

IMPACT ASSESSMENT REPORT OF AARU CLINICS



Submitted by – FLAIR (Forum for Learning and Action with Innovation and Rigour)

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Preface

Impact assessments are crucial for assessing CSR projects' efficacy, proving accountability, and guiding strategic choices. Through effective resource allocation, strategy refinement, and success evaluation, this approach helps businesses make long-term progress. Varun Beverages Limited (VBL) has opened AARU Health Clinics close to its manufacturing facilities as part of its CSR drive in the healthcare industry, working with RJ Foundation and HCL Healthcare.

This Impact Assessment report has been prepared by FLAIR (Forum for Learning and Action with Innovation and Rigour), which is a Society registered in Delhi in 2013. FLAIR specialises in Health, Mental Health and Nutrition with activities ranging from Budget and Policy Analysis, Research, Training and Project Implementation. Till date, it has published more than 30 research papers including in ENN (Emergency Nutrition Network) and more than 20 books on the subjects of Health, Nutrition, Cyber Safety and Mental Health. It has carried out Impact Assessments and Evaluation of large-scale programmes of organisation like Care India, Save the Children, Oxfam India and PACS.

FLAIR has conducted this impact assessment of these AARU clinics based on analysis of study reports - review of annual reports, internal data, publications by Ministries, other relevant government department and study reports. FLAIR's team has also conducted Qualitative and Quantitative Study – (a) Quantitative Surveys, (b) Patients' Interviews, (c) Group Discussions, (d) Field Observations; for carrying out this Impact Assessment. The Impact Assessment of the AARU Project was conducted for the **Year 2024** and includes insights up to **December 2024**.

The Impact Assessment was done with the following objectives –

1. To assess the scale and effectiveness with respect to treatment provided at the AARU Clinics
2. To assess the stakeholder engagement process (doctors, staff nurses, phlebotomist, clinic staff) and its effectiveness
3. To gauge insights about beneficiaries' (patients') perception towards services provided at the AARU Clinic
4. To make a benchmark comparison of the offered services and available infrastructure between AARU Clinics and their nearest PHC/CHC
5. To provide recommendations to improve current services

On behalf of FLAIR, I present to the readers this Impact Assessment Report, in which every care has been taken that it is objective and unbiased. I hope that this report shall benefit Varun Beverages Limited (VBL) in further streamlining and strengthening its approach, methods and processes.

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CHAPTER - 1

Project Context and VBL's CSR Intervention



Project Context

The healthcare scenario is marked by a distinct difference between sophisticated structures catering to the health requirements of the affluent urban population, equipped with cutting-edge medical services, and run-down health outposts located in the remote corners of the country. These outposts face challenges in fulfilling their role as health sub-centers, aspiring to enhance the health and well-being of rural and semi-urban populations.

According to the *Economic Survey of India 2023–24*, the combined budgeted expenditure on the health sector by Central and State Governments in FY24 was estimated at 1.9% of GDP, against 1.6% in FY21. There has been gradual increase in the public investments in the healthcare sector over the past decade, although it still remains below the National Health Policy target of 2.5% of GDP. Despite these improvements in funding and a steady rise in infrastructure investment and insurance coverage, the healthcare sector continues to face persistent challenges including gaps in service delivery, regional disparities, and significant out-of-pocket costs borne by households, indicating ongoing hurdles in achieving equitable and comprehensive universal health coverage which can be summarized as below:

Challenge	Description
Inadequate Infrastructure	Shortage of hospitals and skilled professionals, particularly in rural areas.
Inequitable Distribution	Urban-rural healthcare divide leading to uneven accessibility.
Personnel Shortage	Lack of doctors, nurses, and paramedical staff impacting service quality.
Affordability and Accessibility	High healthcare costs and geographical barriers hinder access.
Disease Burden	High prevalence of communicable and non-communicable diseases straining resources.
Public Health Initiatives	Insufficient and inconsistent efforts in disease prevention and health promotion.
Increased Out of Pocket Expenditure	Limited health insurance coverage, leaving many vulnerable to high out-of-pocket expenses.
Preventive Healthcare	Inadequate focus on preventive measures, awareness, and lifestyle interventions.
Technological Gaps	Limited adoption of digital health solutions and telemedicine, especially in remote areas.

To effectively address the challenges outlined above, a comprehensive and collaborative approach is crucial for restructuring the healthcare landscape in India. This entails involving the government, private sector, and community participation. It is in this light that VBL through its CSR initiatives steps in and aims to contribute to the healthcare sector and give back to the community.

VBL CSR Policy and Project Intervention

Varun Beverages Ltd. (VBL), in adherence to its Corporate Social Responsibility (CSR) obligation, engages in CSR initiatives that will have a positive impact on the communities and the environment in which they operate.

VBL implements its CSR policy through its CSR arm 'RJ Foundation' which is known to be involved in various social and community development projects, primarily focusing on areas such as education, healthcare, and community welfare. Together, VBL and RJ Foundation have taken measures to make a positive difference in society and contribute towards social betterment.

As sustainable healthcare is one of the most basic needs of the people to lead a healthy life, yet the same has been one of the most pressing and deprived amenities for the economically weaker section of society in our country, VBL identified 'access to quality health care' as one of the primary community needs which required robust interventions and social investment not only in terms of community awareness but also for accessible and affordable service delivery. Therefore, under its CSR initiatives, VBL launched Project Aaru Swasthya Kendras (Aaru Health Clinics) with the aim to provide free and quality primary healthcare services to communities, particularly to economically weaker and marginalized sections of society by ensuring:

- Reliable and affordable healthcare for all
- Early diagnosis and treatment
- Bridging healthcare gaps by enhancing access to quality healthcare for all
- Change in community health seeking behaviour
- Reduce disease prevalence and promote healthier lifestyle

Additionally, these initiatives are in line with the National Health Policy of India at the national level and with the Sustainable Development Goals (SDG) set by the United Nations (UN) at the global level. This makes VBL's CSR policy relevant and convergent with the need of the hour.

CHAPTER - 2

Objective and Scope of Impact Assessment



Objective of the Impact Assessment Study

Conducting impact assessments for CSR initiatives is essential for evaluating effectiveness, demonstrating accountability, and informing strategic decisions. This process enables organizations to evaluate success, refine strategies, and allocate resources efficiently, fostering continuous improvement over time.

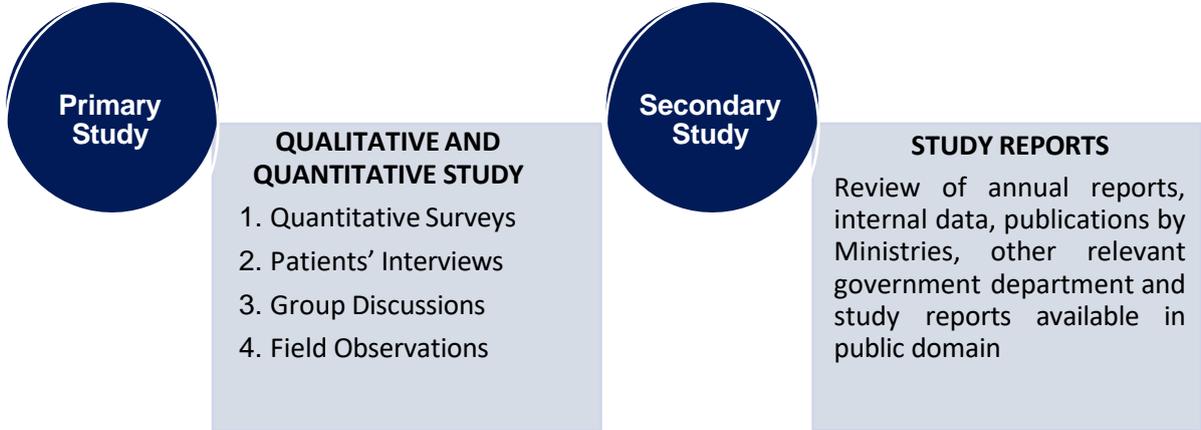
Therefore, Impact Assessment study of the Project AARU Clinics is guided by the following objectives:

- To assess the scale and effectiveness with respect to treatment provided at the AARU Clinics
- To assess the stakeholder engagement process (doctors, staff nurses, phlebotomist, clinic staff) and its effectiveness
- To gauge insights about beneficiaries' (patients') perception towards services provided at the AARU Clinic
- To make a benchmark comparison of the offered services and available infrastructure between AARU Clinics and their nearest PHC/CHC
- To provide recommendations to improve current services

Scope of the Impact Assessment Study

The process of Impact Assessment study encompassed all locations where the AARU Clinics were established. This comprehensive approach was undertaken to gain insights into the geographical context and to foster a 360-degree understanding of the project across diverse locations. The study encompasses a total sample size of 240 beneficiaries spread across 12 locations (20 each location). In addition to the survey sample, qualitative interactions with 36 stakeholders, including doctors, staff nurses, and phlebotomists, were held in each location. In total, the study involved 276 interactions.

For the assessment of the AARU Clinic project, a two-pronged approach was adopted for data collection and review to include secondary data sources and literature and primary data obtained from quantitative and qualitative methods of data collection.



The Impact Assessment of the AARU Project was conducted for the **year 2024** and includes insights up to **December 2024**.

Furthermore, based on past Impact Assessment study of the Project conducted by CSRBOX for the year 2023, the objectives and parameters of the current Impact Assessment Study remain unchanged to have a comparative view of the findings of the project impact over the years. Content of the previous Impact Assessment has also been used for the current study, and, therefore, it is important to highlight that the current Impact Study should be viewed in reference and continuation to the earlier Impact Study conducted by CSR BOX.

CHAPTER - 3

About The Project – AARU Clinics



Scope of AARU Clinics

Under its CSR initiative in the healthcare sector, Varun Beverages Limited (VBL), in collaboration with RJ Foundation and HCL Healthcare, has established AARU Health Clinics near its factory establishments. These clinics, strategically located in 12 sites across Uttar Pradesh (6), Rajasthan (2), Assam (1), Madhya Pradesh (1), Punjab (1), and Bihar (1) aim to provide free and high-quality primary healthcare services to rural communities, especially the economically disadvantaged. Each AARU clinic is staffed with a qualified MBBS doctor, staff nurse, and a phlebotomist for providing preventive, curative and rehabilitative services to the patients from the local communities. These services include health screening, doctor consultations, medical examination, medication, various lab investigations, chronic disease management, first aid, emergency care & referral, health education, awareness, health camps, and other primary healthcare services – **all free of cost to the patients**. The Clinics operate six days a week generally from 10:00 am to 6:00 pm.

These health clinics are run under the banner of RJ Foundation, the CSR arm of Varun Beverages Ltd, in association with **HCL Healthcare**, the service provider who’s role encompasses obtaining regulatory permissions, appointing staff (doctors, nurse, pharmacist and phlebotomist cum clinic assistant) and managing daily clinic operations. For diagnostic services, the project has partnered with **Thyrocare Laboratories** to ensure the quality of free diagnostic services.

The AARU Clinics project primarily includes the following interventions:



Vitals Check	OPD Care	Medicines	Diagnostics
Every patient on each visit is checked for weight, blood pressure, and random blood sugar levels at the clinic premises	All patients are provided free-of-cost medical consultation with an MBBS doctor	All patients are provided free-of- cost medicines as prescribed by the doctor	As prescribed by the doctor, patients are directed to submit their blood/ urine samples drawn at the clinic and sent to the partner diagnostic lab

The Project was launched in December 2022 with the establishment and operation of its first Aaru Health Clinic near one of its factory locations in Uttar Pradesh. Since then, 12 such clinics have been established in last two years which is making big impact in improving the overall health index of the local communities. These 12 clinics cumulatively have benefitted 3,46,656 till December 2024.

The following tables enlist operational details of the AARU Clinics across 12 locations:

S.No	Location	Operational Since	Total beneficiaries (Since Inception)	Total beneficiaries (Jan- Dec 2024)	Daily Average Footfall (Jan- Dec 2024)	Gender wise % (Jan- Dec 2024) M% : F %
1.	Kosi, UP	December 2022	34481	19225	64	45% : 55%
2.	Bhiwadi, RJ	December 2022	26051	14804	49	56% : 44%
3.	Sandila, UP	February 2023	32067	19339	64	48% : 52%
4.	Mandideep, MP	March 2023	41356	28453	94	48% : 52%
5.	Jainpur, UP	March 2023	29352	17522	58	53% : 47%
6.	Guwahati, AS	March 2023	23840	16911	56	32% : 68%
7.	Pathankot, PB	April 2023	17848	11547	38	52% : 48%
8.	Bundi, RJ	April 2023	33259	23729	78	62% : 38%
9.	Greater Noida, UP	April 2023	35525	22362	74	45% : 55%
10.	Sathariya, UP	May 2023	43636	29720	98	43% : 57%
11.	Begusarai, Bihar	March 2024	17005	17005	71	44% : 56%
12.	Gorakhpur, UP	April 2024	12236	12236	56	49% : 51%
Total			346656	232853	800	48% : 52%

CHAPTER - 4

Executive Summary



Overview of Findings

As mentioned in the section above that the objectives and parameters of the current Impact Assessment Study remain same as it was for the previous Impact Assessment Study conducted by CSR Box to have a comparative view of the findings of the project impact over the years. Based on those objectives of the Impact Assessment Study, the current findings are also in-line with the previous outcomes and overview of the same are as below:

Objective 1: To assess the scale and effectiveness with respect to treatment provided at the AARU Clinics

Findings –

- AARU Clinics offer free-of-cost treatment within ~5 km radius, ensuring accessibility, especially for elderly patients. This shows expansion of the coverage area compared to the previous study.
- Regular provision of free medicines for common and chronic ailments has a substantial positive impact.
- Prioritizing affordable healthcare for underserved rural communities, AARU Clinics effectively address healthcare challenges with a primary focus on ensuring affordable access to high-quality treatment.

Objective 2: To assess the stakeholder engagement process (doctors, staff nurses, phlebotomist, clinic staff) and its effectiveness

Findings –

- Beneficiaries express a preference for AARU Clinic praising their staff and doctors for their empathy, attentiveness, and patient-centric approach. They appreciate the compassionate care and inclusive approach across all locations.
- The Clinics' reliable and affordable services contribute to high patient confidence in healthcare services, with patients actively choosing AARU Clinics for superior services, effective treatment plans, and shorter waiting time.
- Beneficiaries also stated that they feel the need for more services such dental care, gynecological care etc. Therefore, there is an opportunity to provide specialized primary care.

Objective 3: To gauge insights about beneficiaries' perception towards services provided at the AARU Clinic

Findings –

- AARU Clinics provide cost-effective healthcare by offering free diagnostic services, leading to substantial savings for beneficiaries who experience significant cost reductions in both treatment and diagnostics compared to alternative private healthcare providers.

- A patient has a direct saving of approximately INR 1200 - 1500 towards total cost of treatment (including average travel costs) and approximately INR 700 towards diagnostic costs when he/she seeks treatment at AARU Clinic as compared to an alternative private healthcare provider.
- The clinics reduce overall healthcare costs, particularly travel expenses, with 58% of beneficiaries incurring no travel costs.

Objective 4: To make a benchmark comparison of the services provided and the available infrastructure between AARU Clinics and their nearest PHC/CHC

Findings –

- Beneficiaries express preference for AARU Clinic praising their staff and doctors for their empathy, attentiveness, and patient-centric approach. They appreciate the compassionate care and inclusive approach across all locations.
- The Clinics' reliable and affordable services contribute to high patient confidence in healthcare services, with patients actively choosing AARU Clinics for superior services, effective treatment plans, and shorter waiting time.
- However, AARU Clinics offer fewer services provided by PHC/CHC, focusing on general outpatient care and emergency medical services but lacking specialists' services such as gynecological, dental, eye, Cardio etc and the IPD services. and

Objective 5: To provide recommendations to improve current services

Findings –

- In order to expand outreach as well as widen the scope of services provided, AARU Clinics should consider collaborating with grassroots health workers and establish referral mechanisms with secondary and tertiary healthcare centres.
- Based on beneficiaries expressed needs, it is recommended that AARU Clinics explore growth opportunities in specialists care such as gynecology, dental, eye, Cardio etc.

