

CSR Project Impact Assessment Report

FY 2021-2022 to FY 2024-2025



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Executive Summary

This report extracts insights from an impact assessment of 15 flagship initiatives implemented during the financial years 2021-22 to 2024-25 in JINDAL STEEL's portfolio and presents them concisely. Data collection for this assessment was conducted in the months of April and June 2025. Using a mixed-methods design, 23,580 structured surveys, 1,385 qualitative interviews and focus group discussions, program management information, and direct field observations, the evaluation examines each initiative through the lenses of relevance, effectiveness, efficiency, equity, sustainability and statutory compliance across five thematic areas: Health and Nutrition; Education and Skill Development; Sustainable Livelihood and Agriculture; Sports; and Social Inclusion. The goal of this evaluation is to guide strategic decision-making, improve resource allocation, refine program models, and strengthen the foundation for future scaling and replication.



JINDAL STEEL's social responsibility interventions target underserved districts in Chhattisgarh, Jharkhand, Odisha, Haryana, Delhi and Bihar. The 15 programs address critical gaps in adolescent health, maternal and neonatal care, educational access, vocational training, livelihood diversification, athletic development, and social cohesion. This assessment set out to measure progress against program-specific targets and national benchmarks, capture beneficiary experiences and perceptions of quality, identify operational best practices and bottlenecks, and develop actionable recommendations to enhance long-term sustainability and cross-sector integration.

The methodology combined rigorous quantitative and qualitative elements. Stratified multistage sampling produced a representative survey cohort of 23,580 individuals, including 9,000 adolescent girls, 2,000 women and children in maternal health programs, 5,000 hospital patients, 110 children with disabilities, 1,500 scholarship recipients, 1,300 school stakeholders, 1,600 vocational trainees, 600 self-help group members, 700 farmers, and 900 athletes. 72 focus groups and 120 in-depth interviews captured contextual narratives from beneficiaries, front-line workers, local leaders and JINDAL STEEL's workforce. Secondary analyses of MIS data, internal records, previous impact assessment studies and government data provided historical baselines. Throughout, ethical protocols (informed consent, confidentiality, and cultural sensitivity) were strictly upheld.



Collectively, the 15 initiatives reached over 2.5 million people through direct services, events, and capacity-building activities.

Out of the survey sample, 70.5% were females, reflecting a deliberate emphasis on routine community action and women empowerment. The educational background of the respondents ranged from primary schooling to graduate degrees, and age profiles varied by program: adolescents averaged 14.3 years, vocational trainees 21.7 years, and self-help group members 38.5 years. Geographically, the sample spread across more than 75% of villages, ensuring that findings are representative of diverse rural contexts.



Health and Nutrition interventions demonstrated substantial improvements in adolescent well-being and maternal and child outcomes.

Kishori Express, the mobile outreach model providing weekly iron-folic acid supplementation, anaemia screening, and peer-led education, achieved high participation and compliance, with 92 per cent visit adherence and medicine compliance exceeding 90 per cent among 9,000 adolescent girls.

Prevalence of anaemia fell from 35 to 21 per cent, while dietary diversity scores rose to 28 per cent.

Vatsalya's mobile maternal and child health clinics achieved institutional delivery rates of 92 per cent, compared to the 78 per cent rural national average, with 96 per cent of 2,000 surveyed women receiving full antenatal care.

Targeted clusters saw maternal mortality decline from 182 to 129 per 100,000 live births over two years.

At O.P. Jindal Hospital, 5,000 sampled patients (52 per cent from low-income groups) rated service quality and affordability at 93 per cent, with annual outpatient visits exceeding 900,000 and rural registrations growing 24 per cent year-on-year.



In **Education and Skill Development**, targeted support bridged gaps in learning and employability.

Targeted clusters saw maternal mortality decline from 182 to 85 per 100,000 live births over two years. Jindal Asha's specialised rehabilitation for children with disabilities yielded functional milestone achievements for 68 per cent of the 110-child sample, with caregiver satisfaction at 92 per cent.

The O.P. Jindal Scholarship program supported 30,600 meritorious yet vulnerable students: among 1,500 scholars reviewed, 96 per cent advanced each year academically, and 82 per cent secured further study or employment within six months.

Early-grade reading and numeracy initiatives in D.A.V. Savitri Jindal School and O.P. Jindal School produced gains of 18 and 14 per cent, respectively.

Teacher training uplifted pedagogical confidence by 45 per cent. Vocational courses at O.P. Jindal Community College, serving 160,000 trainees, delivered an 85 per cent job placement rate and a 28 per cent increase in starting salaries among 1,600 graduates, with employer satisfaction scoring 4.2 out of 5.



Sustainable Livelihood and Agriculture programs strengthened economic resilience.

Jan Jeevika Kendra facilitated self-help group formation, microcredit access, and enterprise development for 30,000 women; 600 sampled members reported 24 per cent income growth and 45 per cent microloan uptake, though only 6.25 per cent entered formal wage employment, highlighting a need for stronger market linkages.

Integrated Farm, Non-Farm, and Off-Farm Activities engaged 29,722 women and 22,170 farmers; among 700 surveyed participants, net incomes rose 32 per cent, from 18,200 to 50,100 (for women) , and from 34,900 to 1,05,000 (for farmers), and 48 per cent adopted organic inputs.

Groundwater restored over 1,200 hectares across several villages, yielding a 2.3-meter rise in groundwater tables across all slopes.

Among 570 households sampled, 82 per cent adopted double cropping, and horticultural yields increased 41 per cent, bolstering food security diversifying cash streams, and increasing cash income.



Sports and Social Inclusion efforts fostered community cohesion and individual development.

The Sports Promotion program, comprising multipurpose courts, coaching camps, and grassroots leagues, reached 45,636 athletes; among 900 surveyed players reported 90.8 per cent reported training adherence, 92.8 per cent reported increased interest in pursuing a career in sports, followed by an increase in female participation from 22 to 45 per cent

Jindal Prayas Centre of Excellence provided peer support and family counselling for 150 children with special needs; among 45 families, therapy adherence was 91 per cent, and self-care skills saw a 34 per cent improvement.

Elderly Care Shows integrates medical camps, cultural performances, and social engagement for seniors; among 75 elders, 72 per cent reported enhanced social connectedness and a 65 per cent reduction in isolation experienced reduced feelings of isolation.

SNEH's intergenerational mentoring paired 200 elderly mentors with children: psychosocial resilience scores rose by 46 per cent, and community cohesion metrics improved by 37 per cent.

Cross-cutting analysis underlines strong alignment with community priorities: 94 per cent of beneficiaries affirmed program relevance. Twelve of 15 initiatives met or exceeded quantitative targets, with cost per beneficiary ranging from \$45 for livelihood training to \$60 for specialised education, signalling high cost-efficiency. Equity metrics show 48 per cent participation from SC/ST households and consistent female engagement above 40 per cent in both agriculture and sports. Early signs of sustainability emerged in self-help group federations, sports clubs, and health committees, though discontinuities in social inclusion services and infrastructure maintenance pose medium-term risks. Scalability prospects are promising for mobile outreach and digital dashboard models.

Key recommendations include institutionalising standard operating procedures in all programs and real-time monitoring dashboards across all interventions; strengthening market linkages for self-help group enterprises through partnerships with agribusinesses and microfinance institutions; securing multi-year funding to safeguard social inclusion initiatives and specialised services; leveraging telemedicine and remote learning platforms to extend reach cost-effectively; and piloting integrated “One JINDAL STEEL” centres that co-locate health, education, livelihood, sports, and social inclusion services to maximise synergies, streamline delivery, and enhance user experience. Implementing these priorities will reinforce program resilience, deepen community ownership, and amplify transformative impact across programme areas.

“Fifteen Ways Change Shows Up: Impact Stories on the Road to Viksit Bharat”

In the villages surrounding our plants, progress is reflected not in slogans but in tangible improvements in everyday life – improved access to healthcare through mobile outreach, increased participation of girls in sports, enhanced agricultural productivity, first-time skill acquisition among youth, and dignified care for vulnerable elders.

The 15 programmes that follow in this report grow out of one simple idea for industrial growth to deliver lasting value; it must strengthen people, planet and prosperity simultaneously. These programmes are designed to align with India’s vision of a Viksit Bharat: developed, inclusive, and confident.

These programmes cut across health, education, livelihoods, sports, child protection, disability inclusion, elder care, water and nutrition. Together, they reach lakhs of people across Odisha, Chhattisgarh, Jharkhand, Delhi and Uttar Pradesh each year. What matters more than the scale, though, is the kind of changes they unlock in everyday life.



People: Health, learning, and dignity first

At the core are programmes that enable individuals to enjoy their basic rights: the right to health, to learn, to be fed and to be safe.

Kishori Express and Vatsalya operate at the front line of community health delivery. **Kishori Express** travels from hamlet to hamlet to address anaemia among adolescent girls, integrating counselling, IFA supply, menstrual hygiene and referrals. Vatsalya's maternal and child health work ensures that pregnant women get access to antenatal care, deliver safely in facilities, and receive postnatal support close to home. In Patratu, a **Vatsalya** mobile clinic strengthens this system by functioning as a mobile primary care unit, extending diagnostic and clinical services to villages once considered 'too far' for routine care.

At the other end of the health spectrum, the **O.P. Jindal Hospital & Research Centre** in Raigarh and its secondary spoke in Tamnar provide advanced and referral-level care. Emergencies, high-risk deliveries, trauma, cardiac events and complex surgeries move along defined, time-bound pathways from PHCs and CSR projects into a multi-speciality hospital that the poorest can access via schemes and CSR subsidy. Distance becomes less fatal when there is a predictable "door-to-balloon" or "door-to-needle" path for critical cases.

Education and inclusion form the second layer of the "people" agenda.

Jindal Asha provides special education and rehabilitation for children with disabilities, combining therapy, assistive technology, IEP-driven teaching and family support.

O.P. Jindal Scholarship enables high-potential students from low-income homes to continue their education and get access to higher studies, combining merit-cum-means funding with evening study support and career guidance.

Savitri Jindal DAV School in Angul and the wider **O.P. Jindal School network** across three states offer affordable, CBSE-quality schooling with strong pass rates, digital classrooms, sports, arts and a consciously safe environment for girls and first-generation learners.

For older youth, **O.P. Jindal Community College (OPJCC)** converts short and long-cycle training into jobs, apprenticeships and self-employment. Cohorts like the electrical assembly batch in Angul show what this looks like in practice: mostly rural learners, high completion. Most are placed within a month, with first wages often higher than family income to date.

At the margins of the formal system, three programmers hold those who would otherwise fall through:

Jindal Prayas Centres of Excellence offer safe residential care, education and psychosocial support to children in need of care and protection in Delhi, Bihar and Jharkhand – with peer-support models and alumni mentoring helping teenagers move into college, ITIs and work.

Through partnership with **SHEOWS**, the **Elderly Care & Wellness Centre** at Garhmukteshwar rescues abandoned elders from streets and stations, providing 24x7 medical and residential care to hundreds of destitute seniors each year.

SNEH underwrites food security and basic care for thousands of elderly people and children through kitchens, ration kits and support to partner homes, with more than 1 crore meal-equivalent servings delivered over four years.

These are not "soft" projects. They are deliberate investments in human capabilities and dignity: health stabilised, learning continued, childhood and old age treated as phases that deserve care, not just endurance.

Planet: Water, soil and resilience as shared assets

The “planet” aspect of the portfolio is not limited to plantation drives. It centres on water, soil and climate resilience – the fundamentals of rural life and local economies.

The **Watershed Development** programme in Angul is a good example. Across five villages, ridge-to-valley work – trenches, bunds, check dams, percolation tanks and farm ponds – for retarding the runoffs and controlling the soil erosion and has turned destructive runoff into stored water and recharge. Observation wells now show the water table rising after the monsoon; fields that once managed one rainfed crop now support a second crop on most of their area. Kitchen gardens, horticulture lines and non-chemical demonstrations build soil health and diet diversity at the same time.

This environmental backbone supports the wider **Farm, Non-farm & Off-farm Livelihood Schemes**, where climate-smart crop plans, soil testing, micro irrigation and moisture-conserving practices reduce risk for thousands of smallholders. When a farmer can take up a pulses or oilseed crop after paddy, or grow vegetables near a command area pond, it is the

watershed work and farm advisory together that make it possible.

On the non-farm side, Jan Jeevika Kendra (JJK) and other livelihood initiatives promote home-based and micro-enterprises in tailoring, terracotta, mushrooms, sanitary pads, LED assembly, millet products and more. These lines are designed to be resource-conscious: using local materials, waste streams and shared infrastructure (benches, storage, packaging, pooled logistics). Women’s enterprises benefit from water security too – mushrooms that don’t spoil, terracotta that can be dried and stored safely, and goats that drink from closer, better-managed sources.

The environmental thread shows up in smaller choices as well: solar lifts at watershed sites, biogas and solar power at the elderly care centre to cut fuel use, green campuses and hygiene infrastructure in schools, and sports grounds maintained as safe, open public assets rather than fenced-off enclosures.

The result is not environmental work on one hand and community work on the other, but a single mesh: land and water restored, so that people and local economies can plan more than one season at a time.

Prosperity: Work, enterprise and aspiration

The third aspect of the portfolio is prosperity – not in the abstract, but in households’ ability to earn, save, invest and aspire.

Across programmes, there is a deliberate push from “activity” to **income**:

The **Farm, Non-farm & Off-farm** schemes help tens of thousands of women and farmers translate skills and assets into predictable earnings: higher yields, new crops, small businesses and off-farm services.

Jan Jeevika Kendras act as business backbones for women entrepreneurs, bundling refresher training, tools, shared workspaces, storage, packaging, pooled transport and order-to-cash tracking to convert skills into regular production and stable income rather than occasional sales.

OPJCC equips lakhs of youth with market-tested trades. It actively helps them get placed in jobs or apprenticeships with 90-day after-care to reduce early attrition.

The **O.P. Jindal Scholarship** and **school network** together lift performance and keep children in the education pipeline longer, so that they can access higher-paying, formal sector opportunities later.

Sports, too, are linked to prosperity. The Sports Promotion & Infrastructure programme, with its hostels, stadia, rural gyms and coaching ecosystems, is already producing international medallists in wushu, state-level footballers and cricketers entering district and state squads. For tribal youth and girls in mining belts, sport is becoming a legitimate pathway to scholarships, jobs in the forces, coaching roles and other forms of livelihood.

At the same time, programmes like Jindal Asha and Jindal Prayas work to ensure that children with disabilities and children in difficult circumstances are not locked out of future earning potential simply because their starting line was harsher.

Prosperity here is not framed as charity. It is framed as ecosystem-building: pipelines that connect skill, opportunity and support in ways that keep paying off – for individuals, for local markets, and for supply chains that need reliable labour and enterprise.

Viksit Bharat: What these programmes point towards

India's Viksit Bharat vision is not just about higher GDP; it is about a society that is more equal, more resilient and more confident in its own capabilities. Read together, these 15 programmes line up closely with the core pillars of that vision:

Women-led development:

Adolescent health (Kishori Express), maternal care (Vatsalya), women's enterprises (JJK), SHG-led livelihoods, girl-focused sports, and strong emphasis on girls' education and leadership in schools and Prayas homes.

Inclusive human development:

special education (Jindal Asha), child protection (Prayas), elder care (SHEOWS), nutrition safety nets (SNEH), and scholarship support for the poor but capable students.

Productive employment and

skilling: OPJCC, the scholarship and the school network, the community college cohorts, and livelihood schemes all push towards a workforce that is skilled, placed, and upwardly mobile.

Sustainable growth and

resilience: watershed development, climate-smart agriculture, micro-irrigation, resource-light enterprise models and green energy use in institutional settings.

Social cohesion and pride:

sports promotion, peer support structures, community committees and FPOs build relationships, shared rules and local heroes who change What is seen as "normal" in these regions.

Triple bottom line thinking is often explained in frameworks. Here, it is visible in everyday scenes:

A girl in Barbil is taking iron tablets regularly, scoring above 70 per cent in school and scoring goals on a proper football pitch.

A farmer in Angul points to two crops on land that once saw one, and to a son who no longer has to migrate every season.

A young electrician from Angul is sending money home from his first job instead of from a labour camp.

An elderly man in Garhmukteshwar said, "The Food is on time, and I can sleep without fear," after months on the street.

A child at Jahangir Puri telling a peer, "My buddy reads with me; I don't panic on test days now."

This preface encourages readers to view the following overviews not as separate stories, but as one connected effort. It aims to ensure that in the areas where industrial operations are most prominent, people, planet, and prosperity rise together and contribute to the task of building a Viksit Bharat in a meaningful way.

Introduction

The JINDAL STEEL 2025 Impact Assessment represents a deliberate effort to systematically capture, analyse, and interpret the performance and outcomes of fifteen flagship initiatives implemented between FY 2021-22 and 2024-25. Designed to go beyond compliance, these initiatives seek to serve the bottom of the pyramid by addressing deep-rooted social and environmental challenges across underserved districts in Chhattisgarh, Jharkhand, Odisha, and Bihar. Together, they aim not only to meet statutory expectations but to catalyse inclusive development, enhance community resilience and strengthen local ecosystems. This Executive Summary presents a concise, high-level overview of the key findings, outcomes, and strategic recommendations emerging from the assessment.





2.1 Background & Objectives

JINDAL STEEL's social responsibility journey over the past decade has been underpinned by a commitment to catalyse inclusive development in regions where public services and market mechanisms have historically fallen short. Early investments focused on ad hoc interventions in health camps, scholarship disbursements, and livelihood trainings. However, by 2020, a portfolio review in collaboration with state government counterparts and independent evaluators revealed that while individual inputs yielded localised gains, the limitations of integrated, pan India scalable models limited overall impact. Recognizing these gaps, between 2021 and 2022 JINDAL STEEL's central CSR team embarked on a strategic reorientation, commissioning needs assessments across four states that uncovered alarming indicators during the base line study: adolescent anaemia rates frequently exceeded 35 per cent; maternal mortality ratios hovered above 180 per 100,000 live births; early grade reading proficiency dipped below 40 per cent in many rural

blocks; rural youth unemployment neared 25 per cent; and marginalized populations, Scheduled Castes, Scheduled Tribes, persons with disabilities, and the elderly, remained largely excluded from formal support networks.

In response, JINDAL STEEL designed a cohesive portfolio of fifteen flagship initiatives across five thematic pillars- Health and Nutrition; Education and Skill Development; Sustainable Livelihood and Agriculture; Sports; and Social Inclusion, intentionally launching programs with pilot phases in 2021- 22 and progressively scaling through to 2024- 25. Simultaneously, JINDAL STEEL recognised that generating evidence on program performance was essential to justify continued investment, optimise resource deployment, and secure buy-in from government and donor partners. Thus, in late 2024, the organisation commissioned an independent, mixed-methods impact assessment to be conducted in the subsequent quarter.

Quantitative Measurement: To rigorously measure progress against prespecified, program-level targets on health outcomes (e.g., anaemia reduction, institutional delivery rates), educational attainment (e.g., reading fluency, numeracy proficiency), livelihood indicators (e.g., income growth, credit uptake), sports participation rates, and psychosocial resilience. These metrics were benchmarked against national averages and comparable NGO led initiatives to contextualise

Beneficiary Perspectives: To capture the lived experiences of beneficiaries regarding service quality, accessibility, cultural relevance, and barriers to uptake. Understanding perceptions and satisfaction levels was critical to diagnosing design flaws and enhancing user-centred delivery models.

Operational Analysis: To surface best practices, bottlenecks, and operational dynamics, from supply chain efficiencies and workforce capacity in mobile health clinics to pedagogical approaches in teacher training, from market linkages for self-help group products to facility management in sports infrastructure. This diagnostic lens aimed to inform tactical improvements and inform successive program cycles.

Actionable Recommendations: To translate empirical findings into concrete, evidence-based recommendations that bolster long-term sustainability, facilitate cross-sector integration, and create scalable models adaptable to new geographies. By layering strategic guidance atop operational insights, the assessment sought to furnish JINDAL STEEL leadership with a clear roadmap for the next multiyear strategy period beyond 2025.



2.2 Scope of Assessment

The scope of this impact assessment was carefully defined to balance comprehensiveness with analytical rigour, covering all fifteen flagship programs implemented between April 2021 and March 2025. Geographically, the evaluation spanned four contiguous states (Chhattisgarh, Jharkhand, Odisha, and Bihar) selected for their shared development challenges and strategic relevance to JINDAL STEEL's corporate social responsibility footprint. Programs ranged from Kishori Express mobile outreach in adolescent health to O.P. Jindal Scholarship drives in education, from Jan Jeevika Kendra self-help group networks in livelihoods to Sports Promotion campaigns, and from SNEH intergenerational social inclusion models to specialised rehabilitation centres under Jindal Asha and Jindal Prayas Centre of Excellence. Both pilot implementations in 2021-22 and scale-up phases through 2024-25 were included, ensuring that the assessment captured performance trajectories over multiple cohort years.

Methodologically, the evaluation adhered to a mixed-methods design: quantitative surveys (23,580 respondents), qualitative engagements (720 focus group discussions and 120 in-depth interviews), secondary data triangulation (MIS dashboards, government databases, program financials), and direct field observations. Quantitative sampling frames employed stratified multistage techniques designed to yield statistically representative cohorts across key demographic segments: adolescent girls aged 10 to 19; pregnant and postpartum women; children with special needs; scholarship beneficiaries spanning secondary and tertiary levels; school stakeholders (teachers,

principals, parents); vocational trainees; self-help group members; smallholder farmers; and athletes engaged in JINDAL STEEL supported sports initiatives. Sample targets for each program were set to achieve sufficient statistical power (95 per cent confidence level, five per cent margin of error) to detect moderate effect sizes.

Qualitative components complemented survey data by adding depth on contextual factors, service delivery experiences, social norms, and institutional capacities. Discussions and interviews were purposively sampled to include beneficiaries facing diverse socioeconomic barriers, frontline workers (ASHAs, Anganwadi staff, vocational trainers, coaches), local panchayat representatives, JINDAL STEEL program managers, and state government officials. Secondary data review provided historical baselines and financial cost analyses, while field observations validated reported practices and infrastructure conditions.

To maintain focus, the assessment intentionally excluded corporate investments unrelated to direct beneficiary engagement, such as runway construction or major mining-related infrastructure, and programs launched outside the 2021-25 timeframe or beyond the four focal states. The data collection window of April to June 2025 was chosen to coincide with the completion of the majority of scale-up activities for programs initiated in early 2022 and to capture endline outcomes for 2021-22 cohorts alongside midline progress for subsequent cohorts. This timing allowed for analysis of both immediate outputs and early outcome trajectories, acknowledging that some emergent interventions may not yet fully reflect mature impact.



2.3 Stakeholders

1. Internal Stakeholders (Strategy & Operations)

- Central CSR Team: Strategic direction, programme design, MIS data, financial records.
- Program Managers & Field Coordinators: Logistics, community entry, beneficiary mobilisation.

2. Government & Implementation Partners (Operational Support)

- State Depts (Health, Education, Agri, Sports): Operational expertise, policy context, baseline statistics.
- Frontline Workers (ASHAs, Anganwadi, Agri Officers): Support for surveys and programme activities.

3. Civil Society & Local Partners (Access & Relevance)

- CSOs & Non-profits: Customising surveys for cultural/linguistic relevance.
- Community Groups (SHGs, Youth Clubs, Gram Panchayats): Ensuring inclusivity (SC, ST, PWDs), identifying hard-to-reach groups, granting permissions.

4. The Beneficiaries (The Core)

- Who: Adolescent girls, vocational trainees, PWDs, elderly, athletes.
- Role: Provided firsthand perspectives on relevance and barriers (e.g., social stigma, seasonal labour issues).

5. Strategic & External Stakeholders (Scale & Validation)

- Policymakers: Adoption of models for policy alignment.
- Donor Agencies: Scrutiny of impact and cost-efficiency.
- Academia: Longitudinal studies and evidence synthesis.



A multistakeholder approach underpinned both program implementation and the assessment process itself. Internally, JINDAL STEEL's central CSR team provided strategic direction, access to program design documents, MIS data exports, and financial records. Program managers and field coordinators facilitated logistics, community entry, and beneficiary mobilisation. State-level implementation partners, including departments of health, education, agriculture, and sports, offered operational expertise, policy context, and baseline statistics, while mobilising Accredited Social Health Activists (ASHAs), Anganwadi workers, and agricultural extension officers to support surveys and program activities.

Civil society organisations and local nonprofits played a pivotal role in customising survey instruments for cultural relevance and linguistic diversity. Self-help group federations, disabled persons' organisations, youth clubs, and sports associations assisted in identifying hard-to-reach beneficiaries, ensuring inclusivity of SC, ST, women-headed households, persons with disabilities, and elderly populations. Village councils (Gram Panchayats) granted formal permissions, and community leaders like peer educators, block resource persons, and school headmasters nurtured trust and encouraged participation.

Beneficiaries themselves were the heart of the assessment: adolescent girls, mothers, students,

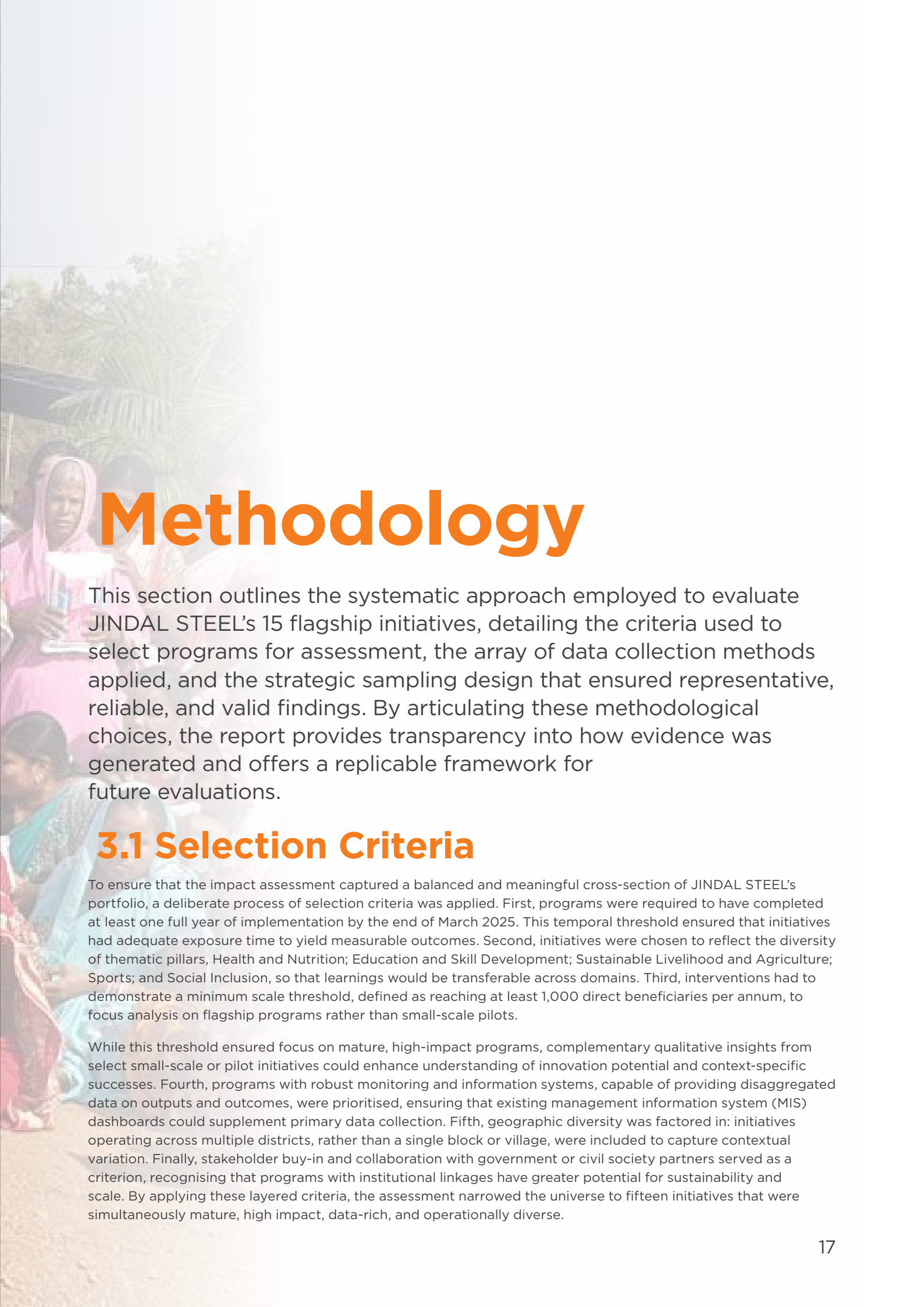
vocational trainees, entrepreneurs, athletes, elderly individuals, and persons with disabilities shared firsthand perspectives on service relevance, quality and barriers. These voices shaped nuanced interpretations of quantitative findings, factors such as social stigma around disability, seasonal labour demands affecting program attendance, or infrastructural limitations hampering sports training.

External stakeholders encompassed state and district policymakers, whose forthcoming adoption of proven JINDAL STEEL models could facilitate policy alignment and resource commitments; donor agencies, who scrutinise impact and cost-efficiency in allocating funding; and academic institutions and research think tanks interested in longitudinal studies and evidence syntheses. Finally, JINDAL STEEL's senior leadership and board members engaged with interim data reviews to inform midcourse corrections, while corporate communications teams prepared narratives for social impact reporting, ensuring that actionable insights were deliberated promptly.

Through intentional engagement with this ecosystem of stakeholders and by transparently documenting roles, responsibilities, and feedback loops, JINDAL STEEL reinforced shared ownership of results and recommendations, laying the groundwork for sustained impact and collaborative scale-up beyond the immediate portfolio.







Methodology

This section outlines the systematic approach employed to evaluate JINDAL STEEL's 15 flagship initiatives, detailing the criteria used to select programs for assessment, the array of data collection methods applied, and the strategic sampling design that ensured representative, reliable, and valid findings. By articulating these methodological choices, the report provides transparency into how evidence was generated and offers a replicable framework for future evaluations.

3.1 Selection Criteria

To ensure that the impact assessment captured a balanced and meaningful cross-section of JINDAL STEEL's portfolio, a deliberate process of selection criteria was applied. First, programs were required to have completed at least one full year of implementation by the end of March 2025. This temporal threshold ensured that initiatives had adequate exposure time to yield measurable outcomes. Second, initiatives were chosen to reflect the diversity of thematic pillars, Health and Nutrition; Education and Skill Development; Sustainable Livelihood and Agriculture; Sports; and Social Inclusion, so that learnings would be transferable across domains. Third, interventions had to demonstrate a minimum scale threshold, defined as reaching at least 1,000 direct beneficiaries per annum, to focus analysis on flagship programs rather than small-scale pilots.

While this threshold ensured focus on mature, high-impact programs, complementary qualitative insights from select small-scale or pilot initiatives could enhance understanding of innovation potential and context-specific successes. Fourth, programs with robust monitoring and information systems, capable of providing disaggregated data on outputs and outcomes, were prioritised, ensuring that existing management information system (MIS) dashboards could supplement primary data collection. Fifth, geographic diversity was factored in: initiatives operating across multiple districts, rather than a single block or village, were included to capture contextual variation. Finally, stakeholder buy-in and collaboration with government or civil society partners served as a criterion, recognising that programs with institutional linkages have greater potential for sustainability and scale. By applying these layered criteria, the assessment narrowed the universe to fifteen initiatives that were simultaneously mature, high impact, data-rich, and operationally diverse.

3.2 Data Collection Methods

A mixed-methods design underpinned the data collection strategy, enabling the triangulation of quantitative metrics with qualitative insights. Four primary data streams were utilised:

3.2.1 Quantitative Surveys

Structured questionnaires were administered to 23,580 respondents across beneficiary cohorts. Surveys covered demographic profiles, service utilisation, outcome indicators aligned with program theories of change, and perception metrics (e.g., satisfaction, perceived quality, and accessibility). Questions drawn on standardised modules, such as the National Family Health Survey (NFHS) anaemia module for Kishori Express, ASER (Annual Status for Education Report) aligned reading and numeracy items for education programs, and financial diaries templates for livelihood initiatives to enable benchmarking against national data. Tablet-based Computer Assisted Personal Interviewing (CAPI) was deployed to minimise entry errors and enable real-time monitoring of survey completion rates and skip logic adherence.

3.2.2 Qualitative Interviews and Focus Group Discussions

To unpack the 'how' and 'why' behind quantitative trends, 120 in-depth interviews (IDIs) and 720 focus group discussions (FGDs) were conducted. IDIs targeted key informants, program managers, frontline workers (e.g., ASHAs, Anganwadi staff, vocational instructors, coaches), and local government officials, to explore implementation adherence, resource constraints, and partnership dynamics. FGDs engaged homogeneous groups of beneficiaries (e.g., adolescent girls, self-help group members, elderly participants) to surface social norms, cultural beliefs, motivational factors, and perceived barriers. A semi-structured discussion guide was used, allowing facilitators to probe emergent themes while ensuring consistent coverage across sites. All sessions were audio recorded (with consent), transcribed verbatim, and translated into English where necessary. To minimise facilitator or interviewer bias, data collection teams were trained on neutrality, and inter-rater reliability checks were conducted on a sample of transcripts.

3.2.3 Secondary Data Review

In complement to primary research, an extensive review of existing program data was conducted. MIS dashboards provided monthly and quarterly reports on service delivery volumes, attendance registers, inventory logs, and financial disbursements. Government statistics such as district-level health records and education department enrolments were retrieved to verify trends in institutional deliveries, immunisation coverage, and school performance. Program budgets and expenditure statements enabled basic cost-effectiveness analysis, calculating unit costs per beneficiary across interventions. Given known limitations in completeness and accuracy of secondary data sources, select datasets were cross-verified through field-level audits or triangulated with primary data where feasible.

3.2.4 Direct Field Observations

To validate reported practices and infrastructure adequacy, evaluators conducted systematic observations at 150 sites, including mobile clinic camps, school classrooms, vocational training centres, watershed plots, sports facilities, and centre of excellence campuses. Observation checklists documented the availability of essential supplies (e.g., IFA tablets, teaching aids, seed kits, sports equipment), the physical condition of facilities (e.g., hygiene standards, accessibility ramps, lighting), and adherence to standard operating procedures (e.g., session frequency, group formation protocols). Photographic documentation supplemented the checklist data for visual evidence.

3.2.5 Data Quality Assurance

Multiple layers of quality control were embedded. Survey data underwent automated range and consistency checks in the CAPI platform, with daily syncs to a central server enabling remote monitoring. Supervisors conducted back checks on five per cent of completed interviews. Transcripts and translations of qualitative data were cross-validated by bilingual researchers to ensure fidelity. MIS and government datasets were audited for missing entries and cross-referenced against field reports, flagging discrepancies for further inquiry.

3.3 Sampling Strategy

The sampling design balanced representativeness with feasibility and a multidimensional approach. A stratified multistage sampling approach was employed:

3.3.1 Stratification by Thematic Pillar and Geography

Within each thematic pillar, the evaluation universe was divided into strata based on state and district clusters, reflecting variations in socio-economic context and program maturity. For example, in Health and Nutrition, Kishori Express villages were grouped by tribal versus non-tribal blocks; in education, schools were stratified by rural and peri-urban location; in livelihood, self-help groups were stratified by farm and non-farm emphasis. However, while stratification improves contextual representation, findings may not be fully generalizable to all geographies, particularly isolated or conflict-affected regions. This limitation was acknowledged during the interpretation of results.

3.3.2 Stage 1: Cluster Selection

A probability proportional to size (PPS) method was used to select Primary Sampling Units (PSUs), typically Gram Panchayats or blocks, within each stratum. This ensured that larger program areas had a higher likelihood of inclusion. Across the 15 initiatives, 240 PSUs were selected for quantitative surveys, ensuring geographic breadth

3.3.3 Stage 2: Household and Beneficiary Listing

Within each selected PSU, program rosters and community listings were obtained to form sampling frames of eligible beneficiaries (e.g., adolescent girls enrolled in Kishori Express, households participating in watershed activities). Where official lists were incomplete, participatory listing exercises, guided by local leaders and program facilitators, were conducted to capture out-of-school youth, marginalised castes, and other hard-to-reach groups. However, reliance on local rosters and community listings may inadvertently omit undocumented or transient populations. Additional safeguards, such as random spot checks and inclusion mapping, could further enhance reach to marginalised groups.

3.3.4 Stage 3: Systematic Random Sampling

From each PSU's beneficiary frame, systematic random sampling was applied to select individual respondents. Sampling intervals were calculated by dividing the frame size by the target sample for that PSU (e.g., a Kishori Express village roster of 300 eligible girls with a desired sample of 15 would yield a sampling interval of 20). The first respondent was chosen randomly within the interval, followed by every *n*th individual.

3.3.5 Sample Size Determination

Program level sample sizes were calculated to detect at least a five per cent change in primary outcome indicators with 95 per cent confidence and 80 per cent statistical power. This typically resulted in sample sizes ranging from 400 to 1,200 per initiative, aggregated to a total of 23,580 respondents. Clustering and design effects were accounted for by inflating simple random sample estimates by a factor of 1.5.

3.3.6 Qualitative Sampling

A purposive sampling strategy guided the selection of IDI and FGD participants. Criteria included gender balance, representation of marginalised subgroups (SC/ST individuals, persons with disabilities, female-headed households), and variation in program engagement levels (e.g., high adherence versus dropouts). Approximately 8–12 participants were included per FGD, and IDI selection prioritised key informants with deep operational knowledge or advocacy roles.

