and well maintained public toilet block for community living in surroundings area of Aradhana Bhawan and for those who are coming to garden.

6.3 Implementing Agency

This project was implemented by Uttar Pradesh Rajkiya Nirman Nigam Ltd. Haridwar. Uttar Rajkiya Nirman Nigam was established in august 1975 as undertaking under U.P. 1975 commenced operations. URNN is ISO 9001-2008 certified and is a Premier organization of the country in the construction and infrastructure horizon. Major Player in Infrastructure Projects - Thermal power projects, Chimney of Oil Refinery, Roads, Barrages and River Front works.

6.4 Area of operation

Aradhana Bhawan is a prominent place in the THDC campus Rishikesh. There is a small and beautiful garden on the back side of the Aradhana Bhawan. These places have significance for all the people living in the surrounding campus. The location of constructed toilet block is just behind the Aradhana Bhawan at the corner of small Garden.

6.5 Execution of Project

A MoU was signed between SEWA-THDC and M/s Uttar Pradesh Rajkiya Nirman Nigam Ltd. Haridwar on 11th August`2016 for the construction of Toilets Blocks near Aradhana Bhawan. Rishikesh. Uttar Pradesh Rajkiya Nirman Nigam Ltd. Haridwar has been given the responsibility of planning and execution of project.

This project was coordinated by Nodal officer Shri Neeraj Agrawal, DGM (Design) THDCIL Rishikesh.

The construction work of toilet blocks was completed by 14th November 2016 and it was commissioned and opened for the public utilization.

6.6 Impact Assessment

The project has benefited to all in and around the area and particularly the pilgrims who have been coming to Aradhana Bhawan and daily wager working in the fields. Security guards also used to go far in search of toilet and latrine facility but now the situation has changed. Newly constructed toilet block have been accessible for all. It is having two different sections one for male and another for female. This is gender friendly and accessible for differently abled persons as well.

During the field visits it was observed that due to construction of toilet block everyone who is coming to temple or garden now have access to washrooms and toilets and practicing safe sanitation. The purpose of this project is served by providing basic toilet and sanitation facility.

6.6.1 Stakeholders Mapping

It was needed to meet every stakeholder of this project to get holistic perspectives on project management and success of the project.

Table 6.2 Stakeholders Mapping

Stakeholders	Meeting	Discussion	Records verification	Feedback	Site visit	Sample verification
THDCIL	√	√	-	-	√	-
SEWA-THDC	√	√	√	√	√	-
Drivers/ Security Guards	√	√	-	√	√	√
Pilgrims	√	√	√	√	√	√
Local Community	√	√	-	√	√	√
Implementation agency office	√	√	√	√	√	√
Public Representatives	√	√	-	√	√	-
Nodal Officer	√	√	√	√	√	-

6.6.2 Verification of Activities

During Evaluation and Impact Assessment process, research team visited Aradhana Bhawan toilet block and verified all the toilet specifications with that of mentioned in the MoU. According to the records it was found that design of the constructed toilet was done by Design and Engineering Department THDC. This design was followed for the construction of toilet block.

6.6.3 Observations and Findings

Aradhna Bhawan, THDC campus. The construction work of toilet block near Aradhna Bhawan, THDC campus, Rishikesh has been completed and is now fully operational. The toilet block built on an approximate area of 84.67sqm. Toilet block has been divided into two sections from inside i.e. Male section and Female section. Male section has one bathroom, two WC and three Urinals. Female sections have two Bathrooms and three WC. The toilet has been designed such that the indoor plants may be developed. Approximately forty indoor plants have been planted inside the toilet blocks.

Figure 6.1 Level of convenience to use toilet block

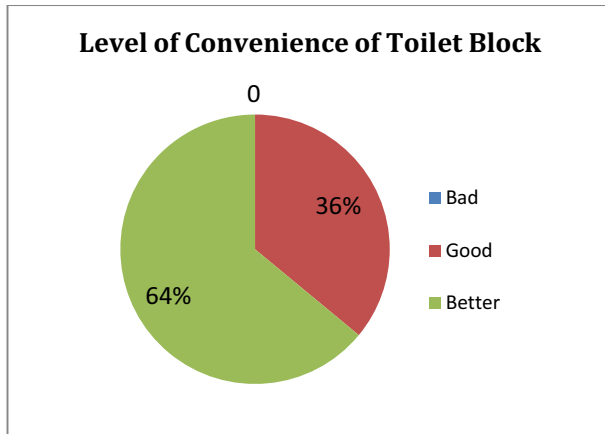
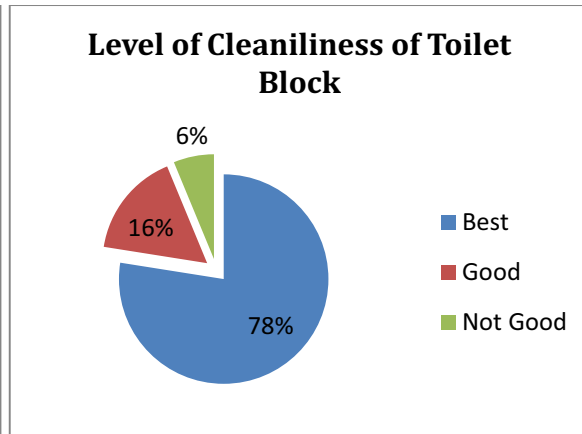


Figure 6.2 Level of cleanliness in toilet block



It has been found that 64% respondents feel that using toilet is very much convenient, but 36% people do not find convenient to use public toilet.

Asking about the cleanliness of toilet block 62% people are satisfied with cleanliness of toilet block but 6% of respondents are not satisfied with level of cleanliness.

Fig. 6.1 Feeling of safety to use toilet

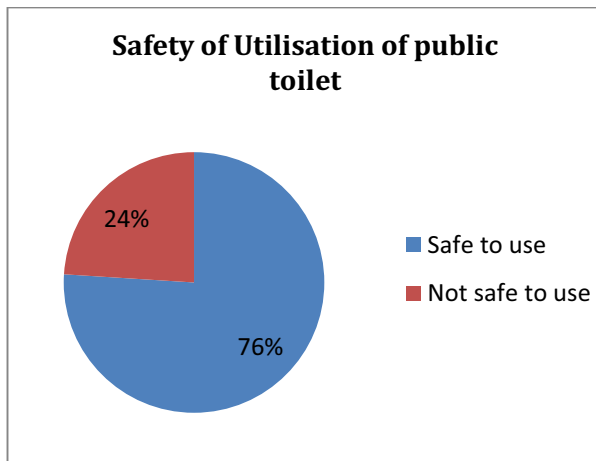
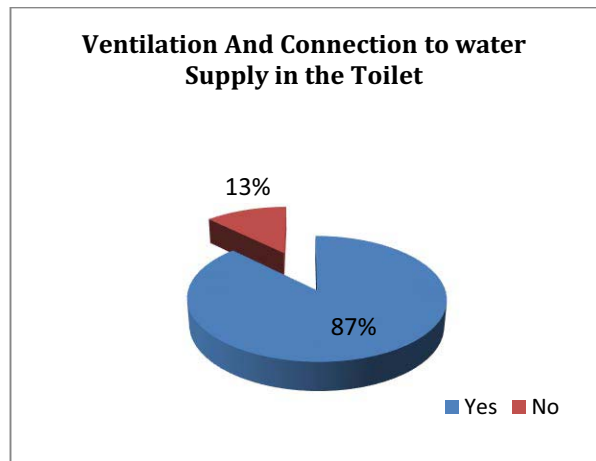


Fig. 6.1 Availability of water supply and Ventilation



As per survey almost 76 % of respondents fill that it is safe to use public toilet on the other hand 24% of people said it is not safe to use public toilet. It is found that 87% of people are satisfied with the ventilation facility and water supply to this toilet block. Whereas 13% of respondents said that there is no regular water supply in this toilet block.

6.6.4 Utilization and maintenance

This toilet block has been fully functional from November 2016. Daily usage of toilet block is being done by devotees coming to temple situated in Aradhana bhawan, security guard, and

local community coming for garden. People are very much satisfied with this construction of toilet block. It was needed.

Sweeper was appointed to take care of toilet block so far cleanliness and hygiene is concerned. Sweeper cleans toilet block on daily basis in the early morning. Hence toilet block is being maintained very much clean and safe for its utilization.

But, as per the local community water tank has not been cleaned from long time hence it is producing unhygienic water leading to skin disease. It is a matter of great concern.

6.6.5 Sustainability of the Project

This project is implemented very successfully and its objectives are achieved. It has provided toilet and hygienic sanitation facility for security guards, local daily workers, pilgrims and local community.

Table 6.3 sustainability perspectives

Particulars	Remarks
Project Management	The project management is led by the Civil Engineer assisted by the trained supervisor and field staff has demonstrated quite satisfactory project management approach to the entire program.
	The records and dossiers are made from the day to day data collected from the beneficiaries and field by the field staff.
	Progress review of the project is evident with the regular reporting to the nodal officer, minutes of meetings and visits of SEWA-THDC officials.
Project relevance	The program was highly desirable and relevant in the given situation and had a potential to contribute Swachh Bharat Abhiyaan with its holistic approach and need of the people in the area
Project effectiveness	Project has been implemented effectively and has full utilization.
Impact	<ol style="list-style-type: none"> 1. This project has created awareness about cleanliness and hygiene among local community. 2. Open defecation in the area has reduced. 3. It has a positive impact on women and children so far health is concerned.
Sustainability	The project is attached to the Temple and thus can be managed in parallel to the temple for upkeep and long term maintenance.

Hydraulic Tipper

“स्वच्छ भारत अभियान” के अन्तर्गत
सौजन्यसे सेवा-टीएचडीसी, ब्रह्मविकेश



एक कदम स्वच्छता की ओर



Background of the Project

Name of the Project	Providing 05 Hydraulic Tippers to different Nagar Palika Parishad & Nagar Panchyat in Tehri Garhwal, Uttarakhand
Project Code	052/2016-17/Tehri/Rishikesh/SEWA-THDC/H&S/56.00
Name of Implementing Unit and Unit Code	Rishikesh,
Name of Implementing Agency	SEWA-THDC Rishikesh
Project Cost	56.00 Lac
Date of Start	22/12/2016
Date of Completion	06/01/2017
Location/Area of operation of the Project	Nagar Palika Prishad New Tehri, Muni ki Reti Rishikesh, Nagar Panchyat Chamiyala, Ghansali and Lambgaon, pratapnagar
Activity covered in the Project and Activity Code	Health and Sanitation
Target Group	Local People of Nagar Palika Prishad New Tehri, Rishikesh, Nagar Panchyat Chamiya, Ghansali and Lambgaon

7.1 Background of the Project

Uttarakhand State's which is having combined rural and urban population over a crore have its municipal solid waste management system in a state of disarray. State is generating approx.3000metric tons of municipal solid waste every day of which only 40-50% is only being managed and disposed of through unscientific traditional means.

Practically all municipal waste is either burned, dumped or buried illicitly on vacant land throughout the urban local bodies of the state, causing significant environmental damage and threatening human health. Apart from the MSW there are other wastes like – hazardous, industrial and medical wastes whose scientific management are either inadequate or not as per the prescribed norms. Uttarakhand 7 municipal waste generation is estimated to accelerate to approx. 9500 tons per day by 2040, resulting in an estimated total of 9.0 million tons of municipal waste being generated during 2014-15, thus solutions are needed urgently.