Key Strengths

S.N.	Strength	Description
1	AARU Clinics effectively ensuring access to affordable and quality healthcare for underserved rural communities	Affordability is the foremost concern for the families with meagre household income of INR20,000 or less and AARU clinics effectively addressing their this concern with quality
2	AARU Clinics provide free-of-cost treatment to patients residing in a vicinity of ~5 kms of the Clinic, making accessibility a non-issue even for elderly and women patients	78% of female beneficiaries, 36% of male beneficiaries and elderly patients independently walk to AARU Clinics. Due to the proximity of the clinic, 63% patients saving an average of Rs. 80 on travel and transportation expenses during their visits
3	AARU Clinics are bridging healthcare gaps for workforce employed in various manufacturing units around its radius of operations	Strategic location of AARU Clinics near industrial areas serves contractual workforce also who do not have ESIC benefits
4	AARU Clinics distinguish themselves for superior services, effective treatment plans, and reduced waiting times	Healthcare seekers prefer AARU Clinics over alternatives (especially public healthcare centres that also offer affordable treatment) due to effective treatment, and shorter wait times. Beneficiaries praised clinic staff and doctors for their empathetic approach, addressing concerns and aiding in understanding medical information
5	AARU Clinics' reliable and affordable services drive patient confidence and significant satisfaction with treatment plans	Patients using alternative healthcare providers often feel little improvement even after following treatment plans. In contrast, AARU Clinic beneficiaries express trust and confidence, citing significant improvements in their recovery
6	AARU Clinics display greater operational efficiency compared to PHCs/CHCs	With an organisational structure only 1/3rd the size, AARU Clinics display greater efficiency in time and human resources and handle a daily footfall comparable to PHCs/CHCs

7	AARU Clinics provide regular free treatment and medicines for common as well as chronic ailments, creating a significant impact	60% of beneficiaries sought healthcare at AARU Clinic for common health conditions like cough/cold/fever while Osteoarthritis, diabetes, and hypertension collectively account for 11% of ailments with a predominant impact on elderly patients. Moreover, patients with chronic lifestyle diseases also regularly benefit, creating a significant impact through consistent access to medical support for their health conditions
8	Beneficiaries make significant cost savings in treatment and diagnostics compared to alternative healthcare providers	Patients save approximately Rs 700 INR savings on diagnostic costs and Rs 1500 on total treatment costs by choosing AARU Clinic over alternative private healthcare providers
9	Health Camps successfully boost patient footfall in all locations they are organised in	57% of beneficiaries learned about the health camp through word of mouth and VBL employees and contractual worker played a key role in local awareness
10	AARU Clinics align with national as well as global health priorities	The Project is well aligned with the National Health Policy 2017, and Sustainable Development Goals 3 (Good health and well-being for all)
11	AARU Clinics are aligned with CSR policy and ESG principles	Well aligned with the Schedule VII, Section 135 of Companies Act and Principle 8 of Business Responsibility & Sustainability Reporting of SEBI

Opportunities and Recommendations

1. Specialized care for diverse treatments:

AARU Clinics predominantly handle common ailments, limiting the scope of serving patients requiring specialised primary care, such as Gynaecologist, Dentistry etc care. To bridge this gap, it is suggested to introduce telemedicine services with scheduled consultations by specialized doctors, providing a balanced solution between beneficiary expectations and project constraints.

2. Convergence with existing government mechanism:

AARU Clinics should explore collaboration with local healthcare and government workforce such as ANM, ASHA and Anganwadi workers (AWW) for enhanced outreach.

3. Referral mechanism:

Currently, AARU Clinics are yet to establish a formal referral system for patients needing specialized care, leading to external consultations without follow-up mechanisms. The report recommends establishing a referral system with nearby hospitals and emphasizes the importance of linkages with secondary and tertiary healthcare centres, along with ambulance services, for the sustainability of the healthcare model.

4. Additional diagnostic testing:

While the clinics offer investigative tests such as blood and urine tests, samples are collected on-site and sent to a partnered lab. The recommendation in this report suggests introducing testing tuberculosis (TB), and addition of radiology services- X-ray and USG etc. to improve diagnostic capabilities.

5. Increased scope of health camps:

Expanding health camps to all locations and incorporating awareness and education for wider outreach

CHAPTER - 5

Impact Assessment Findings and Analysis



A. Key strengths and Impact

Based on the findings of the impact study and its detailed analysis, the key strength, impact and opportunities of the AARU project are as below:

1). AARU Clinics are bridging healthcare gaps for all age groups of population

The AARU Clinics are successfully providing accessible healthcare to all the age group of population which consists of the working population also primarily engaged as workers, laborers and farmers employed in unorganized sectors that do not have ESIC or any other healthcare benefits/ insurance.

Summary of Demographic Profile of Beneficiaries: 2024					
Particulars	Jan – Mar 2024	Apr – Jun 2024	July – Sept 2024	Oct – Dec 2024	Overall 2024
Total Visits	48,256	55,261	70,220	59,116	2,32,853
New Cases %	71%	64%	67%	69%	68%
Repeat Cases %	29%	36%	33%	31%	32%
< 25 Age group	31%	29%	32%	32%	31%
26-43 Age group	31%	33%	32%	31%	32%
44 - 57 Age group	21%	21%	21%	21%	21%
Above 58	17%	17%	16%	16%	16%
Male %	47%	49%	48%	48%	48%
Female %	50%	54%	52%	52%	52%

2). AARU Clinics see more female patients fostering comfort and accessibility for women

The following table shows the gender-wise percentage of footfall in all the 12 clinics in 2024:

Location	Gender wise Monthly Data : (Jan- Dec 2024)												Cumulative M% : F%
	M% : F %												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Kosi	42 : 58	43 : 57	46 : 54	45 : 55	45 : 55	42 : 58	46 : 54	48 : 52	46 : 54	48 : 52	48 : 52	45 : 55	45 : 55
Bhiwadi	56 : 44	55 : 45	58 : 42	55 : 45	47 : 53	53 : 47	57 : 43	61 : 39	60 : 40	59 : 41	57 : 43	58 : 42	56 : 44
Sandila	58 : 42	58 : 42	57 : 43	47 : 53	42 : 58	43 : 57	40 : 60	42 : 58	44 : 56	44 : 56	51 : 49	51 : 49	48 : 52
Mandideep	49 : 51	46 : 54	48 : 52	50 : 50	48 : 52	44 : 56	48 : 52	49 : 51	50 : 50	48 : 52	45 : 55	47 : 53	48 : 52
Kanpur	57 : 43	61 : 39	55 : 45	58 : 42	52 : 48	58 : 42	54 : 46	52 : 48	48 : 52	50 : 50	48 : 52	45 : 55	53 : 47
Guwahati	39 : 61	38 : 62	38 : 62	33 : 67	27 : 73	30 : 70	26 : 74	27 : 73	27 : 73	30 : 70	32 : 68	36 : 64	32 : 68

Pathankot	52 : 48	48 : 52	42 : 58	56 : 44	53 : 47	52 : 48	52 : 48	54 : 46	52 : 48	55 : 45	50 : 50	53 : 47	52 : 48
Bundi	64 : 35	63 : 37	65 : 35	62 : 38	62 : 38	67 : 33	64 : 36	65 : 35	62 : 38	64 : 36	57 : 43	55 : 45	62 : 38
G. Noida	46 : 54	45 : 55	46 : 54	48 : 52	45 : 55	47 : 53	43 : 57	45 : 55	45 : 55	46 : 54	44 : 56	45 : 55	45 : 55
Sathariya	48 : 52	44 : 56	44 : 56	44 : 56	40 : 60	43 : 57	44 : 56	42 : 58	38 : 62	42 : 58	49 : 51	43 : 57	43 : 57
Begusarai	-	-	50 : 50	44 : 56	43 : 57	39 : 61	41 : 59	45 : 55	44 : 56	46 : 54	46 : 54	44 : 56	44 : 56
Gorakhpur	-	-	-	69 : 31	52 : 48	46 : 54	48 : 52	47 : 53	49 : 51	45 : 55	43 : 57	39 : 61	49 : 51
CUMULATIVE 2024													48 : 52

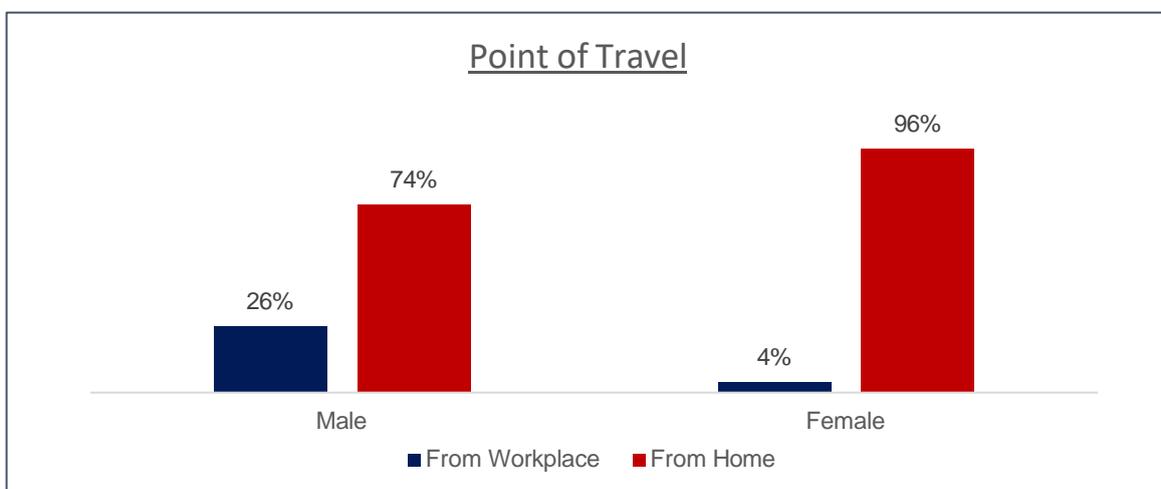
The illustrated above the overall gender-wise beneficiary footfall at the AARU Clinics, it reflects a higher percentage of female patients to male patients. During the Project Assessment period (Jan- Dec 2024), the total percentage of male-female benefices stands at 48% (males) and 52% (females).

30% of the patients seeking healthcare from AARU Clinics were females between the ages 35-45 years, while 26% patients seeking healthcare from AARU Clinics were males between ages 25-35 years. It was observed that most children were accompanied to the AARU Clinic by their mothers as opposed to their fathers, which explains the high percentage of female beneficiaries in that age bracket.

[3\). AARU Clinics provide free-of-cost treatment to patients residing in a vicinity of ~5 kms of the Clinic, making accessibility a non-issue](#)

78% of female beneficiaries, 36% of male beneficiaries and elderly patients independently walk to AARU Clinics. Due to the proximity of the clinic, 63% of patients saving an average of Rs. 80 on travel and transportation expenses during their visit.

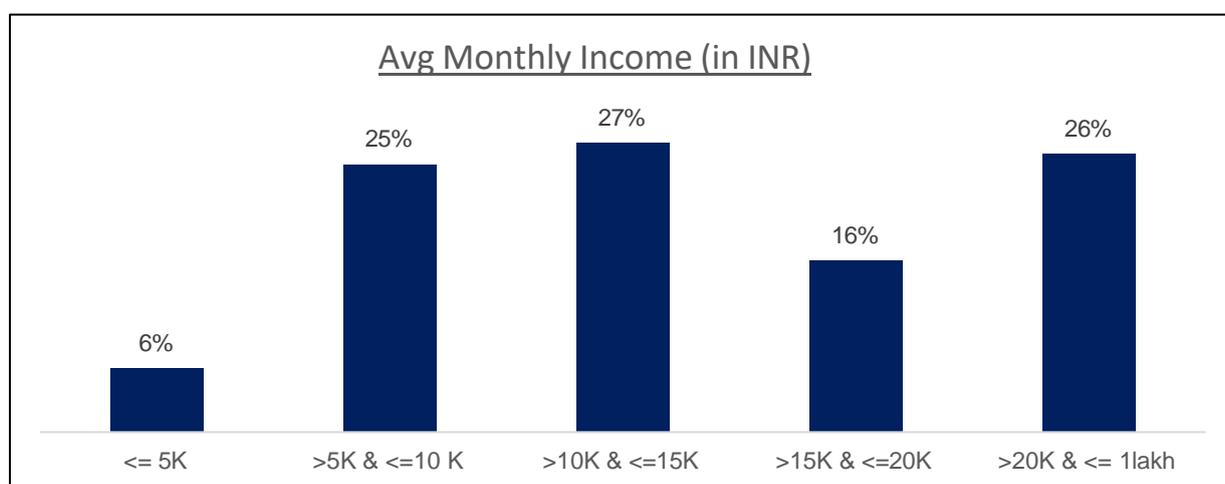
Since the AARU Clinics are at a walking distance from peoples' homes, in cases where elderly patients did not have children living with them, most visited the AARU Clinic independently.



The survey results also illustrate that 96% of the female beneficiaries come to the AARU Clinic from their homes, while 4% come from their workplace. Similarly, 74% of the total male beneficiaries come to the AARU Clinic from their homes, while 26% come from their workplace. The clinic's proximity to their homes is a major contributing factor.

4). AARU Clinics prioritize affordable healthcare for underserved rural communities

The study finds that the average family size of beneficiaries seeking healthcare at AARU Clinics is 5.2 members, while the average number of earning members in the beneficiary families is 1.8 members. The study also finds that monthly household income of 74% of the total beneficiaries is less than INR 20,000. With big families and only half of the members contributing to the household income, which is a meagre INR 20,000 for an overwhelming majority of families, affordable and quality healthcare is a pressing need for such families.



5). AARU Clinics effectively tackle healthcare challenges, with a primary focus on ensuring affordable access to high-quality treatment

The study validates the findings of the previous Impact Assessment that the beneficiaries were facing many challenges prior to the establishment of Aaru Clinics for seeking quality healthcare, such as:

- High cost of treatment
- Reliance on home remedies due to the high cost of treatment
- Lack of empathetic approach at government healthcare centres
- Long waiting time and crowd
- Long travel time and distance
- Loss of daily wage/pay cut/ loss of full day's work

It was found that in the absence of AARU Clinics, the primary healthcare challenge faced by beneficiaries is the high cost of treatment. A significant portion across all locations where AARU Clinic is situated, highlighted cost as the major obstacle in accessing affordable yet quality healthcare. The establishment and operation of AARU Clinics have effectively tackled all these

associated challenges ensuring accessibility and affordability of quality health care for all.

6). Beneficiaries find the AARU Clinic staff much more empathetic, attentive, and patient-centric than their other counterparts

Beneficiaries also turn to tertiary government healthcare providers (such as Civil Hospitals) in case there is no improvement in their health condition, or they need more specialized medical attention. Sometimes, patients have to travel to another district to receive treatment. In these larger establishments, while medical care may be available and affordable, there are so many patients in the queue that the healthcare centre is overcrowded, and the human resources are overburdened.

The beneficiaries stated that the medical staff behaviour at these healthcare centres is rude and impersonal, with medical consultation being so mechanical. Surveyed beneficiaries expressed feelings of disappointment and disregard when they visited government healthcare centres.

Beneficiaries expressed their appreciation for the one-on-one time and empathetic care provided by AARU Clinic doctors, a stark contrast to their experiences with medical professionals at alternative healthcare providers. The clinic staff and doctors demonstrate patience, offering each patient adequate time and attention during consultations, contributing to a more positive and empathetic healthcare experience.

7). AARU Clinics' reliable and affordable services drive patient confidence and significant satisfaction with treatment plans

During qualitative interactions with patients, it was found that those beneficiaries who turn to affordable alternative healthcare providers, such as government PHC/CHCs and Civil Hospitals, found that while treatment costs were much lesser, it was the long waiting time and crowds that were factors that made their experience accessing affordable healthcare less positive, sometimes even acting as deterrents in seeking healthcare facilities.

It was further observed in patient interactions that often patients seeking healthcare from alternative healthcare providers felt that there was no significant improvement in their health conditions even after following the treatment plan prescribed by medical officers at their closest PHC/CHC.

Beneficiaries, empowered by reliable and affordable healthcare from AARU Clinics, have developed a strong trust in the healthcare system. They express confidence in the treatment plans offered by the clinics, citing significant improvements in their recovery from the conditions they sought treatment for.