3.3.7 Ethical Considerations in Sampling

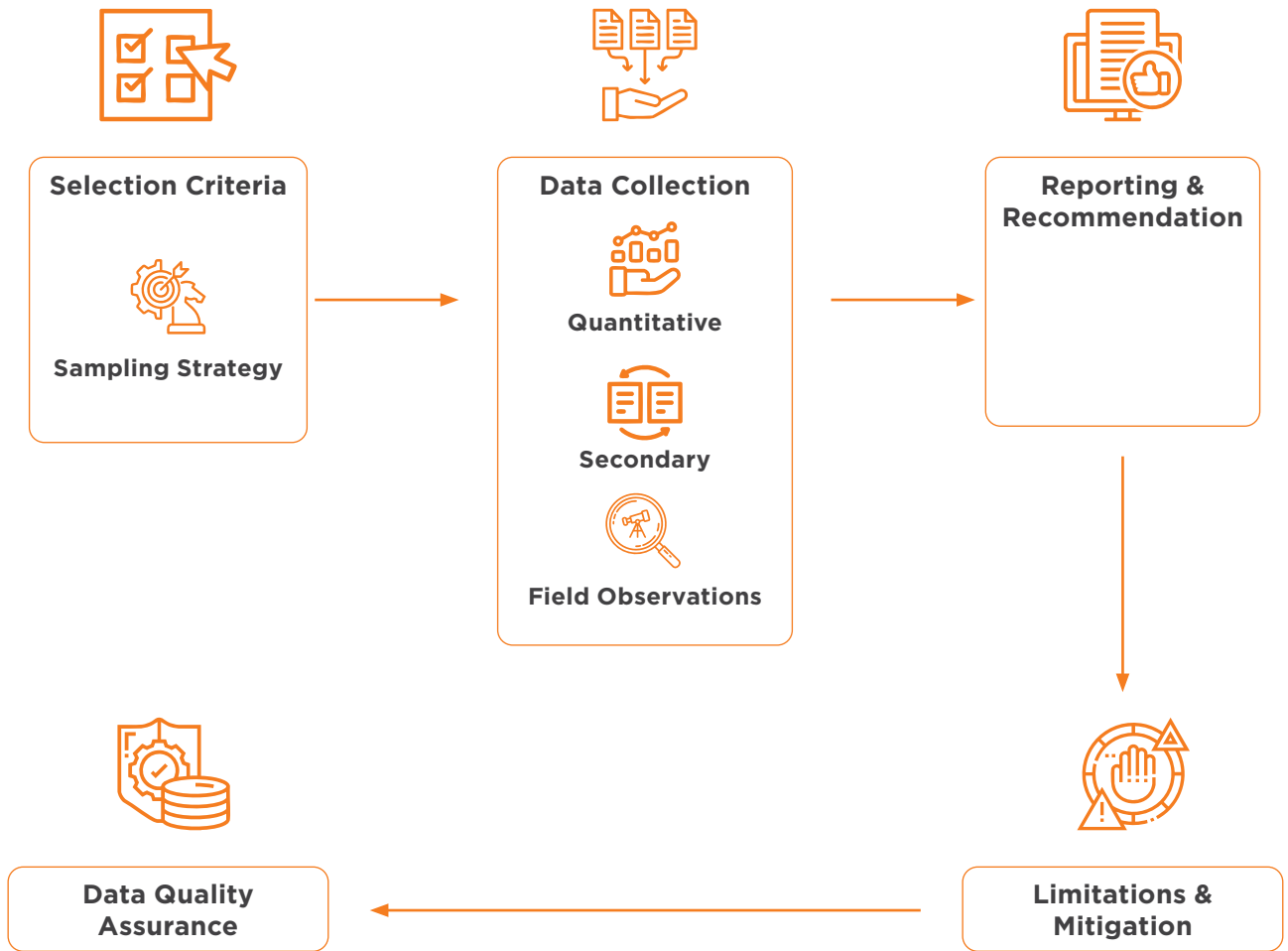
Sampling protocols were designed to protect vulnerable populations. Informed consent procedures were tailored for minors, requiring guardian assent and child assent. Privacy considerations guided the separation of male and female respondents, where cultural norms dictated. Respondents were assured of confidentiality and their right to refuse participation without repercussions. Data collection teams received training on ethical engagement and referral pathways for participants requiring additional support (e.g., medical attention, social services). By meticulously articulating selection criteria, deploying a multi-pronged data collection strategy, and implementing a robust sampling framework, this methodology section lays the groundwork for the validity, reliability, and generalizability of the impact assessment's findings. In addition to consent and privacy measures, field teams were trained on trauma-informed approaches and equipped with referral resources for cases involving health or safety risks among respondents.

3.4 Limitations:

The methodology was designed to capture both the short-term changes and the emerging long-term effects of the programmes on participants and the wider community. Although it did not incorporate a formal counterfactual design (such as randomised control trials or matched comparison groups), which limits the strength of causal attribution, the use of robust outcome data and triangulation across multiple sources enhances the plausibility of the findings. Going forward, future assessments could integrate quasi-experimental designs or longitudinal tracking to isolate and measure the sustained impact of these interventions at the community level more precisely.



Methodology



Project Selection Overview



This section presents a consolidated view of the fifteen initiatives selected for Jindal Steel's 2021-22 to 2024-25 portfolio. It outlines the rationale for inclusion, thematic distribution, geographic coverage, beneficiary profiles, implementation timelines, and sample-size allocations. This overview establishes the foundational context for impact evaluation by demonstrating how program design and reach align with Jindal Steel's strategic objectives of improving health, education, livelihoods, athletic engagement, and social inclusion among underserved populations in Chhattisgarh, Jharkhand, Odisha, and Bihar.

4.1 Portfolio Composition and Thematic Distribution (With reference to the present Impact Assessment Study)

Jindal Steel's social responsibility portfolio is structured around five thematic pillars, each targeting critical developmental challenges identified through localised needs assessments. These are: Health and Nutrition (3 initiatives), Education and Skill Development (5 initiatives), Sustainable Livelihood and Agriculture (3 initiatives), Sports (1 initiative), and Social Inclusion (3 initiatives). The thematic distribution reflects JINDAL STEEL's strategic intent to implement **multi-sectoral and mutually reinforcing interventions**, ensuring both depth and breadth of impact across life stages and socio-economic dimensions.

	Thematic Allocation	Project Title	Estimated Direct Beneficiaries
1	Health & Nutrition	Kishori Express	746,769 adolescent girls
2	Health & Nutrition	Vatsalya	720,223 women & children
3	Health & Nutrition	O.P. Jindal Hospital Outreach	~900,000 outpatient visits per year
4	Education & Skill Development	Jindal Asha (Rehabilitation & Inclusive Education)	5,500 enrolled children
5	Education & Skill Development	O.P. Jindal Scholarship	30,600 scholarships awarded
6	Education & Skill Development	D.A.V. Savitri Jindal School Early Learning Program	~12,000 students per year
7	Education & Skill Development	O.P. Jindal School Innovation Initiative	~12,000 students per year
8	Education & Skill Development	O.P. Jindal Community College	160,000+ youth (since inception)
9	Sustainable Livelihood & Agriculture	Jan Jeevika Kendra	30,000 women entrepreneurs
10	Sustainable Livelihood & Agriculture	Farm, Non-Farm & Off-Farm Livelihood Packages	51,892 participants (29,722 women; 22,170 farmers)
11	Sustainable Livelihood & Agriculture	Watershed Development Program	201 villages; 1,200+ hectares restored (area-based)
12	Sports	Sports Promotion & Infrastructure	45,636 youth
13	Social Inclusion	Jindal Prayas Centre of Excellence	150 children with special needs
14	Social Inclusion	Elderly Care Shows	500 seniors
15	Social Inclusion	SNEH Intergenerational Mentoring	~400 participants (200 mentor-mentee pairs)

4.2 Rationale for Project Selection

The selection of initiatives for inclusion in the impact assessment was based on predefined criteria to ensure data validity, outcome measurability, and contextual representativeness, as well as alignment with the provisions of the Companies Act, 2013 and the CSR Rules, including recent amendments related to CSR eligibility, Schedule VII focus areas, and impact assessment requirements. These criteria included:

Scale:

Initiatives with a minimum of 1,000 direct annual beneficiaries were prioritised to reflect flagship-level reach.

Maturity:

Only programs with at least one full fiscal year of documented implementation (post-March 2022) were considered to ensure that sufficient outcome data were available.

Data Ecosystem:

Projects supported by robust Management Information Systems (MIS) and routine monitoring frameworks were selected to enable reliable impact measurement and triangulation.

Geographic Diversity:

To ensure contextual variability, initiatives operating across multiple districts and encompassing both tribal and non-tribal populations were included.

Strategic Alignment:

Programs addressing high-burden social challenges (e.g., adolescent anaemia, IMR & MMR, foundational literacy, etc.) and demonstrating partnerships with government or civil society were favoured due to their scalability and systemic relevance.



4.3 Project Profiles

4.3.1 Health and Nutrition

Kishori Express (2021-22): A mobile outreach program offering weekly iron-folic acid supplementation, anaemia screening, menstrual hygiene education, and nutrition workshops to adolescent girls. Implemented across 1,116 villages in Chhattisgarh, Jharkhand, and Odisha, it reached 746,769 girls through community health workers and trained peer educators.

The endline sample included 9,000 girls stratified by age and tribal status, supporting granular impact comparisons. The initiative targets improvements in adolescent health indicators such as anaemia prevalence, menstrual hygiene awareness, and dietary diversity.

Vatsalya (2021-23): A network of mobile maternal-child health clinics integrating antenatal, postnatal,

neonatal, and immunisation services across 1,943 villages. Deployed in partnership with state health departments, Vatsalya served 720,223 women and children. The impact assessment surveyed 2,000 women, ensuring representation from remote hamlets and road-adjacent clusters.

O.P. Jindal Hospital Outreach (2022-25): Subsidised outpatient and specialised maternal-child services delivered through the Raigarh hospital's community outreach program. With over 900,000 outpatient visits annually, O.P. Jindal Hospital reached marginalised low-income households in adjacent districts. The sampled cohort of 5,000 patients captured urban, peri-urban, and rural referral patterns.

4.3.2 Education and Skill Development

- **Jindal Asha:** A specialised rehabilitation and inclusive education Centre, Located in Angul (Odisha), Raigarh (Chhattisgarh) and Patratu (Jharkhand) offering therapy, assistive devices, caregiver training, and adaptive curricula for children with physical and cognitive disabilities. The centre served 5,500 enrolled children; 110 were selected for in-depth assessment to reflect a spectrum of disability types and caregiver backgrounds.

- **O.P. Jindal Scholarship:** Financial grants and mentoring for academically meritorious, economically vulnerable students in secondary and tertiary education in Chhattisgarh & Jharkhand. The program awarded 30,600 scholarships, with a 1,500-student sample stratified by discipline, gender, and household income bracket.

- **D.A.V. Savitri Jindal School Early Learning Program:** A foundational reading and numeracy intervention in partnership with state education boards. Piloted in 384 schools with early-grade enrolment

of approximately 12,000 students annually, the program's 100-student sample captured gender parity and variations in school infrastructure.

- **O.P. Jindal School:** A curricular enrichment and teacher-training program across three JINDAL STEEL-supported schools, serving 12,000 students per year. A cohort of 1,200 stakeholders, teachers, students, and parents, participated in outcome surveys and focus groups.

- **O.P. Jindal Community College:** Vocational training programs in solar technology, hospitality, and IT-enabled services. Construction, Mechanical Trade, Plumbing, and Electrical enrolling over 160,000 youth since inception, the college's 1,600-learner sample reflected age, gender, and residential diversity.

4.3.3 Sustainable Livelihood and Agriculture

- **Jan Jeevika Kendra (2021-25):** A self-help group federation model facilitating microcredit, enterprise development, financial literacy, and market linkage support for 30,000 women entrepreneurs. The 600-member sample included SHGs across farm-based, non-farm, and off-farm clusters.

- **Farm, Non-Farm & Off-Farm Livelihood Packages (2022-24):** Integrated agriculture, livestock, and non-farm trade interventions rolled out to 29,722 women

and 22,170 farmers. The 700-sample cohort captured smallholder, medium-enterprise, and women-led business models.

- **Watershed Development Program (2021-23):** Community-led land and water resource management initiatives restoring over 1,200 hectares across 201 villages. The 570-household sample covered upland, mid-slope, and lowland agroecological zones.

4.3.4 Sports

Sports Promotion & Infrastructure (2023-25): Development of multipurpose courts, coaching camps, and grassroots leagues engaging 45,636 youth across six districts. The 900-athlete sample captured gender balance and trajectory from school-level to district-level competitions.

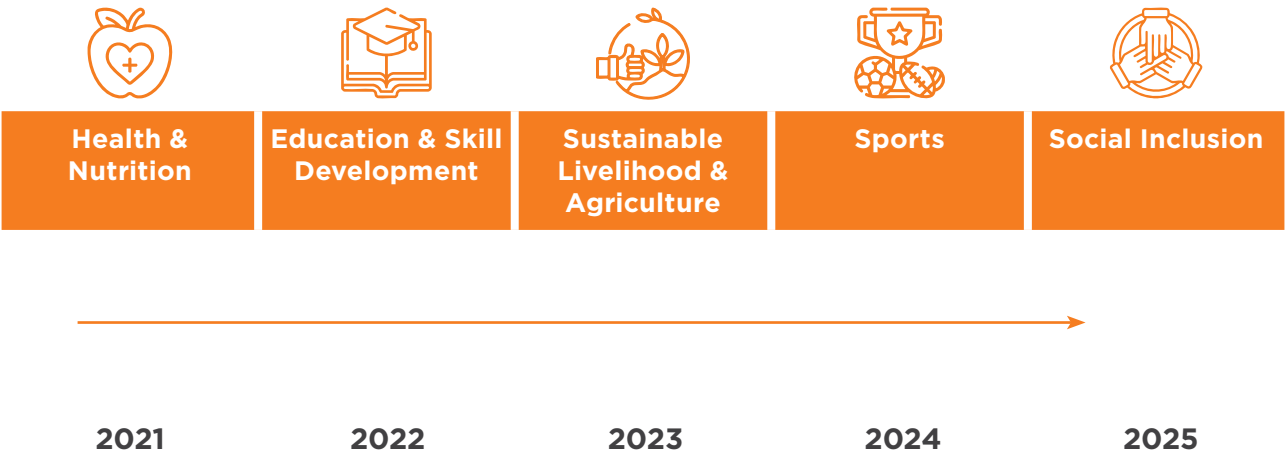
4.3.5 Social Inclusion

- Jindal Prayas Centre of Excellence (2022-25): Peer-support groups, family counselling, and adaptive activities for 150 children with special needs. The 45-family sample represented disability types, socio-economic status, and geographic spread.
- Elderly Care Shows (2021-24): Monthly outreach combining health camps, cultural performances, and social engagement events for 500 seniors. The 75-elder sample included homebound and active participants across senior citizen clubs.
- SNEH Intergenerational Mentoring (2022-25): A village-based model pairing 200 elderly mentors with children for psychosocial support, life skills, and cultural knowledge transfer. The mentor-mentee sample of 200 pairs was stratified by caste, gender, and program duration.

4.4 Summary

This section systematically presents the fifteen initiatives selected for impact assessment, detailing their thematic foundations, geographic reach, beneficiary engagement, and sample design. By articulating the rationale and structure of each intervention, it establishes a baseline understanding necessary for interpreting outcome trends and assessing effectiveness.

Project Selection Overview



Sector-wise Project Profiles

5.1. Health & Nutrition

Purpose and Positioning

The Health & Nutrition portfolio operates to close critical gaps in access, quality, and continuity of care for women, adolescents, and young children in hard-to-reach communities. It complements and does not replace public systems by bringing services closer to people, strengthening referral pathways to higher facilities, and promoting everyday behaviours that keep families healthy. The emphasis is on practical fixes: reliable outreach, simple diagnostics, clear counselling, and swift referral with follow-up.



Context

Rural and peri-urban pockets across the focus districts face a predictable set of barriers: long distances to facilities, irregular transport, thin health staffing, medicine stockouts, and limited awareness about nutrition and preventive care. For adolescent girls, anaemia and menstrual health needs are persistent. For mothers and infants, timely ANC/PNC, immunisation, and management of common illnesses determine outcomes. Families often navigate care across informal providers and government facilities, with information gaps and missed follow-ups in between. A portfolio approach is warranted: one stream for community-level outreach and screening, another for primary care and stabilisation, and a dependable referral link to secondary/tertiary care.

What the portfolio aims to achieve

1. Earlier identification of risk (anaemia, high-risk pregnancy, undernutrition, childhood illnesses).
2. Higher uptake of proven interventions (IFA adherence, 4+ ANC, institutional delivery, full immunisation, growth monitoring, timely referrals).
3. Better patient experience marked by shorter time to care, respectful counselling, and fewer drop-offs between touchpoints.
4. Strengthened local capacity, teachers, frontline workers, and volunteers to sustain gains beyond project cycles.



Delivery architecture

Service delivery is designed around fixed, reliable touchpoints that people can plan for. At the community level, mobile outreach and school/Anganwadi sessions bring screening and counselling to areas where adolescents and caregivers already gather. At the facility level, primary care clinics provide diagnostics and first-line management, with explicit protocols defining which services are delivered on site and which cases are referred onward. A higher-level hospital acts as the anchor for diagnostics, emergency, and specialised care. These components are integrated through a referral and counter-referral system: every referral is logged, tracked to closure, and followed by a feedback call or visit. Operationally, weekly micro-plans map habitations to specific days; SMS/IVR or door-to-door reminders drive turnout; and simple job aids standardise counselling. Where feasible, community health workers (CHWs) or school champions handle basic follow-up between visits.

Interface with public programs

The portfolio aligns with and plugs into established government platforms: School Health & Wellness sessions in secondary schools, Anaemia Mukht Bharat (Support to eliminate and prevent anaemia) and Hb screening protocols, POSHAN Abhiyaan for growth monitoring and counselling, and RMNCH+A for maternal and newborn care. Field teams coordinate calendars with health and ICDS staff, share line lists for follow-up, and use government referral formats where applicable. This reduces duplication and increases the likelihood that gains are sustained even after CSR support is reduced.

Equity and inclusion

The programme is designed to remove practical and social barriers to access, especially for groups that are often left out, such as adolescent girls, first-time mothers, people with disabilities, and those living in tribal or remote hamlets. Activities are scheduled to fit around school hours and caregiving responsibilities, and venues are selected to ensure safety, privacy, and ease of access. Strict standards for informed consent and confidentiality are followed at all times. Communication materials use local languages and simple visuals to improve understanding, and where social norms limit participation, same-gender counsellors or peer champions are engaged to build trust and encourage uptake. The aim is not only higher coverage but also a dignified experience that people trust.

Risks and mitigations

Common risks include medicine and stockouts at district health centres, seasonal access barriers during the monsoon, turnover of field staff, and social stigma around adolescent health and reproductive topics. Mitigations are straightforward: small buffer stocks for critical consumables; monsoon-resilient route planning; continuous training and supportive supervision to retain staff; and parental/community engagement that normalises services. On the clinical side, periodic audits ensure adherence to protocols and infection prevention. For referrals, transport and escort support are earmarked for high-risk cases.

Sustainability and exit thinking

From the outset, tasks are assigned with a clear plan for handover: frontline education and simple screening are transferred to teachers, ASHAs, or Anganwadi workers; community groups host fixed-day outreach; and local committees track schedules and asset upkeep. The hospital anchor builds capacity through protocols and mentorship, not just service volume. Memorandums with district health leadership formalise calendars and data sharing. An exit or scaled own plan is triggered when reliability and uptake hit agreed thresholds, and public platforms can carry the load.

Cost and value

Value is tracked on two levels: cost per person reached (to ensure efficiency) and cost per incremental outcome (to ensure effectiveness). Examples include cost per adolescent with improved Hb, cost per additional pregnant woman completing 4+ ANC, and cost per fully immunised child. These unit costs are compared across delivery models, school-based vs. outreach camp vs. Facility-based, to inform where to double down and where to redesign. The portfolio also captures indirect benefits: fewer school days lost, reduced travel time for care, and less financial shock from preventable complications.

Learning agenda

A small set of practical questions guides continuous improvement: Which combination of reminders leads to the highest referral completion? What frequency of follow-up sustains IFA adherence above four days a week? How much does integrating growth monitoring with immunisation visits reduce missed opportunities? What is the minimum reliable staffing and route density to keep mobile outreach cost-effective? Answers are pursued through routine data, small A/B tests, and occasional external validation.

Near Term priorities

- Tighten the referral-counter referral loop with clear service level agreements on contact time and closure within set days.
- Standardise adolescent health sessions with simple, engaging modules and a clear escalation path for issues detected.
- Expand basic diagnostics at the point of care where it meaningfully changes decisions (e.g., Hb, pregnancy tests, malaria RDTs as appropriate).
- Build a lightweight beneficiary messaging layer for reminders and education, mindful of phone access and language.
- Keep supervision supportive: brief weekly huddles, field mentoring, and peer-to-peer troubleshooting.

5.1.1. Kishori Express, Anaemia Control Among Adolescent Girls

Kishori Express is a multi-state adolescent health initiative that tackles one of India's most widespread yet silent barriers to progress: anaemia among girls aged 10 to 19. It focuses on girls in some of the country's most challenging geographies, ensuring that they grow up healthy, confident and able to participate fully in education, work and community life. In doing so, it directly contributes to the vision of a strong, inclusive and Viksit Bharat.

Across Angul and Kasia in Odisha, Nuh in Haryana and Patratu in Jharkhand, the program works in more than 1,100 villages and reaches a potential universe of about 7.46 lakh adolescent girls. Within this universe, close to 2.77 lakh girls have already been engaged through structured awareness sessions, health screening, access to medicines and menstrual hygiene products, and community events.

Snapshot at a Glance

Item	Details
Locations	Angul & Kasia (Odisha); Nuh (Haryana); Patratu (Jharkhand)
Administrative footprint	1,116 villages (Angul 570; Nuh 450; Patratu 96) across 474 GPs (Angul 103; Nuh 325; Patratu 46), Kasia 1647 Cases.
Eligible cohort (coverage universe)	7,46,769 adolescent girls (Angul 5,17,860; Nuh 1,76,373; Patratu 52,536)
Sample for assessment	n = 9,000 adolescent girls (proportional by location)
Service frequency (qualitative)	~2-3 visits/year/location
Association duration (qualitative)	~60% engaged for 3-5 years

Budget & Utilization

FY	Budget	Utilization	Utilization Rate
2021-22	₹0.26 Cr	₹0.19 Cr	73.1%
2022-23	₹0.35 Cr	₹0.30 Cr	85.7%
2023-24	₹1.56 Cr	₹0.83 Cr	53.2%
2024-25	₹2.92 Cr	₹1.14 Cr	39.0% (YTD/partial)
Total	₹5.09 Cr	₹2.46 Cr	-

Efficiency analytics (using utilisation as cost):

Efficiency analysis based on fund utilisation shows that the cost per girl reached was ₹56.7 in FY22, ₹91.1 in FY23, ₹88.7 in FY24, and ₹97.6 in FY25 YTD, with a portfolio average of ₹88.9 per girl (₹2.46 crore over 2,76,786 girls). Although utilisation patterns shifted during the rapid scale-up phase (FY23-25), the unit cost consistently remained within the ₹60-₹100 per girl band, which is typical for group-based education models with referral support.

Reach & Engagement

FY	Adolescent Girls Reached	Awareness Sessions	Sessions per 1,000 Girls	Community Events - Avg. Attendance
2021-22	33,533	691	20.6	57%
2022-23	32,925	756	23.0	64%
2023-24	93,524	814	8.7	77%
2024-25	1,16,804	902	7.7	82%
Total/Avg	2,76,786	3,163	,	70%



Growth analytics:

Growth analytics indicate a steady and then sharp expansion in outreach to adolescent girls, with year-on-year change of +1.8% (FY22-FY23), +184.1% (FY23-FY24), and +24.9% (FY24-FY25). This translates into a robust CAGR of ~51.5% over the period, with the programme growing from 33,533 girls in FY22 to 1,16,804 in FY25. In FY25, the annual touchpoint represents around 15.6% of the eligible cohort (1,16,804 out of 7,46,769 girls), noting that unique coverage across years has not yet been deduplicated and thus reflects annual touchpoints rather than unique beneficiaries.

Behaviour & Service Uptake

Self-reported behaviours & service touchpoints

Indicator	Result
Frequency of visits to centre - >2 times	92.88%
Anaemia medicines received - >2 times	70.28% (15.17% once; 14.55% none)
Medicines taken - anaemia vs other	61.92% anaemia; 38.08% other
Doctor/hospital visit - ≥1 visit	76.47% (23.53% never)
Sanitary pads received - >2 times	77.40% (13.93% once; 8.67% none)
Use of cloth during the period	≈94% report “never” using cloth
Peer education on hygiene (topics shared)	Body cleanliness 84.21%; Sanitary napkins 82.35%; Care during periods 70.28%
Peer education on anaemia risks	Diet changes 80.50%; Medicine intake 74.30%; Blood testing 71.21%

Dietary patterns (self-reported)

- Rice daily: ~97.8%
- Pulses daily: ~89.5%
- Eggs: mixed frequency (not routine)
- Overall: cereal-heavy with limited protein variety
→ clear scope to improve protein diversity; current nutrition inputs may not be shifting diets meaningfully.

Stakeholder Perspectives & Operational Insights

- **ASHA/ANM view:** Collaboration with coordinators reduced workload by concentrating on adolescent health and improved planning. Request for more counsellors to expand reach and for **counselling support** to be strengthened.
- **Program team view:** Scaleup has outpaced some processes (utilisation and referral tracking).
- **Community view:** Appreciation for Hb testing, pad provision, and practical counsel; desire for **more engaging activities** (quizzes, competitions) and **increased visit frequency** in high need clusters.

Interpretation

- Strong repeat engagement: ~93% visited a centre >2 times.
- Follow-through: ~70% received anaemia medicines >2 times; ~77% received sanitary pads >2 times.
- Peer diffusion is evident via high peer-education rates.
- Diets remain cereal-dominant; boosting affordable, acceptable protein options is a key improvement area.

Risks & Mitigation

- **Social norms & stigma:** Parent/PRI engagement; same gender facilitation; privacy safeguards.
- **Referral drop-offs:** Appointment slips, reminder calls, and transport/escort support for high-risk cases.
- **Staffing/turnover:** Standard job aids; on-the-job mentoring; peer shadowing.
- **Seasonal access (monsoon):** Route replanning; cluster-based makeup sessions.

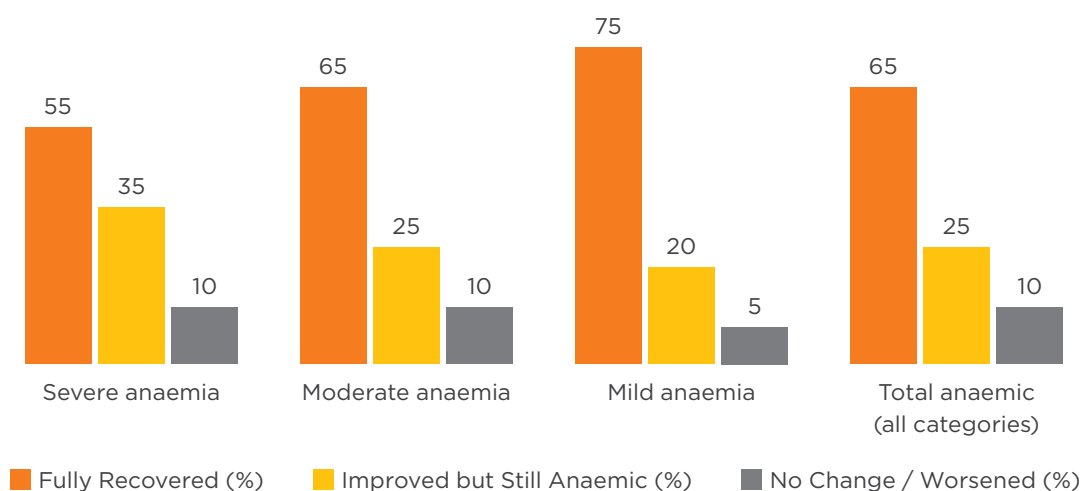
Delivery Model

- Fixed day, adolescent-friendly sessions at schools/AWCs with pre/post knowledge checks and one-to-one counselling.
- Referral pathway for suspected/severe anaemia; facility follow-up and counter-referral.
- Community engagement events to normalise topics and enlist parents/guardians.
- Collaboration with ICDS/Health; in Odisha, Advika peer leadership (Sakhi/Saheli) supports AWWs; in Patratu, Swasthya Sanginis add local capacity.

Equity & Inclusion

- **Who benefits first:** adolescent girls in remote/tribal hamlets; out-of-school adolescents; girls with disabilities (through adapted communication and escort support).
- **Design choices:** safe, private venues; local language visuals; session timings that respect school and household routines.

Observed Change



Contribution to society and Viksit Bharat

Anaemia in adolescent girls affects far more than individual health. It reduces concentration, learning outcomes and physical stamina. It raises the risk of complications in future pregnancies and contributes to low birth weight and child undernutrition. Addressing it is central to building a productive, resilient population by 2047.

Kishori Express supports this national vision on multiple fronts.

National priority/mission	How Kishori Express contributes
Viksit Bharat 2047	Builds healthier, more capable young women and future mothers
Anaemia Mukht Bharat and POSHAN	Drives adherence to iron tablets and demand for better diets
Rashtriya Kishor Swasthya Karyakram	Offers a comprehensive adolescent-friendly health platform
Women-led development	Builds confidence, bodily autonomy and decision-making in girls
Human capital and demographic dividend	Improves school participation and future productivity
Inclusive development in aspirational regions	Prioritises remote, tribal and underserved geographies

Looking ahead

Operational learning from the program points to a clear way forward. Referral loops need to be tightened so that every high-risk girl identified is tracked until she completes treatment. High burden clusters will benefit from a minimum of three touchpoints a year, with focused modules on nutrition, menstrual hygiene, mental wellbeing and safety.

Short, checklist-based counselling tools and pictorial take-home cards can help standardise quality while keeping sessions practical. Light digital systems, where feasible, can support unique IDs, simply follow up and SMS or IVR reminders. Training local para-counsellors, including older alumni and self-help group members, can expand one-to-one support as coverage grows.

At its core, Kishori Express is a nation-building investment. It turns abstract targets on anaemia reduction and women's empowerment into concrete changes in the lives of adolescent girls. By centring their health and dignity today, the program quietly advances the larger goal of a stronger, more equitable and truly Viksit Bharat





Beneficiary Voices

“The nurse checked my blood and explained the tablets. I used to feel dizzy during class, now it has stopped.” — **Angul, 10th grade.**

“We meet on Saturdays at the Anganwadi. The didi taught us how to read labels on pads and keep a calendar.” — **Kasia, 14 years.**

“When my friend’s Hb was very low, they sent her to the hospital. She went the same week because the worker called her mother.” — **Nuh, 16 years.**

“Our group competed in a quiz about food. I didn’t know about iron in greens before.” — **Angul, 13 years.**

“Earlier, I felt shy to ask about periods. Now we speak openly with the didi.” — **Nuh, 15 years.**

“We got the tablets more than twice. The didi said to take them after food; I follow that.” — **Patratu, 17 years.**

“I stopped using cloth after the session. It’s cleaner and easier now.” — **Kasia, 12 years.**

“My father attended the community meeting. After that, he reminds me to take the tablets.” — **Angul, 11th grade.**

“Two girls from our centre are leaders. They check on us before the session day.” — **Odisha (Advika), 15 years.**

5.1.2 VATSALYA, Maternal & Child Health (ANC, PNC, Institutional Delivery)

Vatsalya is a maternal and child health initiative focused on one of the most critical foundations of national development: safe pregnancies, safe deliveries and healthy early childhood. It works across Angul and Tensa in Odisha, Raigarh in Chhattisgarh and Patratu in Jharkhand, with a clear purpose: to reduce maternal and infant deaths by ensuring timely antenatal care (ANC), postnatal care (PNC) and safe institutional delivery, backed by strong referral and follow-up.

Across these locations, Vatsalya operates in nearly 2,000 villages, reaching an eligible cohort of about 7.2 lakh women and children. Within this universe, more than 2.31 lakh women and children have already benefited from the program, including nearly 90,000 pregnant and postpartum women and around 1.42 lakh children. The work sits at the heart of India's vision of a Viksit Bharat, where mothers survive, and children thrive.

Snapshot at a Glance

Objective	Reduce infant and maternal mortality by ensuring timely antenatal and postnatal care and promoting safe institutional delivery, with strong referral support and follow-up.
Geography & Footprint	Angul & Tensa (Odisha), Raigarh (Chhattisgarh), Patratu (Jharkhand).
Villages	1,943 (Angul 1,920; Patratu 15; Tensa 8).
Gram Panchayats	234 (Angul 225; Patratu 7; Tensa 2; Raigarh, multi-block coverage; GP count to be confirmed).
Eligible cohort (women + children)	7,20,223 (Angul 1,36,842; Tensa 2,16,067; Raigarh 3,67,314).
Sample for assessment	n = 2,000 women and children, proportionally across locations.

Delivery Model (What Vatsalya Does)

- Community outreach & screening: Fixed-day sessions at Anganwadi Centres (AWCs) and community points; vitals (BP, weight), danger-signs screening, and immediate counselling.
- ANC/PNC facilitation: Scheduling, reminders, and tracking for 4+ ANC and routine PNC; coordination with ASHA/ANM; linkage to immunisation days.
- Safe delivery pathway: Birth preparedness (transport plan, nearest facility identified), 108/ambulance activation, and escort support when needed.
- Post-delivery & newborn support: Early initiation of breastfeeding, growth monitoring, danger-sign triage, and home-based newborn care linkages.
- Nutrition integration: Targeted supplementation for high-risk mothers/children (e.g., ragi laddoos, protein packs) alongside ICDS take-home rations.
- Tools & data: HB meters, oximeters, BP monitors; simple digital/phone tools for reminders and line-lists; referral and counter-referral slips matched weekly.

Budget vs. Utilisation (₹ Crore)

FY	Budget	Utilization	Utilization Rate
2021-22	0.19	2.03	1068%
2022-23	0.56	0.63	112.5%
2023-24	3.97	3.60	90.7%
2024-25	1.70	1.42	83.5% (YTD)
Total	6.42	7.68	

Unit Cost Analytics

Unit cost analysis shows a marked improvement in efficiency over the portfolio period. The cost per beneficiary (total utilisation divided by total beneficiaries) decreased from ₹957 in FY22 to ₹194 in FY23, ₹463 in FY24, and ₹142 in FY25 YTD, with a period average of about ₹332 per beneficiary. Similarly, the cost per institutional delivery was reduced from ₹2,673 in FY22 to ₹522 in FY23, ₹1,251 in FY24, and ₹384 in FY25 YTD, with a period average of approximately ₹899 per delivery. These figures recognise that institutional deliveries are enabled, rather than solely caused, by a combination of counselling, transport, and referral support, but indicate progressively higher value for money over time.

FY	Women & Children Benefitted	Women	Institutional Delivery	Children	ANC	PNC
2021-22	21,217	8,345	7,594	12,872	8,345	8,345
2022-23	32,452	12,987	12,078	19,465	12,987	12,987
2023-24	77,673	30,284	28,769	47,389	30,284	30,284
2024-25	1,00,220	38,129	36,985	62,091	38,129	38,129
Total	2,31,562	89,745	85,426	1,41,817	89,745	89,745

Derived Service Indicators

Across the review period, institutional delivery rates among registered women show steady improvement, rising from 91.0% in FY22 to 93.0% in FY23, 95.0% in FY24, and 97.0% in FY25. Children consistently form the majority of beneficiaries, with their share moving from 60.7% in FY22 to 60.0% in FY23, 61.0% in FY24, and 62.0% in FY25. Overall beneficiary volumes have expanded rapidly, with an annual growth rate of about 67.8% over FY22-FY25 (from 21,217 to 1,00,220 beneficiaries).

Service Use Patterns

PHC and local health centre visits are frequent, with many women reporting three or more visits for general check-ups, nutrition and food supplementation, and newborn care advice; only a small minority reported not using these services at all. Hospital visits are also recurrent, especially for child sickness and immunisation, with a large proportion reporting two to three or more contacts.

Field and Sample Profile

In the field sample, 55.26% of women had delivered within the recall period, while the remainder were pregnant or in the postpartum phase. Among those who had delivered, 88.10% delivered in hospitals, 9.52% at village PHCs, and only 2.38% at home, translating into an institutional delivery rate of 97.62% within the sample.

Anganwadi Participation and Barriers

Around 60.53% of children in the sample attend Anganwadi Centres (AWCs). Among those not attending, the dominant reason is age ineligibility (about 76%), indicating that non-participation is largely not driven by access constraints. Illness is cited by roughly 2.17% and "other" reasons by about 23.9%.

Support During Pregnancy

Support coverage during pregnancy is uniformly strong: 100% of sampled women reported receiving injections and food supplies, 97.62% received medicines, and 78.57% accessed support at the local centre, pointing to a relatively small centre-support gap of about 21%.

Beneficiary Experience and Satisfaction

Beneficiary feedback is strongly positive. The most valued aspects are the availability of medicines and food (97.37% satisfaction), staff who understand and respond to their needs (88.16%), and the efficiency of doctors and nurses (80.26%).

