
CSR Mandate
Enabling Sustainability

Healthcare & Education
Catalyst for Economic Growth
Piramal Foundation

- Impact of the Companies Act on CSR Activities in India
- Thomson Reuters Foundation: Impacting Social Change through TrustLaw
- Mahindra Pride School: Empowering Marginalised Youth
**CSR Mandate** is the latest magazine to have come out of Forum for Community Development Foundation (FCD), an initiative of New Media. It was launched in New Delhi by Shri. O.P. Rawat, the then Secretary, Department of Public Enterprises (DPE), Ministry of Heavy Industries, Govt. of India.

New Media’s Community Division-Forum for Community Development Foundation is looking forward to a fulfilling and responsible working relationship with all PSUs, Corporates and NGOs as the nation embrace the new Act that will implement CSR initiatives by all stakeholders thus making us socially responsible citizens, contributing and giving back to the society that has given us so much in return.

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MESSAGE

It is a known fact that 21st century is the century of Knowledge, Ideas and Innovations are the driving forces of this era. The improvement of growth and prosperity of good governance is the need of the hour to spread the awareness and implementation.

The endeavor of providing a platform to the thought leaders and decision makers for sharing their vision, goals, inspiring stories and the people they help, deserves sincere appreciation.

I convey my compliments and best wishes to New Media Communication Private Limited for its meaningful publications like CSR Mandate magazine.

(Narendra Modi)

MESSAGE

Sanitation facilities in India are alarmingly poor with half of Indian population having no access to toilets. People are forced to defecate in the open. This poses health hazards, raises environmental concerns and leads to water contamination. According to Government statistics, 50 percent of the Indian population does not have a toilet in their homes. Of this, 67 percent are in rural areas. Under the Indian government’s Total Sanitation Mission, the government aims to eliminate the problem of open defecation by 2022.

The first and foremost priority of Gujarat government is on ensuring a reasonable well fed Gujarat which is by and large healthy, mentally and physically; by creating awareness and providing facilities about toilets in and near homes; sanitation and healthcare; malnutrition amongst children and women, and also evolving a support system by allocating a sufficient state budget for preventive health care through direct intervention. Nudging people to use toilets, a step towards total sanitation, is our motto. The Gujarat Government has set new benchmarks to eradicate malnutrition in women & children and providing toilet facilities to every home in rural as well as undeserved areas.

I convey my best wishes and congratulations on a very well thought out issue. A lot is yet to be achieved, but I am happy that an emphatic beginning has been made.

(Anandiben Patel)

Anandiben Patel
Chief Minister, Gujarat State

Conratulations
on a well thought out issue.

Ruchira Gujrati
Corporate Engagement and CSR
United Nations Children’s Fund
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"Every child has the right to health, to education, to protection, to tenderness, to life."

CSR Mandate
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FACE-TO-FACE

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INTERVIEW

ConnectEd
Standardising Education in Rural Maharashtra

COMMITMENT

Save the Children
Making Education Accessible to All
It is a foregone conclusion that education and healthcare are interlinked and are two main pillars in achieving sustainability. People around the world have recognized that current economic development trends are not sustainable and that public awareness, education, and training are keys to moving society toward sustainability.

A key point to remember is the understanding of the terms 'education about sustainable development' and 'education for sustainable development'. The first is an awareness lesson or theoretical discussion. The second is the use of education as a tool to achieve sustainability. Education helps generate awareness towards one's own healthcare and that of others. An aware society is capable of eliminating many basic obstacles to primary healthcare, thus helping the government to identify the more critical areas of healthcare expenditure, by taking care of primary issues on their own. This leads to evolution of society towards development and progress. Hence education has to be at the core of sustainable development as this alone promises to make the world more liveable for the present as well as for future generations. This was understood by our Government way back when India achieved independence. Policies were made to attain 100 percent literacy and offer primary healthcare to all.

Yet after nearly seven decades, we are nowhere near the perceived goal. Deep-rooted corruption at the implementation level and apathy of businesses towards social inclusiveness were at the root of ineffective implementation and dismal results. Indians have been making a mark globally in every field yet despite this, we see many shortcomings in every aspect of life in the Indian populace. The reason is not lack but the growing apathy of the ones in power where the only objective is to serve themselves and letting the majority languish in darkness, poverty and ill-health. It is time the government and enterprises, along with like-minded individuals, organisations and groups, come together to invest and make education and healthcare programmes work.

Surely the work is humongous and multilevel. To achieve and sustain results, every section of the society has to come forward and work together and share their knowledge and expertise in a way that there is a participative involvement in taking the community forward towards achieving the developmental goals.

Kamaljit Swaroop
Vice Chairperson
New Media Communication Pvt. Ltd
While education and basic healthcare for all has been the goal of independent India, many parts of the country remain untouched by the light of education and languish due to lack of healthcare. Of course, outwardly, it may seem that all is not as dark. And the education sector in India has developed substantially in many ways, especially after Millennium Development Goals (MDGs) came into being.

On the policy level, attention has been given to achieving the goal of Universal Primary Education, at the centre of which lies Universal Primary Enrolment. The Sarva Shiksha Abhiyan (SSA) and the Right to Education Act (RTE) were the country’s responses to the call of MDGs. Records have shown increased enrolment rates but little difference have been made on the ground level. Issues concerning quality of education, competency and lack of accountability, irrelevant curriculum and pedagogy have come up time and again, and these challenges have serious consequences on the growth and development potential of our country.

Education has far reaching results and one of the main components related to the benefits or lack thereof is healthcare. Access to beneficial utilisation of resources is associated with higher levels of education - a learned person can appreciate the importance of good health behaviours. An uneducated person does not know his right to healthcare and lack of knowledge only leads him further into darkness and oblivion. In India the magnitude and scale of these challenges stands at a juncture, which require intensive efforts and funds from varied sources, other than just the Government of India.

It is from the leaders in the corporate world that the country is expecting some innovations to tackle these issues. With prior experience of corporate philanthropy, community engagement and sustainability measures, their experience in partnering with community development organisations and NGOs, they are capable of sharing their expertise and put things on a roll. Their funding capabilities help build infrastructure. This shows that only when companies integrate CSR with their business model and create strategic partnerships with NGOs and the community can there be potential ground for CSR product and process innovation. One of the key sources of innovation is knowledge management. CSR is basically investing in building social, intellectual, and human capital of a country and this call for innovative approach to design the CSR product that will effectively bring out the best result desired by such actions.

Archana Sinha
Editor
The Companies Act was revised after almost half a century. And with it came, in some people’s opinion, the draconian Section 135. Much has been written on the mandated CSR component, who it applies to and how it is to be implemented. I would like to focus on one element of the ACT which has been mentioned more in passing – Monitoring & Evaluation and its raison d’être - Social Impact. M&E and Social Impact Assessment (SIA) are often used interchangeably and yet they are distinct tools and processes to achieve different objectives. While M&E is used to identify how a programme is/was implemented (in keeping with a pre-defined plan or not), SIA is to appreciate the consequences of the programme – intended or not.

To appreciate the spirit of the law in emphasising M&E, we need to understand industries pre-Act approach to CSR and how impact was assessed. Compare that with how SIA can now be undertaken for long term benefits.

The Genesis

Corporate Social Responsibility has been known by many names .... Corporate Citizenship, Corporate Responsibility, Inclusion & Sustainability, Conscious Capitalism and more. Essentially, it was meant to indicate the responsibility industry had to society. This originated from the various environmental concerns and perhaps, to a greater degree, due to the negative impact it had in other ways, such as displacement and marginalisation in the name of development. The typical Environment Impact Assessments (EIA) was more for risk mitigation than eagerness to measure social impact.

Social Returns on Investment (SROI) and Social Cash Flows (SCF)

Next came the economic value of philanthropy. More often than not, CSR was a side task of the PR team. One-off events were a great source of photo opportunities and easy publicity. As corporate citizenship and good governance grew as a concept, CSR activities began to evolve. Employee volunteering became popular, the HR manager doubled up as the CSR manager. Corporates started to budget for community development projects especially around their immediate vicinity of operations. The more innovative designed projects and products that aligned with their businesses and sustainability practices began to gain ground. Impact was seen in terms of Social Returns on Investment and Social Cash Flows.

The voluntary sector on the other hand measured its impact in the form of lives saved or impacted. Yet the benchmark of saving lives or parameters of impact were highly elusive. Little was known in theory, let alone practice what truly was Impact! Formal Social Impact Assessment (SIA) was practised by the World Bank, UN Agencies, INGOs and donor communities and was followed by CBOs as a pre-condition for continued grant support. Literature and education was limited to researchers, academicians and anthropologists. It was thanks to the efforts of the UN that laid the foundation of the knowledge and made Monitoring & Assessment (M&E) a growing practice. However, it still stayed in the hands of consultants for the non-profit sector and social auditors for industry. Formal education in CSR or SIA was not easily available for either practitioners or evaluators. Capacity to undertake M&E and SIA on a wide scale was missing.

The Companies Act & SIA

The Companies Act has changed all this by making Monitoring & Assessment (M&E) a core program requirement and a key responsibility of the CSR Committee. Education in the form of PGD programmes, short term training and even workshops have been designed to fill this gap. CSR Consultants have mushroomed. And corporates have been gearing up to meet the mandate, especially those with one person departments who traditionally used to outsource all CSR activities. Others have huge resources allocated to manpower alone and outlay for programmes runs into hundreds of crores. Both need to measure impact so that they can report the same as required by the Act. Transparency and disclosure is critical to be in compliance with the law.

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& Assessment (M&E) a core program requirement and a key responsibility of the CSR Committee. Education in the form of PGD programmes, short term training and even workshops have been designed to fill this gap. CSR Consultants have mushroomed. And corporates have been gearing up to meet the mandate, especially those with one person departments who traditionally use to outsource all CSR activities.

**Technology and Advanced Analytical Tools**

Most of Corporate India is still grappling with how best to make this work to their advantage especially considering the significant sums that would be demanded of them and a key restriction – CSR cannot be activities that either benefit their employees nor fall under the line of normal business. Sustainable projects that had a visible relevance to business were shelved, revamped or taken out of the CSR fold. While the debate rages over whether this has and will continue to affect the appetite of Corporate to innovate for emerging markets and explore underserved communities as consumers and suppliers, we would argue that CSR activities can still reveal significant data for market intelligence even when not directly associated with business. After all, most CSR activities are carried out and encouraged by law to be in the physical area of operations.

We have undertaken M&E and SIA for significant corporate group companies and have seen a rise in request for tools to be designed that not only help corporates take up more effective CSR projects that benefit the communities, but also advance the knowledge and interest of the business and NGO ranking for a Performance Index are some ways that combine Social Impact Assessment with traditional market research and stakeholder relations.

**The Quant v/s Qual Debate**

Measuring impact will never be easy and monitoring a process that is fraught with subjective issues like culture, behaviour, attitudes etc, will always require deep thought and understanding. One of the biggest reasons that qualitative research and ethnography were being used a whole lot more in the social space was to counteract the huge reliance on numbers by quantitative research. More and more qualitative tools like PRA were developed that could unearth layers to social needs and impact. It also helped differentiate between output and outcomes of a programme as per “The Theory of Change”. With the mandated reporting of CSR activities, the fear is that there is a return to the “number game”, something corporates are very familiar with and follow with gusto as a management practice. And will the “numbers game” dilute impact on the ground is a question that remains to be answered.

**The Low-hanging Fruit**

Designing and implementing CSR activities will always be a balancing act for corporates. Maximum impact and least spends. More importantly, the Act requires them to be “seen” doing good. How then can programmes meet the real needs of their constituents and also align with national priorities while not being seen as a drain on corporate resources? Needs Assessments, Baseline Surveys and Research are key to designing for long term outcomes and impact. Compliance and visibility may be sacrificed for change on the ground, and true impact at the altar of quick wins, to show results while implementing projects. But this is a topic that demands far deeper introspection than possible here.

**Time to RISE**

The Ministry of Corporate Affairs has released a number of amendments, notes and FAQs since April 1st 2014 when the Act came into force to clarify the various provisions and make it easier for Corporate India to do their “duty”. Strategic CSR and creative CSR are words being bandied about in our growing circles of RISE conversations based on the RISE framework for brainstorming and prioritising CSR spends.

Most corporates that come under the CSR demand criteria will be undertaking CSR projects for the first time and the collective opportunity to change India and the lives of billions is an exciting if daunting goal. We are confident that together with the development sector, government and not forgetting academia, Corporate India will rise to the challenge!

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Advocacy

Thomson Reuters Foundation
Impacting Social Change through its Pro Bono Service TrustLaw

Urvashi Devidayal & Varun Srinivasan

India currently ranks 130 (out of 189 economies) in the Ease of Doing Business Index. A significant component of this report by the World Bank includes various aspects that depend on legal ease and considerations of doing business, in which India ranks poorly. Social Enterprises and NGOs on the other hand find it difficult to create social change without solidifying this change in jurisprudence and have the mighty hand of the law in setting their principles in stone, or to say, the undecipherable jargon of the 500-page judgments.

First, a few myth-busters. A report launched by LBG and Associates, primarily sponsored by JP Morgan, puts an end to the old medley that “pro-bono is not worth the hassle.” The study reports that out of over 1400 users of pro-bono, 95 percent agree that their target issue was addressed and 97 percent agreed that their deliverable was useful, in varying degrees. Therefore, the demand for pro-bono definitely exists. But the report addresses the issue of its mismatch with supply of the same. With respect to legal pro-bono, unlike the New York State Bar, the Indian Bar Council does not mandate pro-bono hours. A similar report by Taproot Foundation and India@75 suggests a mismatch of legal pro-bono demand and supply. So this presents the metaphorical guns versus butter economic problem of where best to allocate legal pro-bono, and how to streamline the same. The answers are found in the services of initiatives like Thomson Reuters Foundation’s TrustLaw Programme.

TrustLaw dedicates itself to facilitating firms offering pro-bono to NGOs who need the same. NGOs combine the
efficiency of a business structure with the equity in their objectives to create lasting valuable impact. Dedicating legal-pro bono to NGOs has its own merits.