To design strategy to counter the state's current solid waste management (SWM) situation, following guiding principles of waste management has been considered:

- 1) Waste is a resource
- 2) Individuals must accept responsibility for and cost of their own waste
- 3) Resource recovery and recycling is a priority
- 4) Segregation at source must be maximized
- 5) The informal sector plays a critical role in recycling
- 6) Public participation is essential
- 7) Residual waste must be properly handled, treated and disposed to minimize the load on landfill
- 8) The system must be run on incentivized, performance based principles and
- 9) All stakeholders have different responsibilities and each should be effectively integrated
- 10) Land is limited, thus should be utilized as minimum as possible

In view of the challenges mentioned and guiding principles, SEWA-THDC is supporting to the MLA Pratapnagar, MLA Ghansali, and DM (Tehri) etc. by providing Hydraulic Tipper to different Nagar Palika Parishad and Nagar Panchayat of the area for solid waste management under Swachh Bharat Abhiyaan. These tippers have been provided for solid waste management and were approved in 16th BBLC, the matter was discussed and it was agreed that TATA 407 Tipper or equivalent vehicle should be provided to the concerned Nagar

Palika Parishad and Nagar Panchayat to contribute the National mission. According to decision SEWA-THDC provided 05 no Mahindra & Mahindra Hydraulic Tipper Model- LK 3.3 L, 6T SWB, BS-4 fully built Tipper DSD to Nagar Palika Parishad and Nagar Panchayat. Total cost of the project is Rs 53, 325, 00.00



Photo 8.1 Launch of Hydraulic Tipper by THDC officials

7.2 Aims and Objectives

The aim of the project is to provide hydraulic Tippers to the Nagar Panchayat/Nagar Palika Parishad of the Muni Reti, New Tehri, Chamiyala, Lambgaon and Ghansali for solid waste management.

7.3 Area of Operation

The project is implemented in Tehri District of Uttarakhand. This project was operationalized in Nagar Palika Parishad New Tehri, Nagar Parishad Muni ki Reti, Nagar Panchayat Chamiyala, Nagar Parishad Ghansali and Lambgaon Nagar Panchayat. In all these towns it is being used for door to door garbage collection and carrying to the dumped yard including other work as may be needed.

Table 7.1 Area of operation of the project

Village/ Block	Total no. of Households	Total Population	Population (Male)	Population (Female)
New Tehri	6175	24014	13172	10842
Muni ki Reti	2494	10620	6321	4299
Lambgaon	Not Available			
Chamiyala	502	2602	1172	1430
Ghansali	25127	120775	54496	66279

- **New Tehri:**

It is a city having Municipal Council in Tehri Garhwal District in This urban municipality area has 14 wards, from Vasant Vihar to Vishwakarma Puram (Koti colony). Umesh Charan Gusain is Chairman of Nagar Palika New Tehri.

- **Muni Ki Reti:**

This is a town having Municipal Council situated in Tehri Garhwal district in the Indian state of Uttarakhand. It lies close to the pilgrimage town of Rishikesh and is known for its ashrams, including the Divine Life Society of Sivananda Saraswati.

- **Chamiyala:**

This is a newly formed Municipal Council located in the Tehri Garhwal district of Uttarakhand state, India... It is situated 14km away from sub-district headquarter Ghansali and 90km away from district headquarter New Tehri.

- **Lambgaon:**

In Lambgaon Municipal Council has been established recently due to increase in population. This town is situated in the Tehri district of Uttarakhand

7.4 Implementing Agency

This project was implemented by SEWA-THDC themselves.

7.5 Execution of the Project

This activity of providing Hydraulic Tippers to Nagar Panchayat and Nagar Palika was discussed in the 16th BBLC, and it was decided that TATA 407 Tipper or equivalent vehicle should be provided to the concerned Nagar Palika Parishad and Nagar Panchayat to contribute to the Swachh Bharat Abhiyan

With due tender completion process, SEWA-THDC had placed purchase order to M/s Dehradun Premier Motors Pvt. Ltd for supply of Mahindra and Mahindra Hydraulic Tipper Model- LK 3.3 L, 6T SWB, BS-4 fully built tipper DSD. After receiving all the Hydraulic Tipper

THDCIL flagged off and handed over to the respective Nagar Palika Panchayat and Nagar Parishad.

All 05 Hydraulic tippers are fully functional. Sound system has been installed by the Nagar Palika and Nagar Panchayat on the Hydraulic Tipper for spreading awareness about cleanliness and to make people participate in this campaign of Swachh Bharat Abhiyan.

7.6 Impact Assessment

Impact Assessment was done based on the field visits and interaction with all the stakeholders of this project. Research team visited every Nagar Palika Panchayat and had a discussion with local communities and interviewed local public representatives, Administrative officers of Nagar Palika Panchayat and supervising staff. During these interactions with stakeholders of this project it was found that local community and Nagar Palika Panchayat official were very happy with this project and it was a great support for some of these newly founded Nagar Parishad and Nagar Panchayats. Due to these hydraulic tippers now city garbage is being taken to Dumbing zone on daily basis to keep town clean. It has a positive impact on health of local community.

7.6.1 Site visits study

The research team has visited to the work sites and has met to the officials in charge, tipper operator, drivers and household beneficiaries. All the five Hydraulic tippers were handed over to their respective Nagar Palika Parishad and Nagar Panchayat in 2016. Some key documents were verified including insurance and maintenance record of the vehicles. Other records and logs of vehicles are marinated through GPS, photographs etc. Work mapping was done as follows,

7.6.2 Stakeholders Mapping

Research team has done FGD and some unstructured interviews with different stakeholders. Details about process of stakeholders mapping is given below.

Table 7.2 Activities done during evaluation and impact assessment

Stakeholders	Meeting	Discussion	Records verification	Feedback	Site visit	Sample verification
THDCIL	√	√	-	√	√	-
SEWA-THDC	√	√	√	√	√	-
Officials of Nagar Palika/ Panchayat	√	√	√	√	√	√
Drivers and assistant to the tipper	√	√	√	√	√	√
Household / beneficiaries	√	√	√	√	√	√
Implementation agency office	√	√	√	√	√	√
Public Representatives (Pradhan)	√	√	-	√	√	-
Nodal Officer	√	√	√	√	√	

7.6.3 Feedback of Local Community

- 1) **Ashish Mamgain** from chamiyala said, "Nagar Panchat vehicle is coming on daily basis for garbage collection. Some time they collect garbage from door to door and sometime we are supposed to take our garbage to nearby collection centre and from there vehicle takes it to dumping zone."
- 2) **Vishal Singh** who is from chamiyala village said, "From 08 months regular cleaning of our area is being done and hydraulic tipper is coming on daily basis for collecting garbage." And he added, "Hydraulic tipper created employment for local women and at present 7 women and 3 men are working for garbage collection."
- 3) **Balveer Singh** said, " There is remarkable change in village so far cleanliness is concerned it was only possible due to availability of mini and big hydraulic tippers and human resource for garbage collection."



Photo 7.2 Discussion with Administrative officer at Nagar Palika Parishad Muni Ki Reti, Rishikesh



Photo 7.3 Discussion with Administrative officer at Nagar Palika Parishad Lambgaon, Tehri District

7.6.4 Utilization of Hydraulic Tipper

In all the Nagar Panchayat and Nagar Palika Parishad Hydraulic Tipper is being used for Door to Door garbage collection on daily basis. It also covers public spaces like bus stand, market. It is daily supervision of special supervisor who is dedicated and responsible for the management of Hydraulic Tipper. Daily supervision of Hydraulic Tipper at Nagar Palika has been done and GPS system is installed in the Tipper for monitoring. These hydraulic tippers

have contributed and played a vital role in waste management system in all their respective towns and cities. It travel long distance from Collection Centre to Dumping zone on regular basis. Logbook mentioning daily running has been maintained and it is being verified by supervisor.

Table 7.3 Utilization of Hydraulic Tipper

Sr. No	Vehicle Number	Name of the Nagar Palika Parishad/Panchayat	Daily Running (Average in Km)
1	UK 09 CA 0654	Nagar Parishad Lambgaon	20 km
2	UK 14 CA 1433	Nagar Parishad Muni Ki Reti	60 km
3	UK 09 CA 0656	Nagar Panchayat Chamiyala	45 km
4	Not available	Nagar Parishad Ghansali	80 km
5	Not Available	Nagar Palika Parishad, New Tehri	100 km

Lambgaon Nagar Panchayat use Hydraulic Tipper not only for waste management but also other works of the Nagar Panchayat

7.6.3 Monitoring System

Nagar Parishad, Muni Ki Reti has taken a great initiative for the monitoring of Hydraulic Tipper. Nagar Parishad installed GPS system on Hydraulic Tipper and it is being directly monitored by Administrative officer Nagar Panchayat Muni Ki Reti.

Nagar Panchayat Chamiyala appointed supervisor to take care of daily performance of the Hydraulic Tipper. He is also responsible for technical maintenance and servicing of Hydraulic Tipper.

7.6.4 Sustainability of the Project

The Hydraulic Tippers were provided to Nagar Palika Parishad Rishikesh, New Tehri, Tehri Garhwal and Nagar Panchyat Ghansali, Chamiyala and Lambgaon under the CSR Project and activities of Swatch Bharat Abhiyan. A positive outcome has been seen. As before the polythene bags and the other trashes (Organic & Inorganic garbage) were scattered all around the public areas which not only polluted the environment but also spoiled the natural view & climate of the area, now all the garbage is being collected in dust bins and Hydraulic Tipper collects garbage from place to place and disposes at dumping sites. Regular collection of solid waste by using Hydraulic Tipper has made a remarkable change at public places.

Table 7.4 sustainability of the project

Particulars	Remarks
Project Management	<ul style="list-style-type: none"> The hydraulic Tipper have been provided to Nagar Palika parishad Rishikesh/New Tehri Garhwal and Nagar Panchayat Ghansali, Chamiyala and Lambgaon under the CSR Project and activities of Swacch bharat Abhiyan.
	<ul style="list-style-type: none"> The project management is led by the Executive Engineer assisted by the officer concerned. The driving staff has demonstrated quite satisfactory operation and upkeep of the vehicle.
	<ul style="list-style-type: none"> The records and dossiers are properly maintained by the agencies for the tippers in use.
	<ul style="list-style-type: none"> Space constraint/availability in places like Muni-ki-reti is for dumping the garbage is evident. Segregation of garbage is another area of equal importance from resource utilisation point of view and may be planned by the nagar palika.
Project relevance	<ul style="list-style-type: none"> The program is highly desirable and relevant in the given situation and had a potential to contribute Swachh Bharat Abhiyan with its holistic approach and need of the people in the area
Project effectiveness	<ul style="list-style-type: none"> The daily work logs and location monitoring through GPS system by the management itself is evident.
Impact	<ul style="list-style-type: none"> A positive outcome has been seen. Now garbage is being collected from households by the use of Tipper and is being disposed in dumping sites. The tipper has added to the capacity of Municipal Corporation and has helped local people to get aware about cleanliness of their surroundings and motivated them to keep their area clean. The above programs under the “Swachh Bharat Abhiyan” conducted by THDCIL are being appreciated all-round the local and project area is custom-made.
Sustainability	<ul style="list-style-type: none"> The program is good and shall have positive impact and bring about positive changes in the life of the peoples and eco system. Gradually young generation is becoming more sensitive and caring about the about the garbage and its disposal, this is a very positive indicator.

	<ul style="list-style-type: none"> • Women are happy as the tipper comes to their doorsteps and therefore they keep the garbage ready. • Continuous announcement/ campaign about the waste / Kachda is somewhere registering in the mind of people and should be effective. • Narrow roads of the town and city
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7.7 Recommendations

Based on observations and finding following recommendations are given,

- 1) Continuous Awareness & Education campaigns Awareness about converting waste to resource is very less amongst the generator, thus efforts to segregate the waste at source is not made. Efforts in this direction if made will yield significant results
- 2) In existing practices only dry recyclables like – newspaper, glass bottles, plastic bottles and metal scrap are separated out from the waste stream at generation level, that too by 30-40% of the waste generator in order to earn some monetarily benefits sale the same to rag pickers or Kabariwala. Whereas, commonly the entire waste is outsourced in non-segregated manner.
- 3) Illegal waste management practices and need immediate attention, before it becomes hazardous for the surrounding flora and fauna.
- 4) It is also witnessed that the different type of wastes viz. biomedical, hazardous, industrial and e-waste including Construction debris all are been mixed with municipal wastes and dumped at the same site.
- 5) Being a hill state, the nagar palika's has narrow roads and galis, therefore small tipper suiting to the narrow gali/ road can be planned for more outreach and very effective collection of waste/ garbage.
- 6) Maintenance and servicing of hydraulic tipper should be done as per the terms and conditions prescribed in the guide book.
- 7) Tipper drivers should be provided information and training about this new technology.
- 8) Monthly evaluation of performance of the hydraulic tipper should be done to enhance quality of service delivery.