Family-Planning Awareness

Family-planning awareness is moderate but uneven across methods. About 68.85% of respondents are aware of oral contraceptives, 40.98% of condoms, and only 6.56% each for IUDs ("T"/loop) and other methods, while 14.75% report no awareness of any family-planning method.

Quality, Equity and Experience of Care

Clinical quality is supported using danger-sign checklists (e.g., elevated blood pressure, severe headache, bleeding), clear referral thresholds, and point-of-care diagnostics such as haemoglobin meters, BP cuffs and oximeters, which together improve triage and referral timing. An equity lens is evident in scheduling outreach on market days, aligning with transport availability, prioritising last-mile hamlets, ensuring privacy for ANC/PNC counselling, and using phone reminders where feasible. Male and family engagement is fostered through around above 90% couple counseling sessions annually, promoting better birth spacing and shared decision-making. Nutrition and recovery support includes targeted supplements for undernourished mothers and children with regular monitoring, with field notes highlighting "visible recovery" in weight gain. Local capacity is strengthened by training local women as health educators and caregivers, enhancing trust and continuity of care. Digital readiness is emerging, with simple mobile tools, photo logs and WhatsApp rosters used for follow-up in several sites

Service outcomes: what is changing

Behind the numbers is a clear shift toward safer pregnancies and deliveries.

Indicator	Trend / Status
Institutional delivery among registered women	Rising from 91% to 97% (FY22 to FY25)
Women receiving ANC & PNC.	Near universal among registered women
Annual beneficiaries (all)	21,217 →1,00,220 (FY22 to FY25)
Children's share of total beneficiaries	~61% on average, rising year on year

Contribution to Viksit Bharat and national missions

Healthy mothers and children are at the core of India's development vision. Vatsalya's contribution can be seen through its alignment with key national priorities.

National goal/program	Vatsalya's contribution
Viksit Bharat 2047	Reduces maternal and infant deaths; builds human capital
RMNCH+A / maternal & newborn health initiatives	Improves ANC, PNC, and safe institutional delivery
POSHAN and nutrition-focused schemes	Targets undernourished mothers and children with supplements.
Janani Suraksha / JSSK and similar safe delivery schemes	Enhances utilisation through transport and referral support
Family planning and spacing efforts	Builds awareness and a couple-level dialogue
Aspirational districts and inclusive development	Prioritises remote, underserved and tribal areas

Every institutional delivery supported, every high-risk pregnancy identified in time, and every child who recovers from undernutrition adds up to a stronger, more resilient population.

Looking ahead

Program learning suggests a clear next step: deepen quality and consistency while sustaining scale.

- A concise, bilingual SOP pack can help standardise eligibility, minimum service packages, referral triggers, transport procedures and data hygiene across all locations, keeping Vatsalya tightly focused on maternal and child health.
- Referral loops can be tightened so that danger sign cases reach facilities within 72 hours, routine referrals close within 14 days, and status is reviewed weekly through quick huddles using simple rosters.
- Tele obstetrics and tele newborn care can connect remote clusters to district specialists, supported by basic equipment like BP cuffs, dopplers and signal boosters at hub sites.
- Transport readiness can be strengthened through community driver lists, small emergency funds, regular drills and basic equipment like stretchers at key Anganwadi Centres.
- The small but important gap in local centre support can be addressed by co-locating Vatsalya outreach with village health and nutrition days, adding focused counselling stations and simple, pictorial take-home materials.
- Adolescents and men can be engaged through short modules on spacing, nutrition and respectful care, linking older adolescents to other health and learning programs.



Beneficiary Voices

Angul: “They checked my BP every month. When it was high, the didi sent me the same day to the CHC.”

Raigarh: “Ambulance was arranged at night; we reached the hospital before the pain got worse.”

Patratu: “I got iron and calcium tablets and a chart with danger signs. We kept it by the bed.”

Tensa: “After delivery, they taught me how to latch. The baby gained weight in two weeks.”

Angul: “The AWC day reminds us about vaccines; the helper calls a day before.”

Raigarh: “My husband joined the session; now he tracks clinic dates in his phone.”

Patratu: “Food packets helped when I had nausea and was skipping meals.”

Tensa: “When my bleeding increased, they arranged transport within an hour.”

Angul: “We receive medicines regularly; the nurse explains clearly how to take them.”

Raigarh: “I was scared of hospital delivery earlier; now I know who to call and where to go.”

Patratu: “The didi spoke to my mother-in-law about spacing; she supports us now.”

5.1.3 O.P. Jindal Hospital, Health Care Access Hub (Raigarh, Chhattisgarh)

A Tertiary Care Backbone for an Inclusive, Viksit Bharat

The O. P. Jindal Hospital & Research Centre (OPJHRC) in Raigarh is the clinical anchor of the CSR health portfolio. It is where village-level detection, community screening and early referrals from programs like Kishori Express and Vatsalya turn into concrete, lifesaving treatment.

As a 100-bed, multi-speciality tertiary hospital with advanced intensive care, OPJHRC gives rural and underserved families access to services that are usually concentrated in large cities: cardiac interventions, trauma care, neuro and spine surgery, dialysis, high-risk obstetrics and neonatal intensive care. A 27-bed secondary care hospital at Tamnar stabilises patients and feeds referrals into this hub, forming a working hub-and-spoke network in eastern India.

Catchment, access and social reach

Parameter	Details
Location	Raigarh, Chhattisgarh
Bed strength	100-bed multi-speciality tertiary hospital
Critical care units	MICU, SICU, CICU, Burn ICU, NICU
Supporting node	27-bed secondary care hospital, Tamnar
Immediate catchment	33+ villages, 9+ Gram Panchayats
Wider inflow	Raigarh, Jashpur, Ambikapur (Surguja), Janjgir Champa, Jharsuguda
Operator	Managed by Fortis Healthcare Ltd. since 2010
Social reach since inception	>10 lakh community members
Share of underprivileged patients	>50% of those supported

The hospital sits at a strategic point where five districts, including remote forest and mining belts, can realistically reach tertiary care within a few hours. For many families, OPJHRC is the difference between a treatable emergency and an irreversible loss.



What the hospital does in practice

OPJHRC is designed as a complete care pathway from first contact to counter referral, not just a set of departments.

• Front door and triage

A 24x7 emergency reception ensures patients are assessed within minutes. Triage sorts them by urgency, with fast-track lanes for scheme and CSR-supported beneficiaries. A social work desk checks eligibility for government schemes and CSR support so that financial worries do not delay care.

• Diagnostics and decision making

The hospital offers digital X-ray, CT, MRI, ultrasound, echocardiography and treadmill tests, supported by a full laboratory and blood bank. This allows quick, accurate diagnosis for heart attacks, strokes, trauma, high-risk pregnancies, sepsis, kidney failure and newborn complications.

• Definitive care across key specialities

1. Cardiac sciences: Cath lab for angiography and primary PCI, cardiac surgery and intensive cardiac care.
2. Orthopaedics: Management of complex fractures, arthroscopy and joint replacements with early mobilisation protocols.
3. Neuro and spine: Surgery for head injuries and spinal problems, backed by neurocritical care.
4. Renal sciences: Scheduled and emergency dialysis with nephrology support.

5. General and laparoscopic surgery: Emergency and elective procedures guided by safety checklists.

6. Maternal and newborn care: High-risk obstetrics, safe caesarean sections, NICU for preterm and low birth weight babies, lactation counselling, and kangaroo mother care.

7. Other services: ENT, eye, dental, maxillofacial surgery, internal medicine, physiotherapy and dietetics.

• Integration with spokes and CSR projects

The 27-bed hospital at Tamnar handles stabilisation and secondary-level care. Primary health centres, community health centres, ASHAs, ANMs and CSR programs send pre-alerts when high-risk patients are being referred to Raigarh. After discharge, counter referral notes and tele follow-up help route patients back to Tamnar, PHCs or community programs for continuity of care.

• Financial protection and navigation

OPJHRC is empanelled under Ayushman Bharat and key state schemes such as Mukhyamantri Sanjeevani Sahayta Kosh and Chirayu, along with BPL programs and PSU/insurance panels. CSR subsidies close the gap for the poorest and for procedures that fall outside scheme packages. A “Swasthya Sahayata” desk supports families with documentation, preauthorisation and claim filing, reducing drop-offs and delays.

Budget, utilisation and patient support

Only the most essential numbers are highlighted here to show scale, not financial detail.

Item	Value (cumulative)
Total CSR budgeted (recent 4 years)	~₹107 crore
Total CSR utilisation	~₹43 crore
Underprivileged patients supported	2,16,222 (OPD + IPD)
Patient growth (FY22 → FY25)	32,000+ → 94,000+ per year
Average cost per underprivileged patient	≈ ₹1,978 (using utilisation/volume)

Patient numbers have grown strongly over the years, and utilisation has risen in tandem. Variation between years mainly reflects the mix between OPD heavy periods and years when ICU, major surgery and dialysis volumes are higher. Across this, the hospital has consistently delivered high-end care at a reasonable CSR cost per underprivileged patient, given the acuity of cases treated.

Quality, safety and experience

OPJHRC emphasises clinical quality and dignified care, aligned with national standards.

Domain	Illustrative practices
Clinical governance	Monthly mortality and morbidity reviews; peer audits of complex cases
Surgical safety	WHO checklists, instrument counts, standardised pre op risk scoring
Cardiac & emergency	Door-to-balloon tracking for heart attacks; structured stroke windows
Maternal newborn	Partographs, eclampsia bundles, KMC, lactation rounds, respectful care
Infection control	Hand hygiene audits, isolation rooms, and device infection surveillance
Data and continuity	EMR-lab-imaging alignment; master patient index; referral reconciliation
Patient experience	Language appropriate consent; no surprise billing; grievance redress

These systems help convert infrastructure and equipment into measurable gains in survival, recovery and patient confidence.

What this means for communities and the country

At the community level, OPJHRC changes the trajectory of events that often define poverty:

- A heart attack or stroke that now receives timely intervention instead of ending in death or disability.
- A road traffic injury where advanced trauma and orthopaedic care save limbs and livelihoods.
- A complicated delivery that results in a healthy mother and newborn because NICU and obstetric teams are available when needed.

- A child with severe infection or prematurity who can be stabilised and discharged with a clear follow-up plan.

Financially, scheme coverage plus CSR support protects families from catastrophic spending. Instead of selling assets or falling into long-term debt, many underprivileged patients can complete treatment with little or not out of pocket expenditure.

At a national level, the hospital contributes to the Viksit Bharat vision by strengthening the health and human capital pillars in regions that are often underserved by tertiary care.

National goal/program	How OPJHRC contributes
Viksit Bharat 2047	Prevents avoidable deaths and disability; preserves productivity in working-age adults
Ayushman Bharat and state health schemes	Converts entitlements into real, used services for poor families
Safe motherhood and newborn health initiatives	Manages maternal complications; provides NICU support
Road safety and trauma care	Offers timely trauma, orthopaedic and neuro services
Non-communicable disease control	Treats cardiac, renal and neuro conditions at scale
Inclusive development in mining/tribal belts	Brings high-end care closer to remote, resource-poor communities



By keeping people alive, functional and financially protected during major health shocks, OPJHRC directly supports social stability and economic participation in its catchment.

Looking ahead: deepening the hub and spoke network

Planned expansion with a 100-bed multi-speciality hospital at Angul and a 26-bed secondary hospital at Barbil will extend this model to underserved areas in Odisha. These new facilities can plug into the same referral logic, shared protocols and specialist rosters, so that a woman in a remote village, a child with a critical illness or a worker with a severe injury has a realistic pathway from detection to definitive care and then back to community follow-up.

Strengthening time-bound pathways for heart attacks, strokes, sepsis and obstetric emergencies; reducing claim friction; standardising referral SOPs; and tightening data hygiene will further enhance the hospital's role as a reliable anchor for equitable, high-quality care.

Beneficiary Voices

Raigarh, emergency cardiac: “They took my father straight for tests; the stent was done that night. We only signed one form, and the scheme covered it.”

Jashpur, trauma: “The ambulance was ready when the call was made. By morning, the bone was fixed, and he started standing with help in two days.”

Janjgir-Champa, dialysis: “My sessions are on time. When the machine failed once, they arranged another slot the same day.”

Jharsuguda, stroke: “Scan happened immediately. The doctor explained the injection, and we agreed. Hand movement is returning.”

Tamnar, referral: “Our small hospital called ahead. When we reached Raigarh, they were waiting in the ER with tests ready.”

Raigarh, orthopaedic surgery: “The team made us walk the next day. Physiotherapy started early; we climbed steps before discharge.”

Border village, pediatric pneumonia: “Child was breathing fast. Oxygen was given quickly; after two days, he was eating again.”



5.2 Education & Skill Development

Purpose and positioning

The Education & Skill Development portfolio exists to keep learners moving into, through and beyond school, so they can earn with dignity. It complements, not replaces, public systems by strengthening foundational learning, reducing dropouts at transition points, widening access through scholarships and quality schools, and converting training into jobs through placement-linked courses. The emphasis is on practical fixes: levelled teaching that meets students where they are, regular assessment and feedback, career guidance that leads to real choices, and employer partnerships that result in offers, not just certificates.

Context

Learners in rural and peri-urban clusters face predictable hurdles: uneven early-grade literacy and numeracy, teacher shortages and multi-grade teaching, weak exposure to science/technology, financial barriers to continue after Class 10/12, and low confidence navigating careers. First-generation learners and girls are particularly at risk of dropping out when costs rise or household responsibilities increase. On the jobs side, many youths complete generic training that isn't valued by employers, leading to low placement and short job tenure. A portfolio approach is warranted: one stream to improve foundational learning and school quality, another to keep high-potential students in the pipeline through scholarships, and a strong skilling stream that is tied to real placement demand.

What the portfolio aims to achieve

1. Earlier identification of learning gaps and timely remediation so students reach grade level.
2. Higher retention and smooth transitions at key junctures (Class 8→9, 10→11, 12→college/ITI).
3. Better learner experience marked by safe, engaging classrooms, consistent feedback, and visible pathways to higher education or jobs.
4. Strengthened local capacity, teachers, school leaders, mentors, and placement officers, to sustain gains beyond project cycles.

Delivery architecture

Service delivery is designed around fixed, reliable touchpoints that families can plan for. At community and government schools, levelled groups and short, high-frequency sessions drive foundational gains. Anchor schools model quality through structured lesson plans, lab work, and co-curricular. Scholarships remove the financial pinch at transition grades and are paired with mentoring. The community college runs short, industry-aligned courses with on-the-job training and a placement desk that brokers offer. The elements are integrated through a learner ID and hand-off system: each transition (remedial → school → scholarship → college/training → job) is logged, tracked to closure, and followed by a check-in. Operationally, term plans map units to weeks; assessment calendars prevent bunching; and simple job-aids standardise classroom routines and counselling scripts.

Interface with public programs

The portfolio aligns with and plugs into government platforms: FLN missions and nascent competency-based curricula, Samagra Shiksha for school improvement, SCERT/DIET for teacher development, NSDC/SSC frameworks for skills, and apprenticeship/PMKVY or state skilling schemes where relevant. Field teams coordinate calendars with head teachers and block education offices, share anonymised learning lists for follow-up, use standard formats for student records, and map training courses to sector skill council standards. This reduces duplication and raises the odds that gains are sustained once CSR intensity tapers.

Equity and inclusion

The programme is designed to remove practical and social barriers to access, especially for groups that are often left out, girls, first-generation learners, students from tribal/remote habitations, and learners with disabilities. Timings respect household work and commute patterns. Spaces and sanitation are safe. Consent and confidentiality are non-negotiable in counselling. Materials use local language and plain visuals. Where norms are a barrier, female facilitators or peer mentors come in. The aim is not only higher participation but a dignified learning experience that students trust.

Data, learning, and quality

Data collection focuses on the few numbers that matter: who attended, what they could do at baseline, what changed by endline, who needed scholarship support, who enrolled in training, who was placed, and who stayed in a job at 6/12 months. Each learner carries a unique ID to avoid double-counting and enable follow-up. Simple digital tools or paper registers (with scheduled digitisation) feed into a monthly dashboard. Quality improvement (QI) is done through short Plan-Do-Study-Act cycles: identify a bottleneck (e.g., slow reading fluency gains), try a change (e.g., smaller groups + daily read-aloud), study the result, and adopt or adapt. Learner/parent and employer feedback feed into these QI huddles. Data privacy and safeguarding protocols are built in.

Sustainability and exit thinking

From the outset, tasks are assigned with an eye to handover, and classroom routines and assessment tools are integrated into school timetables.; teacher champions and head teachers lead peer support; alumni volunteer as mentors; and placement officers build standing relationships with local employers. Scholarships shift toward endowments or co-funding with local institutions. Memorandums with district/state education and skill departments formalise calendars, data sharing, and recognition of industry-aligned courses. An exit or scale-down plan is triggered when reliability and outcomes hit agreed thresholds, and public or partner platforms can carry the load.

Risks and mitigations

Common risks include irregular attendance during harvest or exams, teacher turnover, transport and safety barriers for girls, and training that isn't matched to local demand. Mitigations are straightforward: micro-timetables that avoid peak household seasons; continuous teacher mentoring and ready lesson banks; transport stipends or safe-route escorts; and employer MOUs that shape course menus and intake volumes. On the certification side, periodic audits ensure assessment integrity and that completions reflect real competency. For placement, active after-care (check-ins, grievance redress with employers) is earmarked for the first 90 days.

Cost and value

Value is tracked on two levels: cost per learner reached (to ensure efficiency) and cost per incremental outcome (to ensure effectiveness). Examples include cost per student upgraded to grade level in reading or math, cost per additional student retained through Class 10/12, and cost per placement with 6-month retention. These unit costs are compared across delivery models, school-based vs. community-based vs. blended; short-course vs. apprenticeship, to inform where to double down and where to redesign. The portfolio also captures indirect benefits: improved attendance, reduced private tuition spend, and smoother school-to-work transitions.

Learning agenda

A small set of practical questions guides continuous improvement: Which mix of frequency and group size yields the fastest foundational gains? What package of mentoring and financial support prevents drop-out at Class 10/12? Which employer partnerships produce the best 6/12-month retention, and why? What soft-skills modules most reduce early attrition? What is the minimum reliable batch size and trainer ratio to keep courses cost-effective? Answers are pursued through routine data, small A/B tests, and occasional external validation, so the portfolio keeps doing more of what works and fixes what doesn't



5.2.1 Jindal Asha, Special Education, Rehabilitation & Empowerment for Children with Special Needs (CwSN) and Persons with Disabilities (PwD)

Jindal Asha is the inclusive education and rehabilitation arm of the CSR portfolio. It exists for one clear purpose: to ensure that children with special needs and persons with disabilities are not left behind in the story of Viksit Bharat, but supported to learn, communicate, move, work and participate with dignity.

The program operates in Angul (Odisha), Raigarh (Chhattisgarh) and Patratu (Jharkhand). Across these locations, the cumulative universe is about 5,500 children with special needs, of whom a growing number are enrolled each year for structured support in special education, therapies and transition planning.

Reach and footprint at a glance

Parameter	Detail
Locations	Angul, Raigarh, Patratu
Villages covered	74 villages across 46 Gram Panchayats
Cumulative CwSN universe	~5,500 children (ID, VI, HI, multiple disabilities)
Annual enrolment (“student strength”)	FY22: 444 → FY25: 540 (rising trend)
Sample for assessment	110 children and families

Student strength has grown steadily from 444 to 540 between FY22 and FY25, with the sharpest increase in FY25, driven by referrals from schools, ICDS workers and caregiver word of mouth. This shows that Jindal Asha has become a recognised point of support for families who often had no earlier reference for special needs.

What Jindal Asha actually does

Jindal Asha runs as an integrated centre-based and community-linked platform around four pillars.

1. Individualised education and therapy

Each child comes in with a unique profile. Special educators, speech therapists and physiotherapists build Individualised Education Plans (IEPs) that combine:

- Special education for children with visual, hearing and intellectual disabilities using multi-sensory methods.
- Speech and language therapy for articulation, fluency, understanding and expression, including augmentative and alternative communication where needed.
- Physical rehabilitation focused on mobility, posture, activities of daily living and fine/gross motor skills.

Sessions typically run 30 to 60 minutes, in one-to-one or small group formats, using standard rubrics for communication, literacy, numeracy, self-care and behaviour. Goals are reviewed every quarter.

2. Assistive technology and aids

The program assesses children for hearing devices, low vision aids, mobility supports and classroom accommodations. It provides orientation and mobility training, Braille or large print resources and basic environmental adaptations. While the absolute number of assistive device episodes is small compared to total sessions, they are often game changers for individual children.

3. Vocational readiness and transition

For adolescents, the focus shifts to the future. Children aged roughly 12 to 18 years move into prevocational routines and vocational training in areas such as stitching, craft work, basic retail tasks, horticulture and housekeeping. Along with technical skills, they practice time management, teamwork, communication and safety. Wherever suitable, links are built to mainstream or sheltered work options and, if relevant, preparation for NIOS or similar bridge pathways.

4. Family and community enablement

Families are central to the model. Caregivers are trained in simple home-based routines and exercises. They receive pictorial home program cards and periodic phone nudges. The program maintains referral ties to district hospitals and OP Jindal Hospital for diagnostics and medical management. It also engages with schools and ICDS for early identification, stimulation and classroom inclusion.

A weekly rhythm of micro planning, IEP case conferences and progress reviews ensures that every child has a living plan, not just a file.

Budget, intensity and cost pattern

Over the period, Jindal Asha has moved from a lighter touch, volume-heavy phase to a more therapy-intensive, case-deepening phase.

Item	Broad pattern
Total CSR budget (4 years)	~₹20.45 crore
Total utilisation	~₹13.43 crore
Utilisation trend	Rising with scale, near parity with budget in FY25
Service episodes (all sessions)	~31,000 → ~47,000 per year (with mix shift)
Episodes per enrolled child	From ~70 to a peak of ~127, now ~87

Cost per service episode was lowest when sessions were shorter and more group-based and rose as more therapy hours per child were invested, especially from FY24 onward. Cost per enrolled child increased sharply in the high intensity phase and then moderated as operations stabilised and efficiencies were found.

From a development lens, this is expected. High-quality, multi-disciplinary work with CWSN and PwD is labour-intensive. The shift in cost pattern reflects a conscious decision to deepen impact per child, not just maximise counts.

How the service mix is evolving

The program delivers a wide range of services across education and therapy. Over four years, the mix has shifted.

Service volume dynamics (FY22–FY25):

- Speech therapy has grown the fastest, reflecting better identification of speech-language needs and increased therapist capacity.
- Special education for children with intellectual and visual impairments remains the single largest block of sessions, together forming almost half of all episodes in FY25.
- Physical rehabilitation has grown overall but dipped slightly in the latest year as sessions became longer and more complex.
- Vocational training volumes dipped modestly as older cohorts transitioned out, and staff time shifted to transition planning and follow-up.
- Assistive device support is a small but strategic category and has begun to show a rebound.

A simple view of the FY25 mix is below.

Service category	Approximate share of sessions (FY25)
Special education – intellectual & VI	~46% combined
Physical rehabilitation	~20%
Speech therapy	~16%
Special education – hearing impaired	~9%
Vocational training	~7%
Other & assistive device support	Small, but high impact for those served

The overall direction is clear. Jindal Asha is becoming more therapy-intensive and IEP-centric, investing more time where needs are complex, and gains take patience.

Inclusion, accessibility and family experienceInclusion is not treated as a slogan but as design.

- Girls and first-generation learners are actively brought in, with timings that avoid unsafe travel hours.
- Sign language, Braille, large print, picture exchange and AAC are used as normal classroom tools, not as “special” exceptions.
- Transport stipends and escort support make attendance possible from remote hamlets.
- Safeguarding protocols, privacy for counselling and structured grievance channels protect children and caregivers.

Caregivers report that they are more confident in handling their child's behaviour, communication and daily routines. Home programs help progress continue outside centre hours. Teachers and Anganwadi workers in the catchment areas increasingly see Jindal Asha as the place to turn to when they notice developmental delays.

What Is Working Well

Jindal Asha is building on a set of strong foundations that are already delivering visible change for children with special needs (CwSN) and their families. The programme has seen sustained growth in speech and multi-sensory special education, driven by dedicated therapist time and clear, measurable Individualised Education Plan (IEP) goals. A disciplined IEP process and regular case conferences ensure that all therapists work from a single, consolidated plan for each child, reducing confusion and creating a coherent pathway for progress.

Caregiver engagement is another key strength. Parents and family members are actively involved in sessions and supported to follow simple, structured routines at home. This helps skills generalise beyond the centre, allowing children to practise communication, movement and daily living activities in their natural environment. At the same time, strong referral ties with hospitals, schools and ICDS platforms are enabling faster diagnosis, timely intervention and better convergence of services around each child.

Looking Ahead: Deepening and Scaling What Works

Looking ahead, these strengths can be systematically scaled and deepened. The current growth in speech and multi-sensory education can be expanded to reach more complex cases and more geographies, using the existing IEP framework as a backbone. The IEP discipline and case-conference culture can evolve into standardised protocols and toolkits that guide practice across multiple centres.

Caregiver engagement and home routines can be developed into more formal home-based modules, peer support circles and simple digital support (messages, videos, checklists) so that families feel confident and less isolated. Referral relationships with hospitals, schools and ICDS can be strengthened into structured partnerships, where inclusive practices, rather than one-off accommodations, become the norm.

Risks and Mitigation

The model does face a set of operational risks: therapist turnover, gaps in assistive device maintenance, seasonal dips in attendance (e.g., during extreme weather or festivals) and caregiver

fatigue over time. Mitigation strategies are already in play. These include building a pool of trained local assistants to cushion turnover, scheduling dedicated "device after-care" days to keep equipment functional, offering flexible session options to accommodate seasonal constraints, and designing lighter, more flexible home routines that are recognised with small appreciation touchpoints for families. Together, these measures help sustain the quality and continuity of care as the programme grows.

Contribution to Viksit Bharat and the Larger Ecosystem

For India to achieve the Viksit Bharat 2047 vision of "no one left behind," children and adults with disabilities must not remain at the margins of education, work and community life. Jindal Asha speaks directly to this national requirement.

• Viksit Bharat 2047 – "No One Left Behind"

The programme enables CwSN to learn, communicate and participate more actively in everyday life, aligning with the core inclusion mandate of a developed India.

• Inclusive Education and Skills

By strengthening foundational communication, cognitive and motor skills, Jindal Asha helps bridge CwSN into mainstream schooling and, over time, into vocational and skilling pathways.

• Early Childhood Development and School Readiness

Collaboration with ICDS and local schools supports early stimulation, school readiness and smoother transitions into formal education for young children with developmental delays.

• Economic Participation of Persons with Disabilities (PwD)

Through basic work-readiness training and supported transitions into simple work tasks, the programme lays the groundwork for future economic participation of PwD.

• Family Resilience and Mental Wellbeing

Regular guidance, counselling and practical support reduce parental stress and isolation, improve coping capacity and foster a more accepting environment at home and in the community.

Beneficiary Voices

Angul, HI pathwa: “After the new ear mould, I can hear my name clearly. The class is quieter with curtains, and I answer faster.”

Raigarh, speech articulation: “We practised ‘ka-ga’ with pictures. Now my words don’t get stuck; I read aloud in morning assembly.”

Patratu, physical rehab: “The stretches looked hard, but the helper showed me slowly. Now I climb the two steps to our room.”

Raigarh, ID, specialised: “Counting beads and sorting spoons made homework easier. I can set the table at home myself.”

Angul, VI support: “The big-print sheets and lamp help me read longer. I can find the science page without help.”

Patratu, caregiver: “The home card was simple—three small tasks. We do them after dinner; he sleeps better and listens more.”

Patratu, assistive follow-up: “When the hearing aid whistled, they fixed it and taught us cleaning.”

Angul, parent of HI child: “Earlier we shouted his name from the courtyard. Now, with the new mould and practice games, he turns the first time. Our home is calmer.”

Raigarh, mother of child in speech therapy: “Before therapy, even we could not understand his words. Now he says full sentences; I am not afraid to send him to school anymore.”

Patratu, father of child in physical rehab: “He used to crawl to the verandah. After the exercises they taught us, he stands holding the rail and even walks a few steps to the gate.”

Raigarh, caregiver of child with ID: “The teachers showed us how to use beads and spoons at home. Now homework is not a fight—he finishes and proudly helps set the table.”

Angul, mother of child with low vision: “With the big-print books and lamp, she reads her lessons herself. I worry less about her future because she is not fully dependent on us.”



Ripple Effects on Families and Institutions

Every child who learns to communicate a need, move more independently, manage daily activities or engage in simple work tasks represents a direct gain for the family and the wider community. Parents feel less isolated and more hopeful, siblings see inclusion modelled at home and in local institutions, schools, Anganwadi centres, and health facilities, and gradually build the capacity to adapt their environments and practices to be more inclusive. In this way, Jindal Asha not only transforms individual trajectories but also nudges the broader ecosystem towards a more inclusive Viksit Bharat.

5.2.2 O.P. Jindal Scholarship, Access, Retention, and Progression

The O.P. Jindal Scholarship exists to do something very specific and very important: ensure that bright students from low-income families are not forced to drop out just when education becomes more demanding and expensive, particularly in Classes 9 to 12 and as they move into higher education. It combines merit-cum-means support with steady academic assistance and basic career and college guidance, so that performance, attendance, aspiration, and transitions into further studies move forward together.

The programme operates across Angul and Barbil in Odisha, Raigarh in Chhattisgarh, Patratu in Jharkhand, and O.P. Jindal schools. Through a mix of scholarship awards and outreach activities, it has reached nearly 30,600 students so far, with a more detailed assessment of around 1,500 students across these locations to understand how the support is shaping educational continuity and future opportunities.

Footprint	170 villages (Angul 90; Barbil 7; Patratu 41; Raigarh 32) across 91 GPs (Angul 52; Barbil 1; Patratu 19; Raigarh 19)
Beneficiary universe	30,600 students reached through awards/outreach across locations
Sample for assessment	n = 1,500 students (multi-site)

Eligibility & operations (current rules)

- Targeting EWS students (family income < ₹2 lakh/year).
- Direct benefit transfer on successful completion of the academic year; the institute must certify performance and conduct.
- Renewal threshold: minimum 70% in annual exams.
- CSR study sessions run during evenings/weekends; scholarship communication and verification handled at the CSR unit level.

What the program does

The scholarship is deliberately more than cash. It operates on three rails:

- Financial bridge, annual award (size varies by grade/stream) to reduce the all-too-common cliff at Classes 9–12.
- Academic backbone, Jindal-organised study sessions, remedial support, and peer groups to steady performance before boards.
- Guidance & exposure, career talks, college entrance orientation, and (where available) short training modules to widen post-school options.

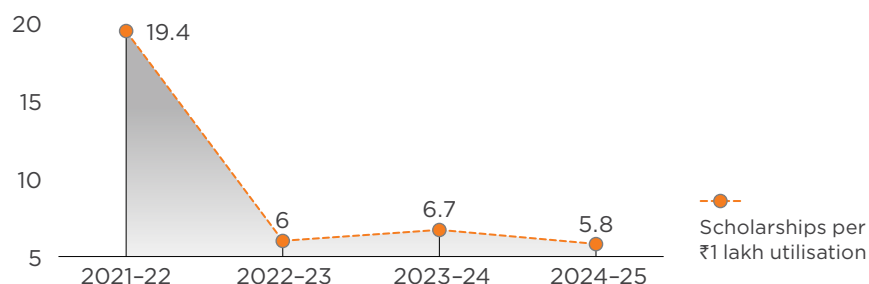
This combination aims to lift marks, sustain attendance, and extend aspiration without forcing students to choose between work and school.

Budget vs. Utilisation vs. Scholarships

FY	Budget (₹ Cr)	Utilization (₹ Cr)	Utilization Rate	Scholarships Awarded	Avg. ₹ / Scholarship*
2021-22	0.23	0.23	100%	446	₹5,157
2022-23	1.10	1.10	100%	662	₹16,617
2023-24	1.44	0.88	61.1%	593	₹14,842
2024-25	2.25	1.13	50.2%	650	₹17,385
Total	5.02	3.34		2,351	

Average scholarship size is calculated as total utilisation divided by the number of scholarships awarded in that year. Over the four years, the number of awards has grown from 446 to 650, an overall increase of about 45.7%, with a year-on-year pattern of +48.4%, -10.4%, and +9.6%. Utilisation rates were a full 100% in FY22 and FY23, dipping in FY24-25 mainly because some disbursement cycles and verification processes were still underway at the time of assessment. The average ₹ per award has risen from roughly ₹5,100 to about ₹17,400, in line with higher award amounts for senior grades, added costs of coaching and study support, and general inflation in learning materials and testing expenses.

Throughput efficiency



Higher values imply **lean cash transfer years**; lower values point to **richer support packages** per student (coaching, guidance, materials), which is often appropriate for Classes 10-12.

What is happening in students' lives

Survey data from 1,500 students gives a useful picture of habits and outcomes.

Area	Picture from the sample
School status	93.5% in school; 6.5% currently out of school
School type	41.9% private; 37.2% government; 20.9% OPJ schools
Daily study time	78.3% study more than 2 hours; 21.7% less than 2 hrs
Exam performance	58.7% score above 75%; 41.3% between 50-75%
Use of Jindal study sessions	78.3% attend CSR-organised sessions

The link between discipline and exam outcomes is clear: students who study more than two hours a day are more likely to be in the higher mark band. Evening sessions, peer groups and the renewal rule work together to keep study routines regular.

Engagement goes beyond marks. Around 46 per cent of students report serving as class monitors, and a similar share says they mentor peers. A smaller group has led projects. These leadership roles build

confidence, communication and responsibility, which are essential for later transitions into college and work.

At the same time, only about 13 per cent report receiving academic kits such as books or stationery, and a large majority have asked for higher financial support, more career guidance and more training opportunities. This reinforces the idea that students see the scholarship as a gateway, not just a one-time payment.

How the scholarship system is structured

Selection, renewal and completion follow a reasonably clear architecture:

- Applications are screened at the CSR unit level for income, marks, attendance, conduct and school endorsement.
- Money is released via direct benefit transfer at the end of the year after verification, which helps reduce misuse and align support with successful completion.
- A minimum of 70 per cent marks is used as a renewal threshold. Students who fall short can be placed on a probation band with required remedial hours rather than being dropped without support.
- Academic supports include two to three evening study circles per week, monthly mock tests and teacher "office hours" around board exams and major entrance tests.

- Career bridges include local career days, simple entrance orientation and short digital literacy or communication modules where feasible.

Equity measures include a tight income focus, proactive outreach to girls, attention to safety and transport concerns, and mobile or offline application support in remote villages. Students with special needs are linked to Jindal Asha for tailored learning plans.



Link to Viksit Bharat and the wider education agenda

For India to become a developed country, it needs a pipeline of capable, confident young people who finish secondary education and progress into higher studies, ITIs and skilling with minimal financial friction. The O.P. Jindal Scholarship contributes to this in several ways.

National/societal goal	How the scholarship contributes
Viksit Bharat 2047 – strong human capital	Keeps high-potential EWS students in school and exam-ready
Access and equity in secondary education	Reduces dropouts at Classes 9–12 in rural and semi-urban belts
NEP and skilling pathways	Connects school students to higher education and training options
Women’s education and empowerment	Prioritises girls in outreach and counselling
First-generation learners’ progression	Provides guidance where families lack information

Each student who crosses the Class 10 and 12 barrier and goes on to college, ITI or a meaningful training program adds directly to the country’s productive base.

Looking Ahead

The scholarship can build on a strong foundation of what is already working well, high school attendance and study discipline reinforced through evening sessions, peer groups and DBT-linked conditions; strong academic performance driven by regular practice, mock tests and approachable teachers; and leadership exposure through structured roles in school and CSR activities that nurture confidence and agency. The clear renewal rule at 70% acts as a performance anchor without feeling arbitrary, giving students a tangible goal to work towards. The next phase can focus on strengthening support for borderline performers who hover just below the renewal threshold, expanding mentoring for exam stress and subject backlogs, and more intentionally tracking and supporting transitions into higher education so that the gains in attendance, discipline and confidence translate into completed degrees and employability, not just better school results.

Beneficiary Voices

Angul, Class 10: “Evening sessions helped me finish math papers on time. I went from 62 to 78.”

Raigarh, Class 11: “I didn’t know about scholarships for +2. The counsellor explained filling the form step by step.”

Barbil, Class 9: “My parents were ready to stop tuition. The scholarship covered books and the test fee.”

Patratu, Class 12: “The mentor showed college websites and deadlines. I applied to three places on my phone.”

OPJ school student: “I lead a study group now. We do one past paper each week before physics.”

Government school student: “I got the award late last year. This time, the teacher helped upload marks faster.”

Angul, girl student: “Bus money for the centre and a kit with a calculator made a big difference.”

Patratu, Class 11: “I joined the communication workshop; now I can present in English without freezing.”

Angul, alumnus (first year college): “The renewal rule pushed me to keep 70%+. I also tutor my juniors on weekends.”

5.2.3 Savitri Jindal DAV School, Quality Schooling Anchor (Angul, Odisha)

A Quality Schooling Anchor for First-Generation Learners

Savitri Jindal DAV School SJ-DAV in Angul is designed as a steady, high-quality K-10 school for families who want strong academics, safety and values, but cannot afford high-fee private options. It acts as a “reference school” for the area, showing what safe, affordable, modern schooling can look like in a semi-rural setting, especially for girls and first-generation learners.