8). AARU Clinics are able to align with national as well as global health priorities

The Aaru Clinic project is in line with the National Health Policy of India at the national level and with the Sustainable Development Goals (SDG) set by the United Nations (UN) at the global level. The important points which align with the interventions of AARU Health Clinics with National Health Policy, SDGs, ESG Principles and CSR Policy are as follows:

Policies/ SDGs	Objectives/ Targets	Project's Alignment
National Health Policy, 2017	To ensure the 'Health for All' at an affordable cost by adopting a preventive and promotive healthcare approach.	The Project focuses on to provide accessible and affordable healthcare to the community members.
SDG 3: Good Health and Well Being	Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all. Target 3c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in the least developed countries and small island developing States	The project focuses on enhancing the overall health conditions of the economically weaker section of the communities through the AARU Health Clinics.
Alignment with CSR Policy	Schedule VII, Section 135 of the Companies Act lists the activities that can be included by companies in their CSR policies. The list of 10 activities covers the thematic areas of Promoting Healthcare, including preventive healthcare and sanitation.	The Project of Aaru clinics fully align with the Schedule VII, Section 135 of the Companies Act.
Alignment with ESG Principles	Principle 8: Businesses should promote inclusive growth and equitable development.	The CSR Project is well aligned with Business Responsibility & Sustainability Reporting Format (BRSR) guidelines shared by the Securities & Exchange Board of India (SEBI).

9). AARU Clinics display greater operational efficiency compared to PHCs/CHCs

AARU Clinics primarily operate with 4 staffs only consisting of 1 Doctor, 1 staff nurse, 1 phlebotomist, and 1 housekeeping staff. In comparison, a PHC/CHC runs with 10-12 staffs comprises of 1 Doctor, 2 nurses, 1 pharmacist, 1 lab technician, 2 health workers, 1 dresser, 1 accountant, 1 data entry operator, and 1 sanitation staff. In contrast to the 10-12 individuals handling workload and responsibilities at a PHC/CHC, similar responsibilities are efficiently distributed among 4 individuals at the AARU Clinics.

The overall organizational structure at the AARU Clinic, managing a daily footfall similar to that of a PHC/CHC, is only 1/3rd the size (in comparison). This highlights the greater efficiency of AARU Clinics in terms of both time and human resources as compared to PHCs/CHCs.

10). AARU Clinics are effective in ensuring accessibility- from home and workplace

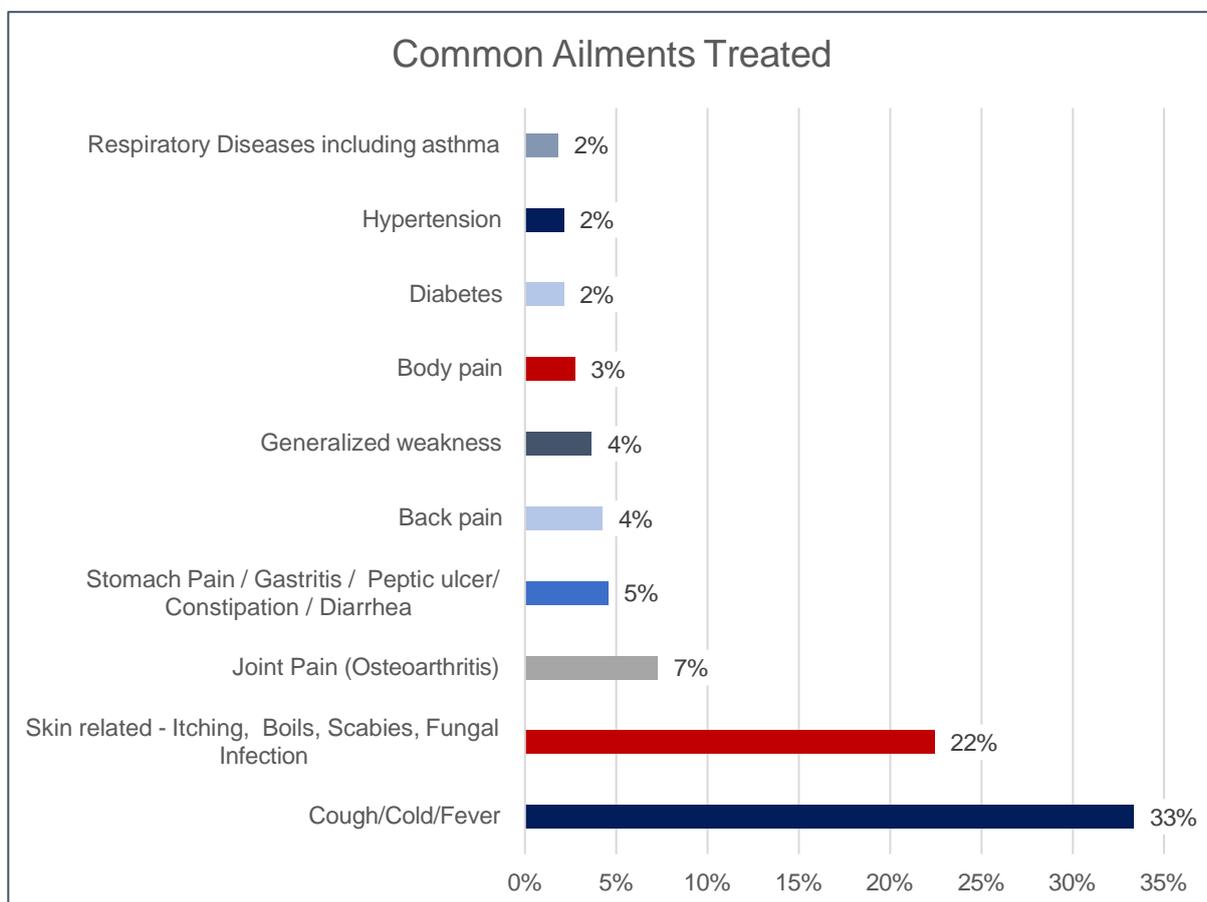
AARU Clinics provide free-of-cost treatment to patients residing in a vicinity of ~5 kms of the Clinic, making accessibility a non-issue even for elderly and women patients.

S.No.	Location	Average Distance of AARU Clinic (in kms)	
		From Home	From Workplace
1	Sathariya	8.0	6.0
2	Bundi	6.0	5.0
3	Sandila	4.0	5.0
4	Pathankot	5.0	6.0
5	Mandideep	4.0	7.0
6	Guwahati	5.0	5.0
7	Bhiwadi	3.0	5.0
8	Kosi	3.0	3.0
9	Jainpur	4.0	4.0
10	Greater Noida	3.0	3.0
11	Begusarai	5.0	3.0
12	Gorakhpur	8.0	4.0

Most of the beneficiaries access the AARU Clinics from their homes (80%), while the remaining access the AARU Clinics from their workplaces. The most common mode of travel to the AARU Clinics is by foot (49%) by both males and females. It is interesting to note that 78% of the female beneficiaries and 36% of the male beneficiaries walk to the AARU Clinics. This is illustrated further by the fact that 47% of the male office-going beneficiaries use a two-wheeler to access the clinic, while 75% of the females coming from their homes access the clinic by walking to it.

11). AARU Clinics provide regular free medicines for common as well as chronic ailments, creating a significant impact

The most common ailments treated at the AARU Clinics, across all locations are cough/cold/fever, followed by skin-related conditions (itching, boils, fungal infection, scabies). Joint pain (osteoarthritis), diabetes, and hypertension occupy 7%, 2% and 2% shares of the total common ailments treated at the AARU Clinics respectively. These are largely reported by elderly patients, but even young people are growingly affected by such lifestyle diseases and chronic conditions.



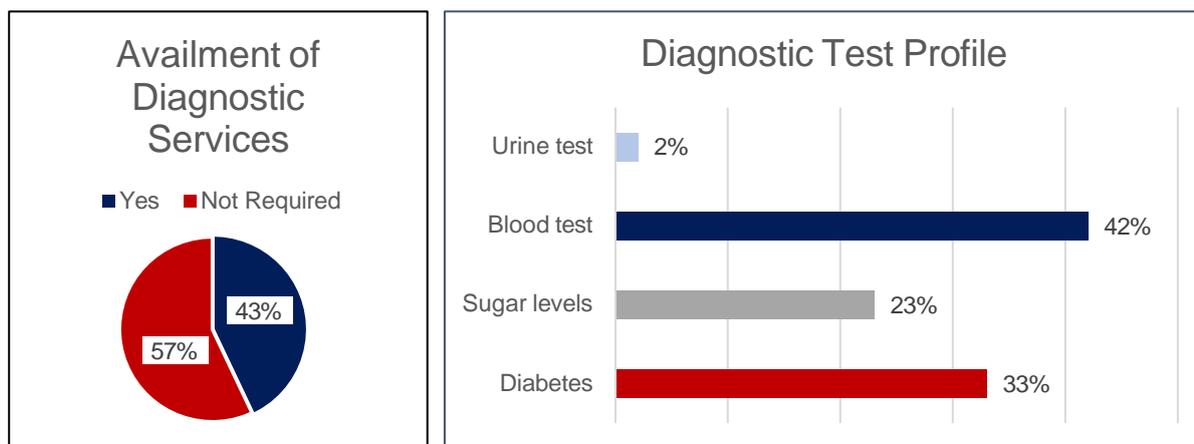
Further, patients with chronic ailments are also getting identified at AARU clinics through consultations and diagnostic tests and provided with further medical management and treatment. In addition, many cases of seminal events like cardiac issues, cancer, Hepatitis, Severe Anemia, Tuberculosis etc. are also being diagnosed and getting timely referral and intervention through Aaru clinics every month. While their numbers may be limited, the substantial impact arises from the multiplier effect of them having regular access to free medicines and medical consultations for their chronic health conditions. Some of such seminal events are being shared in the last section of this report.

12). AARU Clinic's free diagnostic services provide cost-effective healthcare solutions

As mentioned before, AARU Clinics also offers free diagnostic and investigative services. Blood and urine samples are collected at the clinic and sent for actual testing outside of the clinic to the partnered diagnostic lab i.e. 'Thyrocare' to ensure the quality and reliability of results which usually

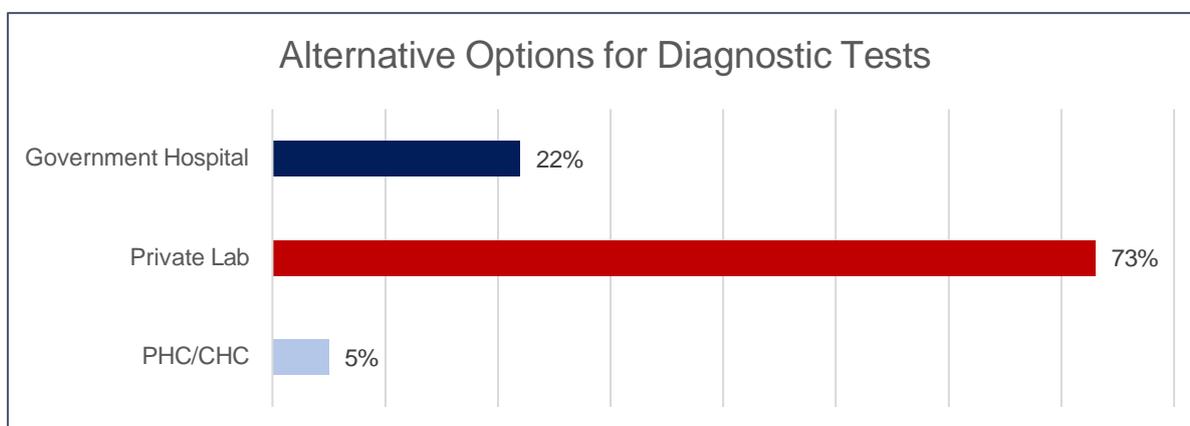
lacks in rural areas.

43% of the beneficiaries reported that they needed to avail free investigative services of the AARU



Clinics on the prescription of the medical officer. Among those who required testing, 42% underwent blood tests, 33% underwent diabetes profiling tests, and 23% required a finger-prick test to check for random blood sugar.

Alternative options for diagnostic tests are largely private labs which are not only costly but reliability of results is also a question. Another option is Govt PHC/ CHC but only about 5% of the respondents opt for PHC/CHC (primary and secondary healthcare centres) for diagnostic tests due to other factors.

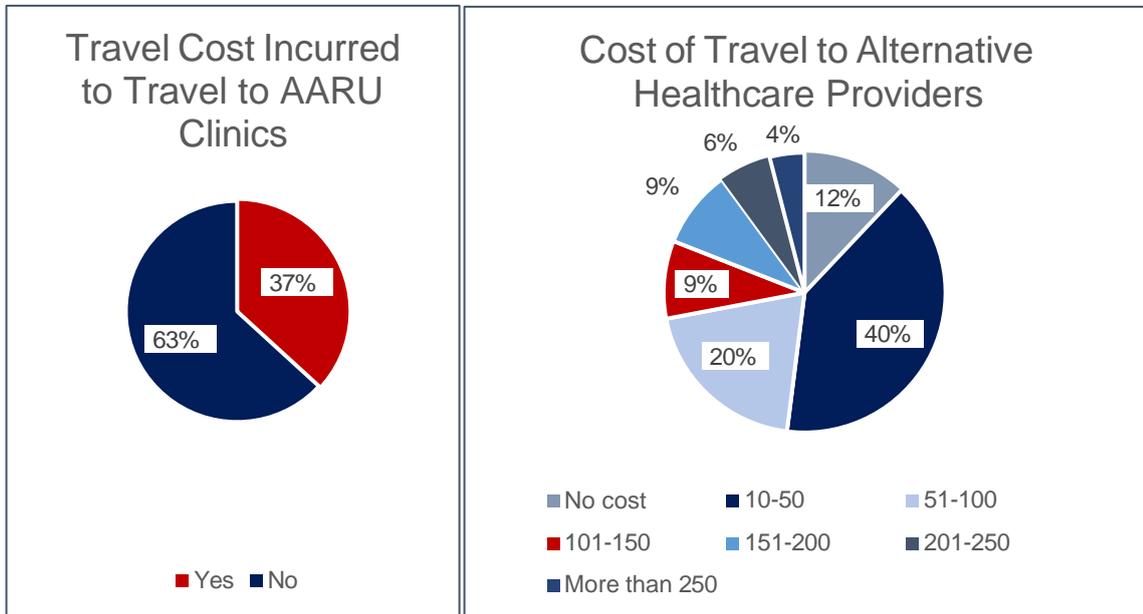


At AARU Clinics, all the diagnostic services are provided free of charge. In contrast, similar tests offered by AARU Clinics, such as diabetes, blood, and urine tests, are priced at Rs. 150, Rs. 300 (minimum for 1 test), and Rs. 200, respectively, at alternative healthcare providers. Therefore, the provision of free testing has resulted in cost savings for beneficiaries.

The free pathological diagnostic services at AARU clinics not only ensuring quality and trust of the beneficiaries but also helping in early diagnosis and treatment of many lifestyle diseases like, Diabetes, BP, Thyroid and other.

13). AARU Clinics reduce healthcare costs as 63% of beneficiaries incur zero travel expenses

Due to the proximity of the clinic, the majority of beneficiaries walk, resulting in 63% of those surveyed incurring no expenses for travel and conveyance. AARU Clinics effectively diminish the costs associated with accessing dependable healthcare, with patients saving an average of Rs. 80 on travel and transportation expenses during their visits.



37% of the remaining beneficiaries have to incur some amount for travelling to the AARU Clinics. Since alternative, reliable, and affordable healthcare providers are relatively far away, patients incur an average travel cost of Rs. 80 to visit the healthcare provider. 60% of the respondents said they had to spend anything between Re. 10 to Rs. 100 to seek affordable and reliable healthcare services outside of AARU Clinics. Only 12% of the respondents stated they did not have to incur any travel costs to visit alternative healthcare providers.

14). Beneficiaries make significant cost savings in treatment and diagnostics compared to alternative (private) healthcare providers

In addition to the cost of travel to access healthcare institutions, the cost of medical consultation, and the cost of medicines make healthcare unaffordable to a large section of society. On average, at a private primary healthcare facility, consultation with an MBBS doctor would be Rs. ~400 and medicine costs would be Rs.~300.