Organising Of 26 Multi Speciality Medical Camps In Project Affected Area, Tehri



Project Details

Name of Project

Organizing Medical Camp at
Project affected area, Tehri

Name of Implementing Agency

THDC Hospital B Puram & Nirmal Ashram
Rishkish

Project Cost

20,50,000 Rs.

Date of Start

23 Oct. 2016

Date of Completion

10 Mar. 2017

Area of operation

Tehri Rim area 08 Block

Targeted Group

4,680 Villager Of Project Affected Area
Tehri were benefitted

8.1 Project Background

Uttarakhand is located at the foothills of the Himalayan range. The hilly terrain makes accessibility of the area difficult. About 85% of the population of the state lives in rural areas. People have to travel long distances to cities for receiving proper medical care. A large number of quacks play with the health of innocent people because of inadequacy of quality medical infrastructure and shortage of qualified medical professionals in this area. Though there has been substantial progress on the health and family welfare indicators of Uttarakhand, but still there is a wide scope to support the population on Maternal and child health (MCH) programme, non-communicable diseases burden as well as other vulnerabilities etc.

It is one of the ambitious projects undertaken by SEWA-THDC under CSR initiative in the year 2016-17. This project was implemented in rural villages of Tehri District. Multispecialty health camps were organized in 26 different villages of Tehri District. All these camps were one day multispecialty camps. Duration of the each camp was from 10 am to 4pm. During all the camps volunteers & staff from SEWA-THDC were also present at the camp site to manage camp activities.

This project provided an excellent opportunity to all inhabitants of this remote area to avail medical facilities at their door step.

8.2 Aims and Objectives

The scope of this project is to organize 26 medical camps in villages of Tehri District. Organizing multispecialty Camp by Nirmal Mission for Vision Society and THDC Hospital B.Puram is sponsored by SEWA-THDC. The aims and objectives of this project are as follows

- To make people aware about various diseases & their prevention was by organizing medical camps.
- To provide medical and health care facility by giving free medicines, spectacles at camp site and to identify patients who need to undergo eye surgeries and to bring them at base hospital for further treatment
- To conduct awareness programme through film on Alcoholism, General Hygiene, General Eye Care, adulthood changes in girls/boys
- To provide Blood Hb, Blood Sugar, Urine routine and ECG test at all multispecialty medical camps.

8.3 Area of Operation

Nirmal Mission for Vision Society organized five multispecialty medical camps (one day) at Mendkhal, Mani, Kandial Gaon, Ghuttu, Pipalkoti Liyari and Anjanishen village. THDC Hospital B. Puram organized 20 multispecialty medical camps in 20 villages of Tehri Garhwal district.

8.4 Implementing Agency

There are two implementing agencies involved in this project. First one being Nirmal Ashram Eye Institute- Rishikesh and other one is THDC Hospital B.Puram. Nirmal eye institute organized 05 camps while THDC Hospital B.Puram organized 20 camps.

1- Nirmal Ashram Eye Institute

It is a unit of Nirmal Mission for Vision Society, Rishikesh, is a 130 bedded state of art eye hospital. The hospital is located in Rishikesh around 50 km. from the state capital, Dehradun. This hospital has performed more than 95000 Eye Surgeries since its inception in 2005. The hospital provides Eye Care services in the hilly districts of Garhwal region which include Tehri Garhwal, Pauri Garhwal, Uttarkashi, Rudraprayag, Haridwar, and Dehradun and also in districts of neighboring states of Uttar Pradesh, Haryana and Himachal Pradesh.

2- THDC Hospital B.Puram

This hospital is owned by Tehri hydro development corporation. It is situated in Bhagirathi Puram in Tehri District of Uttarakhand. It provides all the health care facility with general medical services.

8.5 Execution of the Project

Nirmal Ashram Eye Institute and THDC Hospital B.Puram organized multispecialty medical camps in rural villages of Tehri District. Medical team was consisting of five doctors including Physician, Dentist, Gynecologist, Orthopedist and Eye Specialist. There were two administrative staff and ten supporting staff for every medical camp. The medicines were provided to patients for three days or seven days as per the requirement. Laboratory, Pharmacy & Optometry facilities, manned by, an accomplished support team, were also provided to patients. To meet any medical exigency, an emergency vehicle was also present at camp site. Following activities were done by implementing agencies during the medical camps,

Activity 1- Awareness of General Hygiene, Eye Care

People were made aware about various diseases & their prevention was by organizing medical camps. During each Multispecialty medical camps awareness programme and consultation was conducted through interaction with patients and focused group discussion on Alcoholism, General Hygiene, General Eye Care, adulthood changes in girls/boys.

Activity 2- General Consultation

Every patient was consulted and was given treatment with free medicines, spectacles at camp site.

Activity 3- Laboratory Investigations

Laboratory investigations like Blood, urine, RBC and ECG investigations were made during medical camps as per the need.

Activity 4- Cataract Surgery

After detailed check-up and investigations some of the patients were asked to come at base hospital for cataract surgery. Maximum patients were between the age group of 60 to 80 years. In cataract surgery, the lens inside the eye that has become cloudy is removed and replaced with an artificial lens (called an intraocular lens, or IOL) to restore clear vision. The procedure typically is performed on an outpatient basis and does not require an overnight stay in a hospital or other care facility.

Activity 5- Specific Surgery

Many patients were undertaken special surgeries like Pterygium excision without Graft, Phacoemulsification with Injection and Phacoemulsification after the identification of patients during multispecialty medical camps

Pterygium excision without Graft is safe and effective in reducing early postoperative complications and patients' discomfort. This innovative technique in pterygium surgery with autograph significantly shortens the duration of surgery (on an average 35 min) Graft was lost in two cases on the 1st postoperative day.

Phacoemulsification is a modern cataract surgery in which the eye's Internal lens is emulsified with an ultrasonic hand piece and aspirated from the eye. Aspirated fluids are replaced with irrigation of balanced salt solution to maintain the anterior chamber.

8.6 Impact Assessment

8.6.1 Verification of Activities

All the documents and records maintained at Medical camps including reception entry book. Details of patients were verified. All the activities to be undertaken by the implementing agency were verified and it was found that this project was implemented well and achieved its objectives.

8.6.2 Stakeholders Mapping

Research team has done FGD and some unstructured interviews with different stakeholders. Details about process of stakeholders mapping is given below.

Table 8.1 Activities done during evaluation and impact assessment

Stakeholders	Meeting	Discussion	Records verification	Feedback	Site visit	Sample verification
THDCIL	√	√	-	√	√	-
SEWA-THDC	√	√	√	√	√	-
Doctors of THDC Hospital B.Puram	√	√	√	√	√	-
Doctors and Assisting Staff of Nirmal Ashram Eye Institute	√	√	√	√	√	-
patients	√	√	-	√	√	√
CEO, Nirmal Ashram Eye Institute	√	√	-	√	√	-
Public Representatives (Pradhan)	√	√	-	√	√	-
Nodal Officer	√	√	√	√	√	-

During consultation and discussion with some of the beneficiaries research team has verified all healthcare services provided in medical camps.

Table 8.2 healthcare services

Eye care:	Gynaecology:	General health (Physician):	Dental:
Yes	Yes	Yes	No

Table 8.3 facilities provided during medical camps

Transportation provided:	Any expenses given:	Free Medicine received	Medical Aid	Any further check recommended
√	-	√	√	√

8.6.3 Doctors Feedback

“Maximum patients are suffering from skin disorders and infection due to use of unsafe water. We don’t have special medicines for it hence these medical camps are not that much effective?”

“Women are anemic due to many reasons due to improper diet. They are also suffering from gynecological issues. One day medical camp will not be more helpful for the treatment of these anemic patients. Continuous consultation with doctors, availability of medicines for anemic women and awareness among women is needed to overcome this very serious condition.”

“Transportation facility for poor and needy patients is to be provide for further treatment. Many patients did not turn up due to poor economic background and we are helpless in this case to provide medical treatment periodically.”

“Rate of malnutrition in children is very high. They are also suffering from diarrhea. For children we are providing Vitamin B complex for those who are malnourished. Growth rate of children in rural areas is very low”

“During medical camps it was found that people are not worried about their health. They always worried about their financial problem and due to this they are not approaching to nearby city hospitals hence these camps are very much positive impact on local poor community.”

“Due to some limitations we are not able to provide all kinds of medical facilities during one day medical camps. We don’t have enough number of doctors at site for treatment of whole village in one day. Our limited staff could not serve for large number of people at the same time.”

8.6.4 Feedback of patients

As per the opinion of beneficiaries medical camps were very much needed for them and they are happy with this initiative. It was said that number of patients were very much due to which doctors

were not able to give more time. Usha Rana belongs to Nagani Village she is one of the beneficiary of the project. She said, " Medicines were provided but they have no effect on me."

Table 8.4 details about some of the patients

Name:	Activity benefitted	Transportation provided:	Any expenses given:	Free Medicine received	Medical Aid
Roshandlal Uniyal	Yes	No	No	Yes	General
Sona	Yes	No	No	Yes	General
Ramesh Nautiyal	Yes	No	No	Yes	General
Sunita	Yes	No	No	Yes	General
Kusuma	Yes	No	No	Yes	General
Bhagwan Singh	Yes	No	No	Yes	General
Sita Devi Bijalwan	Yes	No	No	Yes	General
Madan Lal Tiwari	Yes	No	No	Yes	General
Sitaram	Yes	No	No	Yes	General
Usha Rana	Yes	No	No	Yes	General

Table 8.5 level of satisfaction of the patients

Benefits drawn	Satisfied(1)	Partially satisfied (2)	Average (3)	Not satisfied (4)
Monetary benefit (In terms of spending on health)	√	-	-	-
Personal health benefit (for which the camp was attended)	√	-	-	-

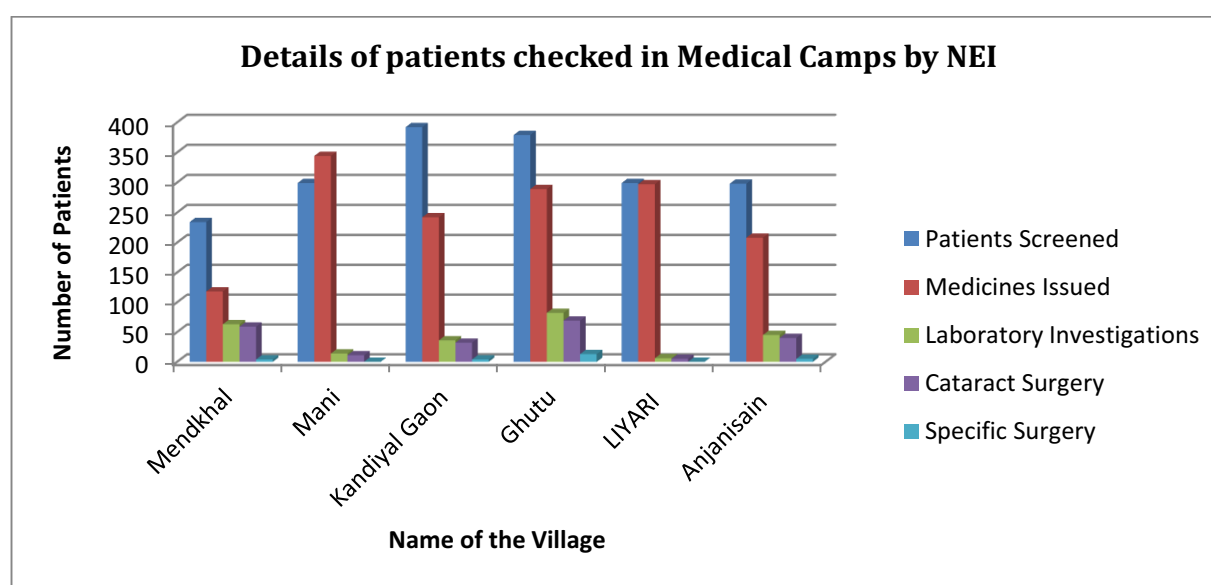
8.6.5 Impact of Medical Camps organized by Nirmal Ashram Eye Institute

A total of 1901 people were served and treated through the multispecialty health camp at above mentioned villages. 216 patients were operated for Cataract and 26 patients were operated for other specific eye surgery. All the patients were examined during postoperative checkup at the camp site. 1498 patients were distributed free medicines. Blood, urine & ECG investigations were conducted on 246 patients. Overall patients / residents were satisfied and happy with facilities provided and the services of Doctors at the camp.