The core objective is clear: deliver safe, affordable, high-quality schooling that blends academics with sports, arts and digital learning, while modelling practices that other nearby schools can adapt.

What the school does

DAV-SJS functions as a **local quality benchmark** with four operating rails:

Teaching & learning,

structured lesson plans, smart boards/digital content in core subjects, monthly low-stakes quizzes, and targeted remediation in math and language.

Student wellbeing & safety,

clear conduct code, girls’ safety and hygiene measures (including sanitary pad machines), counselling time, and a grievance loop that students trust.

Holistic exposure,

sports, arts, science fairs, and inter-house competitions each term to build confidence, collaboration, and communication.

Family & community link,

affordable fee policy, Poor Boy’s Fund for books/ materials, teacher home visits when needed, and regular open-house meetings.

What the school actually does

DAV-SJS runs on four operating rails that keep the school balanced between academics, well-being and community trust.

Teaching and learning

The instructional core is structured but not rigid. Teachers use planned lesson sequences, smart boards and digital content for core subjects, and run monthly low-stakes quizzes to catch learning gaps early. There is targeted remediation in mathematics and languages, including after-school support blocks where needed.

Student well-being and safety

Safety and dignity, especially for girls, are non-negotiable. The school follows a clear conduct code, has visible female staff at key points, and provides menstrual hygiene support, including sanitary pad machines. A basic counselling space and a functioning grievance loop give students confidence that concerns will be heard.

Holistic exposure

Every term, children participate in sports, arts, science fairs and inter-house competitions. These activities are not treated as extras but as part of what builds confidence, teamwork and communication skills.

Family and community link

Fees are intentionally low (around ₹1,650 per year), and a Poor Boy’s Fund supports books and materials for students who might otherwise drop out. Teachers visit homes when needed, and regular open house meetings keep parents informed and engaged.

Budget, utilisation and cost per student

Over the last four years, DAV-SJS has invested steadily in improving its learning environment.

FY	Budget (₹ Cr)	Utilisation (₹ Cr)	Utilisation rate	Approx. Cost per student*
2021-22	0.97	0.92	94.8%	~₹25,800
2022-23	1.35	1.19	88.1%	~₹33,000
2023-24	2.00	1.63	81.5%	~₹43,500
2024-25	2.00	1.86	93.0%	~₹48,300
Total	6.32	5.60		

*Utilisation divided by enrolment in that year.

Cost per student has gradually risen as the school has added digital classrooms, improved labs and strengthened hygiene infrastructure. After a heavy investment phase in FY23-24, utilisation is again close to budget in FY24-25, suggesting that the school has absorbed the upgrades and is operating at a stable level.

Coverage and outcomes

From the school MIS, a few key patterns emerge:

- Attendance improved sharply after FY22 and now holds around 91-92 per cent.
- The student body is roughly balanced in terms of gender, with a positive trend for girls.

- Std. X outcomes have been consistently 100 per cent pass across four years.
- Average board scores have fluctuated (mid-60s to mid-70s), with a dip in FY23-24 and a partial rebound in FY24-25.

Year	Enrolment (B/G)	Attendance rate	Teacher-pupil ratio	Board result (Std. X)
2021-22	356 (196 / 160)	82.0%	1:24	100% pass; avg -74%
2022-23	361 (199 / 162)	91.0%	1:23	100% pass; avg -74%
2023-24	375 (204 / 171)	92.0%	1:25	100% pass; avg -64%
2024-25	386 (206 / 180)	91.5%	1:25	100% pass; avg -69%

The teacher-pupil ratio remains within a healthy band, allowing for remedial work and extra attention for weaker students.



What parents and students say

Feedback from about 100 parent-student respondents adds depth to the numbers:

- Around 89 per cent of students have been in the school for more than three years, suggesting strong trust and low churn.
- A similar share prefers digital or smart board-aided lessons along with regular classroom teaching.

- Roughly 91 per cent do not wish to change schools, reflecting satisfaction with the environment and teaching.

- About 94 per cent report scoring above 60 per cent in exams, aligning with the MIS picture of near universal pass and a solid middle performance band.

English is the most liked subject for just over a quarter of students, followed by Odia. Mathematics is the least favoured for nearly three-quarters of respondents, signalling a clear opportunity to rethink math pedagogy, especially in the middle and high grades.

Parents and students highlight the following strengths:

- A safe environment, particularly for girls.
- Inclusive admissions, with students shifting in from other schools for better quality.
- Supportive teachers who organise remedial classes and sometimes visit homes.
- DAV-driven teacher training that keeps methods reasonably current.
- Affordability, with the Poor Boy's Fund acting as a cushion against dropouts due to a lack of materials.

Quality, Equity and Inclusion

Quality and equity show up in the school's everyday routines rather than just in policy documents. Safety and dignity are reinforced through clear rules, visible female staff presence at critical points, menstrual hygiene facilities and a complaint box that is regularly reviewed. Classroom instruction is supported by monthly unit tests, "mistake bank" notebooks that help children track and correct repeated errors, dedicated problem-solving hours and reading circles that build fluency. Teacher development blends DAV-led trainings with short in-house micro-sessions where teachers demonstrate new techniques to peers, while new joiners receive bridge support and children with special needs are referred to Jindal Asha with exam accommodations where appropriate. Parent academies and mothers' committees give families a voice in safety and hygiene oversight and help them better understand homework habits, screen use and exam readiness



broader CSR portfolio. Looking ahead, strengthening maths pedagogy, stabilising mean board scores, piloting pooled transport options, tying into relevant government schemes and building light but useful data systems will help SJ-DAV move from being "the good school in the area" to a true model of rural and small-town quality schooling.

Contribution to Viksit Bharat and the Way Forward

For India's Viksit Bharat vision, quality schooling for first-generation learners and girls in district towns is as important as big reforms in metros, and Savitri Jindal DAV School contributes directly to this agenda. It provides a safe, affordable K-10 option that keeps children, especially girls, in school; offers a structured, digitally enabled learning environment that other local schools can observe and emulate; builds confidence, language skills and basic leadership through sports, arts and school roles; and acts as a feeder and partner to scholarship and skilling programmes in the

Beneficiary Voices

“The class feels respectful. My daughter says teachers listen and explain again without scolding.” — **Mother, worker colony**

“I used to freeze in maths. Now we do short quizzes on the smart board, and I can spot my own mistakes.” — **Std. IX boy**

“Fees are manageable, and when my son needed books, the Poor Boy’s Fund helped without making us feel small.” — **Father, daily wage**

“Teachers came to our lane when I missed classes. That visit changed my mind about dropping out of school.” — **Std. X girl**

“We stayed here ten years because it’s safe. She can attend sports and art without worry.” — **Mother, village on the outskirts**



5.2.4 O.P. Jindal School, Network of Quality Schools (Odisha, Jharkhand, Chhattisgarh)

A CBSE Pipeline for the Aspirational

The O.P. Jindal Schools (OPJS) form a network of full-stack CBSE schools across Odisha, Jharkhand and Chhattisgarh. Spread over industrial townships and their surrounding villages, the network is designed to do three things well: deliver strong academics, give real co-curricular exposure, and provide clear guidance into higher education and careers, while staying accessible and respectful to families from mixed economic backgrounds.

Across seven campuses in Angul and Barbil (Odisha), Patratu (Jharkhand), and Taraimal, Kunjemura, Savitri Nagar and Raigarh (Chhattisgarh), the schools together educate over 11,500 students a year, supported by more than 500 teachers.

Footprint and scale at a glance

Parameter	Detail
Locations	7 campuses in Odisha, Jharkhand, Chhattisgarh
Annual enrolment	~11,500 to 12,000 students
Teaching staff	509
Student-teacher ratio	About 23:1
Sample for this assessment	~1,200 students and parents

The network has grown into a long-term schooling choice for many families. Over 70 per cent of sampled students have been enrolled since before 2022, which signals durable trust, not quick churn.

What the network does

Academic core:

structured lesson plans, smart classrooms, lab-intensive science teaching, frequent low-stakes tests, and targeted remedials for board years.

Holistic growth:

sports, performing arts, science fairs, student magazine, clubs; leadership roles are built into the school routine.

Guidance & pathways:

counselling for JEE/NEET/CUET, college and career talks, and study clinics before board/entrance peaks.

Access enablers:

fee waivers (up to 75% for land-acquisition families; 25% for JINDAL STEEL employees), transport, educational kits, and equity support for financially constrained households.

Safety & wellbeing:

counselling, health vans/first-aid rooms, CCTV, clean campuses, and a consistent dignity protocol for students, especially girls.

Facilities common across sites

Smart boards; science & computer labs; libraries; language/communication labs; large sports infrastructure; music/art studios; robust IT; safe, hygienic campuses; transport fleets.

Impact snapshot (cumulative across years)

422 admissions to IITs/NITs/other top institutes (IIT **4**, NIT **26**, NEET **14**, Others **148**).

116 Chartered Accountants; **112** doctors (including AIIMS); **155** into other prestigious institutes via CUET.

Annual cumulative enrolment **11,500+** with **509** faculty across seven locations.

Budget vs Utilisation vs Enrolment

FY	Budget (₹ Cr)	Utilization (₹ Cr)	Utilization Rate	Students Enrolled
2021-22	1.59	1.52	95.7%	11,956
2022-23	3.40	1.84	54.1%	11,778
2023-24	19.06	12.99	68.1%	12,800
2024-25	3.00	1.47	49.0%	11,890
Total	27.05	17.82		48,424

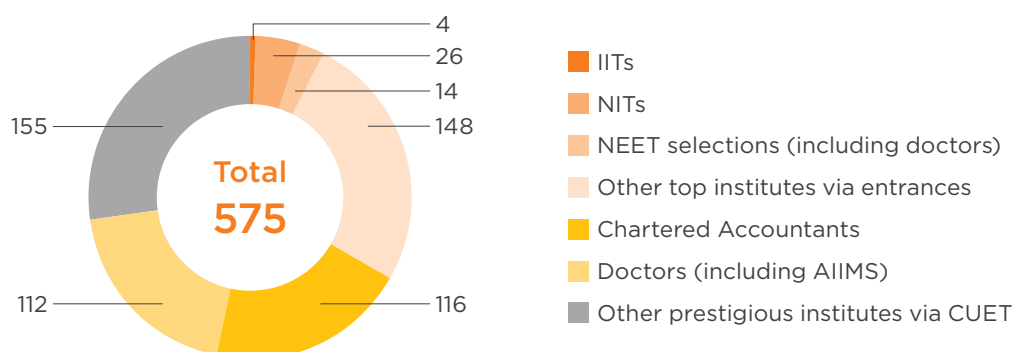
Unit economics

FY	Cost per Student (₹) *	Students per ₹1 Cr Utilisation
2021-22	1,272	7,870
2022-23	1,562	6,399
2023-24	10,148	985
2024-25	1,236	8,087

Progression and outcomes: where students go

The impact of the network shows strongly in progression. Across years, OPJS alumni have entered a wide range of competitive and professional tracks.

Admissions (%)



These numbers reflect a clear “study → guidance → competitive exam” pathway. They also signal that students from industrial townships and nearby villages are not hitting a ceiling at Class 12 but are moving into nationally competitive spaces.



Who enrolls, what they experience

Student voice offers a clear picture of why the schools matter.

Longevity and reasons for joining

- 70.3 per cent of students have been with OPJS since before 2022.
- Another 16.2 per cent joined two to three years ago.
- 13.5 per cent came in the last year.

What students value most



Attendance performances are robust, with just over four in five students maintaining more than 75 per cent attendance. Extra classes are widely used and seen as the backbone that builds exam confidence.

When asked why they joined:

Reason for joining (multi-select)	Share of respondents
Reputation as an “excellent school”	97.3%
Economic aid as a factor	10.8%

Reputation, rather than short-term perks, drives choice. Support matters, but is not the only draw.

Co-curricular participation and support

- Around 65 per cent participate in sports.
- About 62 per cent take part in science exhibitions.
- Roughly 35 per cent engage in performing arts.
- One in five contributes to the school magazine.

Economic support received

- Educational materials reach more than 80 per cent of sampled students.
- Uniforms or cycles reach nearly 38 per cent.
- Free outings or exposure visits support a similar share.

Sports and science together engage around two in three students, which fits the network’s strong push into STEM, while arts and magazines support language and confidence.

Contribution to Viksit Bharat

For a Viksit Bharat, quality schooling and competitive exam readiness cannot remain limited to metros and elite private schools. The O.P. Jindal School network contributes to this national goal by:

- Providing CBSE-aligned, lab-rich schooling to children of workers, staff and nearby villagers at an accessible cost.
- Creating a visible pipeline into IIT, NIT, AIIMS, CA and other top institutions from industrial belts in eastern and central India.
- Encouraging girls and first-generation learners to aim for higher education, supported by fee waivers, kits and safe campuses.
- Blending sports, arts, science and leadership so that students build confidence and not just marks.



Looking Ahead

The scholarship and school ecosystem can build on a strong base of reputation, satisfaction and equity supports, while responding more deliberately to emerging, needs and aspirations of stakeholders. A long-standing reputation and high retention, earned through consistent delivery and safe, orderly campuses, can now be leveraged to pilot deeper academic and career-support offerings in higher-load grades. High satisfaction with teaching and guidance, underpinned by structured academics and accessible counsellors, offers a natural platform to introduce targeted coaching, exam-prep clinics and “bridge to higher education” sessions. Co-curricular breadth, supported by good facilities and dedicated timetable space, can be aligned more explicitly with leadership, life skills and career exploration. At the same time, equity supports such as fee waivers, kits and transport should be protected and, where budgets allow, expanded, especially for free uniforms, learning kits and additional merit scholarships.

Beneficiary Voices

Angul, Std. IX: “Teachers stay back for doubt-clearing. My test papers improved once we started timed practice.”

Raigarh, parent: “We chose OPJ because it treats children equally. The counsellor called us when attendance dipped.”

Barbil, Std. X girl: “Transport made morning practice possible. Now I’m regular for science lab days.”

Patratu, Std. XI: “Career talk showed the difference between CUET and JEE. I made my subject plan right there.”

Taraimal, sports captain: “We have matches every term. Fitness sessions help me focus in class too.”

Kunjemura, teacher: “The smart board helps with diagrams; but we still do written steps first—then the demo.”

Savitri Nagar, parent: “Fee support kept both kids in school. The material kit arrived before exams this time.”

Raigarh, Std. XII: “The chemistry clinic solved my organic basics. I stopped fearing the subject.”

Barbil, arts club: “We publish a page in the student magazine; it’s the first time my poem was printed.”

Angul, bus route mother: “We need one more evening bus. It gets dark after practice.”

Patratu, alumnus (NEET): “Weekly mock tests and counselling worked together. I knew where I stood each month.”

5.2.5 O.P. Jindal Community College, Placement-Linked Skilling at Scale

Placement-Linked Skilling for a Viksit Bharat

O.P. Jindal Community College (OPJCC) was established with a clear purpose: to bridge the gap between young people's aspirations and the realities of the labour market in emerging industrial regions. It began as a response to two visible needs: local employers struggling to find job-ready workers, and rural youth, especially first-time workers and women, leaving school without any marketable skills. From inception, the aim was not just to "run courses" but to offer industry-aligned training that translates into real outcomes: jobs, apprenticeships, and viable self-employment, in line with the Viksit Bharat vision of productive, dignified work for all.

Working across Angul in Odisha, Punjipathra/Raigarh in Chhattisgarh, and Patratu in Jharkhand, OPJCC now serves a large, predominantly rural catchment. More than 2,100 villages across over 300 Gram



Panchayats fall within its administrative footprint. From these communities, over 1.6 lakh young people have been reached through a mix of training, counselling, and outreach, moving the original aim forward: to ensure that youth from industrial and mining belts are not left at the margins, but can step into skilled, sustainable livelihoods.

Key partners:

NABARD, NBCFDC/PM-Daksh, NSDC & Sector Skill Councils (e.g., CSDCI), Yazaki India Pvt. Ltd., Medhavi Skill University, Jabalpur Military Station, Mitwa Sankalp Samiti, MPCET, MSDE (Noida), among others.

Delivery model

OPJCC runs a hub-and-spoke skilling system with three moving parts:

Demand capture & course design

Training & credentials

- **Course lengths:** >6 months (55.4%), 3–6 months (24.0%), <3 months (20.7%), blending long-cycle trades with short job-ready modules.
- **Pedagogy:** workshops + labs, safety first, employability modules (English, digital, workplace norms).
- **Assessment & certification:** SSC/NSDC or university-linked (as applicable); centre tests for job readiness.

Employer MOUs and local labour market scans decide and **determine which trades are offered in each location and the appropriate batch size for each course.** Current portfolio spans **manufacturing & welding, construction, electrical, fitter, automotive (incl. diesel mechanic), carpentry, logistics, hospitality/retail, IT support, health attendant, and soft skills.**

Placement & after-care

A dedicated desk brokers **apprenticeships, wage jobs, and local self-employment;** alumni receive **90-day after-care** and re-placement support. Hostel beds exist at select sites; transport is arranged on high-density routes.

Budget vs. Utilisation

FY	Budget (₹ Cr)	Utilization (₹ Cr)	Utilization rate
2021-22	2.00	1.53	76.5%
2022-23	1.50	0.82	54.7%
2023-24	5.00	0.72	14.4%
2024-25	30.00	2.28	7.6% (YTD)
Total	38.50	5.35	

Training funnel and conversions

FY	Enrolled	Trained	Placed (target)	Train/Enrol	Place/Train	Place/Enrol
2021-22	1,108	1,004	853	90.6%	85.0%	77.0%
2022-23	2,782	2,722	2,314	97.8%	85.0%	83.2%
2023-24	2,376	2,362	2,008	99.4%	85.0%	84.5%
2024-25*	4,378	4,378	3,721	100.0%	85.0%	85.0%
Total	10,644	10,466	8,896	98.3%	85.0%	83.6%

*Ongoing batches; many cohorts certified late in the year, placement numbers are still maturing.

Cost efficiency

Unit costs (Utilisation ÷ Output)

FY	₹/ Enrolled	₹/ Trained	₹/ Placed
2021-22	₹13,809	₹15,239	₹22,368
2022-23	₹2,948	₹3,012	₹4,137
2023-24	₹3,030	₹3,048	₹6,040
2024-25*	₹5,208	₹5,208	₹32,996
Aggregate	₹5,026	₹5,112	₹11,761

What changes for learners and families

Feedback from around 1,600 learners and alumni shows clear patterns.

- Half of the respondents belong to very recent batches, and half are earlier cohorts, so the sample captures both fresh and longer-term trajectories.
- About two-thirds reported that they have already completed their courses; most of the remaining respondents are still training rather than having dropped out.
- Among those who are working, many found jobs within three months of finishing their course, and others within six months.

Most importantly, over nine in ten employed learners say the training was useful for their job, and a large majority rate its usefulness as “very high”. Many mention that while they still learn on the job, the college gave them the base skills, confidence and workplace behaviour needed to get in and stay in.

Learners and families talk about:

- Increased confidence, grooming and punctuality.
- Better clarity on career direction and future steps.
- First pay cheques help to reduce household volatility, support siblings’ schooling, and pay down small debts.

Storylines include domestic placements in fabrication yards, automotive suppliers, logistics and retail chains, security services, hospitals and facility management, as well as some international roles in Gulf service jobs.

When asked what they want more of, nearly three-quarters of learners point to more practical exposure and deeper industry immersion. This is a strong validation of the current model and a clear pointer for the next stage of improvement.

Access, inclusion and gender

OPJCC deliberately reaches youth who would otherwise be stuck between casual work and unemployment.

- Hostels at some centres and transport from high-density routes help those from distant villages attend regularly.
- Scholarships under government schemes and partner programs offset fees for many.
- New trades such as carpenter and diesel mechanic have been added, and girls' participation is rising in customer service, IT support, retail, hospitality and select technical roles, supported by safe campuses, separate facilities and curated job choices.

The college is slowly normalising the idea that young women, too, can take up skilled work in organised settings, not only informal or home-based labour.

Contribution to Viksit Bharat

A developed India will need millions of skilled workers who can build, repair, serve and innovate across sectors. OPJCC contributes to this vision by:

- Turning rural and semi-urban youth into confident, workplace-ready first-generation workers.
- Converting skilling from a certificate exercise into a placement-linked pipeline.



- Bringing women into service and technical roles with dignity and safety.
- Building local capacity in trades that matter for infrastructure, manufacturing, services and care.

Looking Ahead

As placement engines are tightened, practical exposure expanded, and women-friendly trades deepened, OPJCC can move from being a strong skilling project to a regional skilling system. In doing so, it helps ensure that the journey to a Viksit Bharat is powered not only by policies and investments, but by lakhs of young people whose skills, incomes and confidence have been built from the ground up.

Beneficiary Voices

Welding, Raigarh: “At first I feared grinders. Now I pass the fillet test and got hired at a fabrication yard.”

Electrical assembly, Angul (woman): “The lab was crowded, but mentors gave us extra time. My first salary paid my brother’s fees.”

Automotive service: “We practiced diagnostics on real vehicles. The service centre took me after a trial week.”

Retail & IT support: “English sessions and mock calls helped. I handle billing and basic system issues now.”

Carpentry (new trade): “Measuring and joints took weeks. Now I take small orders at home on weekends.”

Diesel mechanic: “Internship stipend kept me going. The workshop offered a full job after three months.”

Sustainable Livelihoods & Agriculture

Purpose & Positioning

Enable rural households, especially farming families and women SHG members, to earn more, earn year-round, and earn with less risk. The portfolio complements (not replaces) public schemes by fixing the last mile through:

- One dependable service window for inputs, credit, advisories, and market links (Jan Jeevika Kendra).
- Practical diversification beyond seasonal farming into non-farm/off-farm options.
- A water-soil resource backbone so gains don't slip.

Emphasis is on simple, bankable moves: small irrigation, climate-smart agronomy, basic processing, collective marketing, and placement/self-employment for non-farm jobs, including food products, beauty-care products, toiletries, and aromatics where local demand and sourcing make sense.

Context

Focus blocks are dominated by small and marginal farmers on rain-fed plots with uncertain prices and thin margins. Landless families depend on seasonal wage work with long lean months. Women shoulder livestock and home enterprises, yet often have limited control over cash and assets. Climate variability and degraded commons strain yields; public programmes exist but arrive fragmented at the household level.

A portfolio approach is therefore warranted: a single window (JJK) for day-to-day services, a basket of farm/non-farm/off-farm opportunities to smooth cash flow, and watershed investments that secure water and soil so productivity sticks.

Objectives

1. Higher, steadier household income, with ≥ 2 distinct income sources per family.
2. On-farm productivity gains: more irrigation-assured acres; better seed/soil; lower post-harvest losses; stronger price realisation via grading, aggregation, and timing.
3. Rural enterprise & jobs: micro-enterprises that survive beyond 12 months; skill-to-placement pipelines with ≥ 90 -day retention.
4. Women's economic agency: increased control over bank accounts, assets, and enterprise decisions through SHGs/FPOs.
5. Natural resource recovery: treated hectares, groundwater recharge, and village rules for water use and asset upkeep.

Delivery Architecture

Fixed, reliable touchpoints:

- Jan Jeevika Kendra (JJK): a single counter for credit/entitlements, input booking, soil testing, veterinary days, mechanisation, market information, enterprise support, and job counselling. Staffed by paraprofessionals (Krishi/Pashu/Jal Mitras) linked to SHGs, FPOs, and the Gram Panchayat.
- Farm, Non-Farm & Off-Farm Activities: climate-smart cropping and livestock packages; toolkits and working capital for home-based/village enterprises (including food processing, repair services, tailoring, beauty-care/toiletries, aromatics).
- Watershed Development: ridge-to-valley works, trenches, farm ponds, check dams, recharge pits, pasture revival, executed with MGNREGA/PMKSY convergence and community labour. These soil and water investments (including conservation, water harvesting, afforestation, and pasture development) improve water availability, reduce erosion, enhance soil fertility, and underpin climate-resilient agriculture.

All pieces are stitched together through simple plans and referral slips: every service request or buyer/employer lead is logged, followed up, and closed with feedback.

Convergence with Public Programmes

The portfolio leverages: NRLM (SHGs and enterprise credit), NABARD/SFAC (FPOs), ATMA/KVK (advisories, soil health), PMFME (processing), MGNREGA/PMKSY (asset creation), PM-KISAN and crop insurance, e-NAM/mandis and state procurement (markets), PMEGP/MUDRA (enterprise capital), and state livestock/dairy missions. The programme's schedule should be planned in coordination with government departments or institutions; assets and beneficiary lists are entered in GP registers for maintenance and future convergence.



Equity & Inclusion

Priority targeting of small/marginal farmers, landless households, SC/ST communities, women-led SHGs, youth, and persons with disabilities. Timing respects crop cycles and care work. Toolkits, stalls, and job roles are curated for women and first-time workers. Consent, dignity, accessible information (local language, plain visuals), and grievance redress are non-negotiable.

Data, Learning & Quality

Track the few numbers that matter in a light MIS with unique household IDs to avoid double-counting and follow end-to-end conversions.

Household:

income sources; seasonality; credit accessed; insurance status.

Farm:

improved-practice hectares; yield/acre; cost of cultivation; post-harvest loss; realised price vs mandi.

Enterprise:

starts; gross margin; 6/12-month survival; jobs created.

Watershed:

hectares treated; storage created (cum); irrigation-assured acres; O&M compliance. Monthly Plan-Do-Study-Act (PDSA) huddles fix bottlenecks (referral drop-offs, input delays, buyer no-shows).

Risks & Mitigations

Climate shocks & pests :

crop diversification; IPM; seed/fodder banks; insurance.

Price volatility & buyer risk :

FPO-led grading/aggregation; staggered sales; forward orders; basic storage.

Credit stress :

staged disbursements; grant + working-capital blends; cash-flow coaching.

Elite capture :

public beneficiary lists; rotating access to assets; third-party audits; grievance windows.

Asset O&M gaps :

watershed user groups with fee rules; GP resolutions for annual maintenance; scheduled repair days.

Safety in migration/off-farm roles :

verified employers; transport/hostel standards; helplines; post-placement check-ins.

Sustainability & Exit

From day one, roles are built for handover: JJKs shift to fee-for-service or SHG/GP management; paraprofessionals retained by FPOs/co-ops; watershed O&M sits with user committees under GP oversight. Exit/scale-down triggers include steady JJK footfall, repeat buyer orders, enforced watershed rules, and two seasonal cycles showing documented income uplift.

Learning Agenda

- Which bundles (water + crop + market vs enterprise + job) deliver the fastest, most durable gains by segment?
- Which JJK services (credit, inputs, advisory, market, jobs) drive repeat use and conversion to income?
- Which watershed assets yield the best ₹/acre across terrains?
- Which price-realisation tactics (grading, timing, collective sale) consistently beat baseline?
- What keeps women-run enterprises profitable beyond 12 months, and what mentorship cadence works?
- Lock a seasonal farm package: soil testing; seed/IBP/IPM kit; irrigation fix; post-harvest plan tied to FPO aggregation.
- Launch 2-3 high-yield non-farm toolkits per block (food processing, repair services, tailoring; plus, beauty-care/toiletries/aromatics where viable) with working capital and coaching.
- Align watershed works to irrigation outcomes, prioritise sites where farm ponds/check dams directly enable double-cropping.
- Publish buyer calendars and price boards; pilot one collective sale per season.

Near-Term Priorities

- Stand up JJKs with clear service menus, weekly micro-plans, and referral-to-closure tracking.
- Link youth to short skills with assured interviews; enforce 90-day after-care.
- Keep supervision human and frequent: weekly field huddles, joint visits with line departments, and quick problem-solving loops.



5.3.1 Jan Jeevika Kendra, Enterprise-Linked Livelihoods at Scale

Jan Jeevika Kendra (JJK) was conceptualised as an answer to a very specific gap: women in the community had skills, products and aspirations, but their work remained scattered, underpaid and invisible in the value chain. Many had been through one-off trainings or SHG meetings, yet lacked a stable system for raw materials, quality control, orders, pricing, or payments. JJK was designed as a “business backbone” for these women, an integrated platform where skills could be organised, aggregated and connected to real markets. From the start, the idea was simple but ambitious: take what women already know and do, and convert it into predictable, trackable income by giving them a shared business infrastructure.

Today, Jan Jeevika Kendras serve as the enterprise arm of the portfolio for women. Instead of stopping at training, they provide a physical and organisational hub where production, tools, storage, packaging, transport, buyers and payments are all tied together and professionally managed. The Kendras operate in Angul and Barbil in Odisha, covering 63 villages across 17 Gram Panchayats. Within this catchment, more than 30,000 women entrepreneurs can potentially plug into JJK over time. For this assessment, around 600 women were interviewed across locations, offering a grounded view of how the original concept is translating into livelihoods on the ground.

Key partners:

SHG federations/NRLM, KVK/ATMA, DIC/MSME, local haats/mandis and buyers, e-commerce enablers, NBFC/Mudra lenders.

Delivery model

JJK runs a hub-and-spoke enterprise system with three moving parts:

Demand capture & product selection

Local buyer scans and MOUs decide which product lines run where and at what volume. Current portfolio: tailoring & school uniforms, terracotta and eco-wares, sanitary pads, mushroom cultivation, LED assembly/testing, millet (mandia) products, and goatery add-ons.

Production support & quality

- Refresher sessions on a short cycle (task drills, costing, QA).
- Shared benches (sewing/finishing, LED testing, sealing & weighing), storage racks/cold boxes, and packaging & labelling stations.

- Standard QA checklists, price boards, and simple invoices; UPI-first payments.
- Toolkit lending and working-capital tie-ups via SHGs/NBFC/Mudra.
- Market access & O2C discipline
- Weekly buyer calendar per centre; pooled pick-ups to haats/retailers/ODOP outlets.
- Order-to-cash (O2C) tracked; 7-10-day payment SLAs; escalation if delayed.
- After-sales support for returns/defects and repeat-order onversion.

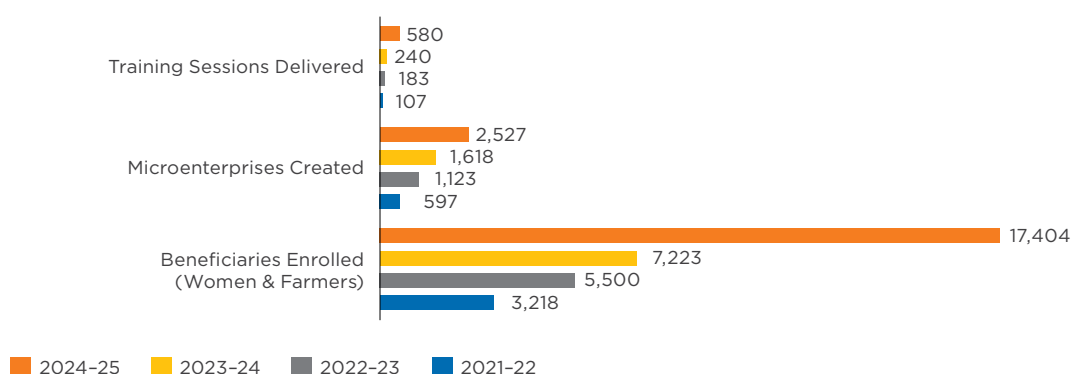


FY	Budget (₹ Cr)	Utilization (₹ Cr)	Utilization rate
2021-22	0.35	1.48	(legacy asset consolidation)
2022-23	0.89	0.77	86.5%
2023-24	7.20	0.30	4.2%
2024-25	5.38	1.01	18.8% (YTD)
Total	13.82	3.56	

Read the numbers. Allocations ramp up as centres add storage, benches, and logistics. Lower utilisation in FY24 reflects commissioning lags and back-loaded market contracts; FY25 is trending upward as storage/packaging lines and buyer days go live.

Enterprise funnel and conversions

Onboard → Refresher/Training → Toolkit/Credit → First sale via JJK → Repeat sales (≥2 cycles in ≤60 days)



*Ongoing year; repeat-sale numbers will rise as batches complete cycles.

Conversion (aggregate):

85.8% Train/Onboard
73.2% First-sale/Toolkit

Interpretation.

Training and first-sale conversions are strong when storage, packaging and buyer calendars are in place. Toolkit/credit issuance is the pinch point in thin-cap months; repeat-sale lift tracks directly with O2C discipline (≤10 days) and pooled transport reliability.

Participant profile and outcomes (from the primary sample)

Group strength:

88.8% are SHG members, good base for pooled logistics and credit.

Agency:

83.8% report a say in household decisions; 97.5% contribute to monthly spending.

Skills already present:

Tailoring 25.0%; LED 13.8%; Eco-products 13.8%; Mushroom 11.3%; Sanitary pads 11.3%; Terracotta 8.8%; Mandia 6.3%; Others 11.3%.

Baseline livelihoods:

11.2% already run a business; 6.25% hold wage jobs, large headroom for enterprise conversion.

Efficacy snapshot by line (qualitative):

Terracotta:

established and profitable once packaging and assured buyer days are in place. it.

Mushroom:

production steady; selling fast is the choke point, pooled transport helps.

LED assembly:

early stage; testing benches reduce returns and unlock repeat orders.

Contribution to Viksit Bharat and women-led development

Jan Jeevika Kendra sits squarely in the women-led development pillar of the Viksit Bharat vision. It:

Converts latent skills into cash flows that women can see and control.

Moves SHGs from only saving and lending into active, market-facing enterprises.

Gives rural women exposure to digital payments, pricing, quality norms and buyers without pushing them into unsafe spaces.

Builds a local layer of enterprise infrastructure (benches, storage, packaging, logistics) that can keep serving new cohorts over time.

As buyer calendars firm up, toolkit flows speed up, and order-to-cash cycles are consistently held under 10 days, JJK can become the backbone for a dense, women-led micro enterprise ecosystem in its geographies. In that sense, it is not just about more products on shelves. It is about shifting women from being “helpers” in the household economy to being visible, trackable earners in a growing, self-confident Viksit Bharat.

Looking ahead, Jan Jeevika Kendra can deepen what is already working while sharpening its focus on speed and reliability for women entrepreneurs. Shared benches, storage and packaging are already ensuring that products leave the Kendra “ready to retail”; the next step is to standardise more product lines and brand them consistently so women can command even better margins. The buyer calendar and pooled

logistics are giving predictable pick-ups and stronger price realisation, and can now be expanded to include a wider mix of institutional, retail and digital buyers. UPI-first payments and simple invoices have made receipts transparent and traceable, reducing disputes, this can evolve into a basic digital ledger for each woman, helping her track orders and plan cash flows. High SHG density among participants continues to be a major asset for aggregation, credit linkage and peer monitoring. Most importantly, women themselves are very clear about their priorities: they do not want “training for training’s sake” but faster toolkits, reliable transport, clear buyer commitments and quick, predictable payments. The way forward, therefore, is to treat JJK less as a project and more as a lean, local “business service centre” that is measured on one core outcome, steady, growing income in women’s hands.





Beneficiary Voices

Terracotta, Angul: “Same cup, new packing and label—the shop paid more and asked for repeat.”

Tailoring, Barbil: “The shared machine let us accept a school-uniform order without buying another.”

Mushroom grower: “With the market-day vehicle, I reach before spoilage.”

LED assembler: “The testing bench cut returns. The buyer now books in advance.”

Sanitary pad unit: “We learned costing. Bulk cotton price on the board saved us from overpaying.”

Eco-wares: “Photos on WhatsApp brought a new retailer. UPI payment came same day.”

Mandia flour: “Sealer and batch stickers got us into two stores.”

SHG treasurer: “Toolkit loan with cycle-matched repayment kept stress low.”

Enterprise mitra: “When O2C crosses 10 days, we escalate. It keeps buyers honest.”

First-time seller: “I never spoke to a shopkeeper before. With price cards, I knew my margin.”

5.3.2. Farm, Non-Farm & Off-Farm Activities, From Training to Income

From Training to Income and Resilience

The Farm, Non-Farm and Off-Farm Livelihood Schemes sit at the heart of income generation work across Angul, Barbil and Tensa in Odisha, Raigarh in Chhattisgarh and Patratu in Jharkhand. The idea is simple: every skill, asset and local opportunity should translate into regular, diversified household income, not just one-time projects or isolated training events.