A patient has a direct saving of approximately Rs ~1500 INR towards total cost of treatment (including average travel costs) and approximately 700 INR towards diagnostic costs when he/she seeks treatment at AARU Clinic as compared to an alternative private healthcare provider.

15). Health Camps successfully boost patient footfall in all locations they are organized in

AARU Clinics organize health camps to expand the reach and boost patient footfall from newer areas. Compared to the 17 health camps at 6 locations in 2023, total 63 health camps were organized in 2024 at eight out of the twelve locations as below:

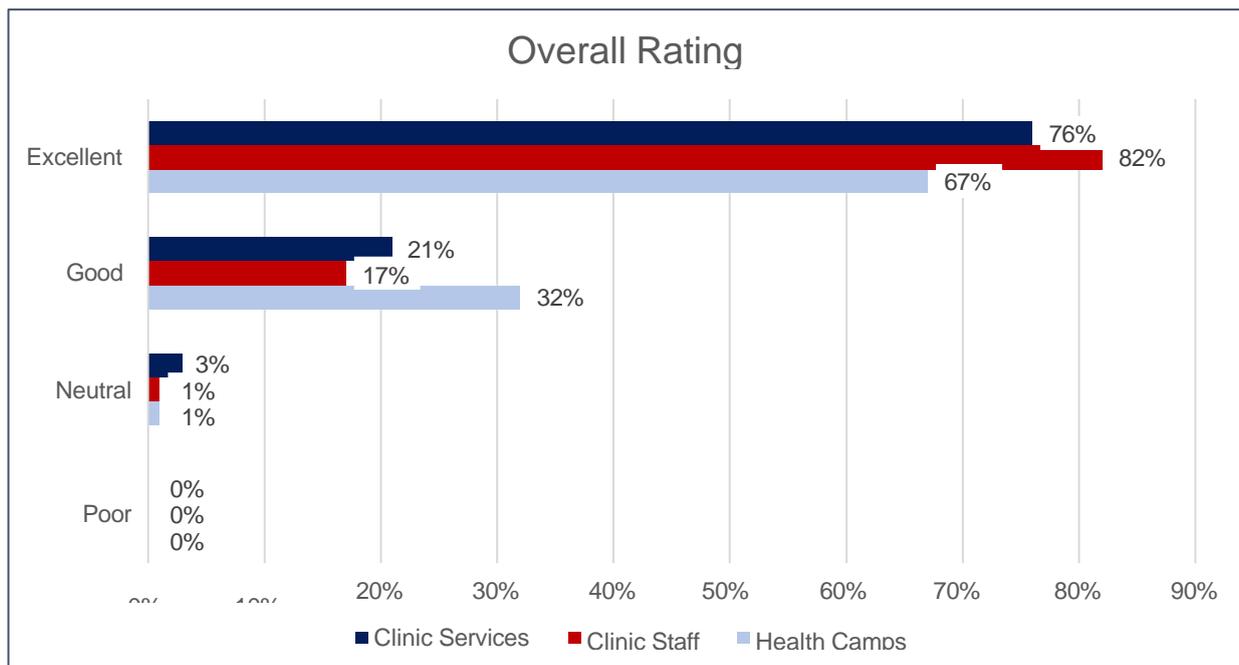
Health Camp : 2024							Impact		
S.No.	Location	Jan - Mar	Apr- Jun	Jul- Sep	Oct- Dec	Total Camps	Daily Avg Footfall 2023	Daily Avg Footfall 2024	% increase in Footfall
1	Kosi				1	1	48	64	33%
2	Bhiwadi	3		2		5	36	49	36%
3	Sandila	10	5			15	49	64	31%
4	Kanpur	12	4			16	49	58	18%
5	Guwahati	7				7	29	56	93%
6	Pathankot	2	1			3	30	38	27%
7	Bundi	10	5			15	43	78	81%
8	G. Noida			1		1	63	74	17%
Total		44	15	4		63	43	60	40%

Compared to the clinic wise patient data of 2023 and 2024, there has been significant increase in the daily average footfall of patients in 2024 at all the locations where health camps were organized. This indicates the successful achievement of the objective behind these health camps, aiming to widen outreach and raise awareness about the existence of AARU Clinics, with the goal of increasing footfall.

16). Beneficiaries prefer AARU Clinics for superior services, effective treatment plans, and compassionate care

Beneficiaries seeking healthcare choose AARU Clinics over other alternatives (especially public healthcare centres that also offer affordable treatment) as they are drawn by the clinics' commitment to superior service quality, effective treatment strategies, relatively lesser waiting time, and proximity from their place of residence, in particular. Beneficiaries praised clinic staff and doctors also for their attentive and empathetic approach, particularly in addressing their concerns and aiding them in understanding medical information.

This positive sentiment was notably pronounced among elderly beneficiaries, who expressed heightened appreciation for the attention, care, and empathy received from the clinic staff. In contrast to experiences in alternative healthcare centres, their encounters at AARU Clinics were characterized as more inclusive, humane, and considerate, contrasting with the alleged mechanical and disregardful nature encountered elsewhere.



B. Learnings and Recommendations

Based on the findings of the Impact Study, this section describes the learning, opportunities and recommendations on the current model of operation of AARU Clinics as below:

1). Potential for growth by introducing additional specialized Healthcare Services

Although AARU Clinics excel in providing essential and reliable primary healthcare and also helping in diagnosing chronic ailments and its referral, the clinics can only offer medical services through the outpatient department (OPD) as they lack facilities for an inpatient department (IPD) catering to specialty treatment for chronic ailments. To bridge this gap, it is recommended to introduce telemedicine services with scheduled consultations by specialized doctors, providing a balanced solution between beneficiary expectations and project constraints.

The impact study also suggests that there is scope to add more services that are being provided by PHC/CHC at the grassroots level. Addition of services such as care in pregnancy and childbirth; neonatal and infant health, family planning, contraceptive services and other reproductive care services; child and adolescent healthcare (including immunization); ophthalmic, ENT, dental care; palliative care could be further explored.

2). Referral mechanism

Currently, for any other medical services that fall in the secondary or tertiary care spectrum, patients are asked by the medical officer at the AARU Clinic to seek consultation “outside”, however, there are no formal mechanisms in place where this referral can be followed up with at the referred site.

AARU Clinics are yet to establish a formal referral system for patients needing specialized care, leading to external consultations without follow-up mechanisms. Therefore, it is recommended to establish a referral system with nearby hospitals and emphasize the importance of linkages with secondary and tertiary healthcare centres, along with ambulance services, for the sustainability of the healthcare model.

3). Convergence with existing government mechanisms

The AARU Clinics are currently operating independently, without much collaboration with grassroots healthcare workers (Anganwadi workers, ASHA workers, ANM workers). However, there is scope of opportunity to foster ties with available groundworkers and widen the outreach of the AARU Clinics in providing affordable, accessible, and reliable primary healthcare services to the society.

4). Additional Diagnostic Testing

While the clinics offer investigative tests such as blood and urine tests, samples are collected on-site and sent to a partnered lab. The recommendation in this report suggests introducing tuberculosis testing (TB), and addition of radiology services- X-ray and USG etc. to improve diagnostic capabilities.

5). Health Camps at all locations

It is evident that the health camps have helped to increase the patient footfall at all 8 locations where it was organized. Based on its impact, it is suggested that health camps be organized across all 12 locations, not only with the objective of creating a wider outreach of the AARU Clinics, but also with the addition of awareness sessions and education of the community on/about chronic lifestyle conditions, menstrual and gynecological health, good hygiene practices, dietary advice, and generally awareness on medicine consumption and allopathic medical care etc.

CHAPTER - 6

Impact Stories



Impact Stories- Life Saving Seminal event at AARU Clinics

During the Impact Study, it came to light that in addition to the common health conditions, AARU Clinics are also helping in early diagnostic of the chronic ailments and its referral which is saving lives of the people in a big way. This is also to commend that all these early diagnostics of the chronic cases are being done with the limited resources and infrastructure available at the clinics. After exploring the details of such cases and their stories, it was decided to share few of them in consent from the patients and case details from the doctors. For the confidentiality of the patients, their name and other details are not part of the case stories.

A. Diagnosis of Cancer/ Breast Tumor:

CASE 1:

Date & Location- 19.11.2024, Kosi (Uttar Pradesh)

Clinical Summary – Patient reported at AARU Clinic with pain in abdomen, loss of appetite, vomiting and fever. He had already taken medicines from local doctor (Quack) but no relief. investigation done at AARU Clinic and radiological investigations outside which reveals GB Mass.

Diagnosis – Cholangiocarcinoma (Bile duct cancer). This was first time confirmed in Aaru clinic.

Impact on life – Patient was referred to higher center for further management.

CASE 2:

Date & Location- 03.08.2024, Mandideep (Madhya Pradesh)

Clinical Summary – Patient c/o breast pain and lump both breast with painless swelling. Upon examination by the doctor lump confirmed both breast, advised USG breast which was suggestive of fibroadenosis of breast

Diagnosis – Fibroadenoma Breast (*First time confirmed in Aaru clinic*)

Impact on life – Patient referred to AIIMS Bhopal for further management, where she is undergoing treatment.

CASE 3:

Date & Location- 14.09.2024, Sathariya (Uttar Pradesh)

Clinical Summary- Patient came with cyst in upper lateral quadrant of left breast. Upon examination by the doctor, advised USG breast

Diagnosis – Fibroadenoma Left Breast (*First time confirmed in Aaru clinic*)

Impact on life – Patient was referred to higher center for further management, where she is undergoing treatment and is better now.

CASE 4:

Date & Location- 26.10.2024, Sandila (Uttar Pradesh)

Clinical Summary- Patient came with lump in lateral upper quadrant of right breast with painless

swelling. Upon examination by the doctor and USG breast suggestive of fibroadenosis of breast.

Diagnosis – Fibroadenoma Right Breast (*First time confirmed in Aaru clinic*)

Impact on life – Patient was referred to higher center for further management, where she is undergoing treatment.

CASE 5:

Date & Location- 12.12.2024, Mandideep (Madhya Pradesh)

Clinical Summary- Patient came with pain and swelling on left side of face with perforation on left cheek.

Diagnosis – Invasive well differentiated CA buccal mucosa (*First time confirmed in Aaru clinic*)

Impact on life – Patient was referred to higher center in Bhopal for further management. He was diagnosed as a case of CA buccal mucosa there also. Patient is under treatment with surgery planned.

B. Cardiac Disease/ Heart Attack/ Stroke:

CASE 1:

Date & Location- 18.11.2024, Kosi (Uttar Pradesh)

Clinical Summary- Patient had suddenly started chest pain and breathlessness at night, no H/O fainting. next day he came to Aaru OPD with above complaints. ECG done in the clinic which was suggestive Right bundle branch block.

Diagnosis – Right bundle branch block with CAD (*First time confirmed in Aaru clinic*)

Impact on life – Timely diagnosis saved the case going critical and referred to higher cardiology center for further management.

CASE 2:

Date & Location- 03.12.2024, Jainpur (Uttar Pradesh)

Clinical Summary- Patient came with weakness & chest discomfort for which he was treated previously in other health care setup as muscular pain. ECG at Aaru clinic showed Atrial fibrillation, Incomplete RBBB, Possible lateral Infarct, Wide QRS complexes.

Diagnosis – Rheumatic heart disease, severe Mitral Stenosis, Mild Mitral & Aortic Regurgitation (*First time confirmed in Aaru clinic*)

Impact on life – Patient was referred to higher cardiology center where Balloon mitral Valvuloplasty (BMV) was done. Timely diagnosis saved the case going critical. Patient is better now.

CASE 3:

Date & Location- 09.08.2024, Greater Noida (Uttar Pradesh)

Clinical Summary- Patient presented with complaints of atypical chest pain. Primary treatment

done but further evaluation required for query related to cardiac and gastrointestinal causes

Diagnosis – Atypical Chest Pain / Silent MI (Heart Attack)

Impact on life – Patient was referred to higher center for Cardiology review & for further management, where she went through timely intervention which saved her life.

CASE 4:

Date & Location- 05.09.2024, Bundi (Rajasthan)

Clinical Summary- Patient presented with complaints of anxiety, chest pain with breathing difficulty. This symptoms occurs last 5-6 days. Patient was heavy smoker. ECG done in clinic.

Diagnosis – Cardiac Arrhythmia (Atrial Flutter) – *First time confirmed in Aaru clinic*

Impact on life – Patient was referred to higher center for Cardiology review & for further management.

CASE 5:

Date & Location- 16.09.2024, Jainpur (Uttar Pradesh)

Clinical Summary- Patient presented with c/o Palpitation since 1 day. History and investigation of ECG changes where suggestive of first Degree AV block and Left ventricular Hypertrophy.

Diagnosis – First degree AV block , Left ventricular Hypertrophy (*First time confirmed in Aaru clinic*)

- **Impact on life** – Patient was referred to cardiac center for further management, where she is undergoing treatment and is now better.

CASE 6:

Date & Location- 11.10.2024, Jainpur (Uttar Pradesh)

Clinical Summary- Patient complained of Pain (middle of chest) (central). Then his history was taken, and ECG was suggestive of ventricular tachycardia and widespread Myocardial ischemic changes.

Diagnosis – Supraventricular Tachycardia & Myocardial Ischemia (*First time confirmed in Aaru clinic*)

Impact on life – Patient was referred to cardiac center for further management.

CASE 7:

Date & Location- 07.08.2024, Jainpur (Uttar Pradesh)

Clinical Summary- Patient presented with complaints of dyspnea and on further investigation and ECG, it was suggestive of Right ventricular hypertrophy and other cardiac issues.

Diagnosis – Premature atrial ectopic and Sinus tachycardia (Heart Disease) (*First time confirmed in Aaru clinic*)

Impact on life – Patient was referred to higher center for further management, where she was managed on various cardiac medications and her condition improved.

CASE 8:

Date & Location- 07.11.2024, Bundi (Rajasthan)

Clinical Summary- Patient came to AARU clinic with complaints slurred speech with right side facial weakness & dizziness.

Diagnosis – Acute ischemic stroke/ right faciobrachial weakness with dysarthria (Brain Stroke)-
First time confirmed in Aaru clinic

Impact on life – Timely diagnosis saved patient's life and he was referred to higher center for further management, where he underwent treatment and better now.

C. Chronic Kidney and Liver Disease:

CASE 1:

Date & Location- 05.09.2024, Jainpur (Uttar Pradesh)

Clinical Summary- Patient presented in clinic with complaints of Polyuria with following concerns. There is history of head trauma (7 years back fall from bike and injury to occipital region). Lab investigation at the clinic revealed severely reduced eGFR and highly raised Creatinine levels.

Diagnosis – Chronic Kidney Disease (*First time confirmed in Aaru clinic*)

Impact on life – Patient was referred to higher Nephrology centre for further management. Timely diagnosis saved the case going critical.

CASE 2:

Date & Location- 05.09.2024, Sandila (Uttar Pradesh)

Clinical Summary- 42 years old Male presented with pain in Left lumber region. The USG Report was suggestive of Renal Calculi with Hydronephrosis.

Diagnosis – Left renal calculi with hydronephrosis (*First time confirmed in Aaru clinic*)

Impact on life – Patient was referred to the district hospital for further management where he underwent surgery.

CASE 3:

Date & Location- 21.10.2024, Jainpur (Uttar Pradesh)

Clinical Summary- Patients came with complaints of weakness since 10 days and additional complain of Pedal Edema both legs. Where upon further Physical Examination and Lab Investigation in the clinic, kidney disease came to light and the patient was referred to higher center for further investigation and management.

Diagnosis – Chronic Kidney Disease (*First time confirmed in Aaru clinic*)

Impact on life – Timely diagnosis saved the case going critical.

CASE 4:

Date & Location- 12.12.2024, Mandideep (Madhya Pradesh)

➤ **Clinical Summary-** Patient reported weakness with yellowish discoloration of eye and sclera. On investigation in clinic, his SGOT SGPT were highly raised with significant increase in bilirubin level.

Diagnosis – Hepatitis A Positive (*First time confirmed in Aaru clinic*)

Impact on life – Patient was referred to AIIMS- Bhopal for further management. Timely diagnosis saved the case going critical.

CASE 5:

Date & Location- 16.12.2024, Sathariya (Uttar Pradesh)

Clinical Summary- Patient came in clinic with abdominal pain in right hypochondrium with iliac region since 3 days with excess urination.