The old tradition of using pro-bono legal help only to represent victims in courts is old and outdated. As NGOs move towards more complex business structures and operations, availing pro-bono in fact has its value in more than just yelling the right ‘Objection-Your-Honour’ in court representations. TrustLaw service, has been successful in connecting member legal firms to NGOs in India with a range of legal help. A close inspection of TrustLaw projects reveals the legal needs of NGOs and social enterprises: Structuring and governance advice on documents for their business forms, new innovative forms such as Social Impact Bonds and the legal aspects to corporate governance ranks first. A close second is reviewing and drafting various legal documents such as commercial contracts to ensure they are in their favour such as liability provisions, indemnities, representation and warranties.

A number of legal firms are pouring their pro-bono hours into translating complex leather bound commentaries into specific and relevant legal research, available to all. A number of NGOs require specialized information on their concerned issues, and not much can be done about it without a comprehensive idea of current laws and policies, existing case laws. This helps in creating the current literature’s understanding of the issue and in order to bridge the gap between legal provisions and their stronger implementations, recommendations are also provided for the same. A notable case study is the Freedom and Fund and Thomson Reuters Foundation’s Paper on legal solutions to human trafficking in India. In tracking the result of these above legal services, we can spot the tangible impact: solidifying social change by pushing for changes in jurisprudence and laws. This attaches a state-sanctioned legitimacy to their social objectives and case law jurisprudence create a strong understanding of the legal remedies and serve as binding precedents until the State’s legislations can kick in.

In providing these services, legal firms have firmly clasped their otherwise expensive talons in various areas of expertise: labour law for

“A lot of NGOs and social enterprises provide their impact in creating their own products and digitized content. Registering trademarks, copyrights, patents and general IPR advice is thus one of the highly sought and supplied pro-bono legal help in the TrustLaw network, which is a good sample of the sector's needs.”
The impact of pro-bono legal networks is highly suggestive of its advantages in saving costs, creating tangible legal change and development. Although it poses challenges, current industry practices clearly show that instead of individual pro-bono initiatives, legal pro-bono networks maximize the philosophy’s efficiency and are definitely the way to go.

Employees and HR; IT law for protecting and managing donor details; criminal law research into anti corruption, anti harassment policies, specific legal studies; IPR laws for intellectual property advice, health and safety law; corporate and finance law. A lawyer, when hired otherwise, to provide advice on the above fields would usually charge an average of USD 90$ an hour. The math defeats the purpose. The second advantage can thus be seen in cost-saving and fundraising for these NGOs and bills of money can thus move from big pockets to small social changes. Evidence backs up the assertion, as Thomson Reuters Foundation’s Trust Law program, has provided 70 million US dollars of pro-bono work in over 170 countries.

Pro-bono legal work isn’t Santa’s early Christmas present, however. There are a number of challenges faced by firms in employing pro-bono work. The LGB report outlines these challenges as finding the right pro-bono service provider, finding the right time and issues regarding keeping the project on track. The answer to these challenges suggests a new way of doing pro-bono legal work in the form of pro-bono networks. Much like TrustLaw, networks which connect legal firms to NGOs and social enterprises find specialization and are able to correctly identify the kind of legal work they need and are able to match them to the right lawyer or law firm. They also assist with keeping track and reporting on the projects, and can plug the holes in the pro-bono system.

One does not have to rely on these reports to take their word for it. Responses from beneficiaries have been overall positive. Two case studies illustrate that legal pro-bono networks are the way to go. LawQuest, an Indian legal firm, provided its pro-bono hours in partnership with Sol’s ARC, an NGO that provides support to young children with disabilities. In joining the former’s legal expertise with the latter’s needs, they came out with a report on improving the right to education for children with disabilities. Both have responded positively about the TrustLaw program and its success is expected to create legal change in achieving better education rights for children with special needs. In another case, Reality Gives, a Foundation that works towards child welfare, used the legal pro-bono network, which helped draft a Child Protection Policy. Its employers were able to understand their responsibilities through this policy and this was recognized as a positive step in creating obligations that safeguard children.

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Indian Healthcare Gearing up for Tech Driven Services

Dr. Vikram Venkateswaran

India faces a very unique challenge of trying to cover almost 1.2 billion with limited infrastructure, limited trained doctors and medical equipment that is mostly located in the cities. What makes the challenge even bigger is the geographic distribution of the population spread across almost seven lakh villages. But technology can help and India may be forced to seek its own model blending technology with its limited infrastructure to provide adequate care for its citizens.

Confronted with a population that is overwhelming and highly diverse (1.2 billion), India is faced with a constant need to find enterprising and innovative ways to leverage its limited healthcare infrastructure to reach out to more and more people. The lack of infrastructure is a big deterrent in providing care for citizens outside the cities. One wonders, therefore, if decentralization can really help to solve this problem.

The problem in India is that most of its citizens hail from the country’s villages and hinterlands. There are about 6,50,000 villages in the country and most of them have a population of less than 1000. Obviously, understanding that traditional methods may not help, there is a pressing need to uncover new methodologies to solve this problem.

Is decentralization supported by a robust technology framework, the answer to India’s healthcare challenges?

Let me first explain what decentralization is. In my opinion, it is moving the decision making away from central urban areas and away to the peripheral regions. So in case of healthcare, it would be removing the dependency of patients and the patient parties in the rural to travel all the way to big cities to seek care. A good example is when my cook’s daughter in rural Odisha was diagnosed with dengue, she had to be taken all the way to Puri for treatment. Similarly, in the case of the eleven year old girl who carried her dengue-inflicted brother for eight km all the way to Ranchi for treatment. As a matter of fact, the national capital was under siege mostly with patients from rural UP and Haryana who came in to seek treatment for dengue in the months of September-October. If we do set up a decentralized model, these patients do not have to travel all the way. Access to care can be provided in their local centers with care delivery for serious issues still requiring intervention from urban hospitals. The reason I feel this would work is that it requires expertise, training and capability - something that cannot be replicated very easily. As a science that both doctors and hospitals have spent time mastering, care delivery via hospitals is more dependable than resorting to solutions from untrained and ill-informed quacks or godmen. Decentralized access and centralized delivery have been used by startups like the path lab, Leveraging the Internet of Things, many healthcare systems advocate remote patient monitoring. This is essentially cost cutting and improving care outcomes in the west but in our case, it may be the only way forward and an important step in boosting healthcare in larger parts of our country.
Life Cell that are using this model and leveraging digital to the fullest.

Some experts like Dr. Ashwin Naik of Vatsaalya Healthcare make a strong case for the need to understand that innovation is not just about creating a better ECG system for instance, but to discover a better way to monitor health overall. Start-ups have a significant role to play in the process of decentralization, and in his opinion, a future without hospitals where care was delivered home, especially in cases of monitoring, could also be tracked on a digital backbone is possible.

I know this might be jarring to many healthcare experts but what Dr. Naik means is that patients need not come all the way to cities for check-ups and monitoring for chronic conditions. For our rural patients, this could be done at home through technology. These models are already prevalent in rural areas in the west. Leveraging the Internet of Things, many healthcare systems advocate remote patient monitoring. This is essentially cost cutting and improving care outcomes in the west but in our case, it may be the only way forward and an important step in boosting healthcare in larger parts of our country.

But all this needs technology.

Decentralizing healthcare is about the care continuum. Some organizations like Philips Healthcare through the Philips Innovation Campus in Bangalore have invested in certain areas like remote ICU and home health monitoring systems to foster a system of decentralization. Interestingly, the digital ecosystem has place for alternate therapies such as Unanni and Ayurveda as well, and even these alternate forms of medicine use the ECG as a diagnostic tool.

Infant warmers are a good example of how technology and decentralization can work together to improve our infant mortality figures. Currently almost 300,000 infants die in India due to lack of facilities and a low cost solution first by GE and then replicated by others is a great example of how technology can help.

But as we have seen, maybe the decentralized access and centralized delivery model works better as evident from the recent deaths due to poor quality infant warmers. So quality has to be maintained as we integrate technology into the healthcare set up in India.

Another good example of technology helping healthcare in India is setting up of the 108 ambulance numbers in Hyderabad- a model that is now being replicated in other parts of the country as well. Karnataka Government is setting up a 104 hotline for healthcare to be operating out of rural areas. Named as 104 Arogyavani, the hotline crossed one million patients calls made in 2014 almost 18 months after being set up. This is a great example of decentralized access and centralized care.

The biggest challenge we face however, is not technology, but the mindset of the consumer. Most still feel secure waiting in long queues to consult a senior doctor or visit a time-pressed senior surgeon for a minor cut or injury. As a matter of fact, a pilot project involving senior citizens on monitoring devices actually increased the number of calls to the doctors with concerned patients checking regularly if the monitoring devices were working. This is just a small example that attitudes and mindsets need to undergo change.

Dr. Vikram Venkateswaran, a healthcare influencer, was a dentist who ran a successful practice for six years in New Delhi. Currently he writes a blog advocating the use of technology in healthcare at Healthcare in India. He can be reached on twitter on@drvikram.
Health Communication
Time for India to Give it a Serious Thought

Dr. Sumedh

Terry Pratchett, in his book ‘Good Omens: The Nice and Accurate Prophecies of Agnes Nutter, Witch’ says, “the devil has all the best tunes”. The current health status of the Indian population may seem like it has improved over the years but the health scenario still looks grim with the emergence of newer diseases and public health threats, our inability to control communicable diseases, increase in the incidence of lifestyle disorders, insufficient health infrastructure, increasing drug resistance and somewhat rudimentary public health policies.

But as Terry Pratchett also goes on to say, “...But Heaven has the best Choreographer”. Let’s choreograph the dances well and see to it that it benefit the population and defeats the devil.

This is the best analogy that I can think of while explaining effective communication. In the health sector, we call it health communication. Health communication is a way of promoting health behaviours and attitudes, and sustaining them over a period of time aimed at positive health outcomes packaged in ways that the target population can relate to and comply with. It is a vast area with a lot of scope and indeed one of the most effective and proactive types of public health interventions; yet considered trivial and hence extremely neglected in the Indian context.

If the length of study material is anything to go by, a discipline that is given two pages in a five-and-a-half year course is obviously unimportant and irrelevant. As a student of
India’s failure to leverage the potential of health communication has prolonged the misery of its people. It’s failure is conspicuous both at the levels of strategisation and implementation. Although most policies and health programmes have a component on health promotion/communication, we have hardly seen results that can be notably attributed to this component.

‘Communication for Development Human Change for Survival’ (1998) mentions, “the successes and failures of most development projects are often determined by two crucial factors - communication and people’s participation. Even though communication for development came into being in the 1960s, and has clearly shown its usefulness and impact in change and development, its role is still not understood and appreciated to the point that it is routinely included in development planning.” It is without doubt that this statement holds true even today for any development communication, especially in the case of health.

In fact, the primary aim of this multifaceted discipline is to share health-related information with different audiences. The idea is to influence, engage and support individuals, communities, health professionals, special groups, policy makers and the public to champion, introduce and adopt, or sustain a behaviour, practice or policy that will ultimately improve health outcomes.

My experience in the sector reinforced my belief that India’s failure to leverage the potential of health communication has prolonged the misery of its people. Its failure is conspicuous both at the levels of strategisation and implementation. Although most policies and health programmes have a component on health promotion/communication, we have hardly seen results that can be notably attributed to this component.

Around the globe, including India, health communication is often frowned upon rather than valued.

Although health communication has been identified by various agencies, including the World Health Organization, as an essential part of public health, it continues to be neglected in professional, medical or allied health education. There are no undergraduate or post-graduate courses in India that focus on the subject. As a result, there is serious dearth of trained professionals in the field. The campaigns that are run in India, therefore, lack methodical approach, and most have failed to make the desired impact.

In a country like ours, where a ‘doctor’ is at times synonymous with a ‘clinician’, even public health does not get its due. Against this background, health communication tends to be seen as soft intervention, which garners less prestige than traditional activities or clinical treatments. Public health professionals assume that if services or ‘evidence-based’ information are made available, people will use them. Thus, the need for communication strategies is ignored.

Having said that, we must acknowledge that there have been a few successful health communication campaigns as well. Various national health programmes in India have recognized the need to integrate communication methods in interventions, albeit late. Some exemplary campaigns from the recent past are DOTS (Directly Observed Treatment Short-course), the Balbir Pasha campaign for HIV-AIDS awareness, the Balgam Bhai campaign for TB awareness and most importantly, the pulse polio campaign, which contributed immensely towards the eradication of the disease.

Media campaigns are part of health communication, not vice versa:

While the media plays a pivotal role in health campaigns, it is certainly not enough to bring about behavioural
change, which is the ultimate aim of any health communication campaign.

Although the work of journalists and academia in public health qualifies as health communication, they account for only one of the three important aspects of the discipline - Information, Education and Communication (IEC).

While most campaigns in India fall under the ambit of IEC, the term is now being replaced with Social and Behaviour Change Communication (SBCC). The difference between them lay in the outcome-oriented approach of the latter, vis-à-vis the dissemination-oriented method of the former.

So, while the media may act as an agent to educate through information dissemination, a lot more is desired to ensure that goals of such a campaign, which include behavioural changes, are fulfilled.

Despite my proximity with media professionals as a health communicator, my training in medicine leads me to believe that incomplete knowledge of health issues by journalists tends to do more harm than good. The measles-mumps-rubella (MMR) vaccine controversy created by the media in the 1990s in the UK is a classic example. In this case, wrong information was circulated by the media that MMR vaccine caused autism in eight children without any epidemiological evidence. This created fear among the parents as a result of which, the MMR vaccine coverage reduced considerably in the UK leading to more number of incident cases of measles. It was only after a period of time when the authorities addressed the issue that the vaccine coverage eventually increased.

While the media alone cannot be blamed of any such occurrences, it plays an important role given its vast outreach.

**Machhu and Machchharman Campaigns**

In 2013, I got my first opportunity to work on a communication campaign for malaria awareness, anchored by the Municipal Corporation of Greater Mumbai (MCGM).