Table 8.6 Details of patients checked in Medical Camps by NEI

Name of the Village	Patients Screened	Medicines Issued	Laboratory Investigations	Cataract Surgery	Specific Surgery
Mendkhal	234	118	63	59	4
Mani	299	344	14	11	0
Kandiyal Gaon	392	242	36	32	4
Ghutu	379	289	82	69	13
LIYARI	299	297	6	5	0
Anjanisain	298	208	45	40	5
Total	1901	1498	246	216	26

Fig. 8.1 Details of patients checked in Medical Camps by NEI



Nirmal Ashram Eye Institute had organized multispecialty medical camps in following village. Village wise Details of beneficiaries of this project are given below.

Camp 1- Name of the Village Anjanisain

A total of 298 people treated through the multispecialty health camp at Village Anjanisain, Block Jakhanidhar. 40 patients were operated for Cataract and 5 patients were operated for other specific eye surgery. All the patients were examined during postoperative checkup at

the camp site. 208 patients were distributed free medicines. Blood, urine & ECG investigations were conducted on 45 patients.

Camp 2- Name of the Village- Pipalkoti.

A total of 299 people were treated through the multispecialty health camp at Village Liyari, Pipalkoti. 5 Patients were operated for Cataract. All the patients were examined for postoperative checkup at the camp site. 297 patients were distributed free medicines. Blood, urine & ECG investigations were conducted on 6 patients. 53 spectacles were distributed free of cost.

Camp 3- Name of the Village- Hutu

A total of 379 people were treated through the multispecialty health camp at Village Ghutu, Block Bhilangna. 69 patients were operated for Cataract and 13 patients were operated for other specific eye surgery. All the patients were examined during postoperative checkup at the camp site. 289 patients were distributed free medicines. Blood, urine & ECG investigations were conducted on 82 patients

Camp 4- Name of the Village- Kandiyal Gaon

A total of 352 people were treated through the multispecialty health camp at Village Kandiyal Gaon, Block Pratap Nagar. 32 patients were operated for Cataract and 4 patients were operated for other specific eye surgery. All the patients were examined during postoperative checkup at the camp site. 242 patients were distributed free medicines. Blood, urine & ECG investigations were conducted on 36 patients

Camp 5- Name of the Village- Mendkhal

A total of 234 people were treated through the multispecialty health camp at Village Mendkhal, Block Thauldhar. 59 patients were operated for Cataract and 4 patients were operated for other specific eye surgery. All the patients were examined during postoperative checkup at the camp site. 118 patients were distributed free medicines. Blood, urine & ECG investigations were conducted on 63 patients

Camp 6- Name of the Village- Mani

A total of 299 people were treated through the multispecialty health camp at Village Mani, Block Chiniyalisaur. 11 patients were operated for Cataract. All the patients were examined during postoperative checkup at the camp site. 344 patients were distributed free medicines. Blood, urine & ECG investigations were conducted on 14 patients

8.6.6 Impact of Medical Camps organized by THDC Hospital B.Puram

THDC Hospital B. Puram organized 20 Multispecialty medical camps in all the villages mentioned in the following table. As per the record found 1561 male and 1540 female were benefited from these medical camps.

According to doctors of THDC Hospital people are facing skin diseases due to unhygienic conditions. Old age people are suffering from cataract. Most of the women in the rural areas of Tehri are anemic but they are not aware of this disease which can lead to serious problems. Hence it was suggested that doctors should be deployed in remote areas with portable machines. Serious patients should be identified to be sent at THDC Hospital for final treatment. As per Dr. Namita Dimri, ear and throat diseases in children are prevalent because of malnutrition.

Table 8.7 Details of patients checked in Medical Camps by THDC Hospital

Name of the Village	Block	OPD Description		Total
		Male	Female	
Mahrgaon	Pratapnagar	72	81	153
Pratapnagar	Pratapnagar	95	97	192
Kamad	Thauldhar	79	109	188
Kudiyalgaon	Pratapnagar	190	131	221
Jakhanidhar	Jakhanidhar	195	180	375
Mahrgaon	Pratapnagar	60	75	125
Ajanisaid	Jakhanidhar	126	162	288
Maidkhal	Thauldhar	101	130	231
Guttu	Bhilangana	194	185	379
Panagani	Chamba	61	69	130
Lambgaon	Pratapnagar	52	53	105
Mahrgaon	Pratapnagar	52	55	107
Nandgaon	Jakhanidhar	30	37	67
Mahrgaon	Pratapnagar	37	93	130
Kghamatoli	Bhilangana	76	129	205
Mahrgaon	Pratapnagar	34	44	78
Mandar	Jakhanidhar	79	75	154
Kharsana	Narendra Nagra	134	121	255
Choti Mani	Chinyalisaund	80	86	166
Maidkhal	Thauldhar	45	135	180

The data has been sourced from the SEWA -THDC.

8.6.7 Sustainability of the Project

Table 8.8 Sustainability perspective

Particulars	Remarks
Project Management	<p>The camps were well informed in advance.</p> <p>This project is being managed Nirmal Ashram Eye Institute and THDC Hospital B.Puram. It was monitored and supported by SEWA-THDC. Nodal officer visited project site to monitor the project.</p> <p>At all the medical camps five doctor and ten administrative staff and 10 volunteers and THDC officials were present.</p> <p>All records including entry logbook at patient and patient details were maintained at camp site. Medical camp report contains number of patients consulted and treated, amount of medicine provided,</p>
Project relevance	The program is highly desirable and relevant in the given situation and had a potential to contribute for health care facility in rural areas of Tehri Garhwal.
Project effectiveness	Project has been implemented effectively but as per the doctors all the medicines and medical equipment provided were insufficient. There is insufficient supply of high quality medicines.
Impact	<p>It has a positive impact on women and children and old age people by providing consultation and undertaking necessary surgeries</p> <p>Awareness programme about diseases and general hygiene had an impact on villagers and their living standard is increased so far personnel cleanliness is concerned</p>
Sustainability	The program was planned for long term benefit and it will make positive impact and bring about positive changes in the life of the peoples. These medical camps should be provided with all the medical equipment and newly founded best quality medicines to make this project effective and sustainable. The follow ups on the patients who needed further support and referral may be taken up.

8.7 Recommendations:

As per study, the nature of providing healthcare services at multispecialty medical camps needs improvement. Based on the public consultation through interviews and discussion with doctors and other staff who have been part of multispecialty medical camps, following recommendations are made

1. It is strongly recommended that multispecialty medical camps in all such remote areas should be conducted periodically since no medical care facility is available to the people living in such areas. The regular multispecialty health camps will ensure timely eye check-up, treatment, medical management and surgeries as required.
2. Large numbers of patients are suffering from cataract problem, accordingly more patients may be accommodated for operation.
3. Outreach of the project should be increased with quality medicines and other healthcare facility to make this project effective and to have a greater impact on local community so far health is concerned.
4. Some of the special cases identified during medical camps should be given long term medical and health care services and follow-up treatment should be given as per the need.

ODF at Kharali Gaon, Praratanagar Block, Distt. Tehri



Project Details

Name of Project

**Construction of Individual toilets, at Kharali Gaon,
Pratapnagar Block, Distt, Tehri**

Project code

MOU:07/SEWA-THDC/Rksh/2016-17

Implementing Agency

M/s Girveer Singh Rana, Rishikesh

Date of Start

23.01.2017

Date of Completion

22.03.2017

Area of operation

Kharali gaon (Onalgaon),Pratapnagar Block,Distt, Tehri

Target Group

26 SC families of Kharala Village

9.1 Project Background

THDCIL being a government entity, also participate in the central government flag ship programs. During the last many years the corporation has contributed immensely in the area of hygiene and sanitation through swachh Bharat Abhiyaan.

As per baseline survey, it was found that there are twenty six scheduled caste families with poor economic background and used to go for open defecation as they did not have any alternative. SEWA-THDC took a decision to undertake this mini cluster / village as a project to make the Kharala village open defecation free. THDCIL decided to provide them individual toilet facility gave away construction work to M/S Girveer Singh Rana, Rishikesh.

9.2 Aims and Objectives

- To bring about an improvement in the general quality of life in Kharala village, by promoting cleanliness, hygiene and eliminating open defecation.
- To provide toilet facilities for local communities for sustainable sanitation practices
- To create significant positive impact on gender and promote social inclusion by improving sanitation especially in marginalized communities
- To eliminate open defecation from the village as it is one of the major causes of ill health.

9.3 Area of Operation

The project was implemented in a Kharala village which is a small village in Pratapnagar Block of Tehri District. In this village 26 families are from Scheduled caste and all of them are below poverty line.

9.4 Implementing Agency

This project was implemented by Shree Girveer Rana 275, Dehradun road, Rishikesh

9.5 Execution of the project

The project was designed and implemented considering all the benefits of the individual toilet. The project was implemented successfully in spite of the following challenges and problems encountered during implementation of the toilet construction work. Some of them are listed below:

- ❖ Difficult terrain.
- ❖ Landslides and cut off of roads during rains.
- ❖ Availability of labour
- ❖ Logistics for material

9.6 Impact Assessment

This project has served the ambition of SEWA-THDC to build toilet in each household. People are now turning from traditional way of going out for open defecation to use toilet. This was visible to note particularly from women and children that they are extremely happy and relaxed now in their day to day life.

While interacting with the male counterpart in the village and Pradhan, they were happy that now the route to the village is neat and clean and carelessly people can walk on the village route and road as no more open defecation out there. The research team also found the road and road side is now clean and hygiene.

9.6.1 Verification of Activities

Work activities are planned as per MoU, scope of work and accordingly evaluation is done. . Evaluation has been done through field survey and collecting beneficiary's feedbacks through unstructured interview.

Questionnaire was about the evaluation of work done and how the project made significant change in the life of local community. Questionnaire also aims to understand satisfaction level regarding quality of work and convenience to use. After the informal consultation twenty three toilets were surveyed for verification based on stated parameters.

Toilets are constructed as per layout mentioned in the MoU. As per plan 100MM thick roof of toilet has been constructed with good quality of construction material. 115 MM thick is the thickness of walls and over that 12 MM of plaster has been done.

9.6.2 Stakeholders Mapping

During a visit to the site, the team met many stakeholders

Table 9.1 stakeholders mapping during evaluation and impact assessment

Stakeholders	Meeting	Discussion	Records verification	Feedback	Site visit	Sample verification
THDCIL	√	√	-	√	√	-
SEWA-THDC	√	√	√	√	√	-
Shree Girveer Rana	-	-	-	-	√	-
Development and Research Centre , Deen Gaon	√	√	-	√	√	-
Household beneficiaries	√	√	-	√	√	√
Public Representatives (Pradhan)	√	√	-	√	√	-
Nodal Officer	√	√	√	√	√	-

9.6.3 Utilization of Toilets

The survey indicates that now people in Kharala village are making use of toilets provided by SEWA-THDC and mindset is gradually changing. As of now very use of toilet is irregular. Some of the families are using toilets as a store room for keeping household stuff. Some of them are even using it for keeping agricultural equipment. There are some basic issues like non availability of water. Once water connection is provided the utility of these toilets will definitely increase. One of the toilets was constructed in a very small area and it is not accessible easily.