Diagnosis – Acute cholecystitis, Right side enlarged kidney with hydro nephrolithiasis, Acute cystitis (*First time confirmed in Aaru clinic*)

Impact on life – Patient was referred to higher center for surgical management. Now he is better.

D. TB/ Lung Disease:

CASE 1:

Date & Location- 27.08.2024, Jainpur (Uttar Pradesh)

Clinical Summary- Patient presented with complaints of cough since 7 months. Was earlier given medication only in private center for common cold but her condition was not getting improved. At Aaru Clinic, doctor did physical and other examinations and advised her Chest X ray which was suggestive of TB.

Diagnosis – Pulmonary Koch's (TB) (*First time confirmed in Aaru clinic*)

Impact on life – Patient was referred to DOTS Center for further management where she is undergoing treatment & is now better.

CASE 2:

Date & Location- 09.09.2024, Sathariya (Uttar Pradesh)

Clinical Summary- 18 year old patient came with complaints of cough with congestion and mild pain since 2 months with weakness and loss of appetite, was advised to undergo X-ray test. Report show pulmonary Koch's in left upper and middle zone of lungs.

Diagnosis – X-ray report was suggestive of pulmonary Koch's in left upper and middle zone of lungs (TB) (*First time confirmed in Aaru clinic*)

Impact on life – Patient was referred to DOTS Center for further management where she is undergoing treatment & is now better.

CASE 3:

Date & Location- 16.10.2024, Jainpur (Uttar Pradesh)

Clinical Summary- Patient came with complaints of Acidity and Cough. Chest X ray suggestive finding of pleural effusion and lung collapse

Diagnosis – Right Lung Collapse with Pleural effusion (*First time confirmed in Aaru clinic*)

Impact on life – Patient was referred to higher center for further management. Timely diagnosis saved the case going critical.

CASE 4:

Date & Location- 16.11.2024, Sathariya (Uttar Pradesh)

Clinical Summary- Patient came in clinic with c/o typhoid and UTI with cough since 20 days and occasionally pain in rt flank region during coughing.

Diagnosis – Tuberculosis & Typhoid with UTI with LRTI (*First time confirmed in Aaru clinic*)

Impact on life- Patient managed conservatively in clinic and referred to district hospital for further treatment. Timely diagnosis saved the case going critical.

CASE 5:

Date & Location- 17.12.2024, Mandideep (Madhya Pradesh)

Clinical Summary- Patient complained of cough with sputum. Was advised Chest X-ray and sputum for AFB which came out to be positive for pulmonary tuberculosis.

Diagnosis – Pulmonary Koch's (TB) (*First time confirmed in Aaru clinic*)

Impact on life- ATT started from Govt facility as per DOTS guidelines and is under treatment at DOTS Centre with follow-up consultations at Aaru Clinic.

E. Severe Anaemia, Dengue, Malaria:

CASE 1:

Date & Location- 16.09.2024, Mandideep (Madhya Pradesh)

Clinical Summary- Patient came with complaints of weakness, fatigue and vertigo since 10 days. On investigation Hb/WBC was found to be low (Hb – 5.9 gm/dl). Suspected bone marrow suppression also.

Diagnosis – Severe Anaemia with Leukocytopenia and Jaundice (*First time confirmed in Aaru clinic*)

Impact on life- Patient was referred to AIIMS Bhopal for further management, where she was transfused blood and given supportive treatment with follow-up consultations at Aaru Clinic.

CASE 2:

Date & Location- 09.10.2024, Bundi (Rajasthan)

Clinical Summary- Patient came with complaints of abdomen pain, gastritis, anxiety, dizziness etc. in the last 2-3 days. USG W/A done with symptoms of Splenomegaly with scattered hypoechoic parenchymal lesions, developing abscess with periportal, peripancreatic, splenic lymphadenopathy and gross gall bladder wall edema.

Diagnosis – PLHA with Splenomegaly (HIV with enlarged spleen)- *(First time confirmed in Aaru clinic)*

Impact on life- Patient was referred to AIIMS Bhopal for further management.

CASE 3:

Date & Location- 16.08.2024, Mandideep (Madhya Pradesh)

Clinical Summary- Patient presented with moderate grade fever with chills, severe weakness, joint pain, vomiting and vertigo since two days. On investigation in the clinic dengue test came positive (Platelet count – 26000) with mucosal bleed and petechiae formation.

Diagnosis – Dengue hemorrhagic fever with thrombocytopenia *(First time confirmed in Aaru clinic)*

Impact on life- Patient was referred to AIIMS Bhopal for further management, where she was transfused platelets and given supportive treatment. Timely diagnosis saved the case going critical.

CASE 4:

Date & Location- 02.10.2024, Jainpur (Uttar Pradesh)

Clinical Summary- The patient had fever for one month and she received treatment at various Private and govt hospital, but the tests were negative and her symptoms were not resolving. She came to AARU clinic and where she was prescribed relevant investigations in the clinic.

Diagnosis – Found to be having both malaria and dengue virus infection *(First time confirmed in Aaru clinic)*

Impact on life- Patient managed conservatively in clinic and referred to district hospital for further treatment.





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Rejuvenation of Water Bodies

2024 Impact Report

Varun Beverages Ltd.



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1. Executive Summary

The Rejuvenation of Water Bodies solution was delivered across 4 IIT-IIT Resilient Worlds Circles - Ghod, Luni, Shimsha, Manjra - aligned with four Varun Beverages Ltd. operating locations - Parner, Jodhpur, Nelamangala and Sangareddy. Leveraging RWB, 600,000 CuM of silt was repurposed to revitalize 2,600 acres of farmland for Y farmers (including women) and creating additional waterbody capture of 600 Million Litres

This report covers the following details of outcomes that were achieved across the 4 locations

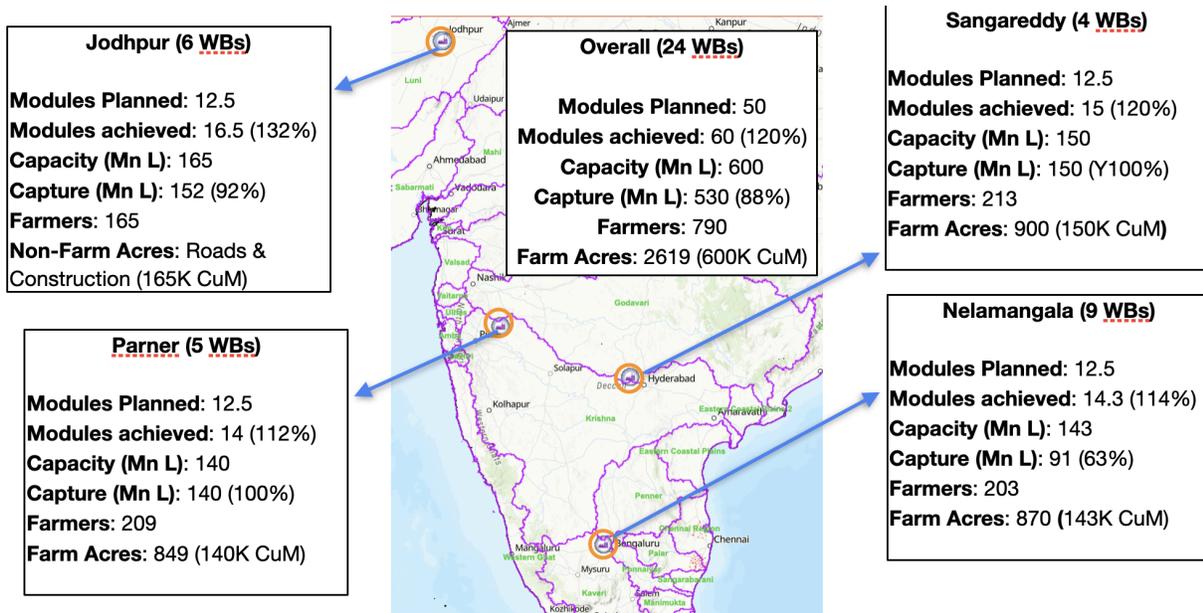
1. Characteristics of the farmers/community who benefited
2. Representation of women
3. Revitalizing fallow land
4. Impact due to cropping change
5. Impact with the same crop - yield, water usage, fertilizer usage
6. Other types of impact
7. Waterbody capacity and water capture

While the report captures the above narratives across the 4 locations, the visual report across the 4 locations is available here: [Link to PDF](#)

For 2025, the plan is to further momentum in the four current Circles with a goal towards shaping a growing resilience momentum in each Circle, that will form the basis to attract other Corporates and Donors to engage towards achieving water, farming and community resilience in these Circles

2. Summary of overall incomes

Item	Status
Total Modules Completed	60 Modules (1 Mod = 10,000 CuM) - Target 50 Modules
Locations	Nelamangala, Sangareddy, Jodhpur, Parner
No. of Gram Panchayats Benefited	16
No. of Water Bodies worked in	24
Total Farmers Benefited	790
Surface Water Capacity Created	600 Million Liters
Water Recharge (based on validated water capture)	530 Million Litres
Farm Acres Benefited Estimate	Approx 2619 Acres



	LOCATION	GP s	WATER BODIES	CAPACITY CREATED	CAPTURE VALIDATED	FARMERS ENGAGED	FARMLAND BENEFITTED
Total	4	16	24	600	530	790	2619
1	Parner	4	5	140	140	209	849
2	Sangareddy	3	4	150	150	213	900
3	Nelamangala	6	9	145	91	203	870
4	Jodhpur	3	6	165	152	165	Non-Farm Use

3. Characteristics of the farmers who benefited

Across 3 locations - Parner, Sangareddy and Nelamangala, small and marginal farmers were the primary beneficiaries of the program, and women were primary beneficiaries. Even when the silt was not valuable to farmland, the community participated due to the value of water. The following data demonstrates this

A) Small and Marginal Farmer Participation

As the table below demonstrates, 95% of the program participants were small and marginal farmers

	Total Farmers	Small/Marginal Farmers	% Small/Marginal Farmers
Total	625	596	95%
Parner	209	200	95%
Sangareddy	213	213	100%
Nelamangala	203	183	88%

Small farmers: 2.5 acres to 5 acres | Marginal farmers: <2.5 acres

B) Level of small and marginal farmer participation

In terms of the actual usage of the silt, 94% of the programs silt was taken up by small and marginal farmers

	Total Silt (CuM)	Silt Taken By Small/Marginal	% Small/Marginal
Total	133,819	126,484	94%
Parner	37,166	34,936	94%
Sangareddy	48,264	48,264	100%
Nelamangala	48,389	43,284	89%

Small farmers: 2.5 acres to 5 acres | Marginal farmers: <2.5 acres

C) Women Representation

An important part of the program's goals is to build women agency. To understand the extent to which this is happening, women participation workshops were held in two locations, Sangareddy and Nelamangala. In both locations, in more than 95% of situations where silt was taken, women were jointly involved in the farming and were beneficiaries of the program. Additionally in both cases a majority of these women (>70%) were members of the Self Help Group (SHG)

D) Community benefit in non farming scenario

In Jodhpur, even though the silt was not beneficial to farming, the community were able to leverage the silt in community projects of the following types: Roads, Building Construction, School Playground. Additionally, community members shared that the following were the key reasons that attracted them to engage with the program :

1. Revived water bodies act as lifelines by reducing dependence on costly private water sources such as tube wells. A single restored water body has provided water security to nearly 5,000 people.
2. Improved access to water for livestock, including sheep and cattle, has enhanced their productivity, resulting in increased economic benefits for farmers
3. Reduced consumption of saline water has led to better health outcomes for families, while harvested rainwater offers a safer alternative for domestic use after minimal treatment

- Improved water availability has led to better sanitation and hygiene practices within the community.

4. Revitalizing Fallow land

Farming land going fallow is a key challenge across India. This is due to several factors, the primary being soil degradation and lack of water availability. Application of silt directly addresses both these issues, revitalizing the soil and also retaining water for crop uptake, thereby reducing irrigation based water needs

Based on the sample survey data collected across all farm based RWB locations, revitalization of fallow land is a key outcome of the program

	Total Acres applied	Fallow Land revitalized (Acres)	% Fallow Land
Total	2619	278	10.5%
Parner	849	93	11%
Sangareddy	900	81	9%
Nelamangala	870	104	12%

5. Impact due to cropping change

Of the 3 locations, impact due to cropping change was primarily found in Parner. 51% of the farmers surveyed increased the number of cropping seasons, which points to a directly quantifiable value benefit from the silt

- Change from 1 to 3 crop seasons or 3X: This represented 36% of the surveyed farmers
- Change from 1 crop to 2 crop season or 2X: This represents 11% of the surveyed farmers
- Change from 2 crop to 3 crop season or 1.5X: This represents 4% of the surveyed farmers

6. Impact while growing same crop

A key value of RWB is that even when farmers continue to grow the same crop, they benefit across yield, water usage and fertilizer usage. This was confirmed across all three locations

A) Yield improvement

Location	Yield improvement confirmed
Parner	17%
Sangareddy	30%
Nelamangala	20%

B) Water usage improvement

Location	Water Usage improvement confirmed
Parner	60%
Sangareddy	26%
Nelamangala	50%

C) Fertilizer usage improvement

Location	Fertilizer Usage improvement confirmed
Parner	51.5%
Sangareddy	50%
Nelamangala	50%

7. Other types of impact

In Sangareddy and Nelamangala, as part of extending the program to Landmark Waterbodies, data on other types of impact were also collated from the communities. The following impact areas were discerned in these locations

A) Well water levels: The well water levels were compared in borewells between 2023 post monsoon and 2024 post monsoon. In Sangareddy average well levels in 2023 was at 125 feet,

improving to 85 feet in 2024. Nelamangala well water levels were very lower in 2023 - an average of 750 feet. These improved to an average of 525 feet in 2024

Location	Well Water Level Improvement
Sangareddy	32%
Nelamangala	30%

B) Livestock ownership: Increased water availability can also lead to increased ownership of livestock. An assessment of this was made as part of the Landmark Waterbody workshops. While there was no discernable change in Sangareddy, in Nelamangala, average livestock ownership of the community associated with the waterbody was approximately 125 cows. This increased to an average of 190 cows.

Location	Livestock ownership
Sangareddy	No discernable change
Nelamangala	52%

THANK YOU

**REJUVENATION OF WATER BODIES PROJECT
IMPACT REPORT
2024**

SUBMITTED BY

**NBAW ASSOCIATION
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Impact Assessment of the Pravah Programme

A CSR Initiative of Varun Beverages Ltd.



1.1 Background

Unemployment is a pressing issue in India, with rural male and female unemployment rates at 4.40% and 3.90%, respectively. In urban areas, these rates escalate to 6% for males and 8.70% for females.¹ The situation is even more concerning in states like Rajasthan, where the unemployment rate reaches 23.8%, one of the highest in the country.²

Additionally, rural women face significant employment challenges, with only around 19% actively participating in the labour force compared to their male counterparts which is approximately 81%, highlighting a substantial gender disparity in rural employment.³ Their participation in skill development is often hindered by household responsibilities and safety concerns related to commute. To overcome these barriers, a **holistic learning experience** is essential, including **dedicated transport, modern training facilities, and career placement assistance**, empowering women to build sustainable careers.

1.2 Pravah Programme

In response to these challenges, the Pravah project, initiated by Varun Beverages Limited (VBL) under its CSR initiative, aims to enhance employment opportunities and contribute to the socio-economic development of target beneficiaries through vocational programmes.

VBL, through its CSR arm, RJ Foundation, is committed to creating a positive social impact, particularly in its areas of operation, by supporting education, healthcare, and skill-building for a sustainable future. As a part of it, the Pravah programme also focuses on women's economic empowerment by imparting employment-oriented technical skills, bridging the gap between skill development and sustainable employment for rural women. By addressing these gaps, Pravah strives to create a more inclusive and equitable workforce, allowing rural women to achieve their full economic potential. Through its innovation-driven approach, the project Pravah generates maximum social value, empowering communities and driving long-term socio-economic progress.

The Impact Assessment of the Pravah programme was conducted for the **period of 2023-24**. This includes insights up to **December 2024**.