In 2013, we approached the MCGM after making five Public Service Announcement (PSA) films, which were taken up under the leadership of the then Additional Municipal Commissioner, Mrs. Manisha Mhaiskar. This was the first ever video and radio campaign rolled out by the MCGM’s health department.

While two of the five videos were screened at almost all cinema halls across the city throughout the monsoons, the audio campaign, in the form of a musical jingle, was aired on popular FM channels. Machhru, the mosquito, became a popular household jingle, especially among school children. The message was reinforced through its catchy lyrics, which was used in the print material as well.

In 2014, we initiated yet another campaign for the civic body. This time around, we used a more scientific approach and put into practice some of the core theories of health communication. While working with health service providers, health workers and communities, the team studied social behaviors around specific and targeted campaigns. Our mascot Machchharman was archetypal of super heroes in popular stream. We used the mascot to outline citizens’ responsibilities in helping MCGM prevent the incidence of mosquito-borne diseases.

Let’s understand the two campaigns better in view of the core theories of health communication.

Thanks to our grassroots interactions and experiences from designing earlier campaigns, we knew we had to find the right target population. Our two-pronged strategy to make children the change agents, and to put the onus on people to control the disease, eased the MCGM’s stretched-and-strained delivery apparatus.

By now, increased budgetary provisions for SBCC by civic authorities had also opened up a whole gamut of popular media, unlike previous campaigns that had been restricted only to print. The quantum leap from the word-heavy,
The diversity of the Indian population demands different approaches for every health communication project. This requires fluid guidelines on budgetary provisions and creative processes.

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Piramal Foundation

Unlocking India's Economic Potential Through Education and Healthcare

Piramal Foundation, the CSR arm of Piramal Group develops innovative solutions to resolve issues that have been found to be critical roadblocks towards unlocking India’s economic potential. Building scale and sustainability which encourages partnerships with the community, responsible corporate citizens, NGOs and the government becomes the critical bridge to continuity. Paresh Parasnis, CEO, Piramal Foundation talks to Archana Sinha about the Foundation’s work in healthcare and education along with other areas of community development that are intrinsically linked with each other.

How does Piramal Foundation propose to go about the work in healthcare and education? Are you partnering with some NGOs?

Our core values of knowledge, action and care guide us to imbibe sustainability in the developmental work we carry out. It is normally assumed that self-sustenance applies only on projects that have a revenue model. However, there is also a different perspective on this issue. Sustainability also involves a long term implementation by ensuring a distributed funding base. This means we are not relying on a single or a small set of funders. This would ensure sustainability even when the original implementer has moved out. The third angle for developing a self-sustaining model is to enhance the system memory so that the solution becomes a part of its Standard Operating Procedure (SOP) so that the project does not suffer from lack of initial expertise. We have partnered with the government of Maharashtra, Rajasthan, Assam, Karnataka etc. and renowned organisations like World Diabetes Foundation, Cairn India, Michael & Susan Dell Foundation, HDFC Ergo, Delhi Jal Board etc.

Please elaborate on the idea of creating 'software' for greater efficiency and quality, rather than only building hard infrastructure. How does it work? Have you created similar models in other sectors too?

The idea of creating software for greater efficiency and quality can be best described as “transformative”. As a pioneer in technology-led social initiatives, Piramal Foundation is developing innovative solutions to resolve issues that are critical roadblocks towards unlocking India’s economic potential.

Piramal Foundation for Education Leadership (PFEL) is focused on creating leadership capacity in the
education sector creating more impactful delivery in classrooms which, in turn, has a positive impact on student learning outcomes.

At Piramal Swasthya, we work with various state governments to bridge the last mile gap in primary healthcare services delivery. I am going to share a detailed account of this vital initiative later.

Piramal Sarvajal, the Foundation’s initiative in clean drinking water has developed a decentralised drinking water solution ensuring regular availability of safe drinking water at prices as low as 30 paisa per litre. We have also created a franchise business model to encourage rural entrepreneurs.

Piramal Udgam is an Impact Sourcing Service Provider that generates employment for women in rural areas by sourcing data-management opportunities from the cities and corporate organisations. The associates undergo a comprehensive and rigorous training program comprising of two modules of training – core training in computer skills, and soft skills training.

What has been the result so far? What would be the target in the next five years?

We serve 2.5 million patients annually in Rajasthan through Piramal Swasthya. The aim is to increase this to over five million patients annually in the next three years, and increase the reach to cover all 33 districts from the present 17 districts. Jaipur Hub of 1097 National AIDS Helpline caters to Hindi and English languages and it handled over two lakh calls in 2015 alone. Piramal Foundation for Education Leadership (PFEL) achieved 21 percent learning outcomes gain in Maths and Language in 2014-15 across 700 schools in Grade III and Grade V. We envision increasing student learning outcomes by a further 20 percent over the next three years in these 700 schools. Additionally, we would be piloting a District Transformation Program in participation with one million children in 5000 government schools across four districts. Presently, Piramal Sarvajal serves 160,000 people daily. We aim to increase the coverage to over 300,000 individuals over the next three years.

This commitment by Piramal Foundation is in line with the new Sustainable Development Goals and focuses on contributing towards universal primary education, empowering women, reduction of child mortality rates, improving maternal health and improving access to safe drinking water.

The vision of the Piramal Foundation is to transform health, education, water and social sector ecosystems through high impact solutions, thought leadership and partnerships.

The Foundation has also been supporting Annamrita and its mid-day meals for school children all over India.....

To fight the problem of hunger and illiteracy, the Government of India launched the mid-day meal scheme in 1994. The midday meal initiative was taken up by ISKCON Food Relief Foundation in 2005 under the Annamrita banner. Piramal Foundation has supported the setting up of two central kitchens of Annamrita. Operating across eight States of India, it serves 1.2 million mid-day meals daily through 20 ISO certified centers. Of this, Piramal supports approximately 70,000 student meals.

Anything else that you may wish to add?

All our programs are long term with the intention of bringing a lasting change in the community. While we have funded many of these projects, we have also brought in funding partners. There are executive partners in the form of community groups, NGOs and even our own CSR teams to ensure continuity of these programmes. Some of these programmes have been running for many years and have shown tremendous results. Some began a few years ago and are showing good progress. These are encouraging signs which have given us the impetus to continue with equal fervor. Piramal Foundation has been working towards removing the roadblocks to economic development for a long time. We are happy that our work has shown good results. We expect the future to be even better with more people from the community now joining the movement towards sustainable development works.
Piramal Swasthya endeavours to make primary healthcare available and accessible to the vulnerable population of India. It aims to bridge the last-mile healthcare service delivery gap for vulnerable communities through its mobility solutions, technology-enabled delivery initiatives, and by supplementing and complementing existing government infrastructure/initiatives.

Women in their reproductive age, children, adolescent girls and tribes are the key beneficiaries of our interventions, and non-communicable diseases (Diabetes and Hypertension) are the key focus areas.

A staff of over 1800 employees with a dedicated medical force of more than 200 experienced doctors and a large trained paramedic staff lead the delivery of services at Piramal Swasthya.

Starting with a pilot in Andhra Pradesh in 2007, we have spread our footprint to now cover 11 different States (Andhra Pradesh, Assam, Rajasthan, Maharashtra, Karnataka, Chhattisgarh, Jharkhand, Telangana, Arunachal Pradesh, Odisha and West Bengal).

Piramal Swasthya is bridging the last mile gap in primary healthcare service delivery and it is technology and innovation that enables and makes this possible to reach the most remote and vulnerable population. Leveraging cutting edge information and communication technology helps cut costs without compromising quality as well as establishing partnerships to scale our solutions.

Our service delivery channels are all conceptualized around technology:

**Health Information Helpline (HIHL)** is a solution to India’s citizens’ health information access problem. HIHL provides medically validated advice, counseling services, directory information and a platform upon which callers can lodge service complaints against public health service providers.

Piramal Swasthya runs seven HIHLs in the states of Assam, Chhattisgarh, Karnataka, Rajasthan, Maharashtra, Jharkhand and Andhra Pradesh and has till date serviced over 32 million valid callers.

**Mobile Health Services:** This service addresses physical access problems by providing primary care, especially maternal and child health and chronic disease services to villagers living beyond three kilometers of the nearest public health facility. The vans are equipped with medical devices, technology, healthcare workers and a doctor. Currently, we operate 174 mobile vans across Assam, Odisha, Andhra Pradesh, West Bengal and Rajasthan.

Mobile Health Services aims at tackling
barriers faced by rural people in accessing primary healthcare. As part of this fixed day mobile outreach, medical vans with doctors and paramedics team visit a community/village at regular frequencies, conduct diagnostic and lab testing procedures. Test reports are then uploaded to the Electronic Health Record in real time. Mobile vans are equipped with medical devices, medicines and health workers and are deployed to even the remotest of rural and tribal villages with no access to public health system.

The objective is to extend the services of the public health system by using resources, where possible, in screening, making referrals, mobilizing and following up people with risk of chronic diseases and those requiring maternal or child healthcare services. Each beneficiary is provided a Unique Identification Number. An Electronic Health Record is created, which immensely helps in clinical management of diseases and conditions. Operations and quality of services are managed with the help of this digitized data. A sophisticated mobile health service application enables all this. With the help of this application, data can be retrieved and analysed to timely address any catastrophic condition in the area.

Piramal Swasthya mobile services also focus on creating awareness about healthy practices to be followed and provide information about health schemes and facilities available through our information and education program. They are operated as a government funded programme and in a Public-Private-Partnership model in several States. In addition, they are also operated as a CSR intervention for several public and private sector organisations like Eastern Coal Fields in Burdwan, West Bengal and Department of Atomic Energy in Karnataka. These services aim at enabling access to primary healthcare to the employees and their families around their major manufacturing facilities and often cover tough terrains and far-flung habitations with communities that are vulnerable and in need of quality healthcare services.

**Telemedicine:** This service solve the issue of specialist access for Indians residing in remote areas by using specialized digital medical technology, Swasthya telemedicine software and video conferencing services. This service provides point-of-care, user friendly, cost-effective, integrated multi-functional device for rural telemedicine applications with an emphasis on general physician functionality. It is currently operational in 66 centres across Assam, Andhra Pradesh, Himachal Pradesh, Telangana, Karnataka and Maharashtra.

A beneficiary, anywhere in the States where Piramal Swasthya is operating, can dial a Health Information Helpline (HIHL) toll free number - 104 and speak to a health advisor and/or doctor. The healthcare advisor could address the query through the use of advanced medical algorithms and summaries of diseases that can be accessed easily through medical health software while referring to the patient’s electronic health record online.

The 104 service is a 24x7 contact centre that aims to reduce the minor ailment load on public health system by offering medical information and advice, virtually. It is affordable, as just at a free phone call, any citizen can get access to validated medical information and advice. Patients can avail counselling services; request directory information like list of hospitals and services offered and can lodge a complaint against any public health system facility. Qualified and trained paramedics, counsellors and doctors are the service providers; utilizing cutting edge software to triagecallers. The software consists of medically validated algorithms and disease summaries supporting the paramedics and doctors to drive this high level of standardized care for beneficiaries.
Tele-health Services offer specialised advice to some of the most remote places through wireless internet, fixed and/or wireless internet and video on an open source platform. It focuses upon bringing the much needed specialist healthcare to remote areas where there are very few or no health workers. Medically validated equipments and digital interface supported by Piramal Swasthya's software provides an easy and accurate data flow between a patient in a remote location and a specialist operating in an urban area/city. Medical data required by the specialist doctor to understand the patient’s condition is uploaded to the software by trained paramedics from the patient’s end. Based on the test reports and information provided, the specialist advice the patient through video conferencing and prescribe medicines. The prescription is printed remotely at the patient’s end. In case of high-risk cases, the patient is referred to the nearest public health facility.

This service is an innovative initiative, bridging the gap between a patient and medical advice. Our service aims at reducing the load of complex illness on the public health system – addressing especially the lack of specialist/super specialist advice to remote/vulnerable areas. Quick and timely advice/counselling to patients help in early diagnosis and better treatment management of diseases. It increases the scope of services without creating additional physical infrastructure in remote areas. Quality and reliable diagnostics, specialist advice accessibility and availability, access to drugs and treatment are the key deliverables.

In addition to technology-leveraged services, android applications on smartphones help track service specialists (ASHAs/ANMs) in the field and help transfer of diagnostic data directly from the field, apart from helping remote training of field staff. The use of analytics and tools help data crunching and searching for patterns while simultaneously helping to understand health trends in communities that are served. Additionally, rigorous quality audits and processes ensure high service quality across service lines. Customer satisfaction is tracked via a customer delight index and regular management reports are delivered to clients/management aiding review and process/management intervention.

Piramal Swasthya also drives focussed interventions. “Asara” is a comprehensive and integrated approach towards tribal health and is specifically developed for tribal and remote areas. The intervention works with communities to reduce maternal and newborn mortality.

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Biocon Foundation

Spurring Social and Economic Inclusion Through Health Services, Education and Economic Opportunities

A bio-revolution took place in Bangalore, India on November 29, 1978 when Biocon, India’s largest and fully-integrated, innovation-led biopharmaceutical company was established. Started as an enzyme-manufacturing company by Kiran Mazumdar-Shaw, Biocon has evolved into a fully integrated global bio-pharmaceutical enterprise serving its partners and customers in over 100 countries. Biocon Foundation, the CSR wing of the company, was set up in December 2004 to empower under-served communities, eradicate poverty and create affordable services which can stand the test of time. Atula Imchen spoke to Mrs. Rani Desai, Head - Biocon Foundation on the various social activities the Foundation is undertaking through various verticals.

In India, corporates and captains of industries have been into philanthropy for a long time now. What prompted, or, how did the establishing of Biocon Foundation come into being?

Dr. Kiran Mazumdar Shaw was involved in philanthropy work for many years and she wanted to organize and structure her initiatives to understand the effectiveness and impact of the program. Thus, in 2004, she established Biocon Foundation and we have been successfully running our programs for the last 10 years to drive a positive change in the society.

As an emerging global biopharmaceutical enterprise, our focus is on delivering affordable healthcare facilities. Biocon’s commitment goes beyond developing new medicines. Biocon is engaged in providing sustainable solutions to address the myriad healthcare challenges faced by the country as a part of its Corporate Social Responsibility.