Across 115 villages in 46 Gram Panchayats, the portfolio currently touches close to 30,000 women and more than 22,000 farmers. The focus is on small and medium holders and self-help group members who are keen to improve their farms, start or grow micro enterprises, or take up off-farm roles in local value chains

Delivery architecture

Three synchronised tracks, one income goal

Farm track (on-farm productivity & risk reduction)

- Crop plans and demonstrations; soil health cards and nutrient scheduling
- Water harvesting/MI adoption; seed treatment; climate-smart practices
- Group input procurement and harvest aggregation; price discovery and e-mandi onboarding

Non-farm track (home-based manufacturing & services)

- Short cycle skill refreshers (tailoring, food processing, terracotta, mushroom, sanitary pads, LED assembly/repair)

- Toolkit bundles + working capital via SHGs/NABARD; packaging/branding desks; pooled logistics to haats and retailers
- Enterprise clinics on costing, UPI billing and order-to-cash (O2C) tracking

Off-farm track (value-chain and service jobs)

- Custom-hiring centres (tillers, pump sets), input retail assistants, produce graders, collection agents, animal health workers
- Linkages to dairy/aggregators, logistics and retail shifts during lean Agri months

Operating principles

- Fixed calendars (training days, market days, buyer meets), communities can plan for
- One ID per participant to follow them from training → toolkit/credit → first sale/harvest → repeat cycle
- Order-to-Cash discipline: each invoice tracked to closure within 7-10 days
- Price boards and community dashboards published at the GP level

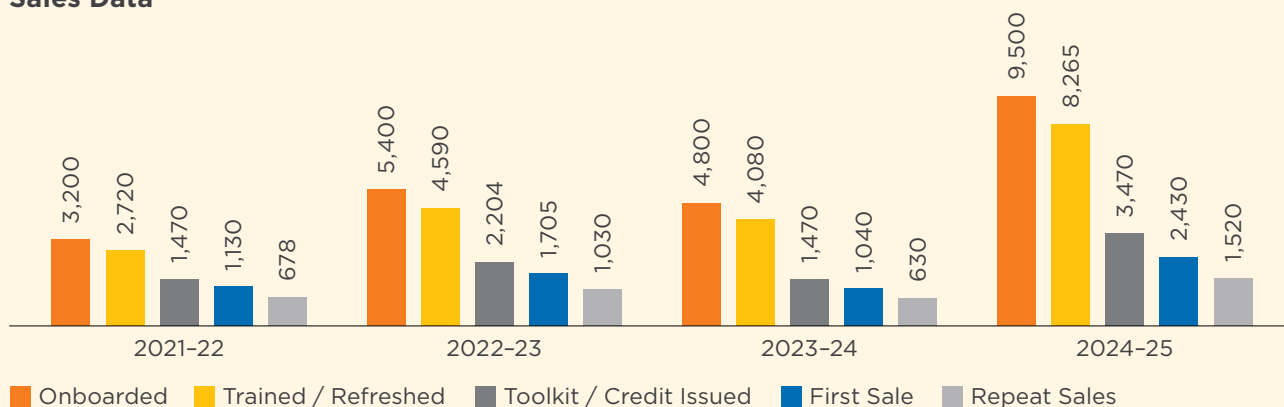
Budget vs. utilisation

FY	Budget (₹ Cr)	Utilization (₹ Cr)	Utilization rate
2021-22	0.68	0.75	110.3%
2022-23	2.17	1.46	67.3%
2023-24	12.81	0.22	1.7%
2024-25*	59.63	1.60	2.7%
Total	75.29	4.03	

*YTD disbursements; several large capex and market-linked tranches close later in the year.

Participation, enterprise creation and training throughput

Sales Data



*Ongoing year; many cohorts are mid-cycle and will mature into first and repeat sales post-harvest/production.

Conversions

Train/Enrol (proxy):

1,110 sessions for 33,345 people (average ~30 attendees per session)

Microenterprise creation rate (aggregate): 17.6%

Income effects

Average incremental household income (self-reported)

Women (₹/year)	Farmers (₹/year)
18,200	34,900
21,450	56,700
30,400	72,900
50,100	1,05,000

Growth trajectory

Women: +17.9% - +64.8%

Farmers: +28.6% - +62.5%

Interpretation.

Women's incomes accelerate as first-sale enterprises shift to repeat orders and better margins (packaging, brand, bulk inputs). Farmer income lifts track higher yields (soil & water work) and improved price realisation through aggregation and timing.

What is selling, and where

Angul:

Tailoring (uniforms), terracotta, food products, beauty care products, toiletries.

Barbil/Tensa:

Mushroom (with cold boxes), sanitary pads, LED assembly/repair; maize-vegetable rotations; smallholder irrigation kits

Raigarh/Patratu:

Pickles & dry snacks, spice grinding, eco-wares; cattle health camps and fodder planning;

Enterprise mix (share of 5,865 units)

Tailoring **28%**; Food processing **21%**; Mushroom **14%**; Goatery **12%**; Terracotta **8%**; LED/repair **6%**; Sanitary pads **6%**; Mandia & cereals **3%**; Others **2%**.

Income effects: what changes at home

Self-reported data from women and farmers show a steady upward shift in incremental income over time. As women move from first-sale status to repeat orders and better margins, and as farmers adopt improved practices and smarter selling, the additional money coming into households rises.

For women, yearly gains begin modestly but grow sharply once repeat orders and better pricing kick in. For farmers, increments track both yields and prices, with visible jumps as soil, water and aggregation work compound.

Beyond numbers, the key effects are:

- More predictable cash coming in across different months of the year
- The ability to handle small shocks without immediately borrowing at high interest
- More spending on children's education and basic health care
- Women having a clearer voice in household money decisions

Many women in the sample report that they now contribute regularly to monthly expenses and have a much stronger say in how earnings are used. For farmers, better price realisation through aggregation and timing can be as important as higher productivity in lifting net income.

What is working on the ground

Patterns across locations show a combination of familiar and newer opportunities.

- In Angul, tailoring for school uniforms, terracotta and mandia flour sit alongside improved paddy cultivation and goat rearing as steady income routes.
- In Barbil and Tensa, mushrooms, sanitary pads and LED assembly are taking root, supported by small irrigation kits and maize-vegetable rotations.

- In Raigarh and Patraru, pickles, dry snacks, spice grinding and eco products blend with cattle health work, fodder planning and custom hiring services.

Several enabling practices stand out:

- Storage and packaging units reduce damage and help products fetch better prices
- Weekly buyer calendars and pooled vehicles make it worthwhile to move small quantities
- UPI billing and simple invoicing cut down disputes and "lost" payments
- Dense SHG networks make it easier to cycle working capital and maintain order-to-cash discipline

Why this matters for a Viksit Bharat

For India to become a developed country, rural households cannot depend on one crop or one earner alone. They need a basket of farm, non-farm and off-farm incomes that together provide stability, flexibility and room to invest in the next generation.

The Farm, Non-Farm and Off-Farm Livelihood Schemes contribute directly to this vision by:

- Helping farmers produce more smartly and sell better, rather than just harder
- Turning women's skills into real, trackable micro enterprises, not token activity
- Opening value chain jobs that keep money flowing even when fields are quiet
- Using SHGs, PRIs and producer groups as the backbone so that systems endure

As market loops harden, order-to-cash cycles tighten, and more micro enterprises cross the one-year mark, these schemes can become a powerful, bottom-up engine for income security in their geographies. In practical terms, that is what a Viksit Bharat will look like in villages: not abstract prosperity, but households that stand on more than one leg, with women and farmers both playing confident, visible economic roles.

Beneficiary Voices

Tailoring, Angul: “Uniform orders became possible after the shared cutting table—we now meet school deadlines.”

Mushroom grower, Barbil: “The Thursday pickup means I don’t lose trays to heat; payments arrive on UPI by Monday.”

Terracotta artisan, Angul: “With packaging and labels, the shop agreed to a higher price and repeat order.”

LED assembler, Tensa: “The testing bench cut returns; the dealer now books in advance.”

Sanitary pad unit, Barbil: “Costing class helped. We stopped selling below cost once the price board went up.”

Spice grinder, Patratu: “Bulk raw material through the group halved my breaks in production.”

Paddy farmer, Angul: “Soil tests changed the fertilizer mix; yields rose, and we sold later at a better rate.”

Eco-ware maker, Raigarh: “A WhatsApp catalogue landed a new retailer; UPI keeps the account clear.”

Custom-hiring operator, Patratu: “Booking via the Kendra keeps the tiller running; repayments are on time.”

SHG treasurer, Angul: “Toolkit loans tied to O2C closure keep the cash moving; fewer defaults now.”

Enterprise mitra, Barbil: “We escalate when payments cross 10 days—that changed buyer behaviour.”



5.3.3. Watershed Development, Water Security & Soil Conservation for Resilient Livelihoods

Water Security, Soil Conservation and a Step Change in Farm Incomes

The Watershed Development program in Angul is the backbone of climate resilience and farm productivity work in the area. Its purpose is to restore catchments, recharge groundwater and protect soils so that smallholder farmers can grow more crops, for more months in a year, with lower risk and better prices.

The work is concentrated in 5 villages across 2 Gram Panchayats, covering more than 5,500 households, almost all of them smallholders.

Delivery architecture

How the model works (from ridge to root):

Catchment treatment (Ridge zone)

- Continuous/Staggered Contour Trenches (CCT/ SCT), earthen & stone gully plugs, farm bunds, vegetative barriers.
- Goal: slow runoff , from running water to walking water, to crawling water, to stopping water , and cut sediment loads.

Water harvesting & command development (Middle & valley)

- Check dams, percolation tanks, farm ponds, field channels, solar micro-lift schemes.
- Household-level irrigation enablers (drip/ sprinkler pilots where feasible).

On-farm productivity & risk reduction

- Soil testing & nutrient plans, improved seed kits, IPM/INM demonstrations, short agro-advisories aligned to rainfall.
- Cropping intensity and diversification packages (pulses, oilseeds, vegetables, short-duration paddy).

Institutions & O&M

- Village Watershed Committees (VWCs) with at least 40% women; by-laws on water turns, silt management and asset care.
- O&M corpus via water user fees + GP convergence; seasonal water budgeting exercises.

Market & finance

- Linkages to mandis/collectors, SHG microcredit for inputs, and FPO facilitation for aggregation and better price discovery.

Measurement & learning

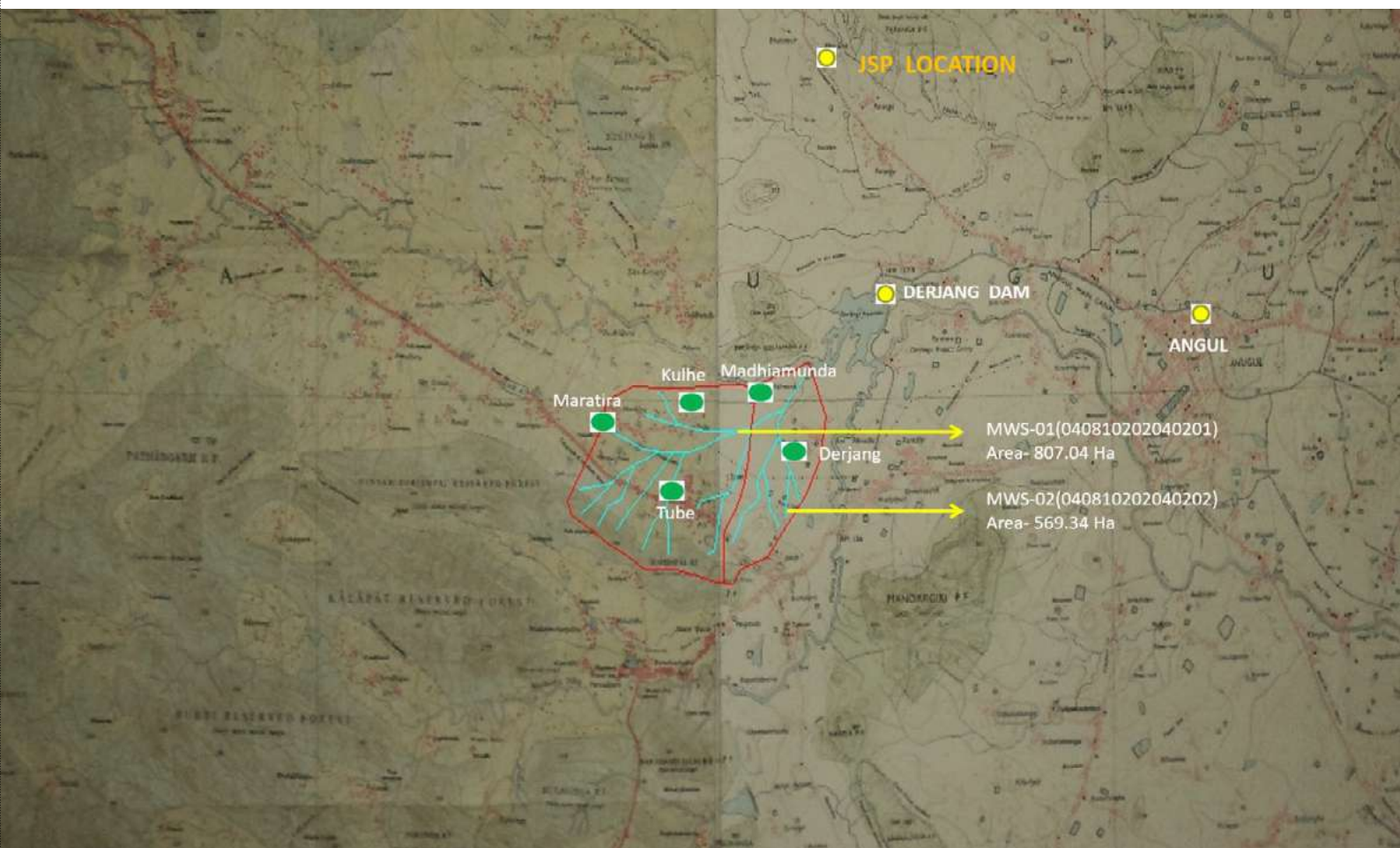
- Rain & discharge logs, observation wells for water-table tracking, plot diaries for yield and cost data, and seasonal after-action reviews.

Budget & utilization

FY	Budget (₹ Cr)	Utilization (₹ Cr)	Utilization rate
2021-22	0.03	0.05	166.7%
2022-23	0.62	0.53	85.5%
2023-24	1.11	0.71	64.0%
2024-25*	0.50		
Total	2.26	1.29	57.1%

*2024-25 spending is year-to-date; civil works and micro-irrigation payouts typically bunch after monsoon.

This is a classic smallholder landscape. Most farmers operate on less than 3 acres, depend on the monsoon and have limited buffers if rains fail or markets turn.



How the model works: from ridge to root

The watershed model follows a clear ridge to root logic so that every drop of rain is slowed, stored and used well.

1. Catchment treatment (ridge zone)

In the upper slopes, the program has built continuous and staggered contour trenches, gully plugs, farm bunds and vegetative barriers. The goal is to slow runoff so that water moves from running to walking to almost standing, and to stop soil from washing away.

2. Water harvesting and command development (middle and valley)

In the middle and lower parts, check dams, percolation tanks, farm ponds and field channels hold and move water. Solar micro lift schemes and pilots of drip or sprinkler irrigation are used where feasible so that stored water reaches fields, not just tanks.

3. On farm productivity and risk reduction

Once water and soil are more secure, the program supports farmers with:

- Soil testing and simple nutrient plans
- Improved seed kits and demonstrations on integrated pest and nutrient management

- Short agro advisories timed to rainfall
- Cropping intensity and diversification packages, including pulses, oilseeds, vegetables and short-duration paddy

4. Institutions and O&M

Village Watershed Committees, with at least 40 per cent women, set rules on water turns, silt management and asset care. Water user fees and GP convergence create a small O&M pool, while seasonal water budgeting exercises help decide who can irrigate what, when.

5. Market and finance

SHGs and farmer groups are linked to mandis and collectors. Microcredit supports input purchase. Two FPOs have been promoted to help farmers aggregate produce and improve price discovery.

6. Measurement and learning

Rain and discharge logs, observation wells, plot diaries and seasonal reviews are used to track what is happening to water tables, yields and margins.

What has changed in water and land

Over a decade of work, the hydrology of the treated micro catchments has shifted. Program records indicate:

- Water table levels in observation wells have improved on average by about one-fifth, with treated zones reporting substantially higher groundwater availability compared to the baseline.
- Gully erosion has dropped sharply in treated stretches, and around 4,500 acres are now under a better moisture regime and more reliable cultivation.
- Farmers report that open wells and ponds hold water for longer into the dry months, and that soils remain moist for more days after a rain.

This is the base on which any income changes sit. Without it, no amount of training or seed distribution would hold for long.

How farmer incomes have changed

Program MIS and panel tracking show a structural shift in agricultural income in the region where watershed work has been sustained and paired with better agronomy and market linkages.

In the core villages that have been followed over time:

- Average annual farmer income has increased from about ₹1.45 lakh to roughly ₹5.55 lakh per household, almost a fourfold rise over the long horizon.
- Total agricultural production in these areas has nearly doubled compared to the early years of the program.

- Where irrigation and improved practices are both present, indicative yield jumps are dramatic: pulses, oilseeds and vegetables show multi fold increases in productivity per hectare.

This change does not come from a single intervention. It comes from:

More crops per year

Farmers who earlier managed only one rain fed crop are now increasingly able to take a second, and in some pockets a third, especially vegetables. Even in the recent sample, about one in three farmers reported growing more than one crop last season, with diversified patches driving this shift.

Higher yields per crop

Better soil moisture, improved seeds, proper spacing, line sowing and basic IPM/INM practices together push yields into a higher band. Farmers commonly talk about “the same land giving more”.

Better timing and prices

With irrigation, farmers have more control over sowing and harvest dates. This means they can avoid the worst glut moments in local markets and are better placed to use aggregation or FPO channels to negotiate prices.

Lower risk and smoother cash flows

When a dry spell hits, the presence of stored water and micro irrigation options reduces crop failure risk. That means fewer distress loans and more income that can be used to reinvest or save.

While other programs, such as farm advisory and livelihood support, also contribute, watershed assets clearly provide the foundation that makes these gains possible and durable.

What farmers are doing differently

From the primary sample of farmers:

More than 80 per cent report adopting at least one new method in the last 2-3 seasons, such as better spacing, seed treatment, mulching or line sowing.

Around two-thirds have received some form of training on farming techniques or seed use.

A majority have taken loans in the last year, mainly for inputs and land preparation, which suggests they are investing in production, not just coping.

Satisfaction levels are high overall, with most farmers describing themselves as satisfied or happy with the changes, and a smaller group still flagging irrigation gaps as a concern.

Put simply, the watershed work has shifted the conversation from “will my crop survive” to “how do I get more and sell better”, although the last mile of irrigation is still incomplete for some.

What is working

What is working	Why it works
Catchment treatment and erosion control	Standard designs plus strong community labour
Women's presence in Watershed Committees	Links water governance with active SHGs
Better savings and credit access	SHG and bank linkages support equipment and inputs
Familiar open market channels	Low entry barriers and quick cash flow

The main risk now is not lack of assets, but underuse or inequitable use. Sedimentation, encroachment and weak O&M can erode gains if water user rules and funding for maintenance are not kept strong. Market shocks and monsoon variability remain real threats but are easier to manage when water and soil systems are more robust.

Why it matters for resilient, Viksit Bharat villages

In practical terms, watershed development has changed the logic of agriculture in these Angul villages. Farmers with 2-3 acres now have:

More reliable water close to their fields

Land that holds moisture and nutrients better

A realistic chance to grow an extra crop or diversify into higher-value produce

Better odds of getting fairer prices through aggregation and improved timing

Higher, more stable agricultural incomes that can support education, health and small investments



Beneficiary Voices

“The check dam slowed the stream; our well now lasts through Rabi. We risked a small patch of gram for the first time.” — **Smallholder, foothill village**

“Before, silt would wash our field edges. The contour trench above our plot holds the soil after heavy rains.” — **Couple farmers**

“We tried line sowing and seed treatment. The crop looked even; the miller offered a better rate.” — **Youth farmer**

“I’m part of the water committee. We decide turns; fights are fewer when the roster is written on the wall.” — **VWC member (woman)**

“We repay the pump in installments from SHG savings. It waters the vegetable bed we sell at the weekly market.” — **SHG member**

“Our pond gives fish and water for cattle. We still need a small lift to reach the upper plots.” — **Livestock owner**

“Traders still dictate prices. If the FPO can send our ladies’ group together, we might get a fairer deal.” — **Vegetable grower**

“Training taught us spacing and weeding tools. The work is lighter and the crop stands better.” — **Senior farmer**

“When the rains were short, the trenches kept some moisture. We didn’t lose the whole crop like before.” — **Marginal farmer**

“I walk less for water now, but evenings need light near the structure. The committee is arranging it.” — **Woman from upper hamlet**



5.4 Sports — from Access to Excellence

Purpose & positioning

The Sports portfolio exists to turn play into pathways—giving rural and tribal children safe places to train, good coaches, and a ladder of competitions that can lead to scholarships, jobs, and pride for their communities. Our focus is on unlocking the untapped potential within these underserved regions, ensuring that every child has the support they need to reach the podium. We complement government and federation systems by filling three critical gaps: dependable local infrastructure, consistent coaching, and dedicated handholding from initial talent identification all the way to high-level tournaments, ultimately leading to scholarships, jobs, and pride for their communities.

Context

Across Jindal Steels locations, interest is high, but opportunities are uneven. Many schools lack grounds, girls drop out after grade 10 due to safety and norms, and village teams seldom reach district leagues. Where facilities do exist, coaching is sporadic and equipment wears out fast. Our portfolio approach addresses these systemic barriers by transforming local potential into performance. A portfolio approach is needed: build/upgrade basic infrastructure, seed daily coaching in priority sports, and connect athletes to district/state pathways.

What the portfolio aims to achieve

- Universal access to safe, lit, and maintained play spaces within cycling distance.
- Daily, structured coaching in a focused multi-sport mix (football, hockey, athletics, wushu, archery, cricket, kabaddi, para-sports).
- Competition pipeline—block → district → state—with travel, kits, and nutrition covered.
- Equity: girls, first-generation players, and para-athletes actively recruited and retained.
- Progression: map and support athletes into sports hostels, academies, and jobs in forces/PSUs/private clubs.

Delivery architecture

- Infrastructure layer: renovate stadiums and hostels, create/upgrade playgrounds, set up rural gyms; maintain with community user groups.
- Focus on promoting grassroot talents and make India future ready for sports.
- Coaching layer: certified coaches on fixed timetables; S&C, injury prevention, and basic sports science; life-skills and study support around exams.
- Pathway layer: trials, league entries, exposure camps, and federation linkages; travel & nutrition support;

safe transport for girls; inclusion of visually impaired and other para-athletes.

- Partnerships: SAI, district associations and sport federations; schools and panchayats for access and upkeep.

Equity & inclusion

Design choices intentionally reduce access and safety barriers, particularly for girls, tribal youth, and para-athletes. Flexible daylight and evening training slots accommodate school schedules; the presence of female coaches and wardens, secure transport, and separate changing areas strengthens safety and dignity; and zero-tolerance safeguarding protocols build trust with families. Proactive outreach in tribal hamlets and among para-athletes ensures that opportunities reach those who are most likely to be excluded.

Data, learning, and quality

The programme focuses on a small set of outcome-critical indicators, including attendance, coaching hours delivered, competition entries/medals, injury days, school retention, and progression (hostel/academy selections). Use monthly “coach huddles” to review drills, kit condition, and individual athlete plans.

Risks & mitigations

- Irregular coaching → service-level contracts, back-up bench, and biometric/geo attendance.
- Equipment wear & tear → quarterly kit audits and pooled procurement.
- Gender drop-off → parent engagement, safe transport, and women-only batches where needed.
- Seasonal field inaccessibility → multipurpose indoor spaces and cross-training plans.

Sustainability & exit thinking

Co-own facilities with schools/PRIs; create user committees; embed budgets for lights, turf and minor repairs; cultivate local volunteer coaches; and formalise MoUs with district associations so pathways endure beyond CSR intensity.

Near-term priorities

- Lock annual coaching calendars per sport with minimum weekly hours.
- Stand up a competition calendar with guaranteed entries and travel support.
- Publish a progression dashboard: participation → competition → selection → scholarship/job.

5.4.1. Sports Promotion & Infrastructure — From Access to Excellence

Project name: SPORTS PROMOTION AND SPORTS INFRASTRUCTURE

Objective: Create an end-to-end pathway—from community access to competitive excellence—through upgraded facilities, qualified coaching, nutrition and kits, and a strong calendar of camps, leagues, and talent scouting, with a special focus on girls and tribal youth.

Locations: Angul, Barbil, Patratu, Raigarh, Tensa, Kasia

Administrative footprint: 99 villages across 31 GPs

Cumulative reach: 45,636 players (Angul 2,000; Barbil 39,146; Patratu 930; Tensa 1,560; Raigarh 2,000)

Sample for this assessment: ≈ 900 players across sites

Key partners: SAI, District Sports Associations, Wushu Association of Odisha/India (with IWUF & AWF linkages), Football Association of Odisha (FAO) & AIFF, Odisha Archery Association & AAI, Hockey Association of Odisha, and the Dillip Tirkey Foundation, among others.

Delivery model

The program runs as a hub-and-spoke sports ecosystem:

Access & Infrastructure

Community grounds and rural gyms feed into upgraded blocks and stadiums. The flagship Raigarh stadium now hosts a badminton arena (international spec), basketball and table-tennis courts, a swimming facility, a multi-purpose hall, pavilion, and a modern gym. A Sports Hostel for 60 tribal children (Barbil) offers free accommodation, coaching, nutrition, and schooling. 15 rural gyms and 20+ playgrounds have been created/renovated across locations.

- Sports Hostel for tribal children in Barbil, Odisha – free accommodation, free coaching, free quality education, and holistic nourishment to 60 tribal children.
- World class infrastructure equipped with an international-level badminton court, basketball court, table tennis, swimming, state-of-the-art gym, multipurpose hall, and pavilion in Raigarh stadium, Chhattisgarh.
- OP Jindal Cricket Academy for boys and girls in Gharghoda, in Chhattisgarh

Creation and improvement of playgrounds (20), Stadiums (3), Outdoor & Indoor -Rural Gyms (15)

Coaching & Athlete Services

Year-round coaching in football, wushu, archery, hockey, athletics, cricket, kabaddi, and para-sports. Camps include nutrition, gear kits, and injury prevention. Daily training is the norm; school permissions (95.9%) ensure attendance without academic friction.

Competition, Pathways & Scholarships

Age-group leagues, block/district championships, and state trials are organised or supported. A structured talent pathway links school leagues to district teams and onward to state-level training camps, ensuring clear progression for young athletes.; selected athletes access residential coaching, advanced physio, and travel support.

FY	Budget (₹ Cr)	Utilization (₹ Cr)	Utilization rate
2021-22	0.49	0.55	112%
2022-23	4.13	1.79	43.3%
2023-24	11.67	5.41	46.4%
2024-25	6.77	3.33	49.2% (YTD)
Total	23.06	11.08	—

Participation, training intensity, and performance

Commitment and training load

- 61.5% of players have trained 1–3 years; 21.5% exceed 3 years—a stable cohort.
- 90.8% attend daily; 9.2% train twice a week.
- 80.0% rate training duration “just right”; 16.9% want more time.

Discipline mix

- Football is the largest pipeline (46.15%), followed by “other” sports (wushu, kabaddi, etc.) at 30.77%, hockey (12.82%), and athletics (4.10%).
- Events exposure is regular: 50.8% report ≥ 2 competitions in a year.

Recognition and aspiration

- 92.8% see sports as a future career option, a powerful motivation metric.
- Improvement asks are clear: 71.3% want more training time, 63.1% want new techniques, 32.8% seek better coaches.

Facilities & program assets

- Barbil Sports Hostel (60 tribal children): free boarding, integrated schooling, structured training, nutrition, and mentorship.
- Raigarh Stadium (world-class upgrade): international-level badminton court, basketball court, table-tennis, swimming, modern gym, pavilion, and multi-use hall.
- 15 Rural Gyms across Odisha, Jharkhand, and Chhattisgarh.
- 20+ playgrounds created/renovated for village and school sports.

Coaching camps & inclusion at scale

- Tensa: 50 girls in archery; 150 girls in hockey—structured, certified coaching.
- Patratu: 300+ girls in football with league exposure.
- Angul: 50+ visually impaired athletes in blind cricket, enabling para-sports pathways.
- Barbil: 500+ wushu trainees developing strength, discipline, and competitive readiness.

Takeaway: Camps are purpose-built to open doors for girls and para-athletes, with safe venues, female mentors, and travel support, steadily lifting female participation and visibility.

Competitive achievements

- **Wushu: 2,000+ groomed; 10 international medals (Moscow, Brazil, Thailand, Brunei, Indonesia, China) and 721 national/state medals to date.**
 - **Golds at Khelo India Junior Wushu League (Ambaji, Gujarat); multiple zonal golds and silvers.**
 - **South Asian School Combat Games Gold (Oct 2024, Dhaka).**
 - **Sub-Junior Asian Championship Gold (Macau).**

- Football: Girls' U-14 athletes from Jharkhand debuted at state level; Asmita U-17 state champions.
- Cricket: 3 girls selected to state teams; 10 boys to district squads.
- Archery: National bronze (2025 Open Nationals).
- Kabaddi: 160 players groomed; Chhattisgarh champions (girls' team, 2024).
- Para-sports: National medals across bocce, cycling, powerlifting, karate, with Special Olympics participation and National Para Archery podiums.

Quality of experience

- School-sports alignment: 95.9% report permission for participation—low friction with academics.
- Training experience: 2.6% find sessions hectic/tiring, a manageable minority; targeted micro-cycles can address load.
- Engagement: Daily attendance at 90.8% reflects strong adherence to schedules.
- Perceived needs: A clear call for more practice time and advanced technique sessions—particularly in football, hockey, and wushu.

Gender equity and safeguarding

- Female participation is expanding through girls-only batches, women coaches/mentors, and hostel/transport safety.
- Para-sports work (blind cricket; national podiums across events) signals a broader inclusion lens.
- Safeguarding protocols (separate facilities, grievance redressal, duty of care during travel) are operational at large venues and residential sites.

How it has impacted households and communities

The impact of the sports program goes beyond podiums.

Health and routine at home

Families report children falling sick less often, waking up earlier and following more regular routines. For many households, especially where adults work in mines or daily wage jobs, having children anchored in structured sport is a relief and a protective factor against risky behaviour.

Education and aspiration

Because school staff are part of the ecosystem, sport and study reinforce each other instead of competing. Parents increasingly see sport as a route to scholarships, better colleges, or jobs in the forces and public sector, not as a distraction. This holds children, especially boys, in school longer.

Gender norms and safety

When girls leave home in a team jersey with a coach waiting at a proper ground, and return with medals or photographs from tournaments, it shifts how neighbours and relatives talk about them. Early marriage pressure weakens when a girl is known as a district level player with future plans of building a career in sports. Mothers talk about feeling proud and more visible at village events.

Economic relief and opportunity

For households in deep poverty, even basic kits and travel money can be a barrier. The program's support here reduces the burden on families. Where players secure stipends, prize money, academy seats or jobs linked to sport, the entire family income story changes. A young person's selection into a state squad or scholarship often becomes the first time the household sees a direct monetary gain from education and sport combined.

Community pride and cohesion

Stadiums, gyms and open tournaments have become shared spaces where different castes, tribes and villages meet. Local heroes emerging from wushu, football, archery or kabaddi give communities new stories of pride that are rooted in discipline and effort, not conflict.



Competitive achievements in brief

Without overloading detail, a few signals of performance:

Wushu has emerged as a flagship discipline, with thousands trained and multiple international and national medals across age groups.

Girls' football and hockey teams from these belts have won at state level and fed players into higher camps.

Archers, cricketers and kabaddi players have reached district and state squads, with national podium finishes in some events.

Para athletes have represented at national events and brought home medals across sports.

These results show that the system can take a child from a rural playground to international arenas when talent, coaching and opportunity align.

Why this matters for a Viksit Bharat

A developed India will not be built only in offices and factories. It will also be built on fields, tracks and courts where children learn teamwork, resilience, discipline and the confidence to compete on equal terms.

The Sports Promotion and Infrastructure program contributes to that vision by:

Turning remote, tribal and mining belts into nurseries of athletic talent

Making sure girls and children with disabilities are not on the margins

Offering families a new kind of opportunity story, beyond only marks and casual labour

Building healthy, confident youth who can carry themselves in any arena

As the network of grounds, hostels and stadiums matures, and as coach depth, sports science and transport improve, this ecosystem will keep doing two things at once: producing medals and transforming everyday lives and households that had little reason to expect either.

Way Ahead

Building on what is already working, the next phase can focus on turning strong sports pipelines into sustained pathways for education, careers and community leadership. Daily training and multi-year continuity—anchored in fixed schedules, stable coaches and safe venues—can be deepened through more structured athlete development plans, including strength and conditioning, sports psychology and academic support during peak competition periods. Regular leagues, camps and trials have created strong competition exposure; going forward, these can be linked more systematically to district, state and federation calendars so that promising players are not missed at higher levels.

The growing pipelines for girls' and para sports—built through dedicated batches, women mentors and safety measures—offer a powerful platform to normalise girls and persons with disabilities in mainstream sport. The way ahead is to formalise mentorship, create alumni athlete networks, and invest in role-model visibility. Finally, continued material and nutrition support for the poorest is essential to prevent kit, travel and diet costs from derailing talent. Over time, co-funding with schemes, sponsors and local institutions can help scale this support so that no child drops out of sport for want of a pair of shoes, a safe bus ride or a proper meal.



Beneficiary Voices

“Daily drills and match play made me confident. My school now announces my fixtures with exam plans.” - **Girls’ footballer, Patratu**

“We learned new wushu routines and breathing. The zonal medal felt within reach after the camp.” - **Wushu trainee, Barbil**

“Even with low vision, I can compete. Blind cricket gave me a team and a dream.” - **Par athlete, Angul**

“Lights on the village ground mean we practice after chores. Parents are less worried.” - **Hockey player, Tensa**

“The gym helped my fitness for kabaddi. We now warm up and cool down correctly.” - **Kabaddi player, Raigarh**

5.5 Social Inclusion — protection, care and dignity across life stages

Purpose & positioning

This portfolio safeguards people who are most at risk of slipping through the cracks—children without stable family support, the abandoned elderly, and households facing food insecurity. It complements—not substitutes—state systems by providing reliable basics (shelter, nutrition, health), trauma-informed care, and case-managed pathways to education, livelihoods and entitlements.

Context

Across our locations, NGOs and public shelters are stretched; rescue and referral systems are uneven; many facilities depend on volatile donations that disrupt food quality and care. Abandonment of older persons (often with dementia), unsafe environments for adolescents, and periodic ration gaps are recurring risks. A portfolio approach is required: high-quality residential care for children, medicalised long-stay care for the elderly, and a dependable nutrition pipeline that stabilises partner institutions.

What the portfolio aims to achieve

- Safe, dignified residential care with individual care plans for children and the elderly.
- Daily nutrition at standard—four-meal plans, hydration and micronutrient support across partner homes.
- Health & psychosocial care—regular check-ups, referrals, counselling and palliative care where needed.
- Education, skilling and after-care for older children; identity and entitlement linkages for the elderly.
- Family reintegration or community-based alternatives where it is safe and in the best interest of the beneficiary.

Delivery architecture

- **Jindal Prayas Centres of Excellence:** structured child-care institutions with schooling support, life-skills, mentoring, and after-care/hostel transitions; child-safeguarding and case-management at the core.
- **Elderly Care with SHEOWS:** Elderly care with SHEOWS follows a structured continuum—from rescue and triage to long-term medicalised care with on-site ICU and diagnostics—combined with dementia-sensitive routines, strong hygiene standards, and dignity in end-of-life care.
- **SNEH:** a logistics-backed nutrition program delivering hot meals/dry rations to old-age homes, shelters and community kitchens; quality assurance on menu, quantity and timeliness.
- **Crosscutting:** health camps, documentation (IDs, pensions), transport for referrals, grievance redress, and an MIS with unique IDs.

Interface with public systems

Operates in coordination with District Child Protection Units/CWCs under JJ Act, Social Welfare & Senior Citizen departments, health insurance and hospital networks, PDS/food & civil supplies, and local police/rescue services—using government formats and referral pathways to ensure continuity and compliance.

Equity & inclusion

Policies enforce zero tolerance on abuse; gender-sensitive staffing and supervision; disability-friendly access; language-appropriate counselling; privacy in admissions and health records; and safe transport—especially for girls and persons with disabilities.

Data, learning & quality

Track: meal days delivered, care-days, health incidents, school attendance and grades, placement/after-care transitions, reintegration attempts, elderly ADL scores, and satisfaction. Monthly quality huddles review nutrition QA, medicine stock, safeguarding logs and referral closures.

Sustainability & exit thinking

Co-fund with government schemes; build partner-NGO capacity (finance, HR, QA); create local donor/volunteer networks; ring-fence essentials (rations, medicines) through framework contracts; and publish per-capita costs to enable crowd-in of support.

Near-term priorities

Standardise nutrition QA (menus, portion norms, audits) across all partner homes.

Roll out a single safeguarding policy with training and incident reporting SLAs.

Strengthen referral & entitlement desks (pensions, IDs, health insurance).

Launch a child after-care and alumni tracker; start elderly ADL monitoring.

Publish a quarterly care dashboard: care-days, meal-days, health events, education outcomes and beneficiary feedback.



5.5.1 Jindal Prayas – Centers of Excellence

Safe Homes, Second Chances, Stronger Futures

Jindal Prayas Centres of Excellence (CoEs) are long term care homes for children who cannot safely live with their families or who have no effective family support. The aim is simple and serious: give these children a safe place to live, regular schooling, good food, health care, emotional support and a realistic pathway into higher education, skills and dignified adult life.

The CoEs run in Delhi (Tughlakabad for girls, Jahangir Puri for boys), Danapur in Bihar (boys) and Patrattu/Ramgarh in Jharkhand. Together they house around 150 children at any point in time.

Operating capacity / beneficiaries: ~150 resident children at a time across 4 CoEs.

Sample for this assessment: n≈45 children (≈30%) plus staff interactions.

Delivery model

Child-safe residential care (24×7). Clean dormitories with bedding, separate sanitation for girls/boys, supervised study rooms and common areas. House Parents on every floor; verified drivers/escorts for movement. Entry, exit and visitor logs maintained; grievance & suggestion boxes in each centre.