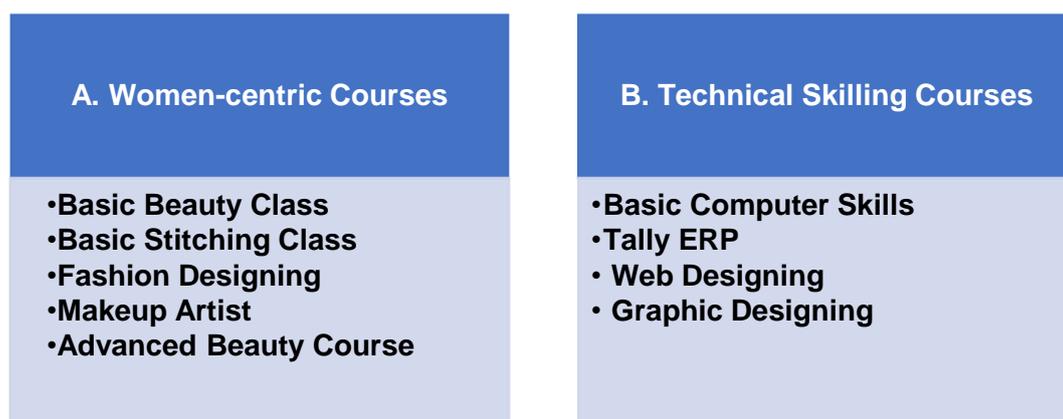


Figure 1 Courses offered in the Pravah Programme

¹ [Periodic Labour Force Survey \(PLFS\) Report 2023-24](#)

² [Unemployment rate drops to 6.4% in Sept; lowest in 4 yrs | Fortune India](#)

³ <https://oxfam.se/wp-content/uploads/2022/11/Oxfam.Inequality-Kills.2022.pdf>



1.3 Programme Activities

A. Training Activities:

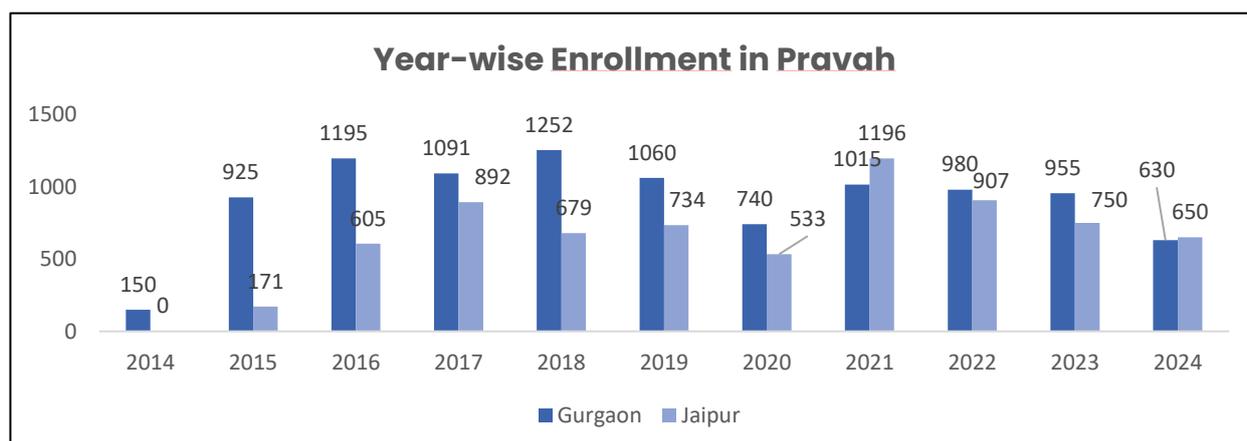
- Skill-based training
- **Assessments:** Regular weekly assessments, mid-term and final evaluations, with certification upon completion.
- **Training Support:** Trainer guidance, interactive sessions, and confidence-building activities.
- **Other supports:** Food and travel assistance for accessibility.
- Industry exposure through field visits and market-oriented training.

B. Post-Training Support:

- Job placement support and entrepreneurship guidance.
- Career counseling, alumni network.
- Encouragement for advanced learning and specialisation.

1.4 Project Outreach

The PravaH Skill Development Programme operates in two major cities, **Gurgaon (Haryana)** and **Jaipur (Rajasthan)**, with a strong focus on empowering underprivileged communities. While the Gurgaon Centre serves both men and women, the Jaipur Centre exclusively trains women. The programme has impacted a total of **17,110 beneficiaries** since its inception with approximately 80% women and 20% men, with 58% from Gurgaon and 42% from Jaipur.



1.5 Impact Findings

The following section of the report highlights the key findings and insights derived from the impact assessment study based on the IRECS framework's standard parameters. The IRECS criteria has been used in establishing the relevance and need for the programme, evaluating the effectiveness and efficiency of the interventions. For the purpose of this study, Jaipur centre was exclusively selected to capture impact insights.

The criteria involved are Inclusiveness, Relevance, Expectations, Convergence, and Service Delivery.

➤ **Inclusiveness: The degree to which the project ensures equitable access and benefits for all community members.**

- The initiative primarily supported **women**, empowering them with relevant technical skills aiming at financial independence through targeted training programmes.
- **65% of beneficiaries had 3-6 family members, and 19% had 7-8 members**, highlighting support for women with significant family responsibilities.
- **A significant number of trainees had an annual household income in the range of ₹50,000 - ₹3,00,000.** Thus, the programme has been able to reach out to economically one of the needy sections of the society.
- **Post-training: 31% became entrepreneurs, and 55% continued as students**, demonstrating enhanced career prospects.
- Prior to the programme, 45% of households had only one earning member. **Post-training, women contributed through jobs and businesses**, strengthening financial stability.

➤ **Relevance: The extent to which the project aligns with the community's expressed needs.**

- **97% of beneficiaries learned about the programme through family and friends**, highlighting strong community trust and effective word-of-mouth outreach.
- 66% attended only one course, **while 34% pursued multiple trainings, either advanced or diversifying their skills by pursuing other trainings**, reflecting both focused skill-building and continued learning.
- **61% of beneficiaries were aged 21-40 years, and 39% were 16-20 years**, ensuring skill development for both freshers and mid-career individuals.
- **52% were not working before the programme, and 38% were students**, showcasing its role in providing first-time employment opportunities.
- Qualitative interactions with 22 alumni of the Pravah Skill Development Centre revealed that **50% of those previously unemployed now earn between ₹15,000 to ₹20,000 per month.**
- Some alumni have secured well-paying jobs, with earnings reaching **₹45,000 per month**, showcasing the programme's strong impact on career growth and financial independence.

➤ **Expectations: The extent to which the project is generated to respond to the needs of the communities.**

- **All respondents (100%)** stated that the curriculum **met their expectations** and that **weekly assessments improved their learning through structured feedback**.
- **All students of Pravah Skill Development** found the **trainers knowledgeable and supportive**, with **all queries completely resolved**.
- **All students** rated the instructor and Pravah's **support as excellent and found the course location easy to reach**.
- **Most students rated the course as excellent (99%)** and the **exposure visit as excellent (98%)**.
- The majority had a **very positive experience interacting with peers (97%)**.
- **Most felt well-prepared for professional work (90%)** and believed the skills taught were aligned with industry needs (85%).
- A significant number felt **very confident applying what they learned (85%)**, while 64% regularly use their skills in work or personal life.
- Many students plan to take advanced courses (70%).
- **Almost all students recommended the course to others**, highlighting its strong reputation and impact.

➤ **Convergence: Judging the degree of convergence with government/ other partners; the degree of stakeholder buy-in achieved.**

- **Aligned with SDGs 1 (No Poverty) and 5 (Gender Equality)**, the programme contributed to poverty alleviation and women's empowerment.
- **Complemented national initiatives like Skill India Mission and Pradhan Mantri Mudra Yojana**, reinforcing broader socio-economic goals.
- Among all the students, **75% travelled over 5 km** to attend training, demonstrating their dedication despite the distance challenges
- **All most all the students received travel support**, ensuring accessibility without financial burden.

➤ **Service Delivery: The extent to which cost-efficient and time-efficient methods and processes were used to achieve result.**

- **All students felt comfortable reaching out to trainers** whenever they faced difficulties.
- **Almost all students did not have to pay for their travel (99%)**.
- **Food was provided at the centre for all students**, and it was **free for everyone**. Breakfast was the **most common meal provided (63%)**, followed by snacks (36%).
- The course followed a **five-day-a-week schedule (Monday to Friday)**, with structured weekly assessments for all students.
- A significant number felt **very confident applying what they learned (85%)**, while 64% regularly use their skills in work or personal life.
- Very few had **suggestions for improvement (98% had none)**, but a small number requested to add more courses (1%).

- From the qualitative interactions, it is evident that the infrastructure is well-maintained, with clean premises and washrooms, contributing to the project's sustainability.

The impact findings highlight the Pravah Skill Development Programme's effectiveness in equipping students with industry-aligned skills, boosting confidence, and enhancing employability, with strong trainer support, accessible learning environments, and positive peer interactions contributing to a well-rounded learning experience.

1.6 Key Strengths of the Programme

- **Career Growth & Economic Impact:** The programme significantly enhances employability, with many alumni securing stable incomes. A large percentage of beneficiaries were unemployed before joining and are now actively contributing to their family's financial well-being.
- **Empowering Women for Financial Independence:** The Pravah Jaipur Centre exclusively supports women, equipping them with technical skills to achieve financial independence. Many trainees have become entrepreneurs or pursued further education, enhancing career prospects and self-sufficiency.
- **High Trainee Satisfaction & Industry Readiness:** Students express high satisfaction with the programme, praising knowledgeable trainers and structured learning. Many feel well-prepared for professional work, confident in applying their skills, and motivated to pursue advanced courses.
- **Accessibility & Infrastructure Support:** The programme ensures accessibility through dedicated transport services, eliminating financial constraints related to commuting. Well-maintained infrastructure, clean premises, and hygienic washrooms create a comfortable and conducive learning environment.
- **Cost & Time Efficiency in Service Delivery:** A structured five-day training schedule, combined with free meals and transportation facility, ensures efficient learning. High student satisfaction levels indicate the programme's effectiveness in delivering quality skill development courses.
- **Strong Community Trust and Reach:** Most beneficiaries learn about the programme through family and friends, reflecting strong community trust. The initiative primarily supports individuals from economically weaker sections, providing employment opportunities to those in need.

1.7 Recommendations and Way Forward:

- **Introduction of New Courses:** Introducing **Mehendi application training** and **spoken English classes** will help students develop additional skills and improve their employment prospects. These courses will cater to market needs and broaden training options.
- **Strengthening Post-Training Support:** Implementing **structured job placement services**, mentorship programmes, and **career counselling** can enhance employment outcomes. Providing access to **internships**, **networking events**, and **entrepreneurial support** will further empower students.
- **Enhancing Accessibility:** Expanding the programme to **additional locations** and incorporating **flexible learning schedules** (including weekend batches) will improve accessibility and increase participation from a diverse group of learners.

Some Selective Case Studies

Case Study 1: Shruthi Kumari: A Pathway to a Career in Makeup Artistry

Hailing from Jaipur, Shruthi Kumari always had a passion for beauty and makeup but lacked professional training. She enrolled in **Pravah's Makeup Artist course**, where she not only learned various techniques but also gained exposure to **industry-relevant skills like skincare and cosmetic applications**.

What stood out to Shruthi was the strong support system provided by the teachers and the structured learning process, which included **regular tests, and hands-on practice**. Pravah also ensured safe transportation for students, making it easier for young women to access quality education. Today, Shruthi feels confident in her skills and is eager to pursue a professional career in the beauty industry.

Now, Shruthi has successfully entered the beauty industry, securing a full-time job in a reputed salon, where she earns **₹10,000 - ₹15,000 per month**. She also takes on freelance bridal and event makeup projects, further increasing her monthly income. With a stable career ahead, she now dreams of starting her own beauty studio in the future.



Case Study 2: Rekha Yadav: From Hesitation to Business Management

Rekha Yadav joined Pravah's **Basic Computer and Tally course** to gain financial management skills that would help her handle her family business. Initially, she was hesitant, but Pravah provided a **women-friendly learning environment**, which helped her feel comfortable and encouraged.

With **weekly tests, hands-on training, and guidance from experienced faculty**, Rekha mastered the basics of accounting and business management. She learned how to maintain financial records, generate invoices, and manage accounts using Tally software. These skills transformed her confidence in handling business operations.

Today, **Rekha successfully manages her family business and earns ₹15,000 - ₹18,000 per month**. She no longer feels dependent on external accountants and can make informed financial decisions. Pravah's initiative not only provided her with **technical knowledge** but also **empowered her to take charge of her future** as a businesswoman.



Case Study 3: Radha Lakshmi: From Basic to Advance in the Beauty Industry

Radha Lakshmi, a resident of Jaipur, had always been fascinated by beauty and skincare but lacked the formal training to pursue it professionally. Her journey began with **Pravah's Basic Beauty Care** course, where she learned fundamental skills in **skincare, facial treatments, and basic makeup techniques**. Encouraged by her progress, she decided to deepen her expertise and enrolled in Pravah's **Advanced Beauty Course**, which introduced her to **professional makeup techniques, advanced skincare treatments, and the proper use of beauty-related chemicals**.



One of the most transformative aspects of her training was **Pravah's hands-on learning approach**. The **structured curriculum and real-world exposure** allowed her to build confidence in her skills, while **weekly and surprise tests** helped her track her progress. Additionally, Pravah's **transportation support and safe learning environment** made it easier for her to focus on her education without logistical concerns. The institute's emphasis on **personality development and professional grooming** further equipped her with the confidence needed to interact with clients and build her career.

Today, Vijay has built a **stable career in the beauty industry, earning ₹20,000 per month** at a well-established salon. She also takes up **freelance bridal makeup assignments**, increasing her overall income. With a strong foundation and growing clientele, she aspires to **open her own beauty studio** in the future.

Case Study 4: Riya Gurjar: From Learner to Independent Professional in Computer Skills

Riya Gurjar, a resident of Jaipur, always had an interest in computers but never had the opportunity to learn. She joined Pravah's **Basic Computer Skills** course with the hope of gaining essential digital knowledge. Initially, she struggled with understanding technical terms and navigating software, but with consistent guidance from **Pravah's instructors**, she gradually built her confidence.



The course covered **Microsoft Office, basic graphic design, and online communication tools**, equipping her with skills essential for today's job market. Beyond technical training, Riya also learned **problem-solving, time management, and professional communication**.

After completing the course, Riya secured a **job as a data entry operator, earning ₹12,000 per month**. She is also pursuing **freelance digital work**, further expanding her career prospects. Pravah's initiative helped her step into the **digital economy**, giving her financial independence and a promising future.

Case Study 5: Kaveri: Gaining Confidence in the World of Chemical Work

Kaveri, a student from Jaipur, had little knowledge about **makeup artistry and cosmetic science** before joining Pravah. She enrolled in the **Makeup Artistry course**, hoping to develop a skill that could lead to a career. Initially, she struggled with the technical aspects, but Pravah's **structured curriculum and supportive trainers** helped her grasp makeup techniques, product knowledge, and industry trends.

Beyond technical expertise, Pravah instilled in her **professionalism, client communication, and business acumen**, enabling her to thrive in the beauty industry. The **safe learning environment and transportation facilities** made her training experience smooth and stress-free.

Today, Kaveri works as a **makeup artist, earning ₹17,000 per month**. She also takes up **freelance bridal and event makeup projects**, which significantly boosts her earnings. With plans to specialize further, she aims to **become an independent beauty entrepreneur**.



Case Study 6: Kanika: Building a Future with Basic Beauty Care

Kanika, from Jaipur, enrolled in **Pravah's Basic Beauty Care course** with the hope of gaining practical skills in skincare, grooming, and professional makeup. She was impressed by the **well-structured curriculum**, which combined theory with hands-on training. The **supportive faculty and interactive sessions** helped her gain confidence in her abilities.

What made Pravah special for Kanika was the **facilities provided**, including **transportation and daily refreshments**, ensuring a comfortable learning experience. Regular tests and **one-on-one mentorship** refined her skills, preparing her for the professional world.

Now, **Kanika works as a beauty consultant, earning ₹10,000 - ₹16,000 per month**. She has started building her own clientele and aspires to open a **home-based salon**. Pravah's training has given her the **financial independence and self-confidence** she once only dreamed of.