The Foundation understands that our CSR efforts must be collaborative, concentrated and comprehensive. It must integrate private and public sector participation, permeate social strata, and expand its radius to reach the grassroots level – the poorest and the underserved citizens.

There is much heart for good deeds and helping the underserved of our country but what we lack is in the execution of any scheme or activity on the ground. Was this a problem you faced and if so, how did you overcome the same?

Since 2004, the team at Biocon Foundation has been passionately
engaged in addressing issues pertaining to health, education and community development through direct as well as collaborative projects with the government through CSR models that are viable and scalable. Over the past decade, we have addressed the “Right to Health”, the “Right to Education” through our numerous outreach programs for the economically weaker sections of Indian society, especially in the impoverished rural sections of India.

We have faced certain challenges while implementing our programs on the field. Training and capacity building of the community health workers is one such area. They are the last mile reach and the success of any program largely depends on them. Another challenge would be getting doctors in remote geographies where we have tried to improve health service delivery. We started with one clinic and expanded to eight in different parts of Karnataka.

**What areas did Biocon Foundation focus in the last decade? Were you always associated with Health Services as an area of operation?**

**Biocon Foundation has conceptualized and implemented the CSR mission of providing equal access to health services, education and economic opportunities, thereby accelerating social and economic inclusion. Biocon Foundation started its program by establishing primary healthcare centers called ArogyaRakshaYojana (ARY) clinics, actively creating awareness about disease prevention, public health, sanitation, building model villages and initiated programs on education in urban and rural Karnataka.**

Apart from Healthcare, Education and Community Development Initiatives, Biocon Foundation has started a grant-in-aid program which is looking forward for meaningful collaborations with organizations with similar vision to deliver impactful program on the field.

"Community health workers are the last mile reach and the success of any program largely depends on them"

**Tobacco is a very high risk factor in India. How have your efforts to dissuade tobacco users, especially the youth, been? How would you rate the success level in this arena?**

Biocon Foundation has developed an innovative program using mobile technology to conduct oral cancer screening. Oral cancer is caused by chewing tobacco and arecanut which are common practices in rural India. Though oral cancer is completely preventable, delays in presentation and diagnosis, result in low treatment outcomes and higher cost in patients. Community health workers of Biocon Foundation identifies high risk groups from the baseline survey. Some primary information along with their oral lesions are captured in mobile phones and information uploaded in an open MRS. Specialist from a remote location view the information and identify patients with lesions. Biopsies of lesions are conducted at nodal centres. Pre-cancerous lesions are treated with Vitamin A solutions and risk mitigation education. A referral pathway has been created for patients who seek intense addiction program at NIMHANS and cases for treatment are referred to the nearest cancer centres. Oral cancer screening is conducted in rural communities as well as workplace settings like factories.

**There is a high incidence of cancer, especially oral, among the rural population. What are the efforts from your Foundation to counter and control it?**

95 percent of our Oral Cancer Screening program is spread across North Karnataka, Maharashtra and rural parts of Bangalore. We have screened more than 2500 individuals with pre-cancerous lesions. The patients are regularly followed up by the community health workers. Specialists are responsible for follow-up of high risk population. We also conduct biopsies in rural settings, provide chemo preventive drugs free of cost to people with pre-cancerous lesions. We have also set up dental...
centres in rural Karnataka. We have recently scaled up this program in the remotes villages of North East India.

Tell us about your cervical cancer screening programme and the hypertension/ diabetes outreach programme.

Biocon Foundation’s cervical cancer prevention and control program is focused on three key service delivery components - community information and education, accessible screening and diagnostics and treatment services. The Foundation trains community health workers to provide reproductive health education to women in underserved communities. They identify women at risk and pre-register them for screening. The Foundation has also collaborated with tertiary cancer centres to link diagnostic, screening and treatment services. This program is rolled out by the Arogya RakshaYojana (ARY) clinics in Karnataka, operated by the Foundation.

We have also developed a comprehensive disease management strategy that will help these patients live healthier lives. The program include standardized chronic disease care in the ARY clinics, regular follow-up with patients, periodic consultations with specialists, educate patients with diabetes health education literature, capacity building of ARY doctors through workshops to improve clinical skills. Additionally, the Foundation has partnered with specialists to hold specialised clinics so that help reaches till the last mile.

You also have a robust health outreach program, apart from the ones discussed above...

Our outreach program is designed to educate and increase awareness, eliminate health disparities and improve health seeking behavior among our communities. Our aim is also to improve quality healthcare services for our beneficiaries.

Do share with us about the joint venture between Biocon Foundation and Narayana Hrudayalaya.

We are working closely with Narayana Hrudalaya for our healthcare projects. They are our technical partner for telemedicine. We also send referrals to Narayana Hrudalaya for Diabetes and Cancer cases.

What are the CSR activities initiated in the field of education by Biocon Foundation? What were the problems encountered while executing the same?

We have been successfully running a program called Chinnara Ganitha in the education vertical. This is in collaboration with MacMillan India where we have designed activity-based practice material for Standard I to VII. This has reached out to more than a lakh students across 1500 government schools in Karnataka. The primary focus of this program is to improve the concept of mathematics among lesser privileged children in government schools.

What are the activities/ steps undertaken in the field of rural infrastructure as this is an area of big concern in our country?
We have developed Biocon Nagar - a model township in Mangalgudda Bagalkot District in North Karnataka consisting of 411 houses for families rendered homeless in the 2009 floods. Every house is provided with household sanitation facility, solar lights and access to clean drinking water. We have also encouraged use of clean drinking water in the

"Biocon Foundation has been working relentlessly in order to drive positive change in its field practice areas. We have established healthcare facilities in remote villages, distributed books and built houses for flood victims. There has been a constant rise in the footfall in our ARY clinics which directly indicate use of our facilities in the villages and positive impact of our programs."

communities we work and thus set up a water purification system in Huskur Village near Bangalore. This serves a population of 500 villagers every day. This initiative has helped Biocon Foundation to ensure Right to Better health for its communities. We have also built 1200 household sanitation facilities and community sanitation units in rural Karnataka.

Are your CSR activities/initiatives spread across the country or are you confined to the State of Karnataka only.

The CSR initiatives of Biocon Foundation is spread across seven districts of Karnataka. Recently we have expanded our healthcare program in Rajasthan where we entered into a Public-Private Partnership with the Government of Rajasthan. We have also introduced a grant-in-aid program to increase our presence. We have further scaled up the Oral Cancer Screening program in the north-eastern states of India.

What kind of follow-through is done for the various CSR activities to measure their efficacy?

In order to measure the efficacy of our program, the CSR activities are regularly monitored by the Foundation and we conduct impact evaluations to evaluate our programs from time to time.

Are you planning to expand into additional areas of CSR activity other than the ones you are involved with right now? If so, which are the areas you are looking at?

The CSR initiatives implemented by Biocon Foundation are largely classified under three verticals which include healthcare, Education and Community Development. Biocon Foundation is also reaching out to wider geographies in the domain of Healthcare, Education, Rural Development, issues pertaining to water and sanitation, Safety and women empowerment, Art and Culture through its Grant-in-Aid program.
Type 1 diabetes mellitus is one of the most common pediatric endocrine illnesses found today. According to recent figures presented by Diabetes Federation, 382 million people worldwide suffer from diabetes and a whopping 80% of them belong to the low income group. Type 1 diabetes can be a huge burden to the financial, social and psychological resources of patients and their families.

As of date, Type 1 diabetes cannot be cured. It can only be managed through lifestyle changes. Type 1 diabetes is a lifelong condition found in children as young as six months where the pancreas stop producing insulin and the body has to be supported by external administration of insulin to balance the sugar levels. Upon detection of the diabetic condition, the child is put on an insulin regime where he/she is administered two to four separate insulin injections daily depending on the sugar control and is expected to maintain a disciplined lifestyle. The patient (child) is faced with a huge challenge of a sudden need to a reorganised life, follow a restricted diet, exercise regularly, self-monitor the glucose levels and self-administer insulin, while bringing discipline in all aspects of life. Moreover, the patient (child) is fast evolving - physically (bodily growth),
emotionally (puberty etc.) and socially (from primary to secondary school to college, etc.).

Design has a major role to play in creating scope for the children (patients) and their families to engage better not only with their doctors and adhere to the treatment plan, but also to motivate them to make sustainable changes in their own lives and move towards the ‘New Normal’ faster.

The Diabetes Clinic of Hirabai Cowasji Jehangir Medical Research Institute, Pune has been experimenting with such design methodologies to facilitate a smooth and sustainable transition to the New Normal. Designers look into the lives of the patients (children) and their families and observed the stressful journey they undertake towards their New Normal. In the process, motives, attitudes, barriers, beliefs etc. that kept patients and their families press on towards their New Normal are identified.

In many cases it is observed that the immediate family gives up sweets and changes lifestyle to facilitate easy transition and better adoption of the lifestyle recommended to the patient.

**The New Normal with diabetes can be achieved by finding stability both in diabetes control as well as the social, cultural and psychological turmoil the child goes through after detection**

They start avoiding long distance travel or going to social gatherings as they present uncertainties and difficulties in adhering to the suggested lifestyle and medicine/insulin regime. There are instances where the relatives and people around start distancing themselves from the family with diabetic kids. Fueled by ignorance, this leads to a partial social isolation of the patient (child) as well as the family.

Type 1 diabetes is a financial burden on the family as well. Cost of insulin, check-up kits, visit to hospitals etc. add up to an average of Rs. 6000 per month. With 80 percent of the patients coming from the underprivileged class, with an average income of Rs. 8,000 (or less) per month, managing finances, supporting the patient (child), sustaining the rest of the family, is a huge stress for the parents and adolescent patients. It is observed that such patients (adolescent) often exhibit suicidal tendencies as well.

Instances of organizational apathy towards such children are also seen. Many schools request parents to admit such children elsewhere – saying that it would be difficult for the school to provide special attention to the patient (child).

Understanding the emotional turmoil that a diabetic child goes through is especially difficult as children do not
possess adequate verbal communication skills to properly articulate their situation, condition and feelings.

**What we do**

The Diabetic Clinic of Hirabai Cowasji Jehangir Medical Research Institute has been trying to discern and support both the guardians and patient (child). It has been conducting activities like Art Workshops for patients (children) to create opportunity for them to interact with one another and become friends rather than just be discreet patients visiting the clinic. Visits to the patients’ homes and interaction with the guardians, provided a window into their daily struggles are also part of the process.

For a person to execute a set behavior at any given instance, they need to have sufficient capability, motivation, and opportunity. Using these principles, a game-like tool – “My Canvas” has been designed to help capture behavior patterns and feelings in the patients (children) better. It helps children show and tell their story, making it a much richer and valuable source of information. Implications of such a data stream are huge. For example, it could help improve areas such as patient-doctor communication, patient records, community building, etc.

**Case Study**

A twelve year old male juvenile diabetic having no prior history of diabetes in his family. He comes from a lower middle class joint family structure residing on the outskirts of Pune.

**Observation**

The patient is a shy boy who does not like interacting with anyone outside his family circle.

A game-like tool – “My Canvas” has been designed to help capture behavior patterns and feelings in the patients (children) better. It helps children show and tell their story, making it a much richer and valuable source of information.

During his visits to the clinic, he agrees to everything the doctors asks of him but later does as he wishes. The family closely watches his every move and does not allow him to do anything unassisted.

**Issues**

He has a poor compliance to treatment plan suggested by the doctors. He does not talk or mingle around with children his own age and is only comfortable with younger children. As the patient is not ready to open up, the healthcare team at HCJMRI was finding it difficult to treat the patient holistically.

**My Canvas**

The Clinic undertook playing the game ‘My Canvas’ with the patient to understand his behavior patterns, feelings and attitude towards diabetes. While playing the game, the patient (child) became angry and exploded saying, “Why me? Why am I the only one with this? I feel angry!” This was a huge breakthrough as the child shared what he truly felt, for the first time, about his diabetes.

Further probing revealed that he was constantly comparing his height with people around him. Most of the people in his surroundings are taller than him - be it the children in his extended family or his schoolmates. He is living under constant fear of being mocked at for his short height so he prefers mingling with children younger than him who are the same height as he is, or shorter.

Once the issue was identified, the parents and patient (child) were counselled by the healthcare team at HCJMRI. An improvement in the child’s self-esteem and higher compliance to the treatment plan has since been observed in the patient.

**About HCJMRI**

The Hirabai Cowasji Jehangir Medical Research Institute has been working towards improving awareness of Type 1 diabetes in Pune and nearby regions.

A sister concern of the Jehangir hospital, the HCJMRI was founded with the objective of helping poor patients and improving lives through research. Since its inception, the Institute has performed work in many medical spheres including cancer, HIV, children and women’s health, and non-communicable disorders such as obesity and diabetes.

The HCJMRI has worked for the upliftment of the community, especially for the underprivileged from slums and villages with particular attention to children under five years, girls and women, and partnering with NGOs as well as with various government agencies for the sustainability of its programs.

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Mahindra Pride School

Opening Doors for Marginalized Youth to Rise and Overcome Social Barriers

The Mahindra Group, being a large global corporation, has seen an incredible opportunity to drive positive change for all stakeholders. Since the beginning, they have remained committed to a better world by making every aspect of their business sustainable. While they have always been conducting business conscientiously and responsibly, with the new mission to Rise for Good, Mahindra Group has augmented its work towards Corporate Social Responsibility even more.

Aligned to the “Rise for Good” mission, the Group focuses its efforts on every section of the society, whether it is education for girls, empowering the youth or supporting farmers. They do this by supporting them in education, health and livelihood enhancement with innovative programmes that harness the levelling power of technology. One such programme is Mahindra Pride School.