9.6.4 Present Status of Toilets Constructed

Research team has surveyed twenty individual toilets out of twenty six toilets. It was found that only six toilets were in daily use. Two toilets work is in in progress. Their soak pits are not yet constructed completely. Twelve toilets have been constructed completely but they

are not being used by the beneficiaries due to many reasons one of them was lack of non-availability of water. Three families are using these newly constructed toilets on rarely basis.

Table 9.2 Present status of toilet construction

Total Number of Toilets surveyed	No of Toilets Incomplete	No of Toilets Fully Functional	No of Toilets rarely used	No of Toilets not in Use
23	2	06	3	12

9.6.5 Observations and Findings:

During the process of evaluation we have conducted survey of 23 out of 26 beneficiaries and has come out with the following information. Individuals were very satisfied with the progress done under CSR project (toilet construction). The only one constraint was observed in the study area that water availability (pipelines are not sufficient) to support the toilet use.

Figure 9.1 Size of Family

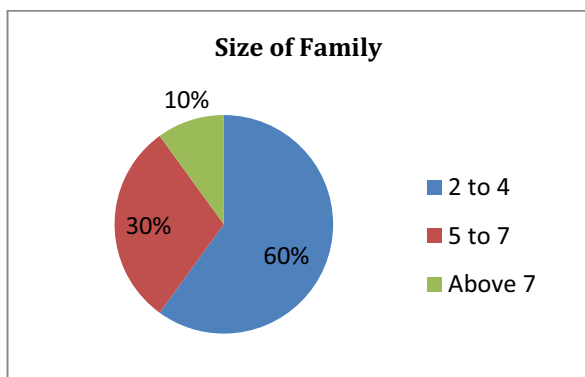
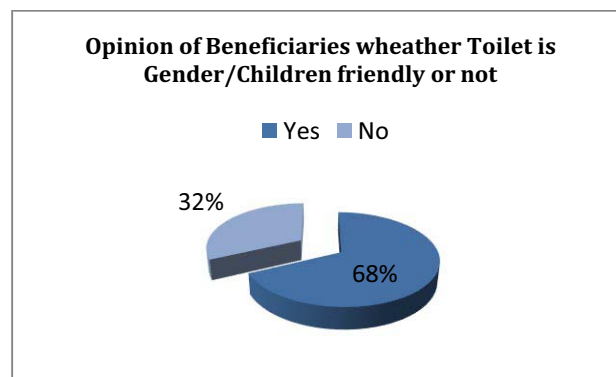


Figure 9.2 Toilet is Gender/Children friendly or not?



There are 60% of families whose family size is between 5 to 7 members. There are 10% of total families whose family size is more than 7 members and very families are having family members between 2- 4.

These toilets are constructed as per the availability of open space around the house. Almost 68% of the respondents told that constructed individual toilets are gender friendly and children friendly as well. But 32 % people had a different opinion that these toilets are not children friendly. These toilets are constructed without taking into consideration the accessibility of children and differently abled people.

Figure 9.3 Specifications of toilet constructed

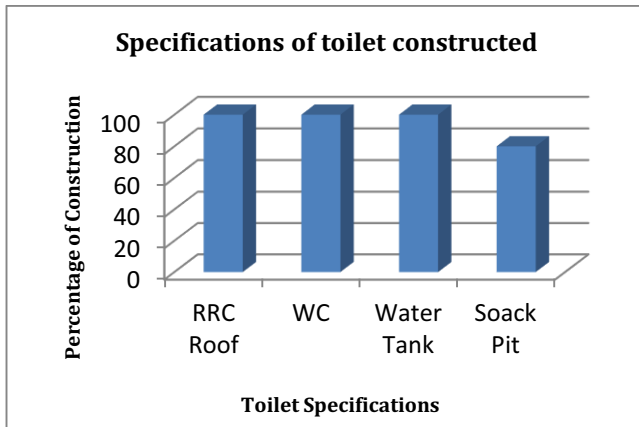
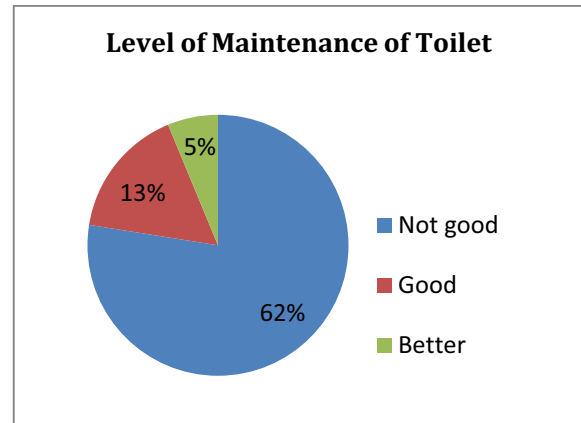


Figure 9.4 Level of Maintenance of Toilet



All the beneficiaries were provided with well-constructed toilets with RRC roof, WC, water tank but 20% of the soak pits were not constructed properly and three of the individual toilets are not connected to WC.

Maintenance of toilet by the owners not kept well. 80% of beneficiaries were maintaining with an average standard and 20% of families were not maintaining toilet at all. Reason being told that lack of water connectivity and poor economic condition they are not able to maintain it properly.

Figure 9.5 Comfort in Using Toilets

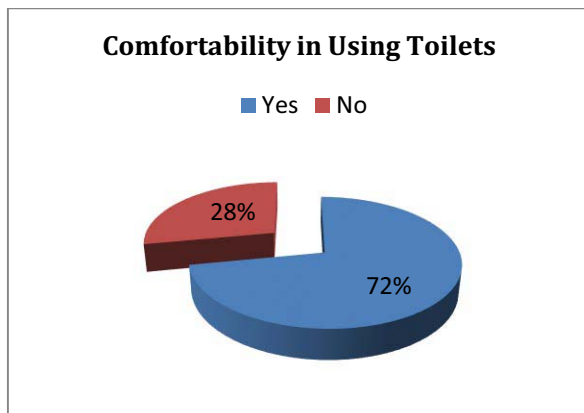
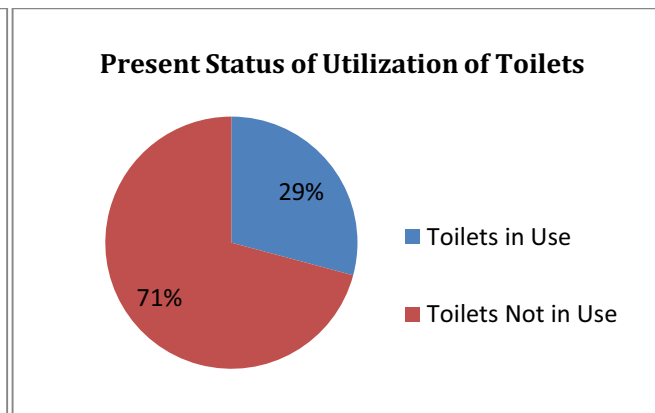


Figure 9.6 Present Status of Utilization of Toilets



When we asked about the level of comfort they feel in using toilets, 72% beneficiaries replied that they feel comfortable using toilets. All the women respondents were feeling very much comfortable to use toilets.

Figure 9.7 Ventilation and availability of water supply to the Toilet

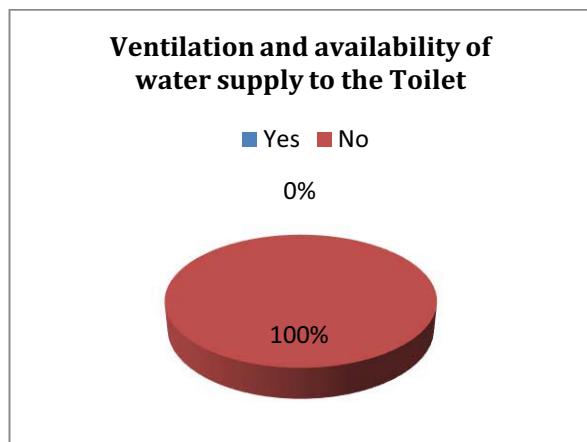
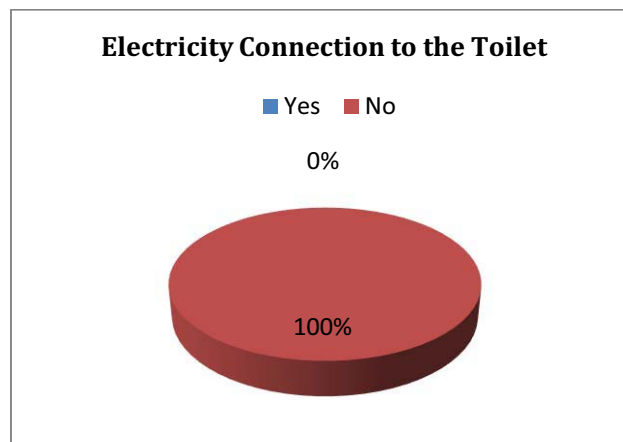


Figure 9.8 availability of Electricity Connection to the Toilet



The design of toilet is not planned well as it does not have window /ventilation. There is no provision for water connection and electricity connection. Water tank is provided but water pipeline is not provided. As per the survey done there is no electricity connection to the toilet. As there is no electricity, beneficiaries can't use it during night or dark.

9.6.6 Sustainability of the Project

People from community are satisfied with the facility of individual toilets to them and to the entire SC families. They are more comfortable to use those toilets. The geographical location is such that bring water on buckets/ other utensil from a far distance. Water resource is almost two km away from the village in the valley.

Table 9.3 Sustainability of the project

Particulars	Remarks
Project Management	The holistic approach to the project management is not applied as water connection , water facility to the toilet is not built in.
	Considering the various constraint of hill state of Utrakhand and especially in the project affected area the Project planning, scheduling, resources, responsibility, time line, target beneficiary, records are well kept and regular reporting to the nodal officer is maintained.
	The project management is led by an individual.
	The records and dossiers are made from the day to day progress of the project from the field.
	Progress review of the project is evident with the regular reporting to the nodal officer, minutes of meetings and visits of SEWA-THDC officials.
Project relevance	The program is highly desirable and relevant in the given situation and had a potential to contribute Swachh Bharat Abhiyan with its holistic approach and need of the people in the area

Project effectiveness	Project has been implemented effectively but the utilization of constructed toilets is very low.
Impact	<ul style="list-style-type: none"> • This project has created awareness about cleanliness and hygiene among local community • Due to availability of toilet facility near the house it is very comfortable to children and old age people • It has a positive impact on women and children so far health is concerned
Sustainability	<ul style="list-style-type: none"> • Water supply, electricity connection is critical for the effective usage of the toilets constructed.

A scenic view of a valley with a river and forested hills under a clear blue sky. The foreground shows some green foliage and a dirt path. The middle ground features a river flowing through a valley, surrounded by lush green trees. The background consists of rolling hills and mountains, some of which are covered in dense forest. The overall atmosphere is peaceful and natural.

**Livelihood Development Program through
Integrated Farming Systems Approach in
Dam Affected Area of Tehri District**

Project Details

Name of the Project

Livelihood Development through Integrated Farming System Approach in Dam Affected area in Tehri District

Cost of the project

67.91 lakh

Date of Start

05 Jan 2016

Date of Completion

04 Jan 2019

Implementing Agency

College of Forestry, Ranichuri

10.1 Project Background

In India majority of farmers hold less than two hectares of land. These farmers generally practice subsistence farming where they need to produce a continuous, reliable and balanced supply of food, as well as cash for basic needs and recurrent farm expenditure. Therefore, there is need to develop suitable integrated farming systems for such farmers since single crop production enterprises are subject to a high degree of risk and uncertainty because of seasonal, irregular and uncertain income and employment to the farmers.