Case Study 7: Anjali: Breaking Barriers: Anjali's Journey into Web Designing

Anjali's journey with Pravah proves that the institute's impact goes beyond the beauty industry. With no prior experience in coding or graphic design, she initially struggled in the **Web Designing course**. However, Pravah's structured guidance and hands-on training helped her build proficiency in **HTML, CSS, and web development tools**.

More than just technical expertise, Pravah instilled in her **problem-solving skills and self-confidence**, empowering her to take on freelance projects. Today, Anjali is successfully working on her **first independent web design project**, demonstrating that Pravah equips students with the skills to thrive in **technology-driven careers**.

Today, Anjali is working on her **first independent web design project, earning ₹12,000 - ₹14,000 per month**. She also takes on **freelance work in graphic design and website development**, expanding her career prospects. Pravah has not only given her a **solid foundation in digital skills** but also **opened doors to technology-driven career opportunities**.



Case Study 8: Empowering Futures: Mentor's Role in Pravah's Skill Development

At Pravah, skill development goes beyond just learning a trade—it's about **guiding students toward the right career paths**. Manisha Sharma, a dedicated mentor at Pravah, plays a crucial role in this process.

When students enrol, they often have **limited clarity about their course options**. Manisha ensures they are counselled on their interests and skill levels, helping them choose the right path—whether it's **Basic Beauty Care, Advanced Beauty Care, or Makeup Artistry**. Once enrolled, students undergo a structured **induction and orientation programme**, where they learn about their **six-month training roadmap, assessments, and skill-building opportunities**.

Beyond technical skills, Manisha focuses on **confidence-building, personality development, and professional grooming**. She understands that many students come with **self-doubt and hesitation**, so she nurtures their growth, ensuring they feel supported throughout their journey.



As the months progress, students not only refine their craft but also **transform personally**, gaining clarity on their career aspirations. For Manisha, the greatest reward comes when students **complete their course, secure jobs, or even start their own businesses**. Knowing that she has played a part in their success makes her work at Pravah truly fulfilling.

**Note: For the sake of confidentiality, the identities and the name of the village for the students have been changed.*



Impact Assessment of the Shiksha Kendra Programme

A CSR Initiative of Varun Beverages Ltd.



1.1 Background

Access to Quality Education has persisted as a challenge in our country for the longest time. Poor quality education is leading to poor learning outcomes in India, ultimately pushing children out of the education system and leaving them vulnerable to child labour, abuse and violence. Many classrooms continue to be characterized by teacher-centered rote learning, corporal punishment and discrimination. While governments both national and state have invested in large scale learning assessments, the challenge is in the use of assessment data for improving delivery of education.¹

As per Annual Status of Education Report (ASER) The percentage of children in Std III in government or private schools who can read at Std II level dropped from 27.3% in 2018 to 20.5% in 2022.² In 2022, only 25.9% of all children in Grade III were at 'grade level' in math & about 20.5% in reading.³

The children that drop out of schools have reported reasons such as economic constraints, familial responsibilities, lack of interest in studying, physical and/or mental ailments, lack of support and geographical restrictions among many other restraints.⁴

The Programme aims to address these issues, by providing access to Quality Education at no cost to the children from marginalized communities. When a child can learn in an equipped classroom and a resourceful environment with skilled teachers, we can provide excellent education to all. The classroom also engages and enriches the child through interactions and opportunities that address their interest in education while the economic constraints are lifted as these services enabling Quality Education are accessible for free.

1.2 Shiksha Kendra Programme

In response to these challenges, the Shiksha Kendra project initiated by Varun beverages Limited's CSR initiative, anchored by the RJ Foundation aims to address the issue of access to Quality Education.

VBL, through its CSR arm, RJ Foundation strives to create a lasting, positive impact on society. The Foundation is committed to creating a positive social impact, particularly in its areas of operation, by supporting education, healthcare, and skill-building for a sustainable future. Focused on contributing to social betterment, their initiatives work with a vision 'to generate maximum social value through innovative, sustainable, and community-driven approaches, enabling positive transformation in individuals and communities'.

The Programme is designed to use existing infrastructure and facilities to enable children from marginalized and underserved communities to have access to Quality Education. Leveraging the proven structure and methodologies of private schooling, this program opens doors to quality education. The core belief that this programme has been created with, is that regardless of their background, each child deserves access to a transformative learning experience. By replicating

¹ <https://www.unicef.org/india/what-we-do/quality-education>

²

<https://img.asercentre.org/docs/ASER%202022%20report%20pdfs/All%20India%20documents/aser2022nationalfindings.pdf>

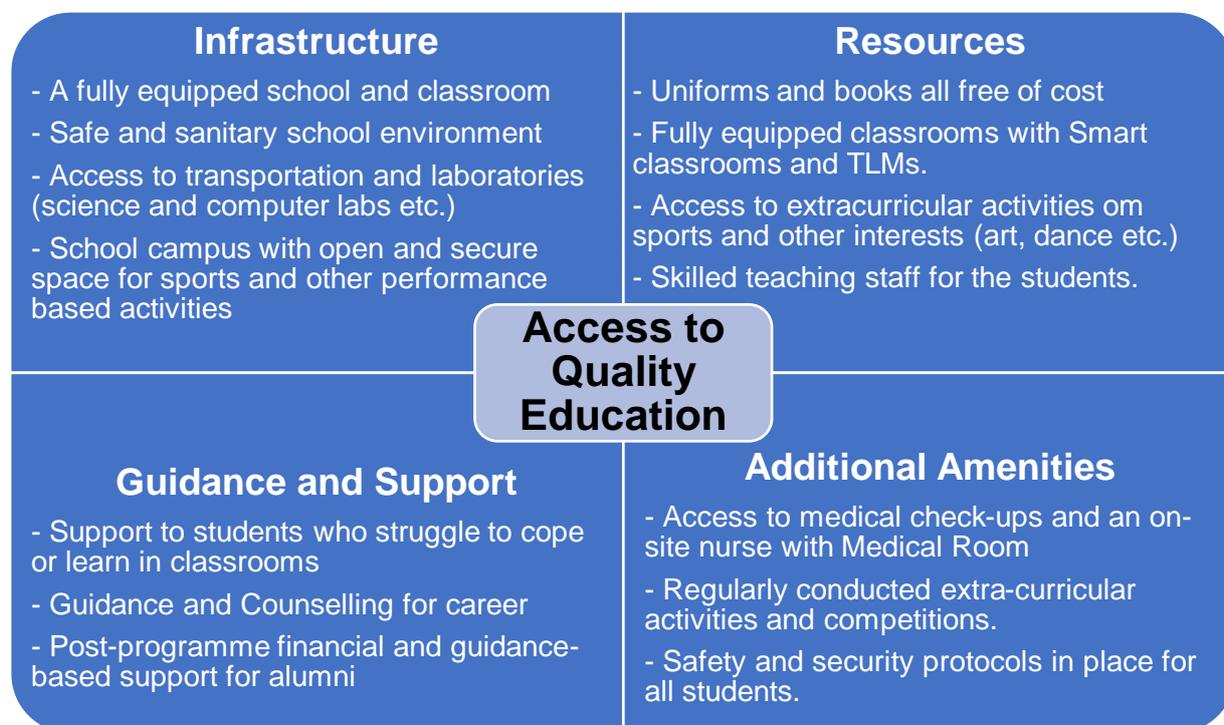
³ https://asercentre.org/wp-content/uploads/2022/12/All-India-ASER-2022-17_01_2023-final.pdf

⁴

https://www.researchgate.net/publication/369236101_SCHOOL_DROPOUTS_REASONS_AND_PROSPECTIVE_SOLUTIONS-TEACHERS'_PERSPECTIVE

the rigor and resources of a private school environment, and delivering it free of charge, Shiksha Kendra aims to empower these students to unlock their full potential and build brighter futures.

The Programme also creates a structure of guidance and support that allows each student to expand the domain of their abilities and the opportunities that they can access in the future.



The Impact Assessment of Shiksha Kendra programme was conducted for the period of 2023-24. This includes insights up to December 2024.

1.3 Programme Structure

The Programme is built upon an established and fully equipped school structure to enable access to Quality Education.

The project utilises an established, fully equipped and safe structure, Delhi Public School situated in Gurgaon (Haryana) and another branch of the same school in Jaipur (Rajasthan) to operate a free of cost afternoon school under the name of Shiksha Kendra. The school's amenities, such as transportation, laboratories, smart classes and smart boards along with skilled teaching staff, support staff and administrators to provide Quality Education free for all.

The Shiksha Kendra operates under National Institute of Open Schooling (NIOS) for the curriculum and examination structure.

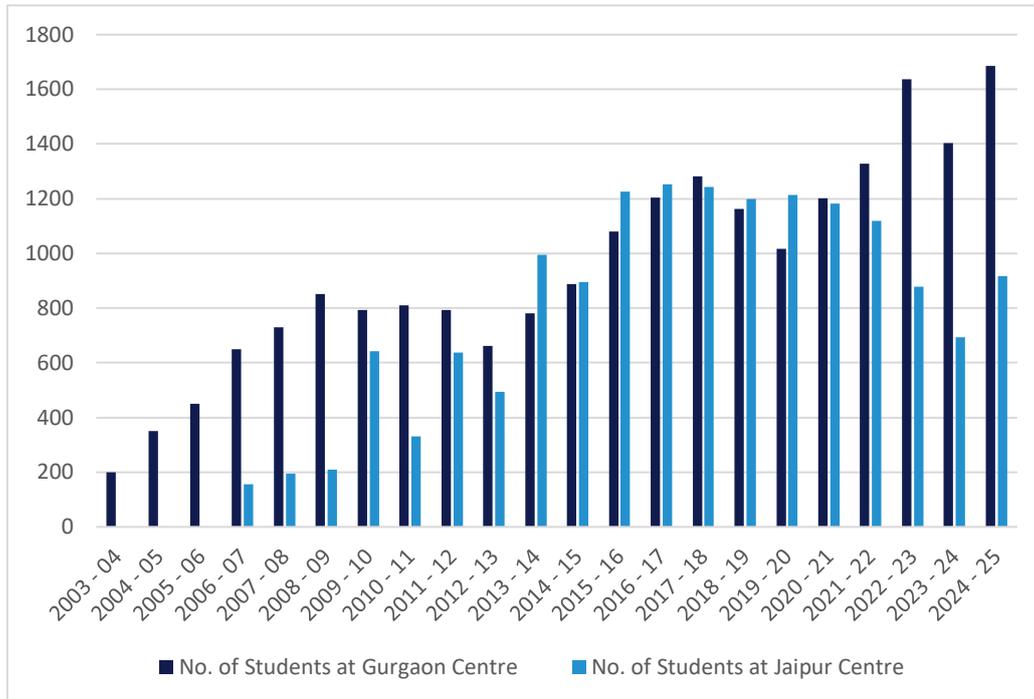
1.4 Project Outreach

The Shiksha Kendra Programme operates in two major cities, **Gurgaon (Haryana)** and **Jaipur (Rajasthan)**, with a strong focus on empowering underprivileged communities. They aim to uplift and educate those in marginalised communities, build a strong foundation using Quality Education to build a better future.

The Centre in Gurgaon started in the year 2003 with just 50 students. Currently, yearly enrolment is approx. 2000 students. Teaching faculty of ~60 trained and dedicated teachers. In the last 20

years of its operations, **33,834 students** from marginalized section of society have graduated from Shiksha Kendra until March 2024. Currently **2,685 students** are enrolled in both centres of Shiksha Kendra. (the data for enrolled students is up to December 2024).

A total of **36,519** have been benefitted through Shiksha Kendra since its inception.



1.5 Impact Findings

The following section of the report highlights the key findings and insights derived from the impact assessment study based on the IRECS framework’s standard parameters. The IRECS criteria has been used in establishing the relevance and need for the programme, evaluating the effectiveness and efficiency of the interventions. The criteria involved are Inclusiveness, Relevance, Expectations, Convergence, and Service Delivery.

The IRECS framework was used for the impact assessment of the Shiksha Kendra programme:

- **Inclusiveness: The degree to which the project ensures equitable access and benefits for all community members.**
 - The programme exclusively supported children whose parents worked nearby shops, factories, schools, worked as auto or goods vehicle drivers, help in residential complexes or owned small businesses. **42.8% of these parents** worked as household help.
 - **100% of the children** were residing in nearby areas that have semi structured houses and limited amenities. These areas are primarily populated by families from socio-economically disadvantaged sections of society. (e.g. Harijan Colony, Rajiv Colony, Jal Vihar etc. in Gurgaon)
 - **73% of students** had joined Shiksha Kendra after studying elsewhere; all students reported that they had limited to no access to a dedicated teacher, playground, labs, medical room, smart classes etc.
 - **100% of the students** found the school to be an excellent learning environment with all facilities and amenities available for them to access.

- **91.5% students** came from families with more than 4 members; **38.5% of these students had one earning member in the family and 48.2% had two earning members.**

➤ **Relevance: The extent to which the project aligns with the community's expressed needs.**

- **Most of beneficiaries learned about the programme through family and friends,** highlighting strong community trust and effective word-of-mouth outreach. The school also prefers admissions through referrals.
- Most of the students expressed that they would not have been able to afford a school with all the amenities that Shiksha Kendra provides.
- **73% students who had been in other schools before Shiksha Kendra,** all of them (except one) shared that they would not go back to their previous schools.
- **25.3% of students** (all first-generation learners) shared that access to Quality Education can help them **get better opportunities in future, help their families financially, help the people in their communities and expand their domain of available opportunities.**
- Qualitative interactions with 10 of Shiksha Kendra's alumni revealed that **most students pursued higher education, they also are working along with their higher education programmes to support themselves and their families financially.**
- Some alumni have secured well-paying jobs, while some chose to start small businesses with earnings reaching **₹45,000-₹55,000 per month,** showcasing the program's strong impact on career growth and financial independence.
- Approximately **30% of the learners** were first generations in their families to access education.

➤ **Expectations: The extent to which the project is generated to respond to the needs of the communities.**

- **All respondents (100%)** stated that the curriculum **met their expectations.**
- **All students expressed** that the teachers, amenities and the services in the school were exemplary according to them.
- **All students of Shiksha Kendra** found the **teachers knowledgeable** and **supportive.**
- The students found the school to be well equipped with sports facilities, trainers and equipment.
- **All students had the opportunity to participate** and perform in extracurricular activities.
- **All students expressed that the classrooms were not only well equipped but also active centres for learning** with varied activities and teaching-learning practices.
- All students felt comfortable with their peers and teachers in the classroom. **The environment was open and friendly with everyone.**
- The students felt **they were always heard and had the opportunity to present themselves in the classroom.**
- **Almost all students recommended the Shiksha Kendra to others,** and most of them had come to Shiksha Kendra as students on referrals from family or community members highlighting its strong reputation and impact.

- **All parents** that were interacted with had shared that they had no other educational center or school available in their proximity that **gives access to all resources that their children can avail at Shiksha Kendra.**
- **Convergence: Judging the degree of convergence with government/ other partners; the degree of stakeholder buy-in achieved.**
- **Aligned with SDGs 1 (No Poverty) and 4 (Quality Education)**, the programme contributed to improving the children's future career prospects (by guiding and expanding their opportunities), through access to Quality Education.
 - **Complemented the guidelines under NEP 2020, NIPUN Bharat mission**, reinforcing and contributing to the opportunity to access Quality Education to all.
 - **All students who requested most all the students received travel support**, ensuring accessibility without financial burden.
 - **All security protocols and processes** were followed for the security of students who availed school and/or personal transportation.
 - The students who had long absences were visited and **their families were sensitised towards the importance of regular schooling and attaining Education in a child's life.**
 - The parents were contacted and counselled to increase **involvement in their child's school engagements.**
- **Service Delivery: The extent to which cost-efficient and time-efficient methods and processes were used to achieve result.**
- **All students felt comfortable reaching out to teachers** whenever they faced difficulties.
 - **Almost all students did not have to pay for their travel.** Some students highlighted they had moved further so they had to incur some additional cost to reach a pickup point.
 - All students were provided with a **mid-day meal snack in school.**
 - The course followed a **five-day-a-week schedule (Monday to Friday)**, with structured assessments for all students. They also followed the Open Basic Education tests in grades 3rd, 5th and 7th, followed by Boards exams through NIOS for grades 10th and 12th.
 - **When asked about their future aspirations and goals, the students left no job left out** — from joining merchant navy to becoming a Chartered Accountant — their aspirations were varied and reflected the awareness about niche job streams that the students already had in grades as early as 8th or 9th.
 - All students felt that they were provided the support they required or requested from the school, **from additional learning support to career counseling.**
 - Very few had **suggestions for improvement**, but a small number requested to add more activities, a longer duration to the daily school and more opportunities to participate in competitions.