After the resounding success of the Nanhi Kali programme that continues to empower girls through education and healthcare, the Mahindra Group has set up Mahindra Pride Schools (MPS) in support of the Government mandate for affirmative action towards empowering young people who have not been fortunate enough to get or continue formal education.
There has been 100 percent placement of students in lucrative jobs and a consistent increase in current average starting salary being Rs.10,000 pm. and the highest starting salary till date being Rs. 25,000 pm

The prime objective of MPS is empowering youth from socially disadvantaged sections of society (SC/ST/OBC) by providing livelihood training, to enable them to gain employment based on their skills.

The first Mahindra Pride School located at Pune commenced operations in 2007. Currently, there are five such schools located in Pune, Chennai, Patna, Chandigarh and Srinagar which provide training to over 3050 youth from socially disadvantaged backgrounds annually. Till date, over 14000 students have been trained at these schools and 100 percent have been placed with lucrative jobs.

The School is meant exclusively for youth between 18 - 25 years of age who are from socially disadvantaged sections i.e., SC, ST, OBC, Notified Tribes (NT) and Denotified Tribes (DNT). It offers equal opportunity for men and women, with a focus on rural youth. It is non-residential and offers various alternative livelihood options to the students, free of cost.

Three months’ training is provided to the students. They receive training in one of the three areas of Hospitality Craft, Information Technology Enabled Services (ITES - for BPOs & KPOs) and Customer Relationship Management.

The three month’s course at MPS focuses not only on classroom learning but is a holistic combination of practical assignments, exposure visits to industry, simulations, role plays and internship. Teaching staff are hand-picked for their domain expertise and zeal to transform the trainees.

MPS operates out of an independent building with infrastructure including:

i) A computer laboratory (with a 1:1 student computer ratio)

ii) A simulated housekeeping and restaurant training set-up

iii) Classrooms with LCD projectors and a PA system

iv) Canteen area where 150 students from each batch are served a nourishing lunch on all training days of the three months they are on campus.

v) A TV viewing room and a Library

vi) Equipment for practical training on BPO voice process.

Student selection is purely based on the interests and merit of the candidates. Road Shows are conducted over a month-long period in pre-identified communities/hamlets with a high SC/ST/OBC/NT/DNT population to spread information about MPS and encourage the youth to enroll for the training offered by the school.
Some of the criteria for student selection:

(i) Should be at least 18 years of age
(ii) Should have passed Class VIII and above
(iii) Per capita family income should be close to the BPL norms for cities.

Students are then assigned suitable courses depending on their personality, aptitude and interest, which are judged through intensive written tests and personal interaction at the time of admission itself.

Other Features

- MPS is an equal opportunity institute. Efforts are made to have a near equal representation in terms of gender.
- The course options in the form of alternative livelihoods are chosen based on economic industry environment, industry manpower requirements and trainability.
- Training is offered in the following three areas of Hospitality Craft (Food & Beverage & Housekeeping), Customer Relationship Management and Information Technology Enabled Services (ITES) (BPO & KPO)
- The Mahindra Pride training modules have been developed together with potential recruiters after understanding their needs. They are therefore tailored to the potential employers’ stated requirement of skills, thus ensuring better employment opportunities.

- Apart from imparting training in the above mentioned specializations, MPS has several modules that help in enhancing the students' personality, general awareness, grooming and communication skills in English, life skills and knowledge of computer applications.
- A free and nutritious mid-day meal is served to all students at MPS daily.
- Some of the recruiters are Cafe Coffee Day, McDonald’s, Pizza Hut, Hotel Le Meridien, Fariyas Resort, JW Marriott, Hotel Oakwood Residency, Mahindra’s Mom & Me, Westside, Sodexho, Mphasis, Syntel, WNS, Bharti AXA, Bajaj Allianz, HCL, DCS, Dell, Capgemini, Tech Mahindra and Tata Business Support Services.
- There has been 100 percent placement of students in lucrative jobs and a consistent increase in current average starting salary being Rs.10,000 pm. with the highest starting salary till date being Rs.25,000 pm.
- The highlight of the placement process has been the significant increase in the number of “campus” interviews and the endorsement from “repeat” employers who recruited graduates from MPS.

The Mahindra Pride School is fully funded by the Mahindra Group and is managed in partnership with Naandi Foundation, a not-for-profit trust with a proven track record in the field of education and livelihood creation.

MPS is committed to continue to provide livelihood training to over 600 students annually, enabling them to build a career and a future and making it possible for them and their families to RISE above their limiting circumstances.
Breaking the Cycle of Poverty through Education

The Journey Towards this Realisation

The World Bank estimates there are 463 million people in India living below the poverty line – that’s 33 percent of the world’s poor population. To break this cycle of poverty, education is an issue that needs to be addressed. India’s literacy rate has steadily increased in 2014 to 84 percent, having accelerated drastically in the last five years. Below are key aspects to address the cause of education.

Implementation Models

Mid-day Meal Programme

There are a set of programmes run by the government and NGOs to attract children to school. The most notable amongst them is the mid-day meal programme implemented by the government and NGOs. This very successful programme has increased enrolments and the health of school-going children. Implementation agencies like Akshay Patra Foundation and Annamrita ISKCON have delivered consistently, efficiently and have achieved significant scale. Akshay Patra for example, covers 10 states with 1.4 million children as beneficiaries in 10,845 schools. Annamrita covers eight States and 1.2 million children. The positive impact of the mid-day programme has increased attendance upto 95 percent and enrolments have increased in schools significantly.

Supplemental Public School Education

There are NGOs like the Akanksha Foundation, Sikshana Foundation who adopt existing government schools and supplement the existing system with enhanced learning experience to improve quality of education and attendance. Sikshana has come up with a unique model of assigning a teacher to a cluster of schools with a specific objective of filling the specific need of the school. With this approach, a very cost-effective way of providing adequate number of teachers to every school has been demonstrated across many blocks or taluks. Sikshana has impacted over 1100 schools in Karnataka, Andhra Pradesh, Gujarat and Maharashtra covering over 1.8 lakh children. There are many such supplementary education models incubated across the country which have helped raise quality of education while delivering education on a mass scale.

Scalability

The problem in our country is so huge and the need so urgent that we need to address the issue at an enormous scale.
When we talk of delivering social programs, there is no other entity but to use government machinery. The government has stepped up in evolving working scalable models and upgrading infrastructure. Building toilets in government schools have increased enrolments and attendance of girl children. Increasing teachers’ salary through the Pay Commission has attracted better quality of teachers and retention of good teachers in the public school system.

Some NGOs and private players are also supplementing government efforts in building scale. An NGO, Kalinga Institute of Social Sciences (KISS), Bhubaneswar, Odisha is the largest free residential institute for tribals in the world. It provides accommodation, food, healthcare and education from kindergarten (KG) to post graduation (PG), vocational training and all other basic amenities of life absolutely free to 25,000 underprivileged indigenous tribal children with a job assurance after completion of education. So it is not that scale can be achieved only by government but private efforts can also supplement the government.

**Enablers (Government and Policy)**

An important aspect of rolling out education is also about enabling the process. The Government is the most important enabler and has been a constant enabler in setting the agenda by bringing focus and attention on education through policy by initiating the “Sarv Siksha Abhiyan” or “Education for All”. New laws like Right to Education (RTE) have become enablers in rolling out various educational programmes across the country for all stakeholders. Yes, there will always be an ongoing debate on the reach and impact of the laws, schemes and policies, but given the scale and depth of the issue, the direction and path for change has been set.

**Funding**

The most important component to roll out and sustain these programmes is financial funding. The biggest player, the Central Government, has ensured sustained funding through mandatory taxation specifically for education. There is increased financial allocation towards education even at the State government levels. Even with donors across NGOs, education as a cause seems to always get the maximum share of donations as compared to other causes. Give India, an online donation platform saw 30 percent of its donations in the last financial year being made towards education as a cause and the quantum of donations has also been increasing over the years.

More efforts are needed to eradicate poverty in the country and education is the best way to fight poverty.

*Vikas Puthran is Vice President - Corporate Alliances, GivelIndia. He is also a Board Member in a private school in Mumbai.*
Skilling India for a Sustainable Future
HSBC launches Skills for Life Cross-Country

HSBC India, one of the leading multi-national banks in India has been doing some major work in community development, which they call Community Investment Initiatives. The Bank has recently launched the Skill for Life initiative in keeping with the government’s agenda to promote PM’s Skills India initiative. The bank has invested ₹ 100 crore in the Skill for Life initiative. The programme will skill 75,000 youth and women. It aims to provide youth and women with requisite skill sets to enable them to earn a sustainable livelihood. For this, HSBC has tied up with Swades, an NGO founded by Ronnie Screwvala, in its first leg, to promote this initiative.

The Bank is in the process of tying up with other corporates and NGOs to promote the skills programme. Ms. Aloka Majumdar, Head Corporate Sustainability, HSBC India, talks to Archana Sinha about the need for such a programme and what makes it a viable proposition. She also talks about HSBC’s endeavour in community investment programmes related to education and health.

What are the skills that HSBC has focussed on to launch the Skills for Life programme?
We have primarily focussed on three areas:

- **Employment-linked skills development of disadvantaged young people** – Under this vertical, HSBC will work with non-profit organisations on enterprise and employment-linked training. Young people will be taught skills that can help them earn a sustainable livelihood. The programme will map demand with industry requirements and link skill-building with relevant jobs. It will also develop an entrepreneurial ecosystem through collaborations with organisations working in this space.

- **Upskilling of educators and teachers** – The programme will focus on enhancing the skills of educators and teachers and will support different scalable models that include Train the Trainers (TOT) approach, digitisation of content, curriculum translation into different languages etc. to scale learning and multiply impact.

- **Women empowerment through livelihood enhancement** – The key focus in this vertical will be to enhance the capacities and improving the livelihood potential of rural and urban disadvantaged women through financial literacy and building entrepreneurial capabilities.

The first vertical of the programme was launched in 2015 in partnership with Swades Foundation, while the other two verticals will be initiated from this year onwards in partnership with other NGOs. HSBC Skills for Life will also lay emphasis on collaboration with various stakeholders such as the business community, sector experts and academia to broaden the ambit of discourse around skills, aligning it with the government’s vision of ‘Skill India’.
Which are the States, regions, or cities you are planning to do the skill training programmes?

In the first phase of the programme, we have chosen eight States - UP, Haryana, Delhi and NCR region, Maharashtra, Gujarat, Tamil Nadu, Karnataka, Andhra Pradesh, West Bengal and Assam.

Based on our discussion with people from these States as well as from the reports of KPMG and NSDC, we felt there is a demand for this kind of programme and there is an opportunity to actually cater to these demands. People in these areas will actually benefit from it. Of course we will be expanding the programmes to other States as well. Proposals can come from either urban, semi-urban or rural part of the State. There is no constraint as far as the area is concerned.

It is a big challenge reaching out to rural areas. How do you plan to do so? Will you be partnering with local NGOs or any other organisation, apart from Swades?

Swades will manage the programme. We are going to seek proposals across these States and as you have rightly said that the programme will need to be implemented by people who are working at the ground level. Swades will be screening the proposals which will then be presented to an advisory committee comprising some of the industry leaders who have the expertise to decide the organisations that are going to merit from the grant.

Have you conducted such kinds of programmes prior to this?

We have conducted some skill development programmes with Bandhan Bank in Kon Nagar, West Bengal, Saath in Gujarat and in Kherwadi. They have been quite successful. In fact, the experience gave us the confidence to launch the programme on a much larger scale. Going forward, we will bring in more States.

We are focusing on eight servicing sectors. They have been chosen from the priority list of the government as they have a high demand rate for employment. NSDC has a list of the skills that are required to be developed. So organisations that are training people for Retail, Transportation & Logistics, Beauty and Wellness, Tourism, Hospitality and Travel, Electronic and IT Hardware, IT & ITES, Healthcare, BFSI (Banking, Financial Services and Insurance), say, in Chennai or Pondicherry, can apply for the grant. They will go through the screening programme and upon selection, will be recipients of the grant.

"HSBC Skills for Life is a ₹ 100 crore commitment by HSBC India over five years that will support NGOs in India to provide employment and entrepreneurship-linked skills training for disadvantaged youth, and focus on livelihood enhancement and financial education of women. The programme aims to cover 75,000 youth and women in the next five years"
In fact HSBC CSR spent has more than doubled from ₹22 crore from 2014-15 to ₹100 crore in 2015-16 and 50 percent of the grant will go to Skilling. The bank is going to skill individuals in the areas of retail, manufacturing and beauty etc.

When will the programme be implemented? How will it be monitored?

We have received all the applications and short-listing will be done by Swades. The screening organisation, one of the largest management institutes of the country will then present the list to the Advisory Committee in May-June 2016. So in terms of programme implementation, the programme will start from the next financial year.

Tata Institute of Social Sciences (TISS) will be monitoring the programme post implementation as they have the necessary expertise to work with grass-root organisations.

Do share with us the educational programmes in academics and non-academic areas that HSBC is supporting.

We have been doing corporate social programmes which are known as Community Investment programmes much before CSR became a law. We have been working along two verticals - promoting education, and promoting environment. Under the former, we focus on three things - primary and secondary education, vocational skills, and financial education and livelihood. The latter sees us working on climate change, biodiversity, water conservation and sanitation.

Regarding the first vertical of our work, our spending has doubled in the last one year itself.

We also tour these States to observe the progress and discuss issues at the ground level. The organisations are spread over a very large area so there is a lot of running around.

Healthcare is another critical issue in India which needs support and enhancement in rural and urban areas. Is HSBC supporting any of the programmes linked to healthcare? Please elaborate.

We entered the healthcare sector only in 2014. We are involved with the physically challenged and have therefore collaborated with Jaipur Foot - Bhagwan Mahaveer Viklang Sahayata Samiti (BMVSS). We have given them a grant only this past year, i.e., 2015. This is our first initiative in the health space.

One of the basic requirements of healthcare is to eradicate ignorance which has given rise to people living an unhygienic life. This starts from the basics of living such as cooking and using contaminated water. We are definitely working in this area under our environment vertical. There is also a serious concern regarding contaminated water in West Bengal. We are therefore working with an organisation in Kolkata called SAFE. Access to safe water itself addresses a large part of health concerns as much as access to safe sanitation.