This is a long term project instituted with a government college of forestry Ranichauri Tehri Garhwal. As the implementation agency expertise in the agriculture and horticulture, THDICL has signed a long term MoU with them for enhancing the livelihood of farmers in selected project villages through integrated farming system approach.

In the first phase a baseline survey was conducted in the 20 villages to assess what are the major needs of the village for its agricultural and economic development. Based on the baseline findings, a project was initiated in 20 RIM villages of project affected area for empowerment and enhancement of livelihood programmes. The purpose of the project was to provide sustainable livelihood and increase the income of the rural underprivileged farmers besides enhancing the food security of the villagers of rim area through Integrated Farming Systems Approach.

10.2 Aims and Objectives

The aim of the project is to enhance and accelerate the holistic growth of the farmers to reduce migration through Integrated Farming Systems Approach. These villages are rich in various resources which need to be tapped in a systematic manner for the overall and holistic growth of the villages and its people.

To achieve Integrated Development, College of Forestry (Ranichuri University) has outlined the following aims of the project:

- ❖ To carry out activities of ecological, socio- economic empowerment and livelihood through Integrated Farming Systems Approach.
- ❖ To carry out awareness camps, training programmes, rewarding progressive farmers etc. from time to time.
- ❖ To provide scientific input to the farmers in agriculture/ horticulture activities to increase productivity thereby increasing income.
- ❖ To prepare the training programmes for empowering young male and female villagers through various primary activities for job/ business.

- ❖ To demonstrate Farms related to Horticulture (Fruits), Food Crops, Herbs, Medicinal Plants, Ginger, off season vegetables etc. as educative centres' for other farmers to adopt such techniques.
- ❖ To explore mechanism for market linkage for quick disposal of produce.
- ❖ To evaluate the activities for empowerment from time to time with the help of experts and local communities.
- ❖ To promote improved method of cooking, clean drinking water, soil management.
- ❖ To check the penance of social evils in the society. Natural resources management through Water Management, Forest development, wasteland management, Water Harvesting, Fodder Development, Slope Management, Stream Ecology.
- ❖ To Reduce drudgery of women and to empower them

10.3 Area of Operation

The project has been implemented in two different valley of Bhagirathi river. In Koteshwar valley project has been implemented in 10 villages namely Palam, Khyari/ Dnandeli, Mahadgaon, Dobra, Ali Halgent, Bhanso Dayan, Pata, Madgaon and Chopra. In Bhilangana Valley 10 villages namely Padagli, Pilkhi, Asana, Koti, Silyara, Chamiyala, Pipola, Indrola, Banchuri and Bahera were selected for the implementation of this project

10.4 Implementing Agency

This project has been implemented by College of Forestry, Ranichouri University, and Uttarakhand. The College of Forestry situated at Ranichauri in Tehri Garhwal about 15 km from New Tehri, 71 km from Rishikesh and 110 km from Dehradun on Rishikesh - New Tehri Road. It is spread over an area of 203 hectares consisting of forest, orchards and various research blocks at an altitude ranging between 1700m and 2200m above msl. The geographical and climatic conditions of the region are considered to be suitable for different forest species, horticultural crops, off season vegetables, medicinal and aromatic plants, minor millets and pulses. For this project Dr. Laxmi Rawat (Junior Research Officer/Assistant Professor) is a Principle Investigator and Dr. Bisht is a Co-Principle Investigator.



Photo 10.1 Dr. Tejpal Singh Bisht Explaining improved agricultural techniques at College of Forestry, Ranichouri



Photo 10.2 after having discussion with Dr. Laxmi Rawat and Dr. Tejpal Singh Bisht at College of Forestry, Ranichouri

10.5 Execution of the Project

A long term MoU is signed between SEWA-THDC and College of Forestry, Rani Chauri University, Uttarakhand. This project is led by Dr. Laxmi Rawat (Assistant Professor) who is a Principal Investigator and Dr. T. S. Bisht is a Co-Principal Investigator for this project. For the execution of this project 2 Senior Research Fellows and 2 Field assistants were recruited by the College of Forestry Ranichouri University. As per the MoU, work activities are in progress and further details are captured in the verification part of this report.

10.6 Impact Assessment

The project is conceived with due diligence and base line research conducted by experts to maximize likelihood of the selected villagers. The scope of the project is to implement and promote Integrated Farming Systems Approach in the villages. Given that there is an involvement and constant invigilation by subject experts to showcase a perfect blend of field knowledge, theory, need of the community, therefore this can be said to be a perfect example of bringing lab to land, that is, putting theory and knowledge into real- time execution.

The trainings to framers and other community members ensured that the impact of the project on the community will be sustained for years to come. The implemented area was researched, activities have successfully managed to merge the natural resources of the geographical area (like flora, fauna and herbs, etc.) to the livelihood of the people. This too shall affect the likelihood of sustainability of the project.

10.6.1 Verification of activities

10.6.2 Stakeholders Mapping

Stakeholders are the important and they play a key role in this project. Research team has visited stakeholders and conducted unstructured interview, survey questionnaire and focus group discussion with them to get insights about the project and its implementation on ground level.

Table 10.1 Activities during Evaluation and Impact Assessment

Stakeholders	Meeting	Discussion	Records verification	Feedback	Site Visit
THDCIL	√	√	-	-	√
SEWA-THDC	√	√	√	√	√
Implementing Agency (Principal Investigator)	√	√	√	√	√
Senior Research Fellows and Field Assistant	√	√	√	√	√
Project Beneficiaries/ Farmers	√	√	√	√	√
Local Representatives	√	√	-	√	√
Members of SHG	√	√	√	√	√
Villagers of kyari, Palam, Indrola, Pipola	√	√	-	√	√
Kisan Vikas Kendra	√	√	√	√	√
Smart Farmers of Project villages	√	√	-	√	√
Nodal officer	√	√	√	√	√

During the evaluation of project each activity mentioned in the MoU was verified and the finding are recorded as in the table 11.2.

Table 10.2 Verification of Activities

Sr. No.	Name of the Activity	Implementation Status
1	Baseline Survey	Completed
2	Formation of SHGs in the 20 selected villages for the sustainable development	Completed
NATURAL RESOURCE MANAGEMENT		
3	Community plantation in 20 selected villages	Done
4	Development of Napier grass nursery for the fodder	Not done
5	Distribution of fruit plant to the selected villages for their sustainable development and income generation	Done
CROP PRODUCTION		
6	Organic Vegetable Production	Not done
7	Integrated nutrient pest, and disease management	Not done
8	Introducing drought mitigation crop varieties in availability and other crops	Not done
9	Development of Agri-Silvi-Pastoral system for availability of fodder throughout the year	Not done
10	Natural biodiversity management through conservation of indigenous species and reduction of the biotic pressure on the forest area	Not done
11	Raising four vegetable nurseries	Not done
12	Four poly-houses for off season vegetable production	Completed
CAPACITY BUILDING THROUGH TRAINING AND DEMONSTRATION PROGRAMMES		
13	Development of skills in income generating techniques like mushroom production	Done
14	Conduction Kisan Goshties in selected Block	Done
15	Training on topics like fodder plantation, organic vegetable production, nursery raising, etc	Not Done
16	Demonstration on techniques like soil health, vermin-compost preparation, methods of seed treatment, seeding dip, soil and drenching and bio- agent colonized compost	Done
17	Conducting veterinary camps in each selected Block	Not Done
INSTITUTIONAL INTERVENTION		
18	Weekly Farm Advisory Services through cell phone and SMS	Not Done
19	Facilities for making linkage with the Government Scheme to selected beneficiaries for availing various Government Scheme	In Progress

20	Providing bio pesticides for pest and disease management (30 farmers in each selected villages specially weaker section)	Not Done
21	Exposure visit of selected farmer in recognized institutes/KVKs/Universities	Done
22	Interactive forums for crop insurance banking and line department services	Not Done
23	Seed availability for some important millets and vegetables at right time, Bio pesticides availability for pest and disease management small agricultural implements for drudgery reduction	Done
24	Exploring and providing market linkage for agricultural products	Not Done
25	Advertising, publication, etc. in the project implemented areas.	Not Done

Activity 1- Fruit and Fodder Plantation in Bhilangana Valley

Fruits and Fodder Plantation carried out in 10 villages of Bhilangana Valley under the 'Livelihood Development Programme through Integrated Farming System Approach' fruit plants namely mango (Amrapali, Dashari) Pomegranate (Kandhari) and Citrus(Kagji Line) distributed to farmers of project villages. The main objective of the fodder plantation is to reduce the fodder availability in the area along with protect the soil. Farmers of the project villages are marginal land owner, so with the help of project they will be able to earn multi cropping.



Photo 10.3 during the distribution of fruit plants by SEWA-THDC officials

Activity 2 - Self Help Groups Formation

Since the start of the project ten SHGs are formed in Koteswar valley and ten SHGs are formed in Bhilangana Valley block all the SHGs are well functioning and managed. Selection of SHGs members is based on monthly income and mainly focuses on SC families of the villages. Monthly training programming and meetings conducted with SHGs members to provide them hand holding and technical support also encourage them about modern agricultural techniques and practices

Table 10.3 List of formed SHGs in Koteswar valley

Sr. No	Village Name	Name of the SHG	Total Number of SHGs	Monthly saving
1	Mahad gaon	Raghunath S.H.Gs	15	100
2	Bhanso dayan	Chandrbadni S.H.Gs	10	100
3	Kyari / Dandeli	Jai Gan Devta S.H.Gs	26	100
4	Dobra	Dobra Vikas S.H.Gs	10	100
5	Palam	Rajrajeshwari S.H.Gs	12	100

Table 10.4 List of formed SHGs in Bhilangana valley

Sr. No	Village Name	Name of the SHG	Total Number of SHGs	Monthly saving
1	Pipola	Jay Laxmi SHG	16	100
2	Bahera	Jay Rajraajeshwari	17	100
3	Pilkhi	Ghantakaran	16	100
4	Devri	Kedareshwar Mahadev	14	100
5	Bounr	Kodeshwar Mahadev	15	100
6	Indrola	Jay Huniyaraja	13	100
7	Koti	Mahila Shakti	10	100

Activity 3- Distribution of High Quality Seeds

Seed distribution programme carried out in project villages, under the “livelihood development through integrated farming system approach. Vegetables seed namely *Radish*, *Spinach* and *Rye* distributed to farmers of project villages. The main purpose of seed distribution was improvement of agro-socio-economic conditions of the people. Vegetables

can make a significant difference to smallholder livelihood, usually smallholder intensively cultivate vegetables in garden and promoting vegetables in garden can help smallholders in a number of ways;

- It provide vegetables at a low cost
- It provide a regular supply of vegetables
- It can provide income from the sale of vegetables, if vegetables planted on a large scale
- It also reduce pressure on market

The varieties of improved and high quality seeds of Paddy (VL-85), Barnyard millet (PRJ 1) and Finger millet (VL Manduwa 324) have been distributed to farmers. The performance of improved varieties was compared with that of yield of traditional seeds and it was found that yield of improved varieties is much higher than traditional varieties.

Activity 4 - Kisan Vikas Kendra (KVK)

Kisan Vikas Kendra are the centers established under this project for providing all the necessary information about the new agricultural methods and techniques. Its major objective is to provide guidance and training in implementation of advance techniques. The JRS/SRF who is appointed to coordinate project on field is also supposed to run these Kisan Vikas Kendra (KVK). As per the observations it is playing vital role in disseminating the updated information about agriculture.

Kisan Vikas Kendra is dedicated to introduce all the Agricultural policies and Schemes of the Government of India and State Government to the farmer so that they can get benefited out of these initiatives.