The impact findings highlight Shiksha Kendra’s effectiveness in enabling students to access Quality Education for free, boosting confidence, and enhancing employability. They create a support structure post programme that also encourages and with strong support, accessible learning environments, and positive peer interactions contributing to a well-rounded learning experience.

1.6 Comparative Analysis

In this section, we will understand the Shiksha Kendra Programme in comparison with other initiatives that operate on a similar model. The school that anchors the Programme, i.e. Delhi Public School Gurgaon, runs a normal routine with CBSE affiliated guidelines in the morning hours. They have created a structure on the established school infrastructure to provide free quality education to all the enrolled students. So keeping that in focus, we analysed this programme with others that operate on a similar pattern. The structure, facilities and benefits of all the programmes were analysed using qualitative parameters to understand and represent the unique nature and quality of resources available to students with Shiksha Kendra. All the information that has been analysed from the details of programmes from three different programmes and their programme structures that are available in public domain. The names of the NGOs have been kept concealed.

In this section we have analysed the Shiksha Kendra Programme with three different organisations that operate on a similar model. One is an open schooling education centre (NGO1), the second one follows a community-led model (NGO2) and the third one is an open environment setup where the students learn in an open environment such as an under the bridge classroom (NGO3).

Here we analyse Shiksha Kendra to other similar NIOS-based Educational Programs:

1. Curriculum Framework and Accreditation (NIOS)

Shiksha Kendra	NIOS Education Centres		
	NGO 1	NGO 2	NGO 3
NIOS based: • Open Basic Education examinations conducted (class 3, 5, and 8), • Secondary Education and Senior Secondary Education. • 10 th and 12 th boards exams as per NIOS.	NIOS based: • Open Basic Education examinations conducted (class 3, 5, and 8), • Secondary Education and Senior Secondary Education. • 10 th and 12 th boards exams as per NIOS.	NIOS based: • Open Basic Education examinations conducted (class 3, 5, and 8), • Secondary Education and Senior Secondary Education. • 10 th and 12 th boards exams as per NIOS.	NIOS based: • Open Basic Education examinations conducted (class 3, 5, and 8), • Secondary Education and Senior Secondary Education. • 10 th and 12 th boards exams as per NIOS.

2. Learning Resources

Shiksha Kendra	NIOS Education Centres		
	NGO 1	NGO 2	NGO 3
<ul style="list-style-type: none"> • NCERT books, • smart classrooms, Additional TLMs (charts, practical equipment etc.) • Laboratories and activity centers • Fully equipped school campus with resources 	<ul style="list-style-type: none"> • NCERT books, • Limited access to other TLMs • Additional programme-based learning resources and activities 	<ul style="list-style-type: none"> • NCERT books, • Limited access to other TLMs • Additional programme-based learning resources and activities 	<ul style="list-style-type: none"> • NCERT books, • Limited access to other TLMs • Additional programme-based learning resources and activities

3. Co-curricular Activities and Resources

Shiksha Kendra	NIOS Education Centres		
	NGO 1	NGO 2	NGO 3
<ul style="list-style-type: none"> • Fully equipped school campus with sports • Additional competitions and activities (debates, art, etc.) 	Limited activities	• Limited activities	• Limited activities

4. Post Programme Support and Guidance

Shiksha Kendra	NIOS Education Centres		
	NGO 1	NGO 2	NGO 3
<ul style="list-style-type: none"> • Post programme financial support for higher education • Access to counseling and guidance Center. 	Limited guidance and support	Limited guidance and support	Limited guidance and support

5. Career Counselling

Shiksha Kendra	NIOS Education Centres		
	NGO 1	NGO 2	NGO 3
<ul style="list-style-type: none"> • Career counseling and guidance Center. • Equipped with resources and a trained counsellor. 	Limited guidance and support	Limited guidance and support	Limited guidance and support

6. Community Involvement

Shiksha Kendra	NIOS Education Centres		
	NGO 1	NGO 2	NGO 3
<ul style="list-style-type: none"> Parents from morning school contribute learning materials (books) and uniforms. Parents also contribute their time as volunteer teachers and subject experts 	Some centers may be community driven.	Has community involvement, subject to stakeholders' availability.	Has community involvement, subject to stakeholders' availability.

7. Infrastructure

Shiksha Kendra	NIOS Education Centres		
	NGO 1	NGO 2	NGO 3
<ul style="list-style-type: none"> Fully equipped and safe school campus with security protocols and staff. Building with safe and secure structure 	<ul style="list-style-type: none"> Learning campuses or centers available, no proper security or safety protocol Building structure subject to availability 	<ul style="list-style-type: none"> Street school model uses open structures Little to no safety protocols in place 	<ul style="list-style-type: none"> Learning campuses or centers available, no proper security or safety protocol Building and/or any kind of structure subject to availability

8. Social Impact

Shiksha Kendra	NIOS Education Centres		
	NGO 1	NGO 2	NGO 3
<ul style="list-style-type: none"> All students attain quality education Improvement in quality of life Continued support to help students who subsequently help their communities They become individuals with better job opportunities and become entrepreneurs who impact the community around them These students also contribute to education of children in their communities. 	<ul style="list-style-type: none"> All students attain quality education. No follow up support consistently given across programme Some guidance for career and higher education 	<ul style="list-style-type: none"> All students attain quality education. No follow up support consistently given across programme Little to no guidance for higher education 	<ul style="list-style-type: none"> All students attain quality education. No follow up support consistently given across programme

1.7 Recommendations and Way Forward:

1. **Early Childhood Education to be included:** some students revealed that Shiksha Kendra also had Kindergarten earlier, they recommended to reinstate the same for future students.
2. **Continuing K-12 Education (Class 1st – 12th):** some students also revealed that the school may discontinue education post 10th grade and recommended to continue the same.
3. **Enhancing Accessibility:** Expanding the programme to **additional locations** will improve accessibility and increase participation from a diverse group of learners.
4. **Revised Structure:** students and parents that were interacted with suggested to run the same school under CBSE instead of NIOS curriculum.
5. **Empowering Higher Education:** A substantial section of the students graduating from Shiksha Kendra pursued Higher Education while some went on to work and start small businesses of their own. The participants recommended that more students should be encouraged and supported to pursue Higher Education.

1.8 Case Studies: Stories of Impact

Case Study 1: Simranjeet Kaur: An opportunity that helped me create a pathway to achieving my Dreams!

Current Status: pursuing higher education, B.Sc. in Nursing in the US. Wesleyan College, Macon Georgia USA.

Hailing from Gurgaon, Simranjeet belonged to a simple family. Her parents had attained basic education. She was studying in a government school before her parents got to know about Shiksha Kendra. She joined Shiksha Kendra in her primary years and was soon promoted to the regular schooling in DPS (the morning hours) and completed her entire Education there.

Simranjeet's mother works in the same school as a lab assistant, she had joined the role after Simran's admission in the school. So **Shiksha Kendra not only educated Simranjeet but also employed her mother.**

Simran had dreamt of becoming a successful and educated woman in her life. She believes that **Shiksha Kendra not only helped her achieve her dream but also guided and supported her to dream bigger and achieve all that she desires.** The school gave her the opportunity to attain an excellent education through Shiksha Kendra. **The classroom and teachers helped her gain confidence and become a vocal and opinionated individual.** Her guidance counsellors and the schoolteachers, the principal and everyone else encouraged her to dream bigger and chase her dreams fearlessly. Currently she is immersed in her B.Sc. programme in the US and getting hands on experience in the industry. **The exposure she got and experiences at Shiksha Kendra helped her build a strong foundation to reach where she is today.**

She believes this is only the beginning for her and for all those she wishes to help in the future.



Simranjeet's Mother Jasbir Kaur also shared her experiences and insights about Shiksha Kendra.

Jasbir Kaur (mother to Simranjeet Kaur): "I am grateful for everything Shiksha Kendra has given my child. She is fulfilling all our dreams today."

Jasbir got involved with the school shortly after her daughter's admission in Shiksha Kendra. She saw an opportunity to work as a Lab Assistant and applied for the role. **The opportunity of working closely with her daughter's alma mater and seeing all the facilities and resources she could access without any cost helped their family educate their daughter.** Jasbir belongs to a lower middle-income family where economic constraints often hinder what they can provide to their children.

She is thankful to an initiative like Shiksha Kendra as it empowered her daughter to dream big and achieve her dreams. Seeing her in the US where she studies and dedicates herself to her aim. **Her daughter dreamt of becoming a nurse and it has been possible because of all the guidance and the support she had in the school. At times her daughter reaches out to share stories of how her teachers still engage with her and encourage her to excel.**

Education is essential for each child so that they can take charge of their lives and do better. **She believes that her daughter has not only achieved her dreams, but her achievements have also inspired those around her, in their families and in the community as well.** She sees those around her constantly curious about the path her daughter took, and they also wish their children to become successful in the future. **Education of one girl educates a generation but also inspires multiple around them. This is the true impact of Shiksha Kendra.**

Case Study 2: Pryesh Kumari: From sitting in these classrooms to seeing my own self in the students I teach now.

Current Status: Teaching at Shiksha Kendra & Pursuing higher education in sciences from an affiliated institute of Directorate of Higher Education, Haryana.

Pryesh is a 19-year-old girl who lives very close to Shiksha Kendra and has completed her education from grade 1st to 12th here itself. As soon as she graduated, she started pursuing higher education right after her schooling but also expressed the desire to be a teacher and give back to her institution itself. She was a promising candidate who showed capabilities to become a teacher and was employed at Shiksha Kendra under the guidance of her teachers.

She wants to continue teaching at Shiksha Kendra while she completes her higher education. She wants to give back to her community and society. According to her, the role she has at Shiksha Kendra as a teacher **allows her to give back directly to those who are just like her.** She comes from a background where girls are married at her age, but being an educated girl who is pursuing higher education and is also earning money by being a teacher **has allowed her to be independent in her life choices. She wished to contribute in a similar way to the young girls in her community by encouraging them to attain an education and become independent.**



She believes that by being at Shiksha Kendra, she is **not only impacting a child's life but also empowering and nurturing the community the child comes from.** The access to Quality Education can change lives at a larger scale – **especially when focused on those who are marginalised and cannot access such resources due to various restraints.**

She dreams of becoming a professor one day.

Case Study 3: Radhe: My journey from classroom to Business owner and entrepreneur!

Current Status: Business Owner with 4 shops, employs 8 people & pursuing higher education in Humanities from an affiliated institute of Directorate of Higher Education, Haryana.

Radhe owes his current success and his ability to create and lead a business to the skills he learnt at Shiksha Kendra. He was exposed to sports and various other learning activities that **made him a critical thinker and gave him the calmness to tackle a problem without letting things get to him.** He believes that his ability to employ 8 people, engage with them and **manage 4 business outlets takes a lot of patience and problem-solving abilities.**



The life he had at Shiksha Kendra, and his teachers made him believe that **he could do anything he set his mind to.** He always wanted to have his own business, and his current outlets are a result of that. **He also mentioned that starting a business is a risk, and he is a risk taker, a fearless one at that all thanks to Shiksha Kendra!**

He wants to help all the children in his community and inspire them to learn and becomes successful in the future. He helps and supports them through donations of books and notebooks in nearby tuition centres but wishes and hopes to do more.

His dream is to be a successful businessman **who can provide opportunities to the people of his community.** He wishes that a programme like Shiksha Kendra should be implemented across more schools so those who may have economic barriers can access Quality Education.

Case Study 4: Rumpa Biswas: Gaining Confidence in the classroom and using it in the workplace!

Current Status: Administrative Assistant at a private firm & pursuing higher education in sciences from an affiliated institute of Directorate of Higher Education, Haryana.

Rumpa, a first-generation learner from her family is now an independent 23-year-old woman who lives her life on her own terms. **She used to be shy kid but her life at Shiksha Kendra helped her transform herself from a shy little girl to a confident young woman.**



Her time at Shiksha Kendra has given her mentors and friends that are very dear to her and continue to inspire and support her in her professional journey. She currently works as an administrative assistant while pursuing her higher education simultaneously.

She has the courage to take charge of her life decisions and can also inspire the young children around her as she is a success story from her community. A young woman who is taking care of her family, studying and creating a bright future for herself. The team of teachers and supporters have given her the confidence to be who she is today.

She aims to continue her further studies and pursue Masters' degree for better work opportunities in her life. **She thanks her teachers for still encouraging and supporting her choices with her further studies.** She is also immensely grateful for all the support she gets for her education financially even after she has graduated from Shiksha Kendra. She wishes to contribute to her community by referring more kids to study at Shiksha Kendra.

Case Study 5: Santosh: Building my own future, one step at a time!

Current Status: Employed with a Tech Company & also an entrepreneur starting his own venture!

Santosh is a young entrepreneur who has found his interests in the technological domain. He is currently an employee with a Tech giant and is also in process of building his own company.

He believes that it takes a lot of conviction to be where he is today, and it takes a lot of courage to build anything from scratch. **The nurturing and encouragement he received at Shiksha Kendra still inspires him to this day. He can take risks and start his own venture because he is confident in his capabilities.**

He is an analytical thinker who plans and understands different situations to take decisions accordingly. He also thinks that the root of technology is problem solving. To excel in his field, he must be a strong problem solver and must be able to build and recognise patterns on his own. **He can take care of all these things and manage a job as well setting up a business because of his learning at Shiksha Kendra.**



He continues to inspire his young siblings and young children around his community by spreading awareness about the importance of education. He also donates books and notebooks to children nearby if they aren't going to school. **He wishes that one day he will see all children attaining an excellent education.**

He also dreams of creating a company that not only hires people from diverse backgrounds like his but also can train more people to attain better jobs and improve their lives.

Case Study 6: Shalu: From first generation learner to first in the Big 4. Surely not the last!

Current Status: Working as a CA at Deloitte

Shalu is a young 25-year-old CA who had never thought of being where she is today. She had thought of being educated and working in an office, **but her dreams have amplified beyond her expectations. She has Shiksha Kendra to thank for that.**

Shalu joined Shiksha Kendra and completed her entire education from here. She was soon promoted to the day school that is run using CBSE curriculum as an EWS student when she showed a lot of potential in her Shiksha Kendra classroom.

Today, **she credits her teachers, her principal and all those who mentored her for everything she has achieved today.** Her role at the current job can be extremely challenging and her spirit always stays high. She mentioned that she also struggles to catch up to the morning school, as the routine as well as the curriculum had changed for her – yet she never felt that she was struggling to achieve her utmost potential. **These experiences have made her the strong independent and capable woman she is today.** She always had her teachers rooting for her and her principal supporting her which gave her the confidence to do better in each test, exam and activity. **That is what has allowed her to encourage herself, and how she pursued all her challenges and excelled in her life.**

Today she is not only the first-generation learner in her family, but also the family member who has set an example that Education can help us achieve anything we dream of. Her own personal example allows her to encourage others around her to study and follow their dreams. Anyone can achieve what they wish for if they work towards it diligently.

Case Study 7: Neelam Dhingra: I volunteer for the little moments of achievements I get to see in my class.

Current Status: A seasoned professional Chartered Accountant with over 20 years' experience. Currently employed at one of the Big 4.

Neelam is a parent of one of the students that study in the morning hours at the same school campus. She came to know of an opportunity to volunteer as a tutor for Math at Shiksha Kendra and she joined as a volunteer teacher. For the past year she has been taking extra classes for students in all grades. These are extra sessions with structured assessments for those that need a little help in catching up. She teaches them ways to do quick math and loves every single lesson when she sees their faces light up.

She believes that access to education for all is the way to uplift the society and that is what Shiksha Kendra does as a larger impact. In one instance, a student wrote in her test paper, "ma'am I'm sorry I messed up this question. I will do better in the next test" and moments like these when she sees them striving to better is what inspires her to take time out of her schedule to take classes at Shiksha Kendra.

She wishes to volunteer and work with Shiksha Kendra for as long as she can do to her little part in the work that the Programme is doing.