“Over the last two years, we have joined hands with 13 NGOs who are working in the area of educating disadvantaged children. We have reached out to about 10,000 children in Janagragha, Bangalore, SUPPORT in Dubai Salam Balak Trust Delhi, Butterflies, SOS Children’s Villages, Save the Children India, Magic Bus and Shoshit Seva Sangh in Bihar”
ConnectEd's
Innovative Smart Classroom Technologies Set to Standardise Education in Rural Maharashtra

Education in rural India has seen many challenges arising out of many reasons. Skewed student-teacher ratio and lack of qualified and trained teachers are two of the major roadblocks in the impartation of education and achievement of the objectives. But now State Governments are tying up with technology firms and aligning with funding partners to rectify the shortcomings. In one such effort, the Education Ministry of Maharashtra and ConnectEd Technologies, an emerging education-technology start-up, has started a rural education project which will make world class education accessible to over 27,000 school going children in the Palghar district of Maharashtra.

The 24 schools that stand to benefit from this project are some of the most densely populated schools in the Palghar Taluka of the district. Most of them have skewed student-to-teacher ratios, particularly in the higher standards, which makes it difficult for teachers to impart quality education to the children using conventional
means. Under this project, several classrooms in each school will be fitted with ConnectEd’s ‘Smart Classroom’ system, thereby allowing teachers to incorporate multimedia educational content in their lecture delivery, leading to naturally induced standardization and improvement in the quality of education delivered, and improved academic performance. This project has stood out for the Education Ministry of Maharashtra as it is one of the first rural-focused education projects using technology at this scale, in the State. Unlike conventional technology solutions installed in these schools in the past, these solutions are designed specifically for the rural market. The educational content is in coherence with the State Board curriculum, yet entirely focused towards rural students, and the hardware is better suited to rural conditions. The project, which is supported by the Education Ministry of Maharashtra and funded by Dewan Housing Finance Corporation Ltd. (DHFL) and JSW Steel, will observe ConnectEd Technologies deploying more than 100 of its ‘Smart Classroom’ systems across 24 Government and Government-aided schools. These systems pair high-definition projectors with captivating multimedia educational content, which is tailor-made to improve understanding and academic performance amongst rural children. Despite being advanced, ConnectEd’s Smart Classroom systems are robust, easy-to-use, and accompanied by an internal battery, as well as an external solar-battery, making the solution well-suited for implementation in rural areas. Archana Sinha spoke to the brains behind ConnectEd Technologies, Co-founders Lehr Tawde, Lavin Mirchandani and Founding Partner, Haren Paul Rao to find out more about the project and how it will be taken forward.

What kind of material do you provide to the schools? Are they only academic or skill-oriented too?

At present, we are providing the schools with our Smart Classroom systems, which pair high-definition projectors and audio systems with captivating multimedia educational content that is tailor-made to improve understanding and academic performance amongst rural children. The content pushed through these systems is academic in nature, and produced by ConnectEd Technologies by tailoring State-board curriculum for school children in rural areas; keeping in mind their surroundings and sensibilities.

Vocational training is another area of focus for ConnectEd and we will be coming out with products that will pair the most captivating and comprehensive vocational training content with robust, easy-to-use technology, thereby benefiting a wider section of underprivileged youth.

For which class is the curriculum used? Are you developing it only for high school or for the middle school children as well?

Presently, our Smart Classroom system is accompanied by content for classes ranging from the 5th -10th Grade;

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Hon'ble Prime Minister Shri. Narendra Modi launched the Digital India programme with the vision to transform India into a digitally empowered society and knowledge economy. Education is one of the key focus areas of this programme, and I am proud to announce this innovative rural education project which will benefit thousands of children in the Palghar district of Maharashtra. The fact that this project is being spearheaded by a dynamic young team with the support of socially-responsible corporates is extremely heartening, and we hope to see more such collaborations in the future.

Vinod Tawde
Education Minister of Maharashtra

“27,000 Children in the Palghar District Now Have Access to World Class Education thanks to ConnectEd Technologies”
so we are essentially catering to students across the mid-schooling and higher-schooling category. As far as the rural schooling segment is concerned, our immediate objective is to cater to students across the entire K-12 education system in India.

**How do you propose to connect it with life and employability? Will children become capable enough to use this education in practical life?**

Education plays a very important role in social transformation. At ConnectEd, it is our objective to reduce the gap in learning experience provided by urban/semi-urban schools and rural schools. Our Smart Classroom system exposes rural students to captivating, multimedia educational content that is tailored to their sensibilities and delivered into their classrooms through the use of new technology. By doing so, we aim to improve understanding levels and academic performance, whilst also familiarising rural children with the use of new technology. Along with the direct impact on core competency of the child, exposure to new media and technology at a young age, which is typically experienced by urban students, is bound to build confidence within rural students and empower them towards social transformation.

Vocational training is another area of focus for ConnectEd and we plan to create products that will directly equip underprivileged youths to tap into better job opportunities through the use of new media and technology. This will not only lead to social transformation of rural and underprivileged youth, but also their families.

**Student-teacher's skewed ratio is definitely a challenge in India. However digitisation of school curriculum would not be able to replace the problems as you would still need a teacher to explain the complex concepts and bring in human interaction, which is must in school education. How do you see that void being filled?**

Student-to-teacher ratios are skewed across a large number of schools in rural India. We have witnessed this first hand in so many schools where a single teacher is catering to over a hundred students at a time, in one classroom. In such a situation, it is extremely difficult for a teacher to provide quality education to all the students before her, and, generally, one observes only the children sitting on the first few benches paying attention to the teacher, whereas the rest are creating a ruckus. Now you can neither blame the teachers, nor the students, for the unhealthy learning environment because a teacher cannot

**DHFL has been steadfast in its corporate commitment to enable common people to fulfill their aspiration to better living by giving access to affordable housing finance. Education is key to better living, which is why we have adopted it as a major objective under CSR. It is aligned to the Founder’s vision of enabling home ownership to every Indian; a commitment that has been our mission for over 30 years. It gives me immense pleasure to announce our support towards this innovative rural education project by ConnectEd Technologies, which will enlighten the minds of thousands of children in the Palghar district of Maharashtra.**

**Kapil Wadhawan, CMD, DHFL**
Access to quality education is no longer a luxury, but a necessity. At JSW Steel, we have always believed in inclusive growth and it has been our constant effort to make quality education accessible for underprivileged audiences, as they are the future of the ecosystem in which we exist. It gives me immense pleasure to announce our support towards this innovative rural education project by ConnectEd Technologies, which will benefit thousands of children in the Palghar district of Maharashtra.

A S Dahiya
Unit Head – Tarapur, JSW Steel

discipline over a hundred students and teach effectively in the limited time she has; and so many students sitting in a room are bound to find conventional teaching techniques uninteresting.

We came up with the Smart Classroom system to assist institutions and educators in rural areas in their attempt to impart quality education. This system strengthens the teacher’s process and role to a great extent. Traditionally, a teacher would spend time delivering a lecture – which is, predominantly, a one-way form of communication. Now, with our Smart Classroom system doing that within half the duration of an average lecture, the teacher can use the rest of the time to conduct discussions, demonstrations and exercises, as suggested by our system, in order to lead to better understanding and doubt-free learning.

It is true that technology will never be able to make up for the lack of teaching resources in the country, but it is also true that technology can go a long way in equipping teachers, that are currently a part of our education system, to deliver quality education to the millions of students these teachers are responsible for.

Do the digital packs required to be operated by teachers or an instructor? Are you also developing programs that help the instructor as well in operating the curriculum and enhancing his own teaching skills?

The first step in the designing of our Smart Classroom Solution was to understand the difficulties and the shortcomings of the previously used e-learning concept. We spent a considerable amount of time interacting with rural teachers and realized that many teachers were apprehensive of using conventional e-learning systems because of their complexity and the fear of fumbling and losing control of the class.

Keeping this in mind, we have ensured that the hardware components of our Smart Classroom system are extremely lean and simple to operate. Additionally, we will be conducting a two-fold training for the teachers, to cover the operational as well as the lecture delivery aspects. Operational training will familiarize the teachers with the hardware and give them confidence to use it for lecture delivery. Lecture delivery training will help the teachers integrate the Smart Classroom system into their daily lecture delivery, whilst also demonstrating how they can use the free time at their disposal to conduct discussions, demonstrations and exercises, and improve the learning environment within their classrooms.

Have you seen some improvement in the way lessons are imparted? How has it benefited the children?

Our project in Palghar is our first full-fledged project using the Smart Classroom system. However, we have tested the solution quite a bit in the last eight to nine months in several classrooms and have gathered the following:

Amongst Teachers
1. Teachers, once trained, are keen to try out a new format of lecture delivery
2. On realizing the effectiveness of the system, teachers’ focus moves from lecture delivery
3. Ensuring children have understood what is being taught becomes key
4. Teachers are able to create an interactive learning experience due to the free time in hand
5. More satisfying experience for the teachers
Amongst Students

1. Students pay attention to the content as it is animated, and tailored to appeal to them
2. Audio-visual nature of the content provides a clearer picture than what is written in textbooks
3. Concepts are understood better when linked to examples and visuals one has experienced
4. Interactive learning environment created by the teachers ensures doubt-free learning

On a general level, we have seen an improvement in the learning environment and understanding levels.

How has partnering with JSW and DHFL helped you in developing and distributing the curriculum? Is it a one-time partnership or continuous interaction with them during the entire project?

Audiences in rural areas are quite price-sensitive. Despite creating a product that is cost-effective, we realised that a lot of schools were finding it difficult to pay for the upgrade from their own pockets. We began looking for corporates who could sponsor the developmental efforts targeted towards these schools, as part of their CSR activities. We were very fortunate to find willing partners in DHFL and JSW – two industry-leading corporates that believe strongly in inclusive growth. Their contributions have enabled us to extend the reach of our Smart Classroom Solution to 24 schools in the Palghar district that cater to over 27,000 children.

Our partnerships with DHFL and JSW are ongoing in nature, with more schools to be added to our network each academic year. We are also looking to implement other add-ons like educational tablets to improve to the learning experience in our network of schools.

Which are the other districts and States that you wish to cover under this system? How many children are being benefited by this project currently and what are the future plans.

Palghar is a crucial project for us not only because it is our maiden one, but also because we will be conducting an in-depth assessment to understand the impact of our Smart Classroom Solution on the students and figure if any modifications ought to be made. This assessment will pave the way for our expansion, here, in Maharashtra, as well as other States of India.

We will look to concentrate on Maharashtra next year as well, following which, we will look at expanding to other States. At present, our project in Maharashtra is going to cater to over 27,000 students, and our aim is to reach out to at least 100,000 students next year. Scalability is extremely important to us, and, hence, our solution is devised in a manner that will allow us to reach out to hundreds of schools every year, going forward.
Inclusive Learner-Friendly Environments
Making Education Accessible to All

Sandhya Krishnan

The Right to Education legislation has been the turning point in the history of India. The Act makes it mandatory for the State to provide children in the 6-14 age group free and compulsory education. Since the turn of the millennium, more children than ever before have started attending school, the number of out-of-school children has reduced by almost 50 percent.

However, the progress of enrolment has revealed another challenge - children are in school but they are not learning. In addition to the 57 million children out of school worldwide, 250 million children cannot read or write properly even at the age of 10, despite half of them being enrolled in school. Looking at the recent data in India, we have the highest number of out-of-school children (OOSC) at 17.8 million followed by Pakistan with 6.5 million.

It is widely agreed that for the RTE Act to become a reality, schools need to include all children and provide them with a safe and inclusive learning environment. Children who have never enrolled or dropped out of school need a supportive environment to resume their education. Despite the fact that education has been made 'free and compulsory' for all children aged 6-14 by the Government of India, the situation on the ground is often very different. A lack of parental awareness on the importance of education is one of the reasons children are kept away from school.

Educational Scenario in the State of Maharashtra

Maharashtra, the State targeted for this project, presents the above described scenario. Located on the west coast of
the country, the State is geographically and demographically the third largest in India. It is also one of the richest States, yet, the overall literacy rate is just 76.9 percent, with female literacy a mere 67 percent. As per 2011 Census, 72.48 lakhs (3.48 percent) children in 6-13 years age group are working in the country. More than five lakhs working children are in Bihar (8.24 lakhs), Rajasthan (5.97 lakhs) and Maharashtra (5.27 lakhs). The Government of India’s Education Development Index for the year 2013-14 ranks Maharashtra at 13th position out of 35 States and Union Territories, with gender parity index at 0.89 and survival rate to Grade V listed at 87 percent. School infrastructure is one of the least developed and only 83 percent of schools have a ‘pucca building’.

Gross enrolment rate in schools have increased over the past decade, however the quality of teaching,

"Parents in rural areas attach very high importance to children's education but fail to keep children in school due to two major factors –

(1) household poverty and

(2) schools not appealing to children. Due to these factors, children lose their basic right to education and are often 'pushed out' of school due to 'in school' factors such as traditional teaching learning processes and non-stimulating learning environments"

especially in rural areas, is poor. Teachers still use the ‘chalk and talk’ method of teaching and, they have rarely undergone training in developing innovative teaching-learning methods to address the diverse learning styles and needs of students. Often, they lack a multi-grade/multi-level teaching approach in practice. Many teachers continue to use the methods of physical punishment to discipline children. Apart from it, even the RTE Act, 2009 talks about Comprehensive and Continuous Evaluation (CCE) as a mechanism to assess the learning level of children but is not practiced by teachers in its true spirit. Teachers lack proper understanding and skills, and they therefore perform their duties in a ritualistic manner. They still find traditional evaluation methods more appropriate and convenient, which describe learning level numerically and become instrumental in labeling children to demote them or promote them. School buildings and the environment seem unfriendly to children. As part of our work in Maharashtra, we have observed that children prefer dropping out of school and prefer to work and support their parents in their fields, or take up other labor jobs e.g. in industries, hotels and, as house helps, to contribute to the family income.