Photo 10.4 Demonstration of agricultural techniques





Photo 10.5 Visit to Kisan Vikas Kendra established

As per the observation and the response of the local farming community it has been known that Kisan Vikas Kendra provides various information brochures to the farmer with regarding to the use of fertilizers and pesticides. It also helps to farmers in case of any emergency and also helps in productivity crisis. But it do not have the enough resources and instruments for soil testing. There are some local issues which Kisan Vikas Kendra is not able to find an alternative.

Activity 5 - Mushroom Production Techniques Programme

As per the findings few training programme have been conducted in the villages where farmers were given information about the cultivation of Dhingri mushroom production technologies by demonstration. Some of the farmers were taken to College of Forestry, Ranichauri University for providing further training and guidance

Table 10.5 Beneficiaries of Mushroom Production Technique Programme

Sr. No	Name of the Village	Head of the Village	Total number of beneficiaries
1	Mahad Gaon	Mrs. Surja Devi	15
2	Bhanso Bayen	Mr. Hari Dutt	10
3	Kyari	Mrs. Tara Devi	26
4	Dobra	Mrs. Laxmi Devi	10
5	Palam	Mrs. Asrupi	12

Activity 6 - One Day Kishan Goshti Programme

Kishan Goshti Programme is a one day event which is being organized by college of forestry Ranichauri for disseminating agricultural information and educating them about new technologies and methods which are being used for mass production of crops. In this programme people are also made aware about the Government Schemes for farmers and poor communities. This event also helped to provide a platform for farmers to put forward their concerns.

College of forestry Ranichauri organized one day Kishan Goshti in village- Pilkhi, block-Bhilangana, by the SEWA-THDC under livelihood development through integrated farming System approach project. Dr. Tejpal Bisht gave information about agriculture/crops. He also told how farmers should generate their income together agriculture. After this, Dr. Laxmi Rawat gave information about fungicides, how can farmers use fungicides and apply on their crop/field. In the end of programme some fungicides were distributed to farmers by Dr. Laxmi Rawat.



Photo 10.6 One day Kisan Goshti organized by the project team

Activity 7 - Frontline Demonstrations

Varieties of improved and high quality seeds of Paddy (VL-85), Barnyard millet (PR) and Finger millet (VL Manduwa 324) have been distributed to farmers of project villages and conducted the demonstration for comparing the local seeds with high quality varieties.

Performance of improved varieties has been compared with that of traditional varieties by farmers. It was found that yield of improved variety is high.

Activity 8 – Construction of poly houses

Poly house are naturally ventilated climate controlled tunnels made up of polythene and steel rods. These poly houses are used for variety of purposes for unseasonal crop production. It is being used for growing of vegetables, floriculture, planting material acclimatization and fruit crop growing. As per the survey and observation done by research team Construction of poly house is done in three villages of Koteshwar Valley. There are two polyhouses were constructed in Palam, in kyari and one in dobra respectively.

Photo 10.6 during evaluation and impact assessment



Table 10.6 Details of Construction of poly-houses

Sr. No	Name of the Village	Number of Poly-houses Constructed	Progress of Construction
1	Palam	2	Completed
2	Khyari	1	Completed
3	Dobra	1	Completed
	Total	04	

Activity 09 – Training and distribution of Power Tiller

The project implementing agency is planning to provide Power Tiller and training for capacity building for generating independent source of livelihood for farmers.

Power Tiller is a technical tool for cultivation of land. The use of mechanical technology is useful to eradicate weeds, improve soil aeration, maintaining soil moisture levels and stimulate the microorganisms.

10.6.3 Observations and Findings of Study

Research team visited four villages in which the project is being implemented. Survey of beneficiaries was conducted. Data collected from survey was analyzed. As per the analysis of the data collected findings have been represented graphically as follows.

Fig. 10.1 Association of respondent with SHG

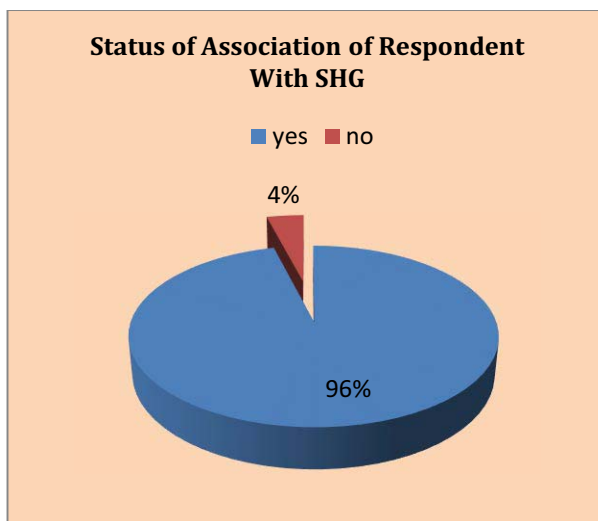
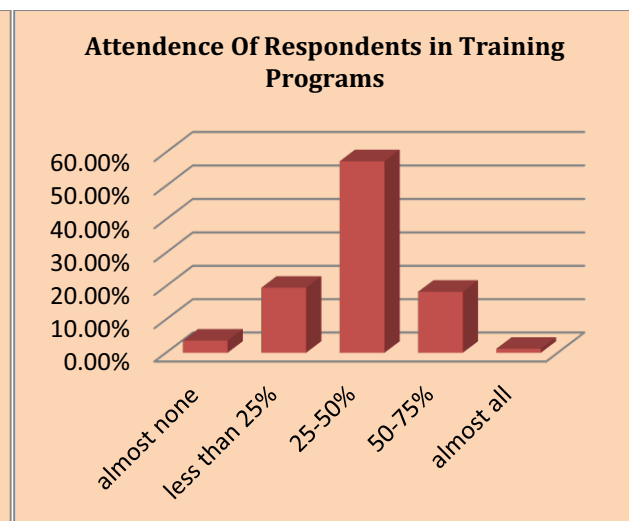


Fig.10.2 Participation of farmers in training Programme



There were 4% of people who were not associated with Self Help Group and 96% of beneficiaries were the part of Self Help Group. Participation of the local community in project activity is important to make it successful. This graph shows the involvement of people in project activities like Kishan Goshti and Training on good agricultural practices

Fig. 10.3 response of farmers about distribution of fruit plants

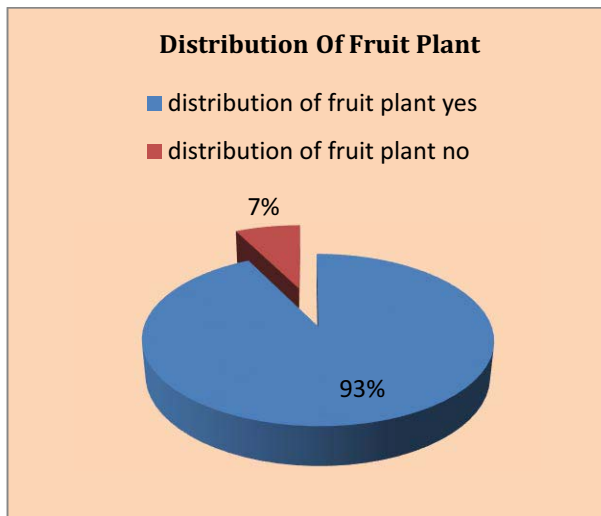
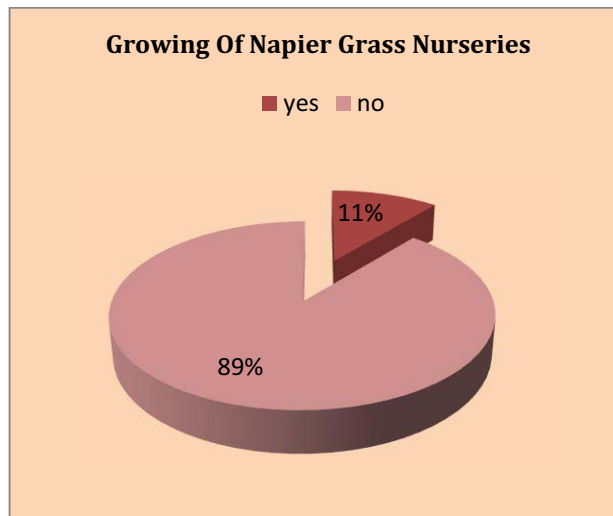


Fig. 10.4 response of farmers about growing of Napier Nurseries



Evaluation of the each activity undertaken by the implementing agency was done and it was identified through the survey that 93% of the project beneficiaries have received fruit plants and 7% people did not get the fruit plants. As per the result of interview and field observations it has been found that very few plants could survive.

Initially it was planned to raise four vegetable nurseries in project operational area but it has not implemented. This activity has been excluded from the main plan. As per the data analysis only 11% of the respondents were growing Napier grass nurseries and 89% people are not practicing Napier Grass Nurseries. The activity of growing of Napier grass nurseries have been terminated by the implementing agency.

Fig. 10.5 Percentage of beneficiaries of Horticulture Plantation Cluster

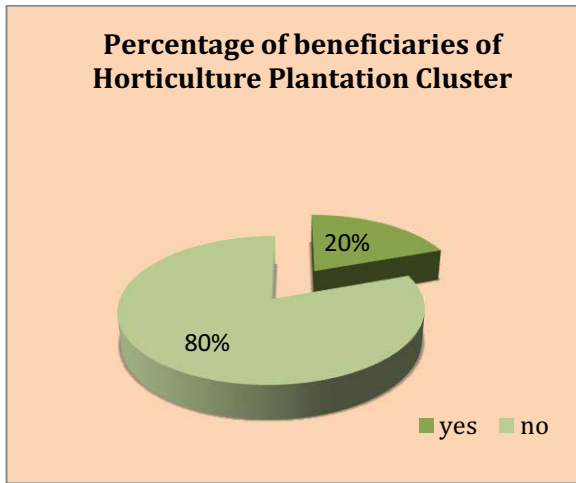
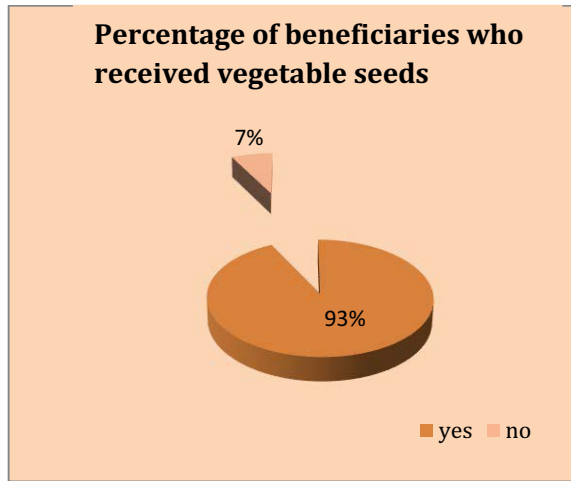


Fig. 10.6 Percentage of beneficiaries who received vegetable seeds



The implementing agency also distributed the seeds of vegetables to the farmers and many of the farmers were benefited out of that but at the same time people argued that the quality of seed was not well.