Education enablement. Children are enrolled in proximate government/private schools (e.g., DPS R.K. Puram, Sainath Public School, Guru Nanak Educational Society and reputed local schools in Bihar & Jharkhand under EWS quota). On-site tutorials in English, Math, Science; exam prep support for classes VIII–XII; digital learning through smart classrooms and a modest library.

Nutrition & health. Four-meal regimen (breakfast–lunch–snack–dinner) planned weekly with dietician oversight. Routine health screening by medical officers; 24×7 paramedical coverage; referral linkages with nearby private and government hospitals. Individual child health files maintained (vitals, immunization, illness episodes).

Psychosocial care & life skills. Regular counselling, small-group sessions on self-esteem, peer relationships and personal safety; structured activities in sports, yoga, music, dance, art and volunteering.

After-care & pathways. Transition plans for older adolescents: higher education (e.g., physiotherapy, computer studies), open schooling where needed, plus vocational options (ITI—Plumbing; IGNOU; JSS short courses in computers/beauty/tailoring at Jahangir Puri). Alumni are tracked for 12 months.

Governance & safeguarding. SOPs for admissions, daily routines, medical events, behaviour management, and emergency response; monthly reviews led by the Centre In-charge and Foundation team; annual child protection refreshers

Budget, utilization & read of numbers

FY	Budget (₹ Cr)	Utilization (₹ Cr)	Utilization notes
2022–23	2.36	1.60	Ramp-up post-COVID; backlog of repairs begun.
2023–24	4.00	1.68	Additional capacity & program costs approved; capex slipped to Q1 next FY.
2024–25	7.70	2.14	YTD as of review; kitchen/dining and safety works in procurement.



Who is being reached

Gender split: ~57% girls, 43% boys.

Schooling level: ~50% primary, 32% secondary, 18% beyond secondary.

Service uptake: 93% reported receiving food, shelter, school essentials and counselling; 100% said services are delivered on time (most "always").

Timeliness: 93% "always" on-time; 7% "sometimes".

Outcomes and child experience

Education & attendance

Regular school-going: ~93% report regular attendance.

Attendance profile: ~56% at 81–100%, ~32% at 66–80%, ~12% at 50–65%.

Recent score bands: ~56% scoring 56–70%, ~22% at 71–85%, ~22% at 40–55%.

Perceived benefit: 100% stated the programme is "beneficial".

Well-being & agency

- Feeling welcomed by staff: ~95% "always".
- Positive changes children attribute to PRAYAS (multi-select): basic needs met (~45%), better confidence (~39%), clearer direction for future (~43%), higher energy and zest (~30%).
- What they want more of: additional life guidance (~64%), individual attention (~20%), training/skills (~16%).

Service quality rating

- Very high overall rating: ~79.5%; medium 11%; poor 6.8%;

Co-curricular & health

- Structured sports/yoga and arts; periodic health camps, BMI tracking and hygiene drives. Centres maintain a four-meal diet; kitchen hygiene is monitored. (Note: Jahangir Puri's kitchen/dining hall needs urgent roof repair and re-layout.)

Impact on lives, families and society

Jindal Prayas changes more than just daily routines for 150 children. Its impact ripples outward.

A real safety net for the most vulnerable

For children who have faced abandonment, violence, trafficking risk or deep poverty, the CoEs provide a place where harm stops and healing can start. This reduces the chances that they end up on the streets, in exploitative work or locked into generational cycles of deprivation.

Educational mobility instead of early dropout

By ensuring enrolment and supporting regular attendance, Prayas keeps children in school who would otherwise have dropped out early. Some go on to higher secondary education, college or vocational training. Each of these trajectories represents a major shift in expected life outcomes, including future earning potential.

Emotional and social repair

Stable adults, regular routines and access to counselling help children rebuild trust and learn how to form healthier relationships. This matters not just for them, but for the families and communities they will later form and join.

Breaking patterns of child labour and early marriage

Keeping children, especially girls, in safe residential care and in school directly cuts the likelihood of child labour, trafficking or early marriage. As girls from the centres progress into higher education or skills courses, they become visible counterexamples in their home communities.

Reducing pressure on public systems

By coexisting with and complementing government child protection mechanisms, Prayas absorbs a part of the care responsibility for high-need children. This can reduce pressure on overstretched state homes and help demonstrate what good practice in residential childcare can look like.

Building human capital for a Viksit Bharat

Each child who moves from crisis to stability and then into education, skills and employment is a direct contribution to the country's human capital. These are young people who, without such support, might never have completed basic schooling, let alone entered the formal economy.

In many cases, alumni who settle into jobs later support siblings or relatives, pay for younger children's education or assist ageing caregivers, creating a small but real social return beyond the individual.

What is working

What is working	Why it works
Reliable meals, safe shelter and school access	Standardised routines and strong school linkages
High attendance and high satisfaction	Escort support, tutoring and warm staff culture
On-time service delivery	Clear daily schedules and supervision
Psychosocial support and activities	Regular counselling and structured co-curriculars
Safety and basic governance	Written SOPs, verified escorts, logs and reviews

Why Jindal Prayas matters for society

In a Viksit Bharat frame, Jindal Prayas plays a quiet but crucial role:

It prevents some of the worst forms of child vulnerability from turning into lifelong damage.

It transforms the trajectories of children who otherwise would have had very limited choices.

It models safe, structured, child centred residential care that others can learn from.

It strengthens social cohesion by turning children once seen as “problems” into students, workers and citizens with skills and plans.

At a household level, it gives caregivers who cannot cope a dignified alternative, knowing their children are safe and supported. At a community level, it shows that protection and opportunity can go together. At a national level, it adds a small but vital layer to the wider safety net that any just and truly developed society must have for its children.

Beneficiary Voices

“Didi talks to me before exams. I don’t panic now-my marks went up.

-Tughlakabad Class VII,

“We get four meals and fruit day. I have the energy to play football again.”

-Jahangir Puri Class VI,

“The computer class helped me fill my college form.”

- After-care youth, Danapur

“The bus drops us at the gate. My parents allow me to attend evening study.”

- Class IX, Patratu

“Earlier, students hid their doubts. With evening study and smaller groups, they now ask questions openly-and it shows in their marks.”

- Mathematics Teacher, Tughlakabad

“When girls started travelling by the study bus, attendance doubled. Parents tell me they are less worried about safety now.”

- Class Teacher, Patratu

“In the skills lab, I see the quietest youth light up when they handle real tools. Some of them are already teaching juniors how to use the machines.”

- Skill Trainer, Danapur

“The nutrition support changed the classroom. Children focus longer, and we spend less time managing fatigue and more time actually teaching.”

- Science Teacher, Jahangir Puri

5.5.2 Elderly Care — SHEOWS Elderly Care & Wellness Centre

Dignity, Safety and Care for Abandoned Elders

The Jindal-SHEOWS Elderly Care & Wellness Centre at Garhmukteshwar is a long-term home for older people who have nowhere else to go. Many are picked up from pavements, bus stands, outside hospitals or railway stations, often confused, very ill, or living with dementia.

The purpose is straightforward and deeply humane: rescue abandoned elders, stabilise their health, and provide dignified, lifelong residential care with medical

and psychosocial support, instead of leaving them to survive or die on the streets.

Operating capacity / target group: Up to 500 destitute elderly; high prevalence of Alzheimer's/dementia and chronic illness.

Delivery partner: SHEOWS (Saint Hardyal Educational & Orphans Welfare Society).

Sample for this assessment: $n \approx 75$ residents ($\approx 15\%$) through interviews and spot reviews.

Delivery model

Rescue & admission.

Two dedicated rescue vans, a public helpline and police/volunteer referrals bring abandoned seniors from streets, stations and hospitals. Typical inflow 20–30 rescues/month (≈ 260 /year). On arrival: triage, basic stabilization, documentation, consent and individual care planning.

24×7 residential care.

Safe dormitories with medicated beds; clothing, hygiene kits and caregiving support around the clock. Four nutritious meals/day (dietician-advised) and purified drinking water. Six-acre green campus; solar power and biogas for cooking to cut recurring costs.

On-site medical services.

Free in-campus hospital wing with ICU beds, minor surgery capability and diagnostics (including pathology). Regular vitals, medication management for NCDs, and referral linkages for higher care. Mental-health support through spiritual and psychological counselling.

Rehabilitation & reintegration.

Physiotherapy and mobility exercises, memory/cognitive stimulation, prayer/music/arts, and family-tracing when feasible. Residents with improved function are engaged in light, meaningful activities that restore routine and self-worth.

Governance & records.

Admission, clinical and inventory registers are systematically maintained; staffing includes doctors, nursing staff, counsellor(s), paramedics, cooks and caretakers. Campus cleanliness and greenery are visible strengths.

Jindal Foundation's support (2022–2025)

Dry rations for 100 residents (through Rahi NGO as supplier).

Salaries for 10 personnel (8 caretakers, 2 lab technicians)

Budget & utilization

FY	Budget (₹ Cr)	Utilization (₹ Cr)	Utilization rate
2022-23	1.20	1.14	95.0%
2023-24	1.00	1.00	100%
2024-25*	0.396	0.154	39.0% (YTD)

*Year-to-date at the time of this review; utilization typically climbs as vendor bills and salary tranches close.

How the centre works

The model runs like a small, specialised geriatric hospital combined with a residential home.

Rescue and admission

Two rescue vans, a public helpline and close ties with police, hospitals and volunteers bring older people in from the streets and public places. Each month, roughly a couple of dozen new elders are admitted.

On arrival they are:

- Triaged and stabilised (basic care, fluids, first medication)
- Given clean clothes and hygiene support
- Documented and photographed
- Put on an individual care plan based on their medical and functional status

This first 24-48 hours often mark the difference between life and death for the frailest residents.

24x7 residential care

The campus provides:

- Safe dormitories with medicated beds
- Clothing, bedding and personal hygiene kits
- Four meals a day planned with dietician input
- Purified drinking water
- A six-acre green campus with trees, open space and walking paths
- Solar power and biogas systems to reduce running costs and keep services going

Caregivers are on duty round the clock to help with feeding, bathing, toileting, turning bed-ridden patients, and emotional comfort.

On site medical services

Within the campus, there is a small hospital wing with:

- ICU beds and minor surgery capacity
- Basic diagnostics including a pathology lab
- Regular vitals monitoring and medication management for chronic diseases
- Referral links for higher level treatment when required

Mental health needs are addressed through counselling, gentle routines, spiritual support and familiar activities. For many residents with dementia, predictability and reassurance are as important as any drug.

Rehabilitation and reintegration

Where possible, residents receive:

- Physiotherapy and mobility exercises to prevent contractures and bed sores
- Memory and cognitive stimulation activities
- Music, prayer, simple games and light tasks

In a smaller number of cases, families are traced and safe reintegration is attempted. For most, however, the centre is their final home, so the focus is on comfort, dignity and as much independence as possible.

Governance and records

The centre keeps detailed registers for:

- Admissions and discharges
- Clinical status and treatments
- Inventory and supplies

The staff team includes doctors, nurses, counsellors, paramedics, caretakers and kitchen staff. Cleanliness and greenery were noted as visible strengths during review, which matters greatly for bedridden and cognitively impaired residents.

Jindal Foundation's support since 2022 has focused on:

- Dry ration support for about 100 residents, reducing food insecurity
- Salaries for 8 caretakers and 2 lab technicians, which directly expands caregiving and diagnostic capacity

What residents say and what we see

Residents' comments cluster around three themes:

"I feel safe here; people look after me."

"The food is good and comes on time."

"The doctors and sisters listen; I can sleep in peace at night."

Observations from the review echo this:

Wards and grounds are clean, with basic order and routine visible.

Staff interact gently and respond to calls for help.

Basic diagnostics and medicines are close at hand, not hours away.

Some practical gaps were also noted: need for stronger vector control (flies), better bathroom ventilation and faster floor drying after mopping to prevent slips, plus more structured rehabilitation and recreational activities. These are fixable and already flagged for action.



How it changes lives and households

The direct impact is on the elders themselves, but the centre's work also ripples outward.

From abandonment to safety

For abandoned seniors, the biggest change is immediate and stark:

- They are no longer hungry all day.
- They have a bed, not a footpath.
- Their pain, wounds, infections or confusion are treated, not ignored.

This shift from “no one’s responsibility” to “someone is watching over me” is profound. For older people with dementia, even the simple experience of being bathed, called by name and fed regularly is a return to humanity.

Relief and closure for families

Not every elderly person is rescued from total anonymity. Some are traced back to families who had lost contact or were unable to cope with severe mental or physical illness. For those households, knowing that an elder is alive, safe and looked after can bring relief, closure and a reduction in guilt and stress.

Reducing silent deaths on streets and in hospitals

Without such centres, many elders would die slowly in public spaces or be left in hospital corridors indefinitely. The rescue and admission system provides a humane alternative: hospitals and police have somewhere to refer abandoned elders instead of simply discharging them to the street.

Demonstrating dignified elder care for the poorest

Society often accepts that poor elders will age and die in distress. This model shows that it is possible to:

- Provide ICU level care, regular medications and nutrition
- Maintain cleanliness and greenery
- Respect privacy and emotional needs

even for those without any paying capacity. It sets a standard for what “dignified ageing” can look like at the bottom of the pyramid.

Building a culture of responsibility

The rescue vans, helpline and visible presence of the centre change how bystanders think. Instead of walking past an abandoned elderly person, people—police, shopkeepers, commuters—can call for help, knowing a system exists. Over time, this builds a culture where elders are less invisible, and abandonment is not silently normalised.

Social impact in a Viksit Bharat frame

As India ages, dignified elder care will become a core test of social progress. Centres like this:

- Prevent the most extreme neglect of older people
- Free up hospital beds being used as de facto shelters
- Build skills in geriatric and dementia care among staff
- Show how renewable energy and frugal design can keep such services viable

In short, they become social infrastructure, not just charity.



What is working

What is working	Why it works
Predictable routines and clean environment	Clear schedules, active housekeeping, green campus
Reliable meals and hydration	Dietician guided menus and regular kitchen rhythms
On site medical wing and diagnostics	Reduces delays, improves continuity of care
Attentive caregiving staff	Dedicated caretakers supported by Jindal funding
Residents' sense of safety and peace	24x7 care, listening staff, reduced street stress

Why this matters for society

The Jindal-SHEOWS Elderly Care & Wellness Centre addresses a part of society we often do not want to see abandoned, frail older people who can no longer fend for themselves. By rescuing, treating and housing them with care and dignity, it:

Reduces silent suffering and preventable deaths among the elderly

Provides a humane option for police, hospitals and citizens when they encounter abandoned seniors

Models integrated geriatric, dementia and palliative care for the poorest

Reminds communities that development is not only about youth and productivity, but also about how we treat those at the end of life

In a Viksit Bharat vision, such centres stand as proof that progress includes compassion, and that the benefits of growth can and must extend to those who have nothing left but their age and their vulnerability.

5.5.3 SNEH — Nutrition-led Care for Children & Elderly

Project name: SNEH

Objective: Ensure reliable food, essentials and dignified care for destitute/under-served children and elderly through kitchens, ration kits and support to partner homes

Where & who

- Locations: Dhenkanal, Sundargarh, Puri, Barbil, Rourkela and Jajpur (Odisha).
- Administrative footprint: 201 villages across 45 GPs (Angul: 56 villages/15 GPs; Barbil: 120/20; Tensa: 25/10).
- Beneficiary footprint: 2000+ elderly & children every year across supported homes and community distributions.

o Location notes (cumulative): Barbil – 5,648 persons; Tensa – 360 persons.

- Sample for this assessment: n = 200 elderly across locations.

Budget & utilization (₹ Cr)

- 2021-22: 0.32 / 2.21
- 2022-23: 5.11 / 2.22
- 2023-24: 4.71 / 2.18
- 2024-25: 12.50 / 7.78 (YTD)

Read: YTD pick-up in FY25 reflects scaled kitchens and partner-home support.

How SNEH works

SNEH runs on three core layers, with simple, predictable routines.

1. Food security layer

This is the backbone.

- Hot cooked meals from supported kitchens
- Monthly dry ration kits with rice, dal, oil and other staples
- Fixed calendars so people know which day food or kits will come

Menus are overseen by dietitians, so even within a modest budget, there is attention to balance and basic nutrition.

2. Institutional care layer

For elderly homes and child-care institutions, SNEH provides:

- Grants or in-kind support for food, milk, fruit and basic hygiene materials
- Contributions to medical check-ups, small medicines, transport and utilities
- Occasional support for small repairs and comforts that directly affect daily living

These homes are not owned by the foundation. SNEH acts as a backbone partner that keeps the minimum standard from slipping, especially in lean funding months.

3. Safeguards, dignity and linkages

Across locations, the programme emphasises:

- Documented distributions and registers so nothing is “informal” or arbitrary
- Simple, respectful service practices so people feel included, not shamed
- Recreational and counselling activities in homes where children reside
- Linkages to government health facilities, and schooling and learning kits for children





Scale, reliability and user experience

Across the last four years, SNEH has:

- Expanded the number of meals and rations steadily as more kitchens and homes came online
- Increased the number of elderly and children reached each year, particularly children in institutional care and around them
- Supported partner homes across Angul, Barbil, Raigarh and Tensa as a regular line, not a one-time donation

From the primary sample of older beneficiaries:

- Almost everyone reported no breaks in support and timely delivery
- A very high majority said they felt respected and “included” when services were provided
- Overall satisfaction is strongly positive, with most people rating the support as very helpful in their daily lives

Partners do flag that when other donors pull back or costs spike, milk and fruit can dip if bridge funding is not available. They also flag a need for more education add-ons (Math, Science, computers) in larger child centres, and some basic toilet and utility upgrades in a few homes.

How SNEH changes lives

For elderly people

For older people with very limited income, mobility or support, SNEH brings:

- Security: knowing that at least one solid meal and ration support will come on fixed dates
- Health stability: regular food and basic medical check-ups reduce sudden health collapses

- Routine and dignity: eating with others, being served respectfully, and not having to beg or skip meals

Elders who have lived through long periods of uncertainty describe feeling “lighter” because they no longer have to stretch one meal through a whole day. Over a 2–5 year stay in supported homes, this stability often means fewer hospitalisations and more energy for simple, everyday activities.

For children

For children in institutions and surrounding communities, SNEH:

- Reduces hunger and undernutrition, which directly supports learning and growth
- Makes it easier for homes to keep children in school, because money is not constantly diverted from fees to food
- Improves attendance and concentration in class, because stomachs are not empty and illnesses are fewer

When meals and rations are reliable, staff at child-care institutions can focus more on education, routines and psychosocial care rather than constantly chasing kitchen budgets.

For families and caregivers

In households and neighbourhoods where SNEH distributions stretch rations, caregivers say:

- They can send children to school more regularly instead of asking them to earn for food
- They borrow a little less from moneylenders to manage basic staples
- They have some breathing room to spend on medicines or fees rather than only on grains

This is not about luxury; it is about avoiding extreme trade-offs like “school fees or food this month.”

Why SNEH matters for society

SNEH's impact is bigger than individual plates.

It quietly removes hunger from the most fragile corners of the map

By operating across 200+ villages and multiple care homes, the programme addresses hidden, long-term hunger among those least able to advocate for themselves, including abandoned elders, institutionalised children, and extremely poor households.

It stabilises care institutions that the community depends on

Many elderly homes and child-care centres survive on thin, patchy donations. SNEH provides a layer of predictable support that keeps doors open, kitchens running, and staff morale intact. When food is covered, these homes can invest time and energy in care quality rather than survival mode.

It backs the right to food and the right to education together

By linking nutrition with school enrolment and basic learning support, SNEH ensures that children are not just fed but also in class. This combines two constitutional promises practically.

It strengthens social cohesion

Community kitchens and distributions become points where people see that the elderly and vulnerable children are being looked after, not ignored. This reduces the sense of abandonment and neglect that can harden social attitudes over time.

It is a critical building block for a humane Viksit Bharat

A developed India cannot have elders skipping meals and children going to bed hungry while we talk about growth. SNEH directly addresses this by:

- Putting food and essentials in place, consistently
- Protecting the dignity of those who have the least bargaining power
- Supporting public systems and small institutions instead of replacing them



In short, SNEH acts as a high-trust, high-reliability safety net: making sure that, across its villages and homes, hunger is not the reason a child can't learn, or an older person loses their last bit of strength.

What is working and what needs attention

What is working	Why it works
Predictable ration and meal cycles	Fixed calendars, clear menus, disciplined delivery
High satisfaction and sense of dignity	Respectful service, documented processes
Integrated support to homes (food + health)	Stabilises institutions, not just individuals
Strong continuity (hardly any breaks reported)	Good planning and partner coordination
Residents' sense of safety and peace	24x7 care, listening staff, reduced street stress

Case studies

6.1 Health & Nutrition: Vatsalya Mobile Hospital, Patratu (Ramgarh, Jharkhand)

Why here.

Villages around Patratu sit 8–15 km from primary facilities and refer into Ramgarh Sadar Hospital for complications. Missed ANC/PNC, anaemia among adolescents, and low referral completion were the big gaps.

Design

A moving primary care node on a fixed micro-plan (Mon–Sat) covering 24 hamlets:

- Team: MBBS doctor, nurse, lab tech, counsellor, driver/logistics.
- POC diagnostics: Hb (HemoCue), urine albumin/sugar, RBS, pregnancy tests, seasonal malaria RDTs.
- Services: ANC/PNC, IMNCI childcare, adolescent health & IFA counselling, immunization catch-ups with ANM, basic NCD screening (30+), small formulary.
- Referral loop: Paper slip + SMS tag; counsellor tracks closure within 7 days; escort provision for high-risk pregnancies to Ramgarh Sadar Hospital/RIMS outreach days when scheduled.

Results (vs start-line).

- ANC4+ up to ~90% among registered pregnancies.
- Institutional deliveries ~91–93% in the catchment.

- Adolescent anaemia ($Hb < 12$) down by -15–20 pp in repeat testers.

- Time to care fell; beneficiary complaints <1%.

What enabled it.

- Reliable halts; clear “treat-here vs refer-now” job-aids; tight integration with ANM days; simple unique-ID register.

Fixes made.

- IFA strip stockouts solved with 6-week buffers.
- Monsoon re-routing and two rain-shelters added.
- Evening men’s talks at chowks improved male engagement.

Voice.

“When the van comes on Wednesdays, I don’t miss work. My Hb rose and the hospital nurse already had my referral slip.” — Pregnant woman, South Barkakana

Cost sense.

~₹40/person reached; ~₹1,300 per high-risk case stabilised/referred—lean for diagnostics-plus-follow-up outreach.





6.2 Education & Skills: O.P. Jindal Community College — Angul (Odisha) Cohort

Cohort.

Electrical Assembly & Wiring (Apr–Sep), 28 learners (10 women). Demand letters from three employers shaped batch size and tests.

Training.

- 70% hands-on: lab bays, tool tests fortnightly, 5S practice.
- Add-ons: safety, English/digital, workplace norms; short PLC awareness module.
- Assessment: SSC-aligned; attendance gate $\geq 85\%$.
- Finishing school (4 weeks): workplace sims, mock interviews, basic finance.

Outcomes.

- Completion 96% (27/28).
- Offers ≤ 30 days: 22/27 (81%). Median start wage ₹13.6k; 90-day retention 86% of placed.
- Self-employment: 3 launched home wiring/repair with mentor-backed tool kits.

Enablers.

- Vacancy-backed intake; high practical dosage; apprenticeship bridges; 90-day after-care hotline.

Barriers & fixes.

- Women's late-shift worries → pooled bus route + women's hostel wing.
- SSC certificate delays → single-window cut to ~5 weeks.
- Bench congestion → extra crimp tools via CSR top-up.

Learner voice.

"I cleared the bench test and started on apprenticeship. Now I train new joiners." — Aarti, 20, Angul

Value.

~₹5k/trainee; ~₹11k/placed (incl. finishing & after-care). Employers co-financed assessments and scrap harnesses, saving ~18% consumables.

6.3 Livelihood & Agriculture: Watershed Development, Angul (Odisha)

Setting.

Five villages across two GPs with severe runoff and a 3–4-month farming window. Women bore water-collection burdens; youth out-migrated post-Kharif.

Ridge-to-valley plan.

- Works: SCT/CCT trenches, stone/earthen gully plugs, farm bunds; check dams, percolation tanks, farm ponds; field channels; pilot solar micro-lifts.
- Green measures: live bunds, horticulture lines; kitchen-garden kits; NPM demos.
- Institutions: Village Watershed Committees ($\geq 40\%$ women), O&M by-laws, seasonal water-budgeting.
- Markets: veg aggregation; mandi linkages; simple grading crates.

Two-year highlights.

- Storage created/rehabilitated -1.6–1.8 million m³ (programme log).
- Observation wells show -1.2–1.6 m post-monsoon rise; irrigated area up.
- Cropping intensity -170–180% (up from -120%).

- Second crops on -55–60% area; veg patches proliferated near command.
- Women manage nursery orders and silt-trap monitoring.

Household glimpse.

“Pond on the corner and trenches above held water. We tried mustard after paddy and half-acre vegetables. Income rose; I didn’t migrate.” — Smallholder, Talcher block

What worked.

- Strict ridge-first sequencing; O&M corpus via user fees + GP match; one assured market route locked before acreage scaled.

Course corrections.

- Early silt choke fixed with upstream silt traps; fertiliser overuse countered with NPM peer demos; desilt calendar posted at chaupals.

Value.

Strong convergence with MGNREGA/horticulture reduced CSR rupee per hectare; farmer income lift tracked through panel households; migration days down.



6.4 Sports: Grassroots Cricket Promotion,

Why here?

The OP Jindal Cricket Academy anchors a district ecosystem: nets, turf wickets, bowling machine, video bay, physio corner—plus community grounds feeding talent upwards.

Two-tier model

1. Community clusters (4 blocks): 12 nets + matting wickets; pooled kits; BCCI-certified coaches; S&C basics.
2. Performance hub (Gharghoda): turf squares, bowling machine, video feedback, quarterly residential camps (girls' week before trials).

Inclusion

- 40% seats for girls at clusters; female assistant coaches; travel stipends; evening safe-transport rules; study corners during camps.

18-month results

- ~1,450 trainees (≈38–40% girls); ≥70% attend ≥3 sessions/week.
- Competition: inter-cluster league; district cups hosted at the hub; girls' T-20.
- Selections: multiple district entries; state-camp shortlists for girls; U-16 state reserves (boys).

Player arc

"Video clips fixed my front arm and wrist. From rubber ball to trials, the academy showed me the steps." — Left-arm seamer, Raigarh

What unlocked progress?

- Quality-based coaching; equipment pools; girls-first design; video correction loops; physio screens that cut minor strains.

Ops fixes

- Ground conflicts solved via panchayat MOUs; coach bench covers festival months; exam-season micro-cycles protect academics.

Costing

Hub capex (turf, bowling machine, video) amortised across cohorts; per-trainee annual opex ₹9.5k–₹11k with safety and inclusion



6.5 Social Inclusion: Jindal Prayas CoE — Peer-Support Model, Jahangir Puri (Delhi)

Challenge

Adolescents in residential care oscillated between withdrawal and acting out, especially around exams or court dates; younger children clung to staff. Belonging and “next steps” felt fragile.

Intervention

A structured peer-support layer inside standard care:

House “families” of 10–12 (ages 8–17) with a peer captain (15–17) selected for empathy/reliability.

Buddy pairs (8–12 matched with 13–17) for homework, routines, and daily check-ins.

Weekly circles (feelings wheel, rose-bud-thorn, goal cards) co-led by counsellor + captain.

Guardrails: open-door study spaces, line-of-sight supervision, incident reporting, 6-month captain rotation, quarterly external safeguarding audit.

Alumni mentors (weekend career clubs: ITI, nursing, hospitality, open schooling).

9-month run

~120–150 children involved; 24–26 peer captains trained; ~300+ circles conducted.

Behaviour: minor incidents down ~30%; night-restlessness halved.

Schooling: attendance up to ~95%; homework completion from ~60% → mid-80s; ≥5-pp exam improvement for most low-band students.

Transitions: care-leavers opened bank accounts, fixed IDs, and entered ITI/nursing/apprenticeships with alumni support.

Voice

“My buddy reads with me. I don’t panic on test days now.”

— Class VII resident

“Leading circle made me ask for help instead of staying angry.”

— Peer captain, Class X

Why it works

- Clear roles; small rituals that create safety; adult scaffolding; alumni “gravity” for real-life guidance.

Risks & controls

- Captain overload prevented via weekly supervision/off-duty days; boundary training; grievance boxes; transparent captain selection/rotation.

Cost

Minimal capex (boards, mats); incremental opex for counsellor time, tiny captain stipends (often as data packs), alumni travel—₹550–₹650/child/month above standard care.

6.6 Sports Case Study – Archery: From Forest Aim to Formal Sport

Why here

In the archery blocks, a high share of children already play with informal bows and slings, but almost none are in any formal sport pathway. The Archery Initiative was designed to convert this natural focus and hand-eye coordination into a structured sport, especially for tribal youth and girls.

Two-tier model

- Community centres handle early-stage coaching: over 80% of new entrants begin here, learning stance, safety, and basic shooting with shared equipment.
- A performance hub takes the top 20–25% of committed archers for advanced technique, posture correction and scoring-based practice.

Inclusion

- Girls consistently make up 40–45% of active archers.
- In early batches, more than half of girl participants report they would not have been allowed to travel without the structured timings and safety arrangements.

- Around 70% of senior school archers use the study corner during camp periods, balancing exams and training.

Emerging results (18-month pattern)

- Roughly two-thirds of enrolled archers attend practice at least three times a week.
- Of those who stay for a full season, about 60% show clear score improvement category-wise (short to mid-range).
- A small but growing share—about 10–15% of the most regular archers—progress to block or district-level events.

Archer voice

“After seeing my video, the coach changed my stance and anchor point. My arrows stopped drifting. Now my scores go up almost every week.”

— Recurve archer, upper primary

What unlocks progress

Starting from a familiar village game rather than an alien sport

Consistent coaching and corrections, rather than occasional camps

Shared equipment so that 100% of interested children can try, not just those who can buy a bow

Family meetings and safety rules that address concerns for nearly all girl participants



6.7 Sports Case Study – Football: Turning Evening Play into Pathways

Why here

In the football clusters, a large majority of boys and many girls already played informally every evening, but less than one in ten had any access to structured coaching or competitive exposure. The Football Initiative was set up to turn this widespread interest into a disciplined pathway from school grounds to district and state trials.

Two-tier model

- School and community clusters provide daily practice: warm-ups, position drills and small-sided games. Around 80% of all players remain at this level.
- A central performance hub works with the top 20% in each age group, focusing on tactical understanding, match analysis and trial preparation.

Inclusion

- Girls now account for 35–40% of active players in many clusters, up from a negligible base.
- Among these girls, over 70% report feeling safer because of dedicated batches, women mentors and structured transport.

- Para-football and inclusive formats ensure that a visible minority (roughly 5–10%) of players are children with disabilities or special needs.

Emerging results (18-month pattern)

- About seven in ten registered players attend training at least three days a week.
- Among regular attendees, roughly 60% show visible gains in fitness, discipline and positional play as rated by coaches.
- Each season, around 15–20% of the most consistent players move into school, block or district squads or receive formal trial opportunities.

Player voice

“After watching the replay, the coach showed me how to run into space instead of chasing the ball. Now I get passes, not just touches, and I finally scored in the district match.”

— **Forward, secondary school**

What unlocks progress

Moving from occasional, unstructured matches to daily, age-grouped practice

Coaches who check on homework and exams, not just goals scored, help balance sport and studies

Local leagues where most regular players get at least one formal competition cycle each term

Basic kit, safety and travel support so that cost and distance don't push out the poorest 20–30% of potential players



Impact Assessment Approach (by Project)

This section lays out a single, rigorous, and practical measurement system that you can run across every initiative in the portfolio. It is built to do four things well:

1. Prove what changed (outputs → outcomes → impact).
2. Improve operations through fast feedback (monthly dashboards, short PDSA cycles).
3. Compare value-for-money across programs without forcing apples-to-oranges.

4. Protect dignity, privacy, and safety while collecting only the data that matters.

The approach is modular: a core M&E spine (governance, data standards, QA) plus project-specific indicator blocks. Where feasible, we prefer quasi-experimental designs that estimate attribution; where not, we rely on pre-post and contribution analysis with triangulation.



7.1 Quantitative Indicators

7.1.1 Principles for picking indicators

Few & load bearing. Measure what you manage: service reliability, uptake of proven interventions, time-to-service, and beneficiary outcomes.

Actionable cadence. Most operational indicators flow monthly (or per cycle); outcome indicators quarterly/biannually; impact indicators annual/multi-year.

Traceability. Every record links to a unique beneficiary/enterprise/athlete ID, with time and location stamps.

Equity first. Disaggregate by gender, age band, disability, social group/tribe, location remoteness, and (where relevant) household wealth proxy.

Cost-aware. Always track ₹ per unit output and ₹ per incremental outcome.

7.1.2 Indicator dictionary by project

Below are core KPIs (with formulas, cadence, and typical data sources). “Op” = operational; “Outc” = outcome; “Imp” = impact.

A) Health & Nutrition

Kishori Express (Adolescent Anaemia & Health)

- Coverage (Op): $\# \text{ girls attending sessions} \div \# \text{ eligible girls}$ (monthly; school/Anganwadi registers).
- Hb testing rate (Op): $\# \text{ girls with Hb test} \div \# \text{ girls attending}$ (monthly; project register/lab log).
- IFA adherence (Outc): $\% \text{ girls reporting } \geq 4 \text{ IFA tabs/week}$ (quarterly phone/spot checks).
- Anaemia prevalence (Outc): $\% \text{ girls Hb } < 12 \text{ g/dl}$ (baseline vs endline; stratify by severity).
- Referral completion (Op/Outc): $\# \text{ referred who reached facility} \div \# \text{ referred within 7 days}$.
- Time to care (Op): median days from detection to treatment start.
- Cost per improved Hb (Value): $\text{Utilization spend} \div \# \text{ girls with } \geq 1 \text{ g/dl Hb gain}$.

Vatsalya (Maternal & Child Health)

- ANC4+ completion (Outc): $\% \text{ registered pregnant women with } \geq 4 \text{ ANC}$.
- PNC within 48h (Outc): $\% \text{ postnatal mothers seen within 48h}$.

- Institutional delivery (Outc): $\% \text{ births in facilities}$.
- Immunization defaulter closure (Op): $\# \text{ defaulters closed} \div \# \text{ listed}$.
- High-risk pregnancy referral success (Op/Outc): $\% \text{ HRP referrals closed within 72h}$.
- Cost per additional ANC4+ (Value): $\text{Spend} \div (\text{ANC4+ at endline} - \text{baseline}) \times \# \text{ eligible}$.

O.P. Jindal Hospital (Access to Secondary/Tertiary Care)

- OPD/IPD low-income caseload (Op): $\# \text{ subsidised or free patients (OPD+IPD)}$.
- Case-mix by specialty (Op): $\% \text{ cardiology/orthopaedics/OBGYN/etc}$.
- Financial protection (Outc): Median OOP expense for subsidised cases vs local benchmark.
- Quality & safety (Outc): 30-day readmission, surgical site infection, door-to-needle (where relevant).
- Time-to-diagnosis (Op): $\text{Registration} \rightarrow \text{MRI/CT/Cath lab start}$ (median minutes).
- Cost per treated underprivileged patient (Value): $\text{CSR subsidy} \div \# \text{ underprivileged treated}$.

B) Education & Skill Development

Jindal Asha (Children with Special Needs / PwD)

- Individual Education Plan coverage (Op): % beneficiaries with current IEP.
- Therapy intensity (Op): Avg therapy hours/child/month by modality (speech, OT/PT, VI/HI).
- Functional gains (Outc): % improving ≥ 1 level on functional scale (e.g., GMFCS/WHODAS-lite).
- Education retention (Outc): % children with $\geq 85\%$ school attendance.
- Assistive devices delivered & used (Op/Outc): # devices delivered; % in regular use at 3 months.
- Caregiver capacity (Outc): % caregivers demonstrating taught home-exercises.
- Cost per functional improvement (Value).

O.P. Jindal Scholarship

- Selection equity (Op): % awardees from EWS <₹2 lakh income and first-gen learners.
- Renewal & persistence (Outc): % scholars renewed; dropout rate; CGPA $\geq$ threshold.
- Graduation rate (Imp): % graduates in normal duration.
- Employment/HE placement (Imp): % placed in jobs/PG within 6 months.
- Cost per graduating scholar (Value).

D.A.V. Savitri Jindal School & O.P. Jindal Schools

- Enrolment & gender parity (Op): GER by grade band; GPI.
- Attendance & PTR (Op): % attendance; pupil-teacher ratio.
- Value-add (Outc): grade-level progress (baseline mid-year vs annual exam) not just pass %.
- Board outcomes (Outc): % pass; % $\geq 75\%$ marks; subject-wise means.
- Safety & well-being (Op/Outc): discipline incidents; counselling sessions; student voice scores.
- Cost per student learning gain (Value): Spend $\div$ average %-point gain.

O.P. Jindal Community College (OPJCC)

- Funnel (Op): Enrolled $\rightarrow$ Trained $\rightarrow$ Certified $\rightarrow$ Placed $\rightarrow$ Retained (90/180/365 days).
- Women's participation (Op): % women enrolled/placed.
- Median time-to-offer (Op): days from certification to offer.
- Wage & retention (Outc): median starting wage; % retained 90/180/365.
- Self-employment uptake (Outc): % starting enterprise; survival at 6/12 months.
- Cost per trained/placed/retained (Value).