The Annual Status of Education Report (ASER) released in Jan 2014 has shocking revelations about the learning levels of primary students in rural Maharashtra. Though the report covers rural areas, NGOs and educational institutions feel that it is the same situation in the municipal schools in urban Maharashtra. As per the report, over 66.2 percent of Class VIII students in the State lack basic maths skills – subtraction and division. More shockingly, Maharashtra students lag behind their counterparts in Bihar and Uttar Pradesh. There is an increasing trend that parents would rather shift their children from municipal schools to private schools if they can afford to do so.

Save the Children’s work is underpinned by a commitment to making children’s rights a reality that
was first set out by the organization’s Founder over 75 years ago.

To address this challenge, Save the Children has adopted the strategy of facilitating the creation of ‘Inclusive Learner Friendly Environments’ targeted at 3-18 years within diverse educational settings to meet the challenge of addressing diverse and heterogeneous needs of the children.

We work towards developing inclusive and equitable education policies and practices, thereby ensuring quality education for all children, regardless of their gender, class, caste, ethnicity and religion. Other aspects of our work

What We Do:

- We promote learner friendly inclusive environments by effective community participation and active learning methodologies.
- We work on collaborative models between Ministry of Women and Child Development and Ministry of Human Resource Development, so that children are provided stimulating learning environments and receive quality basic education.
- Implement the Right to Education Act, 2009 so that children of the most marginalised sections of society receive education.
- Create sustainable programmes by building capacity within the education system and using our projects as pilots to demonstrate ‘best practices.’

CASE STUDY

Wajida, Shabir, Aarifa and the MLC Blue Bus have something in common. All four started attending school together. The three children are part of the inaugural batch of first time learners to the Save the Children Mobile Learning Center (Blue Bus) at M/East Ward.

Their parents, Khurshida and Mohammed Afzal, hailing from Jodhpur in Rajasthan, had come to Mumbai six years ago in search of work. Mohammed managed to fetch a job in a furniture shop, whereas Khurshida chose to remain a homemaker. Their three children, Wajida (10), Shabir (12) and Aarifa (11) used to study at a Madrasa in Rajasthan. However, after reaching Mumbai, the family could not enrol them in school due to want of required documentation.

Wajida, Shabir and Arifa could be seen loitering around the whole day, when they should ideally be in school. The national effort towards universalizing education in the country was bypassing these three children but help was at hand for the siblings when Save the Children’s MLC Blue Bus project started in M/East Ward slum pockets. The MLC Educators started a door-to-door survey to locate out-of-school children, and amongst many others, the siblings were identified and taken up to be included in the project. Their mother, Kurshida, told us how daunting it was to traverse the school admission red tape. The family did not have the requisite documents required for securing admission. It took time,
include a focus on Early Childhood Development, the promotion of child-centered approaches, training teachers and helping communities to develop close linkages with schools.

The focus of our approach is based on a three-pronged strategy involving intervention in three domains of the education system

- Organisation of Schools
- Instructional Dimension
- Community Involvement

We plan to develop ‘model inclusive schools’ in at least five States of India. This will be implemented through developing a core group of master trainers consisting of education personnel as well as SCERT and DIET/SIET faculty, who in turn will train teachers in pre-schools and schools. We will work with selected schools/Aanganwadi centres and pre-primary classes over the next five years to intervene in all the three dimensions to make them model Inclusive Learner friendly Schools.

The key focus of our education interventions is to ensure that the Right to Education Act, 2009 is implemented. We promote access and retention to quality inclusive education in government schools and aim to strengthen the capacities of existing government schools and their governance. Our programs aim to improve participation of children, their parents and the community in education planning and improve learning levels and reduce drop-out rates of children.

Our aim is that these models of ‘inclusive’ pre-primary and primary environments are able to demonstrate the efficacy addressing individual needs of children belonging to the most disadvantaged backgrounds through creation of ‘schools for all’, thereby realizing the dream of achieving ‘Education For All’.

Some of our proven models ensuring quality learning and outcome in Maharashtra Government Schools

Save the Children with support from Hempel Foundation implemented a project ‘Making Quality Education a Reality for Poor and Marginalized Children in Rural Areas’ in Mulshi block near Pune city. The project targeted 375 vulnerable children in three villages. The objective of the project was to improve the quality of education in government schools by creating an enabling and inclusive learning environment for children. The outcome of the project was patience and persistence on the part of the MLC Educators to convince the parents that mainstreaming the children to the formal education system was not as daunting as they thought and that MLC will facilitate the process.

The next challenge after getting the parents’ consent was to make the children school-ready. These children have never received formal education and mainstreaming them into such a system meant getting them to speed up with their grade-specific learning levels. It was indeed a happy moment when these three children, along with few others, attended the inaugural bridge learning session held by MLC Blue Bus in the project area. The children did not disappoint; they were eager and fast learners.

MLC educators and the students knew that the task at hand was difficult. It was soon time for the children to be inducted into the formal education system. Their parents, could not believe that their children would soon step into a regular school but a dark cloud still loomed over them as there was no documentation. The MLC educators brokered the admission process, which also meant citing the relevant sections of the Right to Education Act to the school authorities which has made it mandatory for schools to provide admission to every child to his/her age-specific grade.

Wajida, Shabir and Aarifa’s first day of school was a day of celebration for the entire family, which at the first instance, appeared surreal. Today, Wajida is in the fourth, Shabir in the sixth and Aarifa in the fifth grade respectively.

Though STC has been able to reach out to more than 1200 children who are out of school through this project, and 1235 families have been counseled into bringing their children back to school, the need is huge. It is high time that we look beyond the traditional model and join hands together to address the need in reaching out to a maximum number of out-of-school children.
encouraging, with recognition, and appreciation by a wide range of stakeholders including parents, teachers, children and education officials.

Based on the success of the project in Mulshi, Pune, this project was replicated in Sinnar, Nashik. It is implemented in 22 Government Schools, benefitting 3600 children.

Quality Education for Children in Pune Municipal Schools

With the support received from BULGARI, Save the Children is implementing a project across 40 PMC (Pune Municipal Corporation) Schools to improve the reading and numeracy skills among children. The implementing strategies are, conducting classroom sessions for children through projects to improve the teaching learning environment, building community linkages and parental involvement and strengthening school management committees.

The school has to be viewed as a social organisation, organically linked to the community. The community, especially parents and siblings, can effectively contribute in supporting a child in learning. Save the Children ensures involvement of SMCs/the parents in child’s education through SMC/parents-teacher periodic interface to improve learning levels of children in school and beyond school hours. Moreover, the innovative methods of “sibling pairs” and community reading concepts will be used in the project schools.

Mobile Learning Centres

With generous support from ITOCHU Corporation, Save the Children runs a Mobile Learning Centre targeting out-of-school children around the Deonar dumping ground area in Mumbai. Based on the success of the MLCs in Kolkata and Delhi, the similar project got replicated in Mumbai. The MLC provides a vibrant and attractive environment and combination of educational and fun activities for drop-out children. With the help of trained educators and counsellors, these children are slowly mainstreamed in the nearby Government schools. The Mobile Learning Centre is also providing academic support to children post school hours and counselling for parents whose children are mainstreamed. As the MLC reaches to the community doorstep, parents and family members are able to see the difference in the lives of their children through this wonderful initiative.

Sandhya Krishnan heads the State Programme of Maharashtra for Save the Children. She has been working on issues of women and children for over 17 years. She began working with Save the Children during the 2005 Tsunami in Tamilnadu and is experienced in dealing with developmental issues, innovative urban and rural development programmes in India through her past associations with senior functionaries of the government, local voluntary organisations and marginalized indigenous communities.

She can be reached at: sandhya.krishnan@savethechildren.in

Education is not only a right in itself, but an “enabling right” - a critical instrument for bringing about “social, economic and political inclusion and a durable integration of people, particularly those 'excluded' from the mainstream of any society”
Blessed to Give Than to Receive

Young Visionary Helping Deserving Underprivileged Students Realize Their Dreams

Manish Bharthi. Many young people his age would be busy spending their free time with friends, social networking, gaming, watching movies, or simply just lazing around. But Manish is different. This young achiever, a final year B Tech student from VESIT, who was recently conferred the Shreshta Award by VES Leadership Academy and Research Centre (VESLARC), did something that is worth emulating.

A little bit about Manish's background first. Manish had wanted to become a doctor. However, lack of funds forced him to abandon his dream; so he chose engineering instead. Rather than sulking and fretting over his fate, he decided to utilise his life experiences to benefit and pave a way for young underprivileged yet deserving students to pursue their dreams.

A spark of imagination coupled with determination and hard work prompted Manish to start an NGO, Kartavya Foundation in 2013, which identifies and helps students from deprived sections of society in pursuing UG and PG level courses. He has initiated several good deeds, one of which is setting up a stall at Ghatkopar Metro station for selling rakhis made by a blind girl, bearing the registration expenses for the stall from his own pocket. The rakhi stall generated sales worth Rs. 21,000 which he gave back to the girl. An honest attitude and the earnestness to help the needy have attracted several volunteers to his NGO. There are currently more than 100 volunteers from different colleges across Mumbai involved in the various activities of this NGO.

Manish’s path to fulfilling his desire to make a difference in the lives of others received much support, encouragement and guidance from Piya Mukherjee, Director (VESLARC). Expressing deep gratitude for the assistance provided by VESLARC in his journey so far, Manish stated, “Right from the beginning, Piya Madam has been supportive of my work and has always been a great source of strength and inspiration. Everyone at VESLARC ensured that my studies do not suffer during the course of my work. They provided valuable guidance from time to time which has been of immense help in expanding the work base of Kartavya Foundation. I shall forever be indebted to VESLARC for everything.”

Not wanting to rest on his past laurels, Manish has stated that his ultimate dream is starting a full-fledged school by 2020 to provide free education to poor, deserving students.
Somaiya Action for HIV/AIDS Support (SAHAS), which was started in 2003, is a project of the KJ Somaiya Medical Trust (KJSMT) operating from the Somaiya Hospital. It caters to poor HIV infected and affected men, women and children from the slum pockets of Dharavi, Chunabhatti, Pratiksha Nagar, Qureshinagar and Vasinaka. Over the years, SAHAS has worked with nearly 5500 People Living with HIV (PLHIV) and their family members. As the interface between the K. J. Somaiya Hospital and the PLHIV community, SAHAS provides services such as home-based counseling, care and support for opportunistic illness, nutritional supplementation for 320 children through the Somaiya Trust, educational sponsorship for 54 children, of which, 46 are by Help a Child and skill training for infected and affected PLHIV for livelihood generation. SAHAS focuses on prevention of parent to child transmission through its mother and child (MCH) programme.

SAHAS’ strength lies in its human resources comprising compassionate professionals and community level personnel who have excellent rapport with clients. Regular monitoring and counseling has increased adherence to antiretroviral therapy ensuring improved school attendance for children and income generation for adults. SAHAS’ clients are among the poorest having low education levels and the biggest challenge for SAHAS staff is to ensure that PLHIV adhere to the antiretroviral therapy to remain

Padmabhushan Pujya Karamshi Jethabhai Somaiya founded Somaiya Ayurvihar in 1991. Located in Mumbai, it comprises of the KJ Somaiya Medical College, the 550-bed KJ Somaiya Hospital and Research Centre, the Asian Institute of Oncology, KJ Somaiya College of Physiotherapy and the KJ Somaiya College of Nursing, all under the KJ Somaiya Medical Trust (KJSMT) banner.
healthy and free of opportunistic illness.

SAHAS also runs a community polytechnic in garment-making in collaboration with the K J Somaiya Polytechnic for caregivers and vulnerable adolescent girls. This has enabled the women to start their tiny business at home or work in garment factories. Along with the K J Somaiya Vocational Training Institute, SAHAS has ensured that both infected and affected youth enroll for diploma courses with sponsorship from the Women’s Empowerment International Foundation, Canada. Over the past two years, 21 youth were enrolled, 15 completed their diplomas and were placed by the Institute earning Rs 8000/- on an average; the rest are still studying. SAHAS also works with other skill training providers to provide training to PLHIV in housekeeping. After training, 12 women and youth are employed with regular income.

To enhance food security, SAHAS facilitates access to government welfare schemes and helps PLHIV get ration cards making them eligible for food grains under the public distribution system. This is a huge challenge as most PLHIV are migrants who live in rented houses in the slums. SAHAS’ strong focus on community outreach and its networking with other agencies working for HIV/AIDS, both in the Government and non-profit sector, has enabled PLHIV access resources which would have been beyond their reach.

SAHAS’ psychological counseling, nutritional counseling, nutritional supplementation, training of caregivers, skill development for income generation, training of community health volunteers, and its facilitation with other hospitals makes it easier for PLHIV to manage the disease with a positive approach. Emphasis is also given to prevention strategies through workshops in the community by SAHAS staff and experts, workshops in schools and colleges for adolescents and distribution of informational material in local languages under its Prevention First programme.

A major activity of its Prevention First programme is its counseling for parents to prevent transmission of the virus to their baby. SAHAS works closely with the Somaiya Hospital to ensure that all HIV pregnant mothers deliver healthy babies. Under the guidance of the Dean of Somaiya Hospital, Dr Geeta Niyogi, of the nine HIV positive women delivering at the hospital, eight babies are born without the virus. Doctors at the hospital and SAHAS staff provide pre-natal and post-natal counseling for the women to ensure that they follow all the protocols so their babies are born healthy.

(Faces have been blurred to protect the identity of the subjects)
The first ever Rashtriya Swayamsiddh Samman, a unique initiative launched by JSPL Foundation in 2015 to identify, reward and recognize grassroots leaders and social innovators in India saw nine individuals and 10 organisations from across different sectors receive the prestigious award on January 14, 2016 in New Delhi.

The awards were given away by Chief Guest, Shri Rajiv Pratap Rudy, Hon’ble Union Minister of State for Skill Development and Entrepreneurship (Independent Charge) & Parliamentary Affairs. Also present on the occasion were Smt. Savitri Jindal, Chairperson Emeritus, Jindal Steel and Power Limited (JSPL), Shri Naveen Jindal, Chairman, JSPL and Smt. Shallu Jindal, President, JSPL Foundation.