Fig. 10.7 Percentage of beneficiaries who got Bio agents for vermicomposting

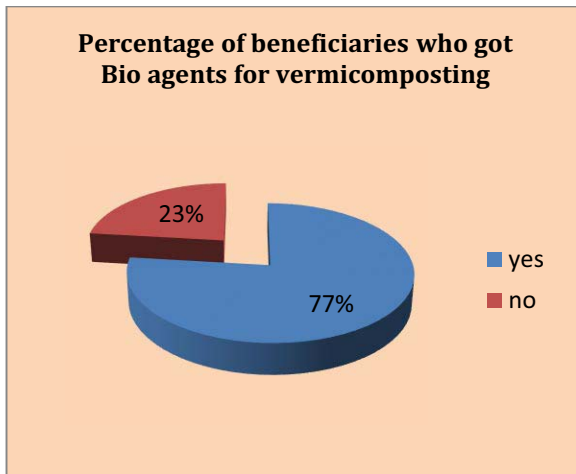
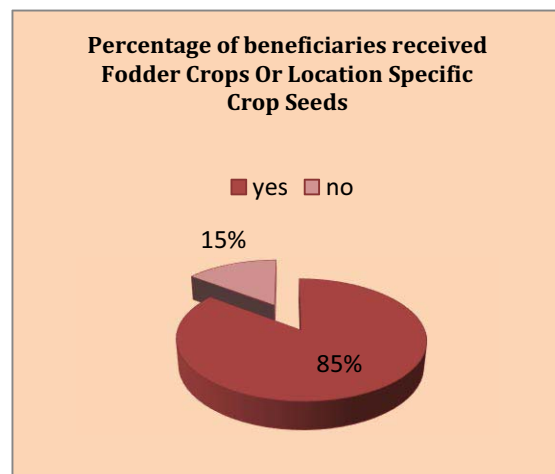


Fig. 10.8 Percentage of beneficiaries received Fodder Crops or Location Specific Crop Seeds



In this project biogents and fodder crops were distributed in the selected villages. Almost 77% farmers were given bio gents for Vermicomposting and 85% farmers received fodder crops.

Fig. 10.9 Percentage of farmers who started organic farming

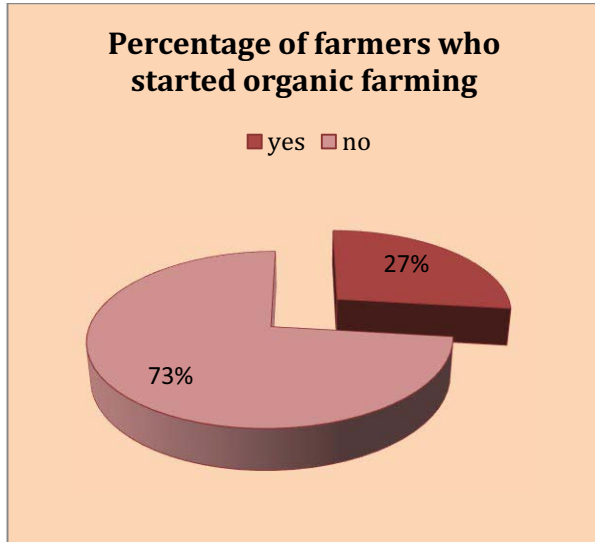
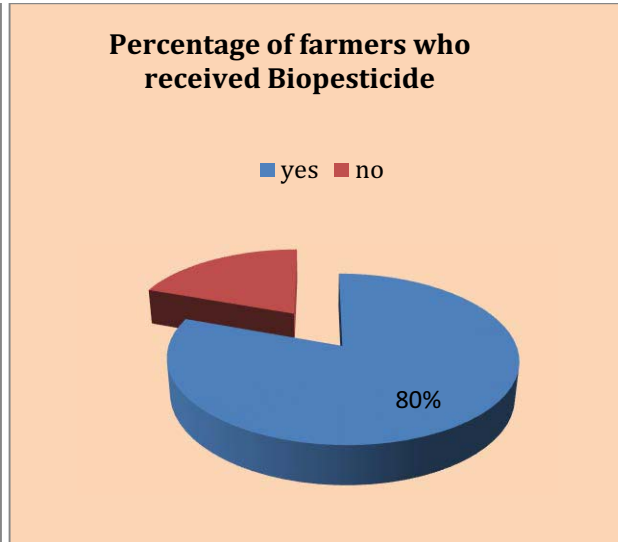


Fig. 10.9 Percentage of farmers who received Bio pesticide



The above graph describes success of the project. Due to this project at present 27% of farmers are started practicing organic farming. Bio pesticides were distributed to almost 80 of the participants of this project.

Fig. 10.11 Percentage of farmers Visited Recognized Institute For Capacity Building

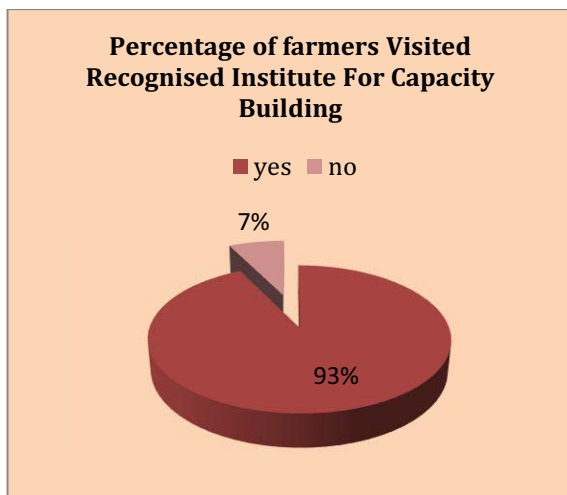
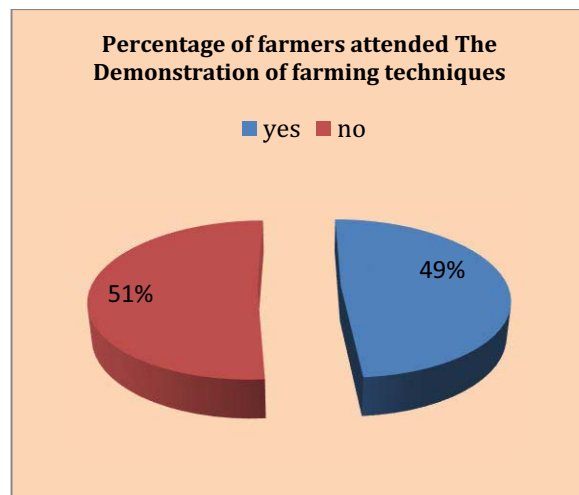


Fig. 10.12 Percentage of farmers attended The Demonstration of farming techniques



When we asked about Capacity building and training, 93% of people responded that they have been taken to agricultural Institute for Mushroom training.

Very few farmers were demonstrated new and innovative techniques for modern farming only 49 % of the people attended these demonstrations.



Photo 10.6 during evaluation of poly houses built by SEWA-THDC at Palam village



Photo 10.7 conducting focused group discussion with members of SHG at Palam village



Photo 01.8 women farmer siting in her farm



Photo 10.9 Conducting survey questionnaire of SHGs at Indrola village

10.6. 4 Stakeholder's Perspectives and Concerns

- The major concern of local community has not been taken into consideration through this project. It was a common opinion of farmers that irrigation facility has not been facilitated and due to which there is no improvement in crop production.
- Crop produce is being disturbed by wild animals and there is no mechanism to save farmers crop produce from these wild life animals.
- It was a common experience of the SHGs that they are not being provided any facility and opportunity for their short term economic benefit.
- Issues in opening new bank account are not being resolved by the implementation agency. SRFs and field assistant is being periodically changed hence there is communication gap between the implementing agency and beneficiaries of the project.
- It was found that Seeds and fruit plants which were provided to farmers were of no good quality and it could not benefit farmers. No income generation has been done by these activities.
- There is no connectivity between farmers produce and market needed hence linkage between farming community and market should be developed
- Timely availability of bio fertilizers seeds bio pesticides through the established Krishi Vikas Kendra (KVK)
- Availability of variety of high yielding crops for kharif and rabbi season and establishment of seed bank for providing seeds on time
- Introduction of fodder crops and grasses on large scale in the area for getting fodder for their livestock throughout the year

10.6.5 Sustainability of the Project

This project outreach is good however the implementation is moving slowly. The farmers will shift from traditional farming methods to modern techniques of agriculture once the demonstration project succeed and institute is able to create buy in. The project has been implemented based on following four pillars of sustainability in livelihood development.

Natural Resource Management

Uttarakhand is full of natural resource. Management of natural resources has a direct positive impact on livelihoods of poor people. Through this project various activities were done to make people participate in the management of natural resources. They have made aware about the significance of NRM. A number of innovative initiatives have been taken towards this end. They include community plantation in 20 selected villages and distribution of fruit plant to the selected villages for their sustainable development and income generation. The survival rate of the plants is 20% in the first year.

Crop Production

Modern agriculture and farming is a must because modern farming methods can increase production. The economy of some country is mostly depends on agriculture and farming related business. In rural areas of Uttarakhand major part of the population are directly or indirectly involved with agriculture and farming business. For maximizing crop production and conservation of soil various activities have undertaken. Organic vegetable production, integrated nutrient pest and disease management are key elements of this initiative. This project will be introducing drought mitigation crop varieties and other crops development of Agri-Silvi-Pastoral system for availability of fodder throughout the year. It is also aims for natural biodiversity management through conservation of indigenous species and reduction of the biotic pressure on the forest area. For economic sustainability of farmers it has raised four poly-houses for off season vegetable production.

Capacity Building Through Training and Demonstration Programmes

It is important to equip farmers with capacity to respond to the changing agricultural environment, through extension support, training on techniques and sharing of best practice. Lack of education and modern agricultural skills of farmers creates an obstacle for dissemination of information and guidance on Good Agricultural Practices. Implemented agency initiated programmes for development of skills in income generating techniques like mushroom production and conduction Kisan Goshties in selected block. Training workshops on topics like fodder plantation, organic vegetable production and nursery raising were organized. Demonstration on techniques like soil solarisation, vermin-compost preparation, methods of seed treatment, seeding dip, soil and drenching and bio- agent colonized compost was done and helped farmers to adopt modern agricultural techniques.

Institutional Intervention

Exposure visit of selected farmer in recognized institutes/KVKs/Universities Interactive forums were organized for their capacity building crop insurance banking and line department services. College of Forestry intervened for seed availability of

some important millets and vegetables at right time. It also educated farmers about bio pesticides for pest and disease management.

Table 10.7 Sustainability of the Project

Particulars	Remarks
Project Management	Considering the various constraint of hill state of Uttrakhand and especially in the project affected area the Project planning, scheduling, resources, responsibility, time line, target beneficiary, records are well kept and regular reporting to the nodal officer is maintained.
	The project management is being led by the Principal Investigator and Co-Principal Investigator. They are assisted by two Senior Research Fellows and two Feld Assistant, The community mobilizers are being trained in the area of the project execution and management
	Monthly and weekly progress report is being submitted to principal Investigator by the Senior Research fellow and respective field assistant working in their respective valleys
	Diagnostic visits by the Principal investigator were made in selected villages of the project for effective monitoring and overall improvement in implementation of the project.
	The project is moving slow as planned.
Project relevance	This project is planned as per the baseline survey. Project aims for participatory approach in its implementation.
Project effectiveness	<ul style="list-style-type: none"> • Demonstration project has not provided enough data to suggest that the actions have led to the desired results.
Impact	<ul style="list-style-type: none"> • This project introduced new and innovative techniques of agriculture • Farmers are informed and sensitized about government Schemes
Sustainability	<ul style="list-style-type: none"> • The program was planned for long term benefit and it will make positive impact and bring about positive changes in the life of the peoples and eco system.

10.7 Recommendations

1. Project aims for participatory approach in its implementation but there is inconsistency in farmers, SHGs engagement and execution of activities. Hence review is needed in planning and execution of the project.

2. Assisting staff (SRF and Field Assistant) is inadequate hence human resource should be increased by the implementing agency for the effective implementation of the project.
3. Some of the SHGs are not happy with its formation as it is not resulting in economic benefit. Hence activities should be planned for the short term economic benefit.
4. There is need of awareness programs about new and improved agricultural techniques for farmers therefore such programs should be planned.
5. It was found that Seeds and fruit plants which were provided to farmers did not survive and hence not benefited the farmers. No income generation occurred by doing these activities. Hence high quality and improved variety of seeds should be distributed and necessary support at regular interval shall be made available.
6. Necessary fertilizers and pesticides should be provided to farmers on time.
7. There is no connectivity between farmers produce and market needed hence linkage between farming community and market should be developed with first priority



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