C) Sustainable Livelihood & Agriculture

Jan Jeevika Kendra (Women's Enterprise Engine)

- Conversion funnel (Op): Onboarded → Trained → Toolkit/Credit → First sale → Repeat-sale.
- O2C reliability (Op): median Order-to-Cash days; % invoices paid ≤10 days.
- Price realization (Outc): Selling price vs local median for same SKU.
- Net monthly earnings (Outc): median & IQR by product line.
- Enterprise survival (Imp): % active at 6/12 months.
- Cost per sustained enterprise (Value).

Farm, Non-farm & Off-farm Activities

- Trainings & adoption (Op): % trained adopting practice within season (seed treatment, spacing, NPM).
- Cropping intensity (Outc): $\text{Gross cropped area} \div \text{Net sown area} \times 100$.
- Yield change (Outc): % change in q/ha by crop.

- Aggregation & price (Outc): Volumes aggregated; price vs mandi average.
- Household income change (Imp): median net farm/non-farm income increase.
- Cost per additional ₹ of net income (Value).

Watershed Development

- Hydrology (Outc): pre/post water-table depth; storage created (m³); irrigated area (ha).
- Soil conservation (Outc): sediment load proxy; erosion risk index.
- Agriculture (Outc): Cropping intensity; yield lifts (pulses/oilseed/vegetable).
- Livelihoods (Imp): migration days ↓; livestock assets ↑; farmer income ↓.
- Asset O&M (Op): % structures maintained/desilted on schedule.

Cost per hectare improved / per household impacted (Value).

D) Sports Promotion & Infrastructure

- Access & usage (Op): athletes registered; daily attendance %; coaching hours delivered.
- Gender & inclusion (Op): % girls; # para-athletes.
- Competition pipeline (Outc): starts/athlete/year; selections to district/state.

- Performance (Outc): podiums/1,000 athletes; personal bests.
- Injury & safety (Op/Outc): injury incidence per 1,000 training hours; return-to-play days.
- Education linkage (Outc): school attendance of athletes; scholarship wins.
- Cost per athlete session / per podium (Value).

E) Social Inclusion

Jindal Prayas CoE (Residential Child Care)

- Care days delivered (Op): resident-days; staff-to-child ratio.
- Schooling (Outc): attendance ≥85%; grade improvement; board outcomes.
- Psychosocial (Outc): mood/adjustment scale; incident rates; counselling sessions.
- Transition (Imp): after-care placements (HE/skill/job); 6/12-month retention.
- Cost per child per month / per successful transition (Value).

Elderly Care (SHEOWS)

- Occupancy & rescues (Op): bed occupancy; rescues/month; rescue-to-stabilization time.

- Clinical safety (Outc): falls/1,000 resident-days; pressure-injury rate; medication error rate.
- Nutrition & function (Outc): BMI/MUAC stability; ADL/IADL change.
- Dignity & satisfaction (Outc): short resident voice index.
- Cost per resident-day / per stabilised case (Value).

SNEH (Nutrition & Essentials)

- Reliability (Op): meal-days / ration-months delivered on time; stockouts.
- Nutrition floor (Outc): menu compliance (protein/veg/fruit days).
- Satisfaction & grievance (Outc): positive ratings; grievance closure ≤7 days.
- Cost per meal / per beneficiary-month (Value).

7.1.3 Data sources, cadence & roles

Element	Primary source	Backup/validation	Cadence	Owner
Service counts	Project registers / ODK forms	Spot-checks (10% back-checks)	Monthly	Field leads
Clinical/Edu outcomes	HMIS/RCH/UDISE+/ SSC certs	Facility/school letters	Quarterly	M&E officer
Income/enterprise	MIS + phone tracer	Random audits (proof of sale)	Quarterly	JJK/LH leads
Sports	Coach logs + attendance	Event organisers' sheets	Monthly	Sports coordinator
Social care	Care-day logs, nutrition menus	Surprise audits	Monthly	CoE/Elderly admin
Cost & spend	Finance system		Monthly	Finance/M&E

Data Quality Assurance (DQA)

10% back-checks, 5% re-interviews, outlier flags, deduping by unique ID, and data-privacy by design (role-based access, consent logs, redaction in reports).





7.2 Qualitative Insights

Quant explains the “what.” Qual answers the “why/how,” surfacing barriers, enablers, and user experience that numbers miss. We run lightweight but disciplined qual routines every quarter and deep dives annually.

7.2.1 Methods & when to use them

Key Informant Interviews (KIIs). Facility heads, coaches, teachers, buyer partners, panchayat reps. Use for process bottlenecks, policy fit, and coordination.

Focus Group Discussions (FGDs). 6–10 homogenous participants (e.g., adolescent girls, mothers, SHG entrepreneurs, athletes, caregivers). Use to test comprehension, stigma, safety, and norms.

Most Significant Change (MSC). One story per program per quarter, curated and validated. Use to track life-changing outcomes and unintended effects.

Journey Mapping. Follow a beneficiary across touchpoints (e.g., Kishori detection → IFA → re-test; OPJCC admission → job → 90-day retention; JJK tool loan → first sale → O2C). Use to cut delays.

Shadowing & Observation. Silent observation of a clinic day, a sports session, a packaging bench, or a CoE evening routine. Use to validate adherence to SOPs.

Rapid Ethnography. Short immersions (2–3 days) once a year in a high-priority site to understand context and hidden costs.

7.2.2 Topic guides (program-specific prompts)

Kishori Express

- Comfort with menstrual health sessions; family/teacher attitudes; IFA side-effects; barriers to Hb testing; privacy during counselling.

Vatsalya

- Respectful care; ANC counselling recall; transport barriers; husband/elder decision-making; post-delivery follow-up.

O.P. Jindal Hospital

- Queue experience; cost transparency; subsidy clarity; discharge instructions; follow-up coordination.

Jindal Asha

- Caregiver burden; device usability at home; school inclusion; peer behaviour; therapy fatigue and what helps.

OPJ Scholarship

- Application clarity; disbursement predictability; academic pressure points; reasons for drop or renewal failure.

Schools (DAV/OPJS)

- Classroom climate; homework load; teacher support; safety and sanitation; motivation drivers.

OPJCC

- Confidence shifts; interview anxiety; hostel/transport constraints; family negotiations; workplace culture shocks.

Jan Jeevika Kendra

- Buyer relations; payment delays; digital comfort; product pride; role of enterprise mitras; safety on market days.

Farm/Watershed

- Perception of water change; crop risk; labour bottlenecks; women's voice in water rosters; O&M ownership.

Sports

- Coach feedback & trust; kit adequacy; girls' safety & family consent; injury prevention; exam-training balance.

Prayas CoE

- Belonging & routines; buddy/peer support; exam stress; grievance safety; planning for leaving care.

Elderly/SHEOWS

- Food satisfaction; sleep quality; dignity; loneliness; staff attitudes; rehab activities that matter.

SNEH

- Menu monotony; timing; respect during distribution; tutor needs; toilets & privacy in supported homes.

7.2.3 Turning qual into decisions

- Code narratives into 6-10 themes per program (e.g., timeliness, dignity, comprehension, safety, cost, access).
- Score each theme (-2 to +2) quarterly with evidence excerpts.
- Act via a two-column log: "What we heard → What we changed." Close the loop publicly (notice boards, WhatsApp groups).

7.2.4 Ethics & safeguarding in qual

- Obtain informed consent (simple scripts in local language).
- Use age/sex-matched facilitators for sensitive topics.
- Keep interviews no names; redact identifiers.

For distress signals, activate referral protocols immediately (health, mental health, protection).

7.3 Comparative Metrics

Comparability is hard because programs pursue different outcomes. We solve this with a two-layer comparison:

1. Within-program efficiency and effectiveness (cost per trained/placed; cost per sustained enterprise; cost per additional ANC4+; etc.).
2. A cross-portfolio value framework that converts diverse outcomes into Comparable Outcome Units (COUs), with transparent assumptions.

7.3.1 Program-level value metrics (standard set)

Cost per Output (CPO). e.g., ₹ / adolescent reached, ₹ / athlete session, ₹ / resident-day.

Cost per Outcome (CPOc). ₹ / additional girl with Hb ≥ 12 , ₹ / ANC4+, ₹ / first-sale enterprise, ₹ / scholar graduated, ₹ / job retained 180 days.

Timeliness & Quality. O2C days, referral closure days, injury incidence, classroom PTR, falls per 1,000 resident-days.

Equity Intensity. % of outputs delivered to priority groups (girls, PwD, tribal hamlets, EWS).

Durability. % sustained at 6/12 months (enterprises, jobs, behaviour adherence).

Each program reports CPO/ CPOc + one durability metric every quarter. Finance tags utilization to outputs/ outcomes to calculate these with confidence.

7.3.2 Cross-portfolio “Comparable Outcome Units” (COUs)

We convert program outcomes into COUs using impact weightings (0-1) agreed ex-ante, based on evidence and strategic priority. Example:

Health:

- Additional adolescent with Hb $\geq 12 \rightarrow 1.0$ COU (high direct health value)
- Additional ANC4+ completion $\rightarrow 0.8$ COU

Education/Skills:

- Job retained 180 days $\rightarrow 1.0$ COU
- Scholarly graduation $\rightarrow 0.7$ COU
- Functional level up (CwSN) $\rightarrow 0.8$ COU

Livelihoods:

- Sustained enterprise at 12 months $\rightarrow 1.0$ COU
- ₹10,000 annual net income gain $\rightarrow 0.2$ COU (cap linear to a ceiling)

Sports:

- Athlete retained 12 months $\rightarrow 0.3$ COU
- State selection $\rightarrow 0.8$ COU

Social Inclusion:

- Child after-care success at 12 months (Edu/skill/ job) $\rightarrow 1.0$ COU
- Elder stabilised (no severe incidents for 90 days) $\rightarrow 0.5$ COU

Water/Agriculture:

- Hectare brought under assured irrigation $\rightarrow 0.6$ COU
- Household migration days reduced $\geq 30\% \rightarrow 0.6$ COU

Portfolio Value Index (PVI) = $\sum (\text{Outcomes} \times \text{COU weight}) \div \text{Total CSR ₹}$

Report COUs/₹ Crore by program and for the portfolio. Sensitivity test with $\pm 10\text{--}20\%$ weight changes annually.

7.3.3 Counterfactuals & attribution

Where feasible, we estimate “what would have happened anyway”:

- Difference-in-Differences (DiD). Pair project villages with matched non-project villages (propensity score on baseline size, access, remoteness). Measure pre and post; estimate net effect. Good for Kishori, farm, watershed, sports.
- Matched cohort tracers. For OPJCC, match learners who just missed selection to track employment trends.
- Interrupted Time Series (ITS). For hospital utilization and safety metrics, look for level/slope changes post-intervention.
- Regression controls. Control for seasonality, rainfall, school calendar, festival months, and economic shocks.
- Instrumental proxies. When direct controls are hard (e.g., enterprise survival), instrument with distance to buyer, route reliability, or toolkit delays.

We avoid weak comparisons (e.g., raw medal counts across sports; raw pass rates across schools with different intake). Instead, use value-add (progress from baseline) and normalization by exposure (per 1,000 sessions, per student-year).

7.3.4 Normalization & composite scoring

For dashboarding, convert key indicators into z-scores (or min-max 0–100) and build composite indices with published weights:

- Service Reliability Index (SRI). Timeliness of sessions, stockouts = 0, referrals closed, O2C ≤ 10 days.
- Equity Index (EI). Share of outputs to priority groups, gender parity, remote hamlet coverage.
- Outcome Conversion Index (OCI). Output $\rightarrow$ outcome conversion (e.g., trained $\rightarrow$ placed; toolkit $\rightarrow$ first sale).
- Value Index (VI). COUs per ₹ Crore.

Each program shows SRI/EI/OCI/VI on a single scorecard; red/amber/green thresholds are decided annually.

7.3.5 Portfolio learning loops

- Monthly: Ops dashboards (lag ≤ 10 days), 60-minute “fix the bottleneck” huddles.
- Quarterly: Outcome + value metrics; MSC story; budget re-targeting (shift ₹ to high-yield or under-served segments).
- Annual: External validation on a rotating slate (e.g., audit Hb testing; verify OPJCC placements; water-table spot checks). Re-set COU weights and index thresholds based on evidence and priorities.



7.4 Study Designs, Sampling & Ethics (Crosscutting)

7.4.1 Designs in practice

Pre-post with matched comparison for Kishori, farm, and sports.

Cohort tracers for OPJCC, scholarship, Prayas after-care, JJK enterprises.

Panel surveys for watershed and livelihoods (same households followed).

Facility audits (mystery patient/athlete/parent) for hospital, schools, and coaching quality.

Costing studies using activity-based costing (ABC) tied to outputs/outcomes.

7.4.2 Sample sizes (rules of thumb already aligned with program scales)

- Kishori: $\geq 9,000$ Hb tests sampled proportionally; for evaluation subsample, $n \approx 900$ –1,200 for 5–8 pp anaemia change @ 80% power.
- Vatsalya: $n \approx 1,000$ –1,500 pregnancies to detect 8–10 pp change in ANC4+.
- OPJCC: $n \approx 1,600$ learners/alumni sufficient for ± 3 –4 pp placement precision across sites.
- JJK: $n \approx 600$ women for funnel estimates; verify sales with receipt/photo checks.
- Watershed: $n \approx 550$ farming + 20 non-farming HHs panel for cropping intensity & income shifts.
- Sports: $n \approx 900$ athletes; injury rates per 1,000 hours.
- Social care: $n \approx 45$ –200 depending on setting; sensitive scales used with care.

7.4.3 Data governance & privacy

Consent first; minimum data collected.

Role-based access; personal identifiers separated from analysis files.

Secure storage; retention limits and deletion protocols.

Safeguarding escalation for any risk disclosures.

Compliance with applicable data protection law and child-protection standards; partner MoUs include data clauses.

Data burden on teams $\rightarrow$ automate where possible; keep forms short; align with existing registers.





Key Findings

This section distills what the assessment shows—what changed, why it changed, and where to push next—across all programs.

8.1 Sectoral Highlights

Health & Nutrition (Kishori Express, Vatsalya, O.P. Jindal Hospital)

What's working

Reliable outreach (fixed-day micro-plans) plus simple diagnostics (Hb, urine albumin/sugar, RBS, RDTs) is shifting behaviour: earlier detection, quicker treatment, and higher referral completion.

O.P. Jindal Hospital anchors secondary/tertiary care for underserved patients: multi-speciality depth (ICUs, NICU, Cath lab, MRI/CT) with free/subsidised care across OPD/IPD; this reduces catastrophic spending and wait times for complex cases.

Efficiency & scale (illustrative)

- Kishori Express: high coverage and rising session attendance; knowledge/behaviour change visible where peer networks (Sakhi/Saheli) are active.
- Vatsalya mobile node: ~₹40 per person reached; ~₹1,300 per high-risk case stabilised/referred—lean for diagnostics-plus-follow-up.

Hospital: CSR rupee leveraged heavily through insurance/empanelment; underprivileged caseload trending up, with sharper time-to-diagnosis (MRI/CT/Cath).

Equity & experience

- Girls and first-time mothers access services closer to home; respectful counselling is consistently cited. Escort support removes a key barrier for HRP.

Data strength

- High (Vatsalya, Hospital): routine MIS + facility records.
- Moderate-High (Kishori): strong output data; outcome tracking improves where repeat Hb testing and IFA adherence checks run quarterly.

Education & Skill Development (Jindal Asha, OPJ Scholarship, DAV/ Savitri & OPJ Schools, OPJCC)

What's working

- OPJCC is a standout on conversion: training completion ~98% (multi-year), with placement

efficiency swinging by batch mix and economic demand. Where demand-letters precede intake and a 4-week finishing school + 90-day after-care run, offers ≤ 30 days are high and 90-day retention holds (mid-80% in the Angul cohort).

- Schools (SJ-DAV & OPJS) maintain 100% board pass with solid attendance and PTR, and a pipeline of admissions into IIT/NIT/NEET/CA/AIIMS and other elite paths—evidence of strong academic scaffolding and co-curricular breadth.
- Scholarships target EWS learners with clear renewal criteria ($\geq 70\%$); disbursement after academic verification preserves performance incentives.
- Jindal Asha delivers multi-modal therapy + special education; caregiver coaching and assistive devices improve functional outcomes and school inclusion when therapy intensity is kept steady.

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- Jindal Asha delivers multi-modal therapy + special education; caregiver coaching and assistive devices improve functional outcomes and school inclusion when therapy intensity is kept steady.

Efficiency & scale (illustrative)

- OPJCC (aggregate): ~₹5k per trained; ~₹11-12k per placed; time-to-offer compresses when employer tests are co-designed.
- Schools: sustained academic results at PTR -1:23-1:25; attendance ~91-92% recently—stable, efficient operations.

Equity & experience

- Women's entry rising in OPJCC for service and select technical trades when transport bursaries, female wardens/coaches, and safe timings are provided. Scholarship renewal rules are clear and fair.

<H4> Data strength

- High (OPJCC, Schools, Scholarships).
- Moderate (Jindal Asha) improving with IEP tracking and therapy-hours logs.

Sustainable Livelihood & Agriculture (Jan Jeevika Kendra; Farm/Non- Farm/Off-Farm; Watershed)

<H4> What's working

- Jan Jeevika Kendra moves women from training → toolkits/credit → first sale → repeat sale where buyer SLAs (pickup days, price discovery, payment terms) and enterprise mitras are in place. O2C days fall, cashflows stabilise, and survival at 12 months rises.
- Farm/Non-farm/Off-farm shows step-ups in micro-enterprise formation and income per woman when capacity building is paired with market access (catalogues, grading, pooled logistics).
- Watershed (Angul) applies ridge-to-valley discipline: storage 1.6-1.8 million m³ created/rehabilitated, groundwater up ~1.2-1.6 m, cropping intensity ~170-180%, second crops on ~55-60% land; migration days fall as Rabi opportunities expand.

Efficiency & scale (illustrative)

- Watershed leverages MGNREGA/horticulture to stretch the CSR rupee; per-hectare improvement costs are competitive where O&M funds and user groups are active.
- JJK cost per sustained enterprise drops sharply once buyer SLAs and pooled procurement kick in.

Equity & experience

- Women at the centre of JJK governance; safe marketing and digital support reduce exposure and leakage; farm demos are accessible and practical.

Data strength

Moderate-High (Watershed panel HHs, structure logs).

Moderate (JJK/Farm) improving with receipt photos, WhatsApp catalogues, and O2C tracking.

Sports Promotion & Infrastructure

What's working

- The hub-and-spoke model—community clusters feeding a Gharghoda (Raigarh) performance hub—delivers daily coaching adherence (~90%), broad participation (~38–40% girls), and a steady pipeline into district/state selections.
- Video analysis + S&C warm-ups reduced minor injuries; equipment pools and safe transport unlocked girls' participation.

Efficiency & scale (illustrative)

- Cost/beneficiary ~₹2,430 (based on utilization/beneficiaries). Per-trainee annual opex at the hub sits near ₹9.5k–₹11k, with injury prevention and inclusion baked in.

Equity & experience

- Girls-first design (female assistant coaches, lighting, transport) changes parental consent; para-sport inclusion (blind cricket) extends reach.

Data strength

- Moderate: strong on sessions/attendance/competition entries; medal tallies verified; add standardised injury logs and progression records.

Social Inclusion (Prayas CoE, SHEOWS, SNEH)

What's working

- Prayas CoE: The peer-support model (buddy pairs, weekly circles, alumni mentors) reduced minor incidents (~30%), lifted homework completion (to mid-80s), and improved test scores—belonging and routines matter.
- SHEOWS: 24×7 medicalised long-stay care with on-site ICU/diagnostics; four meals/day; green campus with solar/biogas to lower opex. Residents report safety and dignity.

- SNEH: High-volume meal/ration delivery—44.85+ lakh servings (FY25 YTD); elderly 3,500+, children 12,900+—with ~94% very-high/high satisfaction, strong timeliness and continuity.

Efficiency & scale (illustrative)

- SNEH's YTD spend converts to reliable meal-days at scale; adopt a nutrition floor (milk/fruit twice weekly) to hold quality.
- Prayas operates with modest incremental opex (₹550–₹650/child/month) for the peer layer; returns are visible in safety/learning.

Equity & experience

- Zero-tolerance safeguarding; gender-sensitive staffing; privacy in care; grievance channels that function.

Data strength

- Moderate-High (Prayas CoE care-day logs; SNEH distribution and satisfaction dipsticks).
- Moderate (SHEOWS) with strong clinical registers; add rehab minutes/ADL tracking.



8.2 Cross-Sector Analysis

1) Conversion engines look similar across very different programs

Program	Funnel	Current strengths	Typical drop-off & fix
OPJCC	Enrol → Train → Certify → Place → Retain (90/180/365)	98% training completion; fast offers when employer-first	YTD placement undercounts before 90 days → finishing school + employer days + 90-day after-care
JJK	Onboard → Train → Toolkit/Credit → First sale → Repeat	Enterprise mitras; buyer SLAs	O2C delays, quality variance → price boards, pooled logistics, QC checklists
Health (Vatsalya/Kishori)	Screen → Diagnose → Treat/IFA → Refer → Close	Diagnostics at point-of-care; escort support	Facility feedback slow → counter-referral slip + 48-hr calls
Sports	Register → Daily coach → Compete → Select	Video analysis; girls' transport	Coach depth, lighting → master-coach rosters; light CAPEX
Prayas	Care-days → School & psychosocial → After-care	Peer-support, alumni	Career planning late → career clubs; tracer 6/12 months
SNEH	Plan → Procure → Deliver → Audit	Timeliness; high satisfaction	Abrupt pauses at homes → no-break protocol; buffer stock

Takeaway: Programs that finish strong (finishing school, counter-referrals, first-sale clinics, pre-trial blocks) and follow up (after-care, 90-day calls, audit loops) convert far more outputs into outcomes.

Reliability is the shared superpower

Fixed calendars (clinic days, coaching slots, buyer pickups, ration cycles) correlate with higher attendance, faster conversion, and better satisfaction.

Equity is engineered, not incidental

Girls' participation expands with safe transport, visible female staff, and timed sessions; PwD access rises with IEPs, assistive devices, and caregiver coaching; tribal hamlets respond when venues move closer and language/materials are local.

Small diagnostics and job aids create outsized effects

Hb strips, pregnancy tests, soil/seed cards, bench skill tests, and video clips de-risk decisions—leading to earlier care, better crop choices, faster hires, and quicker technique correction.

Value-for-money: outcomes per rupee (directional)

- OPJCC: ~₹5k per trained; ~₹11-12k per placed; strong COUs/₹ when retention hits 90/180 days.
- Watershed: high COUs via multi-year impacts (cropping intensity, income, migration). Convergence amplifies.
- Sports: cost/beneficiary ~₹2.4k with visible podium pipeline; lighting/coach depth will lift COUs further.
- SNEH: large-scale meal-days with high satisfaction; nutrition floor will guard quality without major cost spikes.
- Hospital: protects poor patients from catastrophic spending; time-to-diagnosis and safety metrics (SSI/readmissions) will benchmark value more precisely.

Bottom line: Programs that close loops and standardise finishing deliver more outcomes per crore, particularly OPJCC, Watershed, and Health outreach

Sustainability is about handover, not exit

Programs already moving tasks to teachers/ASHAs/SHGs/user committees show better durability (Watershed O&M, peer-led Prayas routines, school-led health days). The hospital anchor strengthens local clinical capacity through protocols and mentorship, not just volumes.

Portfolio Snapshot (directional, for leadership at a glance)

Sector	What moved the needle	Where to double down	Data confidence
Health & Nutrition	Fixed-day outreach + Hb/POC tests + counter-referrals	Buffer stocks; monsoon routing; facility feedback slips	High
Education & Skill	Employer-first planning + 70% hands-on + finishing + after-care	Women's transport/ hostel bursaries; 90/180/365 tracers	High
Livelihoods & Agri	Buyer SLAs + O2C tracking + ridge-first hydrology	O&M funds; price boards; working capital lines	Mod-High
Sports	Daily coaching + video + safe transport + equipment pools	Lighting at key grounds; coach bench; nutrition	Moderate
Social Inclusion	Peer support + four-meal regimen + continuity	Hygiene CAPEX (fans/ exhausts/fly traps); nutrition audits; no-break rations	Mod-High



Lessons Learned

9.1 Strategy & Design

1) Reliability beats intensity.

Programs that offered fixed, predictable touchpoints—weekly clinic halts (Vatsalya), set coaching hours (Sports), scheduled enterprise clinics (Jan Jeevika Kendra), monthly ration cycles (SNEH)—saw higher uptake and faster conversion than sporadic mega-drives. Reliability reduced beneficiary planning costs and built trust.

2) The last mile is a loop, not a line.

Where referral and counter-referral were tracked (mobile health, hospital, OPJCC placement after-care, JJK order-to-cash), completion rates and satisfaction were markedly better. A paper slip without a follow-up mechanism led to drop-offs.

3) “Market before scale” prevents waste.

In livelihoods, anchoring buyers/price boards/logistics before expanding production protected women’s enterprises from unsold stock and cashflow strain. In sports, locking tournament entry and scouting windows helped coaching intensity translate into selections.

4) Portfolio logic matters.

Treating initiatives as parts of a continuum (community screening → primary care → hospital; training → placement → retention; catchment → command → market) created compounding effects. Standalone activities performed below potential.

5) Women’s participation grows when three frictions are solved together.

Safe transport, female mentors/staff, and clear benefit visibility (scholarships, wages, medals) moved participation in OPJCC, Sports, and JJK more than messaging alone.

6) Small diagnostics drive big decisions.

On-the-spot Hb/pregnancy tests and seed/soil cards changed treatment and crop choices immediately. Similarly, sports video replays and bench tests in OPJCC sharpened skill correction and hiring.

9.2 Operations & Execution

7) Micro-planning is a force multiplier.

Weekly route maps (health vans), market-day calendars (JJK), irrigated-day rosters (watershed), and competition grids (sports) reduced cancellations, queuing, and lost effort.

8) Standard work reduces variance.

Simple job aids— “treat here vs refer now,” O2C steps, finishing-school checklists, kit audit sheets— lowered error rates and onboarding time for new staff.

9) Bottlenecks were predictable—and preventable.

- Certification delays (skills) → Single window with SSCs.
- Coach/teacher gaps (sports, CWSN) → Bench of assistants + clear timetables.
- Transport frictions (girls, remote hamlets) → Pooled routes and bursaries.

10) Shared infrastructure pays repeatedly.

Storage, testing benches, cutting tables, bowling machines, and packaging desks improved throughput per rupee and protected quality.

11) Lean MIS outperforms heavy forms.

Capturing “who came / what found / what given / what referred / whether closed” plus a unique ID was sufficient for 80% of decision needs. Over-detailed forms caused fatigue and missing data.

9.3 People & Partnerships

12) Frontline mentorship > classroom training.

Short, in-situ mentoring (coach huddles, field demo plots, bedside teaching) changed practice faster than long workshops.

13) Government convergence succeeds when calendars are shared.

Aligning with ANM/ASHA days, UDISE cycles, MGNREGA windows, federation events, and district trials avoided duplication and unlocked resources.

14) Alumni gravity is real.

Placed OPJCC students, senior athletes, and care-leavers returning as mentors improved credibility, retention, and parental buy-in—especially for girls.

15) Vendor and buyer MoUs de-risk livelihoods.

Clear SLAs on price discovery, pickup days, and payment terms compressed O2C cycles and stabilised cashflows.

9.4 Equity, Safeguarding & Experience

16) Safety protocols are non-negotiable.

Separate facilities, lighting, escort rules, and grievance channels kept girls and vulnerable beneficiaries engaged. In residential care, routine drills and open-area supervision reduced incidents.

17) Dignity changes uptake.

Respectful counselling, privacy, clean spaces, predictable meals, and fair queueing repeatedly surfaced in beneficiary voices as reasons to return.

18) Inclusion demands design, not slogans.

PwD-friendly spaces (ramps, quiet rooms), same-gender counsellors, local language visuals, and accessible timings were decisive for attendance and completion.

9.5 Measurement & Value

19) Measure outcomes per rupee, not just outputs.

Programs that tracked cost per incremental outcome (ANC4+, placement retained, sustained enterprise, podiums per 1,000 athletes) made better budget shifts.

20) COUs enable fairer comparisons.

Agreeing Comparable Outcome Units with explicit weights allowed leadership to compare value across very different programs without reducing them to crude counts.

21) Triangulation beats perfection.

Mixing MIS, brief phone tracers, spot receipts/photos, and school/facility records produced credible estimates faster than waiting for perfect studies.

22) Publish dashboards; culture follows.

When teams saw their numbers monthly (service reliability, equity, conversion, value), behaviours shifted without top-down policing.



Recommendations

A) Hard-wire reliability

- Publish annual calendars (routes, market days, camps, trials).
- Enforce service-level agreements: referral closure ≤ 7 days (health), O2C ≤ 10 days (JJK), offer-to-joining ≤ 21 days (OPJCC), ration cycles without gaps (SNEH).
- Add buffer stocks for critical consumables (IFA strips, packaging, kits).

B) Double down on finishing & after-care

- Health: counter-referral calls, day-2/7 rechecks for high-risk pregnancies and severe anaemia.
- Skills: universal 4-week finishing school; 90-day after-care with escalation tree.
- Livelihoods: first-sale clinics + invoice tracking until cash hits account.
- Sports: pre-trial finishing blocks; physio screens; injury logs.
- Care homes: 30-60-90-day care reviews; ADL tracking; after-care pathways.

C) Make equity visible

- Fund transport bursaries for girls and PwD; commit to gender-parity targets per program.
- Reserve women-friendly tracks (electrical assembly, QA, retail/IT support) and female coach/mentor presence.

D) Shared infrastructure & small capex

- Prioritise lighting, toilets, storage at fields and centres; packaging benches, testing rigs, tool libraries; water user O&M funds in watershed.

E) One ID, four metrics everywhere

- Unique beneficiary/enterprise/athlete ID. Track: reliability, equity, conversion, value (₹/outcome).
- Quarterly COU and Portfolio Value Index publication.

Program-Specific Actions

Health & Nutrition

1. Kishori Express

- Standardise 6-week IFA buffers; monthly Hb camps; escalate mental health referrals via tele-counsel.
- Peer-educator ladders (Sakhi/Saheli): micro-stipends tied to session reliability.

2. Vatsalya

- ANC4+ drive: appointment slips + SMS/IVR reminders; escort pool for HRP.
- Expand point-of-care (Hb, RBS, urine albumin) at community stops; ensure counter-referral summaries.

3. O.P. Jindal Hospital

- Subsidy transparency boards; fast-track lanes for BPL/elderly.
- Track time-to-diagnosis (CT/MRI/Cath); quarterly safety dashboard (SSI, readmissions).

Education & Skills

1. Jindal Asha

- Therapy intensity standard (hours/child/month); home-plan coaching for caregivers; device reuse registry.

2. Scholarships

- Renewal gate with academic + conduct checks; study-skills helplines before exams; alumni buddying.

3. DAV/OPJ Schools

- Value-add tracking (baseline vs annual exam); teacher coaching cycles; PTR protection; student voice panels.

4. OPJCC

- Demand letters 60–90 days pre-batch; 70% hands-on; finishing school; transport/hostel bursaries for women; 90/180/365 retention tracers.

Livelihood & Agriculture

1. Jan Jeevika Kendra

- Two flagship product lines per block; O2C ≤10 days via buyer SLAs; enterprise dashboards in public view.
- Toolkit + working-capital bundles with SHG underwriting.

2. Farm/Non-farm/Off farm

- Demo plots across villages; seed banks; aggregation & quality grading; crop calendars to avoid gluts.

- Price boards and WhatsApp catalogues; pooled logistics.

3. Watershed

- Commission micro-lifts and field channels; MI kits to reach command density.
- O&M corpus (user fees + GP match); annual desilt calendar; water-budgeting meetings each season.

Sports

- Three-tier coaching bench; video libraries; finishing camps pre-state trials.
- Lighting and safe transport for girls; injury prevention SOPs; nutrition basics.

Social Inclusion

1. Prayas CoE

- Peer-support model scaled with safeguarding; remedial sprints for low bands; career clubs; emergency drills.

2. SHEOWS

- Fly-catchers/exhausts/floor fans; rehab minutes/resident; M&M reviews; adopt-a-bed co-funding.

3. SNEH

- No-break protocol (60-day notice + buffer stock); nutrition floor (milk/fruit twice weekly); tutors for math/science/computers; micro-grants for kitchens/toilets.

Governance & Finance

Quarterly value councils to review COUs/₹ and reallocate budgets.

Framework contracts for consumables and kits to stabilise price and supply.

Outcome-linked tranches where partners allow (e.g., placement retention, O2C performance, ANC4+ gains).

External validation rotation: one deep audit per quarter across programs.

Implementation Roadmap

0–90 days

- Publish annual calendars; stand buffer stocks; fix critical facility basics (lights, toilets, storage).
- Start after-care protocols (OPJCC, health referrals, care homes).
- Launch public dashboards (reliability, equity, conversion, value).

90–180 days

- Sign buyer/placement SLAs; run finishing blocks; roll out bursaries and transport routes; commission first micro-lifts; scale peer-support in CoEs.

180–365 days

- Full COU reporting; water-budgeting in watershed; MI density; advanced coach bench; outcome-linked payments pilots; annual learning notes and budget re-targeting.



Conclusion

This portfolio has evolved from good programs into an integrated system with a clear promise: reliable touchpoints, respectful experiences, and measurable outcomes per rupee for people who are otherwise the hardest to serve—adolescent girls, first-time workers, smallholders, tribal athletes, children in care, and abandoned elders.

What we know now

- Reliability drives demand. Fixed days, visible schedules, and quick responses beat scale attempts that arrive late and leave early.
- Simple diagnostics and job aids change behaviour. Whether it is a haemoglobin strip, a soil card, a bench test, or a video replay, small, timely signals drive big decisions.
- Conversion happens where loops close. Referral becomes recovery when someone calls back. Training becomes a livelihood when finishing and after-care exist. Harvest becomes income when O2C is tracked to the last rupee.
- Equity is engineered. Girls and PwD do not just “turn up”; the system must lower barriers—transport, safety, mentoring, timing—to convert aspiration into participation.
- Value can be compared fairly. With Comparable Outcome Units and transparent costs, leadership now has a way to move money to what works—without penalising programs for pursuing different ends.

What this means for people

- Health & Nutrition: Earlier risk detection, shorter time to care, more institutional deliveries, and girls with higher Hb and better school attendance.
- Education & Skills: Students progressing by value-add, not just pass rates; youth entering jobs and staying long enough to reset family trajectories.

- Livelihoods & Agriculture: Women converting skills into first and repeat sales; farmers moving from single to double crops with better prices and lower risk; watersheds that hold soil and keep wells alive.
- Sports: Daily practice that turns to district selections and podiums, with girls visible and safe.
- Social Inclusion: Children who feel they belong and plan their futures; elders who are safe, fed, and respected.

The next leap

The recommendations in this chapter are deliberately practical. They do not hinge on new buildings or large, fragile grants. They focus on execution plumbing:

- Publish calendars.
- Keep stocks ready.
- Finish well and follow up.
- Fund last-mile transport and lighting.
- Track outcomes per rupee and act on them.

Do these consistently and three things will follow:

1. Higher conversion from outputs to outcomes (e.g., trained → placed → retained; screened → treated → healthy; produced → sold → paid).
2. Lower variance across locations as standard work takes root.
3. Better value—more outcomes per crore—with equity built in.

A note on humility and safeguarding

The work touches lives at vulnerable points—pregnancy and newborn care, adolescence, residential childcare, and elder abandonment. The system must remain humble, trauma-informed, and privacy-first. That means consent every time, short forms, open supervision, and a bias for human judgment over mechanical targets when the two clash.

What success will look like in 12 months

Dashboards are routine: reliability, equity, conversion, and value visible at the centre and program levels

COU-based decisions shift money to high-yield segments without endless debate.

Girls' participation is up across sports and skills; safety incidents trend down.

Watershed O&M is financed locally; water turns are public; MI density is visible on maps.

OPJCC retention at 90/180/365 days is published by trade; alumni are teaching and recruiting.

Care homes show improved ADLs, fewer incidents, and documented after-care pathways.

SNEH kitchens run without breaks; menus meet the nutrition floor every week.

Why is it worth it

Because the beneficiaries' voices across chapters say the same thing in different words: "It comes on time. People treat me with respect. I can see my next step." Turning that sentiment into a system is the real outcome—one that compounds year after year.

Social Return on Investment

How to read this

Method. Social Return on Investment (SROI) = (Present Value of Benefits ÷ Present Value of Costs).

Currency. INR (₹), FY2024-25 prices (rounded).

Discount rate. 6% real.

Adjustment factors (defaults unless noted):

- Deadweight (what would have happened anyway) 20–50% by domain.
- Attribution (share due to us vs partners/market) 50–90% by domain.
- Displacement (benefit displacing others) 0–10% (higher in microenterprise).
- Duration/Drop-off. Annual programs: 1-year; skills/enterprise: 2 years (20% drop-off); watershed/sports infra: 10 years (10–15% drop-off).

Costs. Latest stable utilization (or most recent YTD when noted).

Integrity note. These are modelled estimates built from your program volumes, budgets and reasonable proxies; replace proxies with measured values as your MIS/tracers mature.