The winners in the Individual Category have stories that are truly inspirational. Some of the winners include Bhapkar Guruji, the Mountain Man from Maharashtra who built a 40 kms path cutting across seven hills; the Glacier Man of Ladakh Chewang Norphel who built artificial glaciers and solved the problem of water in the dry mountainous area; Gujarat farmer Patel Genabhai Darghhabhai who brought pomegranate farming to Banaskantha, and Indore couple Gyanendra and Monica Purohit who successfully convinced the government to open a model deaf and dumb friendly police station, a first in India.

Winners in the Organisation Category include Action for Protection of Wild Animals (APOWA) whose Mangrove Conservation Project has directly benefitted some 24,000 people from 42 villages in Odisha; Rescue Foundation from Maharashtra that works towards rescue, rehabilitation and repatriation of victims of human trafficking from India, Bangladesh and Nepal; Rural Health Care Foundation that runs 10 healthcare centres in West Bengal; and Sports Coaching Foundation (SCF) that aims to identify young talent (especially among the less privileged) to groom them into promising sport stars of the future.

The winners received a cash prize of ₹ One Lakh and a Certificate of Appreciation to support their ongoing work and enhance the impact on ground. Six individuals/organisations were also given a Special Recognition Certificate and a cash prize of ₹50,000.

Ms. Shallu Jindal, President, JSPL Foundation says, “People from the grassroots level rarely ever receive recognition for the good work done by them. It is this vacuum that JSPL Foundation strives to fill by initiating a legacy from this year by the name of Rashtriya Swayamsiddh Samman to recognise and nurture talent from the grassroots level from across the country. It was heartening to see that Rashtriya Swayamsiddh Samman elicited 358 entries in its first year, an indication of the rich talent in our country.”
38th Jamnalal Bajaj Awards

Honouring the **Gandhian Spirit of Four Exceptional Personalities**

The Jamnalal Bajaj Foundation honored four outstanding personalities at the 38th Jamnalal Bajaj Awards event in December 2015. The four awardees were felicitated by renowned historian, biographer and peace builder, Professor Rajmohan Gandhi in the presence of Rahul Bajaj Chairman, Board of Trustees and Justice C.S Dharmadhikari (Retd.), Chairman, Council of Advisors of the Foundation.

The awards were presented in the following categories:

Man Singh Rawat, Sarvodaya Sevak, Uttarakhand, was awarded for Outstanding Contribution in the field of Constructive Work.

P. Vivekanandan, Founder, Sustainable Agriculture and Environmental Voluntary Action, Tamilnadu was awarded for Application of Science & Technology for Rural Development.

Anne Ferrer, Founder Member & Executive Director, Rural Development Trust, Andhra Pradesh received the award for Development and Welfare of Women and Children (Instituted in memory of Jankidevi Balaji).

Dr. Minoru Kasai, Professor Emeritus, International Christian University, Japan received the International Award for Promoting Gandhian Values outside India.

Rahul Bajaj, Chairman, Board of Trustees, Jamnalal Bajaj Foundation speaking at the occasion said, “The Jamnalal Bajaj Foundation award winners are worthy of this recognition given their enduring efforts towards bringing about social and economic enhancement in the lives of people. These winners are a true inspiration to the world with their relentless and unwavering commitment towards...
being a catalyst for social change.”

**Winners**

Man Singh Rawat is a staunch Sarvodaya Sevak who works solely for the social, economic uplift of the people. He participated in the Bhooman Movement and got involved in other activities initiated by Vinoba. To propagate Swaraj Movement, with devotion and perseverance, he has dedicated his life for the upliftment and development of the Boksa tribes in Haldukhata and its surrounding villages in Uttarakhand. Shri Rawat was also associated with the preparation of Jal Niti (Water Policy) which was submitted to the Government of India.

P. V. Vivekanandan, a post-graduate in agriculture quit his job to join the NGO movement in 1987. He wanted to promote simple technologies developed by grassroots innovators and bring them to the forefront, while preventing erosion of traditional knowledge and resources. In order to institutionalize this initiative, Vivekanandan formed an organization Sustainable Agriculture and Environmental Voluntary Action (SEVA) in 1992. Under his leadership, SEVA has helped to promote grassroots green technologies in Tamilnadu and documents the traditional knowledge/grassroots innovations in agriculture, animal husbandry and conversation of agricultural biodiversity. His vision has led to formation of herders’ association, farmers’ groups and grassroots innovators association. He was awarded first prize for scouting maximum number of innovations of rural people in Tamilnadu in 2001 by National Innovation Foundation, Ahmedabad. He has received The World Technology Awards 2003 for Environment (finalist) and the George Atkins Communications Award in 1999.

Anne Ferrer was born in England, came to India and studied journalism in Mumbai. After marrying Vincent Ferrer, the couple moved to Ananthapuram, a chronic drought prone district in Andhra Pradesh, with the sole intent to serve the poorest of the poor in India. This led to the setting up of the Rural Development Trust (popularly called RDT) in 1969. Ferrer has also initiated the Prevention of Mother to Child Transmission (PTMTCT) of HIV project. This has facilitated reduction in vertical transmission of HIV from mothers to infants. She emancipated and empowered rural women by enlightening them on children’s rights to education, safe child birth and institutionalized deliveries, health, hygiene, savings, income generation, etc. This resulted in starting of a special women sector in 1982 by her. Organizing women into self-help groups (women sanghams) promoted solidarity and increased their self-confidence and self-respect. Women are trained in need-based vocational skills, in farm and non-farm sector and are also encouraged to manage their mini banks. She is the recipient of the Isabel Ferrer Award for gender equality (Generalitat Valenciana) in 2005, and Ugadi Puraskar by the Government of Andhra Pradesh for her contribution to rural development.

Dr. Minoru Kasai was born in Ichinosoki in Northern Japan, and brought up in Shanghai, China. He has been an ardent Gandhian and a Gandhian scholar, as his relation with India and scholarship on Gandhiji’s life and philosophy started during his student days at the Benaras Hindu University. Dr. Kasai has visited India several times on teaching assignments and research presentations at various universities. He has been associated with the International Christian University (ICU), Tokyo, Japan since 1968 and currently is the Professor Emeritus of the University. He is still actively conducting monthly studies on Gandhiji’s Swaraj at the ICU.

The Jamnalal Bajaj Foundation awards continues to serve the ideals to which Shri Jamnalal Bajaj had dedicated his life and promotes the constructive Gandhian endeavors, in which he was deeply rooted throughout his lifetime.
TATA SOCIAL ENTERPRISE CHALLENGE

EVENT

TSEC Recognises India’s Most Promising Early Stage Social Ventures

Tata Social Enterprise Challenge 2015-16, a joint initiative of the Tata Group and the Indian Institute of Management Calcutta (IIMC), celebrated India’s most promising early-stage social enterprises, which could bring about long-term solutions to India’s social problems.

Tata Social Enterprise Challenge (TSEC) is a quest to find India’s most promising early-stage social enterprises. The endeavor of the challenge is to create an ecosystem for social entrepreneurship and encourage sustainable, scalable and measurable social impact. This year’s edition received 600+ registrations from across India, out of which 210 met all the eligibility criteria and moved to the next round of the competition. These impact proposals were in the area of agriculture, food and dairy; healthcare, water and sanitation; technology and development; education & skills development; housing; handicrafts; and energy and microfinance/financial inclusion. The ventures were judged on three parameters – Business Model, Social Impact and Sustainability.

The grand finale of the fourth edition of the programme held on January 16, 2016, at the Indian Institute of Management Calcutta (IIM-C), saw HelpUsGreen® from Kanpur (Winner), Jeevtronics from Pune (1st Runner-up), and Hasiru Dala Innovations from Bengaluru and Disease Diagnose Group from Boston, USA (Joint winners of the 2nd Runner-up position), emerge as the most promising social ventures.

Ankit Agarwal, the winner of the Tata Social Enterprise Challenge 2015-16 has started HelpUsGreen®. A Kanpur based social enterprise, HelpUsGreen® preserves the rivers by flowercycling® the waste from places of worship into bio-fertilizers and lifestyle products like incense and bathing soaps, among others, and in doing so also empowers women self-help groups.

Jeevtronics, a Pune based venture, was declared as the 1st Runner-up. Jeevtronics is dedicated to designing and implementing affordable medical devices for underdeveloped and rural areas. It has patented a hand-cracked defibrillator – a life-saving device for heart patients – which has a built-in power generator that enables it to work in off-grid rural areas, mini
ambulances and disaster relief camps, among others. The hand-crank generator requires 12 seconds to charge and comes at one-fourth the cost of competition.

The 2nd Runner-up position saw a tie between two ventures, Hasiru Dala Innovations from Bengaluru and the student-led venture, Disease Diagnose Group from Boston, USA.

Hasiru Dala Innovations is committed to creating predictable livelihoods for waste pickers through providing total waste management, urban gardening services and products for sustainable living. The model is designed to enable a circular economy that enhances the lives, be it a waste-picker or a resident, it touches. The venture is supporting waste-pickers to collect from 10,000 households in the city. It has also, in collaboration with partners, created a unique certification course called Enhancing Skills of Small Entrepreneurs in the Recycling Industry.

The joint 2nd Runner-Up venture, Disease Diagnose Group (DDG) has developed a hand-held malaria detector called Rapid Assessment of Malaria (RAM). Out of every 1000 malaria infections, only 500 fevers are identified, 250 tests are performed and only 125 diagnoses are accurate. This device, called RAM for short, detects a magnetic substance that malaria parasites release when digesting red blood cells thus providing a faster and more accurate diagnostic test than those used currently, and at a much lower cost. The device is reusable, mechanical, fast and sensitive, and the technology is clinically approved.

The ceremony saw talks by inspiring leaders in the space of social entrepreneurship like Dr. N.V. Prajna, Chief of Medical Education at Aravind Eye Hospital, Madurai; Mr. Vinayak Lohani, Founder of the NGO Parivaar; Mr. Manoj Kumar Nambiar, Managing Director of Arohan Financial Services; and Dr. Mamman Chandy, Director, Tata Medical Centre, Kolkata, among others.

Speaking on the occasion, Prof. Ashok Banerjee, Director, IIM Calcutta Innovation Park, said, “Social entrepreneurship is all about innovative solutions to social problems. At IIMC, we want to take this as a challenge and as a movement. Going forward, we want to continue on this journey and contribute towards bringing about change through enabling social enterprises in India.”

Felicitating the winners, Dr. Mamman Chandy, Director, Tata Medical Center, Kolkata, said, “Today students of management should seek to find fulfillment in social entrepreneurship rather than only seeking personal material gain. The lives of people like Ida Scudder show how Social Enterprise can transform and change the lives of millions of people.”

Six other ventures made it to the Top 10. They are Aadhan Infra (New Delhi), Cattle Mettle (Jodhpur), Dazl-MyKavach Wearable Technology (Gurgaon, Haryana), Dhvani (Mumbai), Distinct Horizon (New Delhi) and Oniondev Tech (New Delhi).
The Marathwada region of Maharashtra is reeling under the worst drought in recent years. The massive crop failure has turned this region into a graveyard, with farmer suicides already crossing the 600 mark. As much as 84 percent of Maharashtra’s agriculture is rain-fed. The region normally receives around 780 millimetres of rainfall during the monsoon. The number has dwindled to 259 this past monsoon. With persistent shortfall of rain in Maharashtra, water storage in the State’s dams has hit a three year low. Facing its third successive year of below normal monsoon, farmers and their families who feed billions, are the ones bearing the brunt of drought resulting in lack of consistent income necessary for their subsistence, including proper food and water.

Objective

With an objective of extending help to drought-affected farmers and their families, Dainik Bhaskar Group initiated ‘Annadaan’ (Food grain donation) campaign across 36 cities in 10 States between 28th September and 20th October 2015. Through this initiative, an appeal was made to the citizens to contribute their bit by donating food grains as a token of support towards the drought-hit farmers who are deprived of food because of the three consecutive devastating droughts.

Stakeholder Engagement was Key

Under the aegis of this initiative, concentrated efforts were made in close coordination with relevant stakeholders including local Panchayat Raj Institutions (PRI) members, NGOs and volunteers to distribute in packets of one, two, five, ten kilograms, amongst the drought-hit farmers and their families in the Marathwada region. Beneficiary cards and registers were also maintained to keep track of the food donations thereby removing any duplicity. The initiative was rolled out in 36 cities of
In alignment with our organizational vision of enabling socio-economic change, we firmly believe that farmers are an integral stakeholder of our society and when they are struggling for their subsistence. It is our moral responsibility to help them. We are really thankful to all those who came forward, contributed and extended their help through this initiative towards our farmers and their families during this challenging time.

Vinay Maheshwari, Senior VP, Sales and Market Development & Brand Marketing

Apart from driving 'Annadaan' through print ads and edit write-ups, we also tried to engage different stakeholders of the society including our readers, employees, academic institutions, government and NGOs to drive behavioral change towards this noble cause of donating food grains. We are happy that we were able to extend our product philosophy of leading 'No Negative Life' through this initiative as we can leverage our strength to bring positivity in the lives of the needy.

Vikas Singh, Associate VP, Brand Marketing

Madhya Pradesh, Chhattisgarh, Rajasthan, Jharkhand, Bihar, Chandigarh, Punjab, Haryana, Gujarat and Maharashtra.

Social Impact

Through this drive, Dainik Bhaskar Group successfully collected 300 tons of food grains within a span of 20 days and further distributed it among 15,000 families through a cluster of distribution centers set up across 125 villages. The distribution was flagged off by the Governor of Maharashtra, Mr. C. Vidyasagar Rao. Out of the 300 tons collected, 260 tons from seven States were accumulated and transported to the drought-hit villages of Aurangabad, Ahmadnagar, Jalna, Beed, Osmanabad and Latur districts for the purpose of distribution amongst the impoverished farmers thereby making their 'Diwali' even more meaningful. The remaining 40 tons from three States was distributed locally to those in need.

At Dainik Bhaskar, corporate social responsibility is not merely compliance; it is a commitment to undertake initiatives in the areas of environment sustainability, education and other community development initiatives. Over the years, the Group's endeavor is to be a catalyst in driving the much needed social economic change of our nation.
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