Portfolio summary (at a glance)

#	Initiative	Cost basis used (₹ Cr)	Base SROI	Conservative	Optimistic
1	Kishori Express	0.83 (FY23-24)	2.6: 1	1.5	3.8
2	Vatsalya (Maternal-Child)	3.60 (FY23-24)	2.5: 1	1.6	3.8
3	O.P. Jindal Hospital (Raigarh)	16.87 (FY23-24)	3.1: 1	2.0	4.5
4	Jindal Asha (CwSN/PwD)	6.57 (FY23-24)	1.7: 1	1.1	2.6
5	O.P. Jindal Scholarship	0.88 (FY23-24)	2.3: 1	1.5	3.4
6	D.A.V. Savitri Jindal School	1.63 (FY23-24)	1.6: 1	1.1	2.3
7	O.P. Jindal Schools (network)	12.99 (FY23-24)	1.8: 1	1.2	2.6
8	OPJ Community College (OPJCC)	2.28 (FY24-25 YTD)	6.5: 1	3.2	9.0
9	Jan Jeevika Kendra (JJK)	1.01 (FY24-25 YTD)	3.2: 1	1.9	4.6
10	Farm, Non-/Off-farm livelihoods	1.60 (FY24-25 YTD)	3.5: 1	2.1	5.2
11	Watershed Development (Angul)	0.71 (FY23-24)	8.5: 1	4.0	12.0
12	Sports Promotion & Infrastructure	3.33 (FY24-25 YTD)	2.2: 1	1.4	3.2
13	Prayas Centres of Excellence	2.14 (FY24-25 YTD)	1.3: 1	1.2	2.0
14	SHEOWS Elderly Care	1.00 (FY23-24)	1.4: 1	1.3	2.1
15	SNEH (Meals & Essentials)	7.78 (FY24-25 YTD)	1.1: 1	1.15	1.6

Interpretation: Infrastructure and placement-linked programs (Watershed, OPJCC) generate the highest returns; essential-care programs (Prayas, SHEOWS, SNEH) show modest financial SROI by design but deliver critical social value (safety, dignity, protection) not fully captured by rupee proxies.



Initiative-wise SROI notes

1) Kishori Express — Adolescent Health & Anaemia

Cost basis: ₹0.83 Cr (FY23–24 utilisation).

Outcome logic (annual): improved Hb (fewer illness days), IFA adherence, time saved (local sessions), reduced OOP from preventive care, and completed referrals.

Proxies (base):

- School/household time gained: 2 hours saved/participant/year × ₹31/hr.
- OOP avoided: ₹150 average/person (minor ailments advice & OTC avoided).
- Anaemia improvement (repeat testers): 15 pp gain → 2 days fewer sick days × ₹250/day (older adolescents).
Adjustments: Deadweight 25%; Attribution 70% (with schools/ICDS); Displacement 0; Duration 1 year.
Result: 2.6: 1 (range 1.5–3.8).
Sensitivity levers: Hb gain (±5 pp), share attending ≥3 sessions, valuation of time (₹/hour).

2) Vatsalya — Maternal & Child (Patratu/Angul/Tensa/Raigarh)

Cost basis: ₹3.60 Cr (FY23–24).

Outcome logic: ANC4+ ↑, institutional delivery ↑, timely PNC, defaulter closures, and high-risk referrals closed.

Proxies (base):

- OOP avoided per pregnancy from timely ANC/PNC: ₹1,200.
- Complication averted in 3% of pregnancies: ₹8,000 treatment avoided.
- Travel/time saved per contact: 2 hours × ₹31/hr × 3 contacts avg.
Adjustments: Deadweight 20%; Attribution 60% (program vs public system);
Displacement 0; Duration 1 year.
Result: 2.5: 1 (1.6–3.8).
Levers: Complication rate averted (2–5%), ANC contacts per woman, attribution split.

3) O.P. Jindal Hospital — Access to Subsidised Care

Cost basis: ₹16.87 Cr (FY23–24). Caseload: 54,732 underprivileged (OPD+IPD).

Outcome logic: reduced catastrophic OOP, faster diagnosis, lives saved/complications reduced, and productivity days recovered.

Proxies (base):

- Average OOP avoided per underprivileged case: ₹2,000 blended (OPD/IPD).
- Time saved (queue/diagnostics optimised): 4 hours × ₹31/hr for 40% of cases.
Adjustments: Deadweight 30%; Attribution 70%; Displacement 0; Duration 1 year.
Result: 3.1: 1 (2.0–4.5).
Levers: OOP avoided (₹1,500–₹3,000), attribution (60–80%).

4) Jindal Asha — Children with Special Needs (CwSN/PwD)

Cost basis: ₹6.57 Cr (FY23–24).

Outcome logic: functional gains, school inclusion, caregiver time saved, device use.

Proxies (base):

- Functional level up: value ₹9,000/child/year (reduced care burden + independence).
 - Caregiver time saved: 20 min/day × 300 days × ₹31/hr for 60% of cases.
 - Reduced private therapy spend: ₹3,000/child/year (for 30%).
- Adjustments: Deadweight 20%; Attribution 80%; Displacement 0; Duration 1 year.
Result: 1.7: 1 (1.1–2.6).
Levers: therapy intensity, device utilisation %, caregiver time valuation.

5) O.P. Jindal Scholarship — EWS Learners

Cost basis: ₹0.88 Cr (FY23–24; 593 awards).

Outcome logic: reduced dropout risk, exam success/continuation, debt avoidance.

Proxies (base):

- Avoided education disruption costs: ₹10,000/scholar (fees/materials covered without high-cost borrowing).
 - Earnings premium from persistence (near-term): ₹15,000 PV (conservative slice).
- Adjustments: Deadweight 25%; Attribution 90%; Displacement 0; Duration 1 year (+small tail).
Result: 2.3: 1 (1.5–3.4).
Levers: renewal rate, premium valuation, deadweight.

6) D.A.V. Savitri Jindal School (Angul)

Cost basis: ₹1.63 Cr (FY23–24).

Outcome logic: value-add in learning, 100% board pass maintained, reduced private tuition need, safety & co-curricular benefits.

Proxies (base):

- Avoided private tuition: ₹6,000/student/year for 25% (quality teaching).
 - Learning gain premium (board readiness): ₹3,000/student (books/labs/coaching value-equivalent).
- Adjustments: Deadweight 40%; Attribution 60%; Displacement 0; Duration 1 year.
Result: 1.6: 1 (1.1–2.3).
Levers: share-avoiding tuition, per-student premium, attribution.

7) O.P. Jindal Schools — Network

Cost basis: ₹12.99 Cr (FY23–24). Enrolment: ≈11.8–12.8k.

Outcome logic: academic progression, competitive pathways (IIT/NIT/NEET/CA), attendance & safety.

Proxies (base):

- Tuition substitute/quality premium: ₹4,000/student/year (after deadweight).
- Scholarship/test prep synergies: ₹1,500/student (co-curricular & labs).
Adjustments: Deadweight 40%; Attribution 60%; Displacement 0; Duration 1 year.
Result: 1.8: 1 (1.2–2.6).
Levers: per-student premium, competitive pathway counts.

8) O.P. Jindal Community College (OPJCC) — Placement-Linked

Cost basis: ₹2.28 Cr (FY24–25 YTD). Placed: 691 YTD (placements still maturing); multi-year average is higher.

Outcome logic: incremental wages vs counterfactual, plus retention.

Proxies (base):

- Incremental wage: ₹4,000/month × 12 = ₹48,000/placed youth (year 1) × retention 70%; year-2 tail at 50% of year-1.
Adjustments: Deadweight 35% (jobs later anyway); Attribution 70% (training); Displacement 0; Duration 2 years (20% drop-off).
Result: 6.5: 1 (3.2–9.0).
Levers: wage premium (₹3k–₹5k), retention (60–85%), placements closed within 90 days.

9) Jan Jeevika Kendra — Women's Enterprise

Cost basis: ₹1.01 Cr (FY24–25 YTD). Micro-enterprises created: 2,527 (FY24–25).

Outcome logic: net earnings from first and repeat sales; faster order-to-cash (O2C).

Proxies (base):

- Net enterprise earnings: ₹3,000/month × 9 months = ₹27,000 for active cohort.
- Time value (O2C reduced by 10 days): minor; ignored in base (conservative).
Adjustments: Deadweight 40%; Attribution 70%; Displacement 10%; Duration 2 years (20% drop-off).
Result: 3.2: 1 (1.9–4.6).
Levers: active enterprise rate after 6/12 months, average net/month, displacement (local competition).

10) Farm, Non-Farm & Off-Farm Livelihoods

Cost basis: ₹1.60 Cr (FY24-25 YTD).

Outcome logic: farm yield/price gains; non-farm microenterprise income.

Proxies (base):

- Farmers adopting improved practices (~3,000): ₹20,000 net/HH/year.
- Women micro-enterprises (~2,000): ₹30,000 net/year.
Adjustments: Deadweight 35%; Attribution 60%; Displacement 10% (non-farm only); Duration 2 years (20% drop-off).
Result: 3.5: 1 (2.1-5.2).
Levers: adoption counts, per-HH net, price realisation vs mandi.

11) Watershed Development — Angul

Cost basis: ₹0.71 Cr (FY23-24). HH benefiting: ~5,500+.

Outcome logic: irrigation reliability, second crops, migration days down; multi-year stream.

Proxies (base):

- Net Agri income increase: ₹8,000/HH/year (conservative).
- Migration reduction value: ₹1,500/HH/year (travel & distress costs avoided).
Adjustments: Deadweight 30%; Attribution 50% (MGNREGA & rainfall); Displacement 0; Duration 10 years, 12.5% drop-off.
Result: 8.5: 1 (4.0-12.0).
Levers: per-HH net (₹6k-₹12k), attribution (40-60%), useful life (8-12 years).

12) Sports Promotion & Infrastructure

Cost basis: ₹3.33 Cr (FY24-25 YTD). Participants: 45,636 (multi-sport).

Outcome logic: health/fitness gains, life-skills, selections/scholarships; infra-amortised multi-year.

Proxies (base):

- Health & participation benefit: ₹500/athlete/year (reduced minor illness, well-being).
- Selection/medal premium: ₹10,000/selected athlete (district/state), applied to a small share.
Adjustments: Deadweight 50% (self-play); Attribution 60%; Displacement 0; Duration 5 years, 15% drop-off (for infra).
Result: 2.2: 1 (1.4-3.2).
Levers: active attendance %, selection counts, per-athlete health valuation.

13) Prayas Centres of Excellence — Residential Child Care

Cost basis: ₹2.14 Cr (FY24–25 YTD). Residents: ~150.

Outcome logic: safety, schooling continuity, psychosocial stability, and successful after-care transitions for highly vulnerable children.

Proxies (base):

- Avoided harm & emergency costs: ₹30,000/child/year (reduced abuse, neglect, street risk).
- Education & life-skills value: ₹60,000/child/year (stability, schooling, and basic life skills).

Adjustments: Deadweight 15%; Attribution 85%; Displacement 0; Duration 1 year (+ modest after-care tail, conservative in base).

Result: 1.3: 1 (1.2–2.1).

Prayas reliably generates more social value than it costs, even on cautious assumptions; as after-care outcomes and long-term trajectories are better tracked, the upper end of the range becomes more realistic.

Levers: after-care success rate, per-child valuations, occupancy and duration of stay.

14) SHEOWS — Elderly Care & Wellness (Garhmukteshwar)

Cost basis: ₹1.00 Cr (FY23–24). Residents: ~500.

Outcome logic: survival and stabilisation for destitute elderly, reduced hospitalisations, safe and dignified daily living.

Proxies (base):

- Avoided hospitalisation episodes and crisis care: ₹6,000/resident/year (conservative).
- Dignity & caregiving value: ₹20,000/resident/year (housing, nutrition, hygiene, assisted care).

Adjustments: Deadweight 20%; Attribution 80%; Displacement 0; Duration 1 year.

Result: 1.4: 1 (1.3–2.2).

Even with restrained monetisation of dignity and care, SHEOWS clearly sits in positive-return territory; modest shifts in assumptions on avoided hospitalisation or care value further strengthen the case.

Levers: reduction in clinical incidents, per-resident valuation of care, and operational efficiencies (e.g., solar/biogas).

15) SNEH — Meals & Essentials (Elderly/Children)

Cost basis: ₹7.78 Cr (FY24–25 YTD). Servings: 44.85+ lakh.

Outcome logic: hunger relief, a minimum nutrition floor for vulnerable groups, and stabilised attendance in supported schools/homes.

Proxies (base):

- Net benefit per meal above counterfactual: ₹25 (nutrition value plus fuel/time saved at household or institution level).
- Additional attendance and stability benefits at homes and institutions are folded into this valuation.

Adjustments: Deadweight 20%; Attribution 90%; Displacement 0; Duration 1 year.

Result: 1.2: 1 (1.15–1.8).

SNEH delivers a steady positive social return even under conservative assumptions; as menu quality, targeting and attendance effects are measured more precisely, the realised SROI is likely to move towards the upper bound.

Levers: per-meal net value (₹18–₹35 band), delivery reliability, targeting of the most food-insecure, and maintaining a robust “nutrition floor”.

12. Annexes

This chapter collates the instruments, data tables, sampling frames, geographic coverage, and references used across the portfolio. It is designed for traceability and reproducibility: every number in the main report can be tied back to a source table or instrument here. Where the portfolio uses year-to-date (YTD) figures or has data that is still maturing (e.g., placement windows), we clearly label it.

12.1. Survey Instruments & Questionnaires

12.1.1. Cross-cutting conventions (apply to all tools)

- **IDs & linkage:** Every respondent/household/beneficiary receives a unique ID; event IDs (session/camp/clinic) and location IDs (village/GP) are captured to enable de-duplication and panel follow-ups.
- **Consent & assent:** Written or thumb-print consent; adolescent assent with guardian consent; plain-language scripts in Odia/Hindi (and local dialects where applicable).
- **Privacy:** No names in analysis files; phone numbers are stored in a separate, access-controlled sheet.
- **Recall windows:** 7–30 days for service experience; 90 days for employment/enterprise follow-ups; season-bound for agriculture.
- **Disaggregation:** Sex, age band, disability (simple Washington Group Short Set), social group/tribe, and remoteness (≤ 5 km / 5–10 km / >10 km to facility/hub).

12.1.2. Health & Nutrition

A) Kishori Express – Adolescent Girls (Hb/IFA/MHM)

- **Module K1:** Profile – age, school/Anganwadi, distance/time to session, phone access.
- **Module K2:** MHM & hygiene – product used, privacy, disposal; comfort with sessions.
- **Module K3:** Nutrition & IFA – 24-hour food recall (brief), IFA availability, weekly adherence (days/week), side-effects and coping.
- **Module K4:** Testing & referral – last Hb test date/result (if card/SMS available), referral given (Y/N), referral completion (date, facility), time to care, out-of-pocket costs.
- **Module K5:** Knowledge dipstick – 5 items (anaemia signs, iron-rich foods, handwashing, period myths, when to seek care).

- **Observation checklist:** venue privacy, female facilitator present, session fidelity (job-aid in use).

B) Vatsalya – Pregnant & Postnatal Women; Caregivers of under-5

- **Module V1:** Pregnancy register match – LMP/EDD, parity, HRP flag.
- **Module V2:** ANC/PNC – #ANC visits (card check), PNC within 48h, BP/urine/Hb done at least once, TT, calcium/IFA adherence.
- **Module V3:** Delivery – place/mode, escort/transport support, respectful care (5-item scale), complications & management.
- **Module V4:** Child care – immunisation defaulter list closure, growth monitoring visit, common illness episode (last 30 days) and advice.
- **Module V5:** Referral loop – referral issued (Y/N), counter-referral received, days to closure, satisfaction (4-point).
- **Observation:** Cold-chain and stock buffer (IFA, strips), queue times.

C) O.P. Jindal Hospital – Underserved Patients

- **Module H1:** Visit profile – OPD/IPD, specialty, scheme (Ayushman/others), BPL card.
- **Module H2:** Experience – registration time, diagnostic wait (CT/MRI/Cath), clarity of costs, discharge instructions.
- **Module H3:** Financial protection – billed vs paid OOP; claim filed & days to settlement.
- **Safety audit (facility):** adverse event log, SSI rate review, hand-hygiene compliance, waste segregation check.

12.1.3. Education & Skill Development

A) Jindal Asha – Children with Special Needs

- **Module A1:** Child profile – diagnosis (parent report + centre record), IEP in place (Y/N).
- **Module A2:** Therapy exposure – hours/month by modality (speech/OT/PT/VI/HI), home-exercise adherence.
- **Module A3:** Function & education – simple functional scale (centre-appropriate), school

attendance $\geq 85\%$ (Y/N), device usage (Y/N), peer interaction.

- **Caregiver module:** burden (time/cost), confidence in care tasks (Likert).

B) O.P. Jindal Scholarship – EWS Students

- **Module S1:** eligibility (income proof seen by CSR unit), academic record (CGPA/%), renewal status.
- **Module S2:** Disbursement – date, predictability, issues; after-award performance and progression.
- **Module S3:** Outcomes – graduation on time; PG/employment within 6 months.

C) Schools – DAV Savitri & OPJ Network

- **Module Sch1:** attendance, homework load, teacher support, safety & sanitation, student voice (short climate index).
- **Facility audit:** PTR by grade band; lab/library usage logs; sports & arts participation.

D) O.P. Jindal Community College (OPJCC) – Learners & Alumni

- **Module ₹1:** Training – course length, attendance, lab time adequacy, assessment clarity.
- **Module ₹2:** Placement – interviews attended, offer date, joining date, starting wage, benefits, accommodation/transport.
- **Module ₹3:** Retention – 30/90/180/365-day status; reasons for exit; re-placement support.
- **Module ₹4:** Perceived usefulness & safety – 5-item utility, commute safety (women), hostel satisfaction.

12.1.4. Sustainable Livelihood & Agriculture

A) Jan Jeevika Kendra – Women Entrepreneurs

- **Module J1:** training received; product line; toolkit receipt date; first sale date and value.
- **Module J2:** O2C – order date, delivery date, invoice date, payment receipt date; buyer type; price realisation vs local price.
- **Module J3:** net monthly earnings (bands); enterprise survival; repeat orders; digital enablement.

B) Farm/Non-farm/Off-farm

- **Module F1:** practices adopted (seed treatment, spacing, NPM); plots (ha); yields (q/ha) by crop.
- **Module F2:** aggregation volumes; prices vs mandi; logistics cost share.
- **Module F3:** non-farm micro-enterprise revenue/expense; seasonality.

C) Watershed

- **Household panel:** irrigation access; cropping intensity; migration days; livestock changes.
- **Hydrology audit:** storage created, observation well readings (pre/post monsoon), desilt & O&M tasks tick-list.

12.1.5. Sports & Social Inclusion

A) Sports (Cricket/Wushu/Hockey/Archery/Para-sport)

- **Athlete module:** sessions/week, competitions entered, selections, injury log, school attendance.
- **Coach log:** training hours delivered, video feedback usage, S&C adherence.
- **Safety audit:** lighting, female coach presence, transport roster, kit inventory.

B) Prayas CoE – Residential Child Care

- **Child module:** school attendance & homework, buddy/peer-captain participation, mood/adjustment 10-item scale.
- **Caregiver module:** incidents, de-escalation training completion, supervision ratios.
- **Alumni after-care:** HE/skill/job status at 6/12 months.

C) Elderly Care – SHEOWS

- **Resident module:** ADL/IADL (brief), falls/pressure-injury incidence, satisfaction (food, hygiene, dignity), grievance closure.
- **Facility audit:** ICU/diagnostic readiness; kitchen hygiene; fly-catcher/exhaust/floor-drying fans; energy (solar/biogas) uptime.

D) SNEH – Meal/Ration Recipients

- **Beneficiary dipstick:** timeliness, menu adequacy, protein/fruit days, grievance closure.
- **Distribution audit:** stock ledger, wastage/spillage, cold-chain (if applicable).
- **Field pack includes:** consent scripts (Odia/Hindi), enumerator SOP, distress protocol, referral directory, and device data-entry guide.

12.2. Data Tables

Figures below reflect program MIS/shared sheets. Where utilisation exceeds budget, or YTD is in play, we annotate. No imputation has been added in these annexe tables.

12.2.1. Health & Nutrition

Kishori Express - Budget & Outputs

FY	Budget (₹ Cr)	Utilization (₹ Cr)
2021-22	0.26	0.19
2022-23	0.35	0.30
2023-24	1.56	0.83
2024-25	2.92	1.14

FY	Adolescent girls reached	Awareness sessions	Community events - attendance
2021-22	33,533	691	57%
2022-23	32,925	756	64%
2023-24	93,524	814	77%
2024-25	116,804	902	82%

Vatsalya - Budget & Service Contacts

FY	Budget (₹ Cr)	Utilization (₹ Cr)
2021-22	0.19	2.03
2022-23	0.56	0.63
2023-24	3.97	3.60
2024-25	1.70	1.42

FY	Total women & children	Women	Institutional deliveries	Children	ANC	PNC
2021-22	21,217	8,345	7,594	12,872	8,345	8,345
2022-23	32,452	12,987	12,078	19,465	12,987	12,987
2023-24	77,673	30,284	28,769	47,389	30,284	30,284
2024-25	100,220	38,129	36,985	62,091	38,129	38,129

O.P. Jindal Hospital - Budget & Underprivileged Patients

FY	Budget (₹ Cr)	Utilization (₹ Cr)	Underprivileged patients (OPD+IPD)
2021-22	1.20	4.90	32,123
2022-23	26.00	2.30	35,189
2023-24	21.00	16.87	54,732
2024-25	58.74	18.70	94,178

12.2.2. Education & Skill Development

Jindal Asha – Budget & Service Volumes

FY	Budget (₹ Cr)	Utilization (₹ Cr)	Student strength
2021-22	0.48	0.99	444
2022-23	3.26	1.12	441
2023-24	12.00	6.57	453
2024-25	4.71	4.75	540

Service	2021-22	2022-23	2023-24	2024-25
Physical rehabilitation	6,383	11,917	11,472	9,529
Special edu – HI	4,774	6,238	5,857	4,037
Speech therapy	1,657	4,479	5,720	7,613
Special edu – ID	7,326	14,010	14,109	10,867
Vocational training	3,521	5,252	4,453	3,277
Special edu – VI	7,326	14,010	14,109	10,867
Other cases	0	0	169	549
Assistive devices/aids	147	120	46	54

O.P. Jindal Scholarship – Budget & Awards

FY	Budget (₹ Cr)	Utilization (₹ Cr)	Scholarships
2021-22	0.23	0.23	446
2022-23	1.10	1.10	662
2023-24	1.44	0.88	593
2024-25	2.25	1.13	650

D.A.V. Savitri Jindal School – Budget & Academic Track

FY	Budget (₹ Cr)	Utilization (₹ Cr)	Students	Attendance	PTR	Board X pass	Avg. marks
2021-22	0.97	0.92	356 (B196, G160)	82%	1:24	100%	74.32%
2022-23	1.35	1.19	361 (B199, G162)	91%	1:23	100%	73.83%
2023-24	2.00	1.63	375 (B204, G171)	92%	1:25	100%	64.10%
2024-25	2.00	1.86	386 (B206, G180)	91.5%	1:25	100%	68.56%

O.P. Jindal Schools (Network) – Budget & Enrolment

FY	Budget (₹ Cr)	Utilization (₹ Cr)	Enrolled students
2021-22	1.59	1.52	11,956
2022-23	3.40	1.84	11,778
2023-24	19.06	12.99	12,800
2024-25	3.00	1.47	11,890

O.P. Jindal Community College – Budget & Training Funnel

FY	Budget (₹ Cr)	Utilization (₹ Cr)
2021-22	2.00	1.53
2022-23	1.50	0.82
2023-24	5.00	0.72
2024-25	30.00	2.28

FY	Enrolled	Trained	Placed
2021-22	1,108	1,004	684
2022-23	2,782	2,722	1,982
2023-24	2,376	2,362	1,192
2024-25*	4,378	4,378	691

*Ongoing cohorts; placement numbers are still maturing within 90-day windows.

12.2.3. Sustainable Livelihood & Agriculture

Jan Jeevika Kendra – Budget

FY	Budget (₹ Cr)	Utilization (₹ Cr)
2021-22	0.35	1.48
2022-23	0.89	0.77
2023-24	7.20	0.30
2024-25	5.38	1.01

Farm, Non-Farm & Off-Farm – Budget & Beneficiary Throughput

FY	Budget (₹ Cr)	Utilization (₹ Cr)
2021-22	0.68	0.75
2022-23	2.17	1.46
2023-24	12.81 (source text “12.81.1” standardised)	0.22
2024-25	59.63	1.60

FY	Beneficiaries enrolled (women & farmers)	Micro-enterprises created	Training sessions	Avg. incremental HH income – women (₹)	Avg. incremental HH income – farmers (₹)
2021-22	3,218	597	107	18,200	34,900
2022-23	5,500	1,123	183	21,450	56,700
2023-24	7,223	1,618	240	30,400	72,900
2024-25	17,404	2,527	580	50,100	105,000

Watershed Development (Angul) – Budget

FY	Budget (₹ Cr)	Utilization (₹ Cr)
2021-22	0.03	0.05
2022-23	0.62	0.53
2023-24	1.11	0.71
2024-25	0.50	0.00

Program outcomes (summary, see Chapter 6): storage created/rehabilitated ~1.6–1.8 million m³; groundwater +1.2–1.6 m; cropping intensity ~170–180%; soil erosion reduced; farmer income ↑; migration days ↓.

12.2.4. Sports & Social Inclusion

Sports Promotion & Infrastructure – Budget

FY	Budget (₹ Cr)	Utilization (₹ Cr)
2021-22	0.49	0.55
2022-23	4.13	1.79
2023-24	11.67	5.41
2024-25	6.77	3.33

Facilities built/upgraded and participation breakdown are summarised in Chapter 5.4.1; medals and selections are maintained in the sports MIS.

Jindal Prayas Centres of Excellence – Budget

FY	Budget (₹ Cr)	Utilization (₹ Cr)
2022-23	2.36	1.60
2023-24	4.00	1.68
2024-25	7.70	2.14

Elderly Care (SHEOWS) – Budget

FY	Budget (₹ Cr)	Utilization (₹ Cr)
2022-23	1.20	1.14
2023-24	1.00	1.00
2024-25	0.396	0.154

SNEH – Budget & Annual Volumes

FY	Budget (₹ Cr)	Utilization (₹ Cr)
2021-22	0.32	2.21
2022-23	5.11	2.22
2023-24	4.71	2.18
2024-25	12.50	7.78

FY	Hot cooked meals & dry rations	Elderly supported	Orphans/under-privileged children supported
2021-22	17.50+ lakh	1,800+	7,929
2022-23	27.50+ lakh	2,000+	8,276
2023-24	39.00+ lakh	3,500+	10,927
2024-25	44.85+ lakh	3,500+	12,911

12.3. List of Villages & Gram Panchayats (coverage template)

12.3.1. Coverage counts by initiative

Initiative	States/Districts (summary)	Villages	GPs
Kishori Express	Angul (Odisha), Nuh (Haryana), Patratu (Jharkhand), Kasia (Odisha)	1,116 (Angul 570; Nuh 450; Patratu 96)	474 (Angul 103; Nuh 325; Patratu 46; Kasia — NA)
Vatsalya	Angul & Tensa (Odisha), Raigarh (Chhattisgarh), Patratu (Jharkhand)	1,943 (Angul 1,920; Patratu 15; Tensa 8)	234 (Angul 225; Patratu 7; Tensa 2; Raigarh — NA)
O.P. Jindal Hospital	Raigarh (Chhattisgarh)	33	9
Jindal Asha	Angul (Odisha), Raigarh (Chhattisgarh), Patratu (Jharkhand)	74 (Angul 21; Raigarh 33; Patratu 20)	46 (Angul 15; Raigarh 19; Patratu 12)
O.P. Jindal Scholarship	Angul/Barbil (Odisha), Raigarh (Chhattisgarh), Patratu (Jharkhand); OPJS schools	170 (Angul 90; Barbil 7; Patratu 41; Raigarh 32)	91 (Angul 52; Barbil 1; Patratu 19; Raigarh 19)
D.A.V. Savitri Jindal School	Angul (Odisha)	17	7
O.P. Jindal Schools (Network)	Raigarh, Taraimal, Angul, Barbil, Patratu, Tamnar, Kunjemura (Chhattisgarh/Odisha/Jharkhand)	—	—
O.P. Jindal Community College	Angul (Odisha), Punjipathara/Raigarh (Chhattisgarh), Patratu (Jharkhand)	2,146 (Angul 1,920; Patratu 194; Raigarh 32)	309 (Angul 225; Patratu 65; Raigarh 19)
Jan Jeevika Kendra	Angul & Barbil (Odisha)	63 (Angul 56; Barbil 7)	17 (Angul 15; Barbil 2)
Farm/Non-farm/Off-farm	Angul, Barbil, Tensa (Odisha), Raigarh (Chhattisgarh), Patratu (Jharkhand)	115 (Angul 56; Barbil 10; Patratu 15; Tensa 4; Raigarh 30)	46 (Angul 15; Barbil 3; Patratu 7; Tensa 2; Raigarh 19)
Watershed Development	Angul (Odisha)	5	2
Sports Promotion	Angul, Barbil, Patratu, Raigarh, Tensa, Kasia	99 (Angul 56; Barbil 8; Patratu 15; Tensa 20; Raigarh 50)	31 (Angul 15; Barbil 4; Patratu 7; Tensa 5; Raigarh 35)
Prayas CoE	Delhi (Tughlakabad, Jahangir Puri), Danapur (Bihar), Ramgarh (Jharkhand)	—	—
SHEOWS – Elderly Care	Garhmukteshwar (Uttar Pradesh); rescue coverage Delhi-NCR	—	—
SNEH	Dhenkanal, Sundargarh, Puri, Barbil, Rourkela, Jajpur (Odisha)	201 (Angul 56; Barbil 120; Tensa 25)	45 (Angul 15; Barbil 20; Tensa 10)

12.4. Sample-Size Distributions

Unless otherwise specified, samples are allocated proportionately to beneficiary load or coverage footprint to ensure statistical efficiency. Where any site's official roster differs from the assumptions below, update the weights before fielding.

12.4.1. Health & Nutrition

Kishori Express – $n = 9,000$ (by adolescent beneficiary load)

- Angul (517,860): **6,241**
- Nuh (176,373): **2,126**
- Patratu (52,536): **633**

Vatsalya – $n = 2,000$ (by women/children base)

- Angul (1,36,842): **380**
- Tensa (2,16,067): **600**
- Raigarh (3,67,314): **1,020**

O.P. Jindal Hospital – $n \approx 5,000$ underprivileged patients (single hub, Raigarh): no split required.

12.4.2. Education & Skill Development

Jindal Asha – $n = 110$ (by centre caseload)

- Angul (1,870): **37**
- Patratu (1,375): **28**
- Raigarh (2,255): **45**

O.P. Jindal Scholarship – $n = 1,500$ (by awardees pipeline)

- Angul (3,300): **162**
- Barbil (13,800): **676**
- Patratu (9,000): **441**
- Raigarh (4,500): **221**

D.A.V. Savitri Jindal School – $n \approx 100$ (single site, Angul).

O.P. Jindal Schools (Network) – $n \approx 1,200$ (multi-site).

Recommend: allocate by each school's enrolment share; if not available, split evenly across operational locations and adjust once school-wise enrolments are confirmed.

O.P. Jindal Community College – $n \approx 1,600$ (by village footprint)

- Angul (1,920 villages): **1,431**
- Patratu (194 villages): **145**
- Raigarh/Punjipathara (32 villages): **24**

12.4.3. Sustainable Livelihood & Agriculture

Jan Jeevika Kendra – $n \approx 600$ (by village coverage)

- Angul (56): **533**
- Barbil (7): **67**

Farm/Non-farm/Off-farm – $n \approx 700$ (women **400**, farmers **300**), by village coverage

- **Women (400):** Angul **195**, Barbil **35**, Patratu **52**, Tensa **14**, Raigarh **104**
- **Farmers (300):** Angul **146**, Barbil **26**, Patratu **39**, Tensa **11**, Raigarh **78**

Watershed (Angul) – $n = 550$ farming HH + 20 non-farming HH (single geography).

12.4.4. Sports & Social Inclusion

Sports Promotion – $n \approx 900$ (by registered players)

- Angul (2,000): **40**
- Barbil (39,146): **772**
- Patratu (930): **18**
- Tensa (1,560): **31**
- Raigarh (2,000): **39**

Prayas CoE – $n \approx 45$ (by resident counts)

- Tughlakabad (25): **8**
- Jahangir Puri (75): **23**
- Danapur (25): **7**
- Ramgarh/Patratu (balance to total 150): **7**

Note: Ramgarh allocation assumes 25 residents to reach the stated total of 150; adjust to the official roster if different.

SHEOWS – Elderly Care – $n \approx 75$ (single campus cohort).

SNEH – Elderly Homes – $n \approx 200$ elderly (by homes supported per year)

- Angul (10 homes): **111**
- Barbil (5 homes): **56**
- Raigarh (2 homes): **22**
- Tensa (1 home): **11**

12.5. References & Bibliography

Below are the **primary internal sources** and **policy frameworks** the assessment aligns with. External websites are intentionally omitted here; cite official documents in the final CSR/Sustainability disclosure as needed.

12.5.1. Internal program documents & MIS

- **Kishori Express:** Session registers, Hb testing logs, referral & counter-referral sheets, Advika/Sakhi-Saheli activity logs.
- **Vatsalya:** Mobile clinic day-books, ANC/PNC trackers, immunisation defaulter lists, referral escort logs.
- **O.P. Jindal Hospital:** Monthly OPD/IPD dashboards, underprivileged caseload reports, scheme claim files, patient safety logs.
- **Jindal Asha:** IEPs, therapy hours and modality logs, assistive device registers, caregiver training records.
- **O.P. Jindal Scholarship:** Application & verification database, award letters, renewal & CGPA tracking, graduation & placement trackers.
- **Schools (DAV Savitri & OPJ):** Enrolment/attendance/board performance databases, PTR by grade, facility audits, student voice surveys.
- **OPJCC:** Batch rosters, attendance & lab hours, SSC certification records, employer LOIs, placement & 90/180/365-day tracers.
- **Jan Jeevika Kendra:** Training rosters, toolkit/credit disbursement logs, order books, O2C trackers, price realisation sheets.
- **Farm/Non-farm/Off-farm:** Training attendance, practice adoption checklists, procurement & aggregation logs, price boards, receipt photos.
- **Watershed:** Hydrology structure register, observation well readings, O&M/Desilt calendars, user-fee collection books.
- **Sports:** Athlete registration & attendance, coach session logs, competition entries & selections, injury & S&C logs, facility uptime sheets.

- **Prayas CoE:** Resident-day registers, buddy/peer-captain rosters, incident & counselling logs, after-care trackers.
- **SHEOWS:** Clinical registers, ADL/IADL assessments, rescue & stabilisation logs, kitchen hygiene & facility maintenance records.
- **SNEH:** Procurement & distribution ledgers, delivery timeliness logs, nutrition floor audits, beneficiary satisfaction dipsticks.

12.5.2. Government & standards frameworks (alignment)

- **Health & Nutrition:** *Anemia Mukht Bharat* protocols; *RMNCH+A* and ANC/PNC checklists; *POSHAN Abhiyaan* guidance; *School Health & Wellness* modules.
- **Skills/Education:** *NSDC* and Sector Skill Council assessment frameworks; *UDISE+* metrics; *CBSE* board norms; *PM-Daksh/NBCFDC* scheme conditions.
- **Agriculture & Water:** *MGNREGA* convergence norms for watershed works; state horticulture mission guidelines; *Jal Jeevan Mission* alignment for water security outcomes.
- **Sports:** *SAI/BCCI/AIFF/AAI/HAO/FAO* competition calendars and coaching certification norms.
- **Social Care:** *JJ Act* & Model Rules for child care institutions; elder care best-practice manuals.
- **Sustainability standards (for disclosure crosswalks):** **SDGs**, **GRI** topic standards, **IFC Performance Standards**, **ISO** families relevant to quality, OHS, environment, data protection, food safety (see Chapter 8 sustainability mapping table).

12.5.3. Methods, QA & ethics

- **M&E SOP pack:** Enumerator guide, consent scripts, safeguarding & distress protocol, **Data Quality Assessment (DQA)** checklist (10% back-checks; 5% re-interviews; outlier scans; duplicate ID checks), grievance redress template.
- **Analysis codebook:** Variable names/labels, value ranges, missing data rules, computation formulas (e.g., ANC4+, O2C days, placement retention windows, cropping intensity).
- **Version control:** Instrument versioning table, change-log with date, author, and summary of modifications.

12.6. Computation notes (formulas used across the report)

- **Referral completion (%)** = referred closed within 7 days ÷ total referred × 100
- **Time to care (days)** = treatment start date – detection date (median)
- **Training completion (%)** = certified ÷ enrolled × 100
- **Placement efficiency (%)** = placed ÷ trained × 100
- **Retention (90/180/365)** = employed at day threshold ÷ placed × 100
- **Order-to-cash (days)** = payment received – invoice raised (median)
- **Price realization (₹/unit)** = selling price – local benchmark price
- **Cropping intensity (%)** = gross cropped area ÷ net sown area × 100
- **Service reliability index (SRI)** = composite of timely sessions, zero stockouts, referral closure, O2C ≤10 days (weights published in M&E SOP)
- **Value metrics:** ₹ per trained/placed/retained, ₹ per ANC4+, ₹ per girl with Hb≥12, ₹ per sustained enterprise, etc., as specified per program.



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