



# GUJARAT INDUSTRIES POWER COMPANY LIMITED

(SURAT LIGNITE POWER PLANT)

At. Nani Naroli, Ta. Mangrol, Dist. Surat - 394 110

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Ref: GIPCL/EC/Vastan/ 3410

Date: September 28, 2018

To,

**The Director (IA Division – Coal Mining),  
Ministry of Environment, Forests & Climate Change,  
Indira Paryavaran Bhavan,  
Jorbagh Road,  
New Delhi - 110 003**

**Sub: Vastan Lignite Mine of M/s Gujarat Industries Power Company Ltd (GIPCL)**

Regarding: 1. Regularization of EC obtained under EIA – Notification 1994.  
2. Amendment in EC to facilitate installation of Solar PV Power Plant on backfilled and reclaimed mine area.

Dear Sir,

Gujarat Industries Power Company Ltd (GIPCL) is operating Vastan Lignite Mine in Gujarat since 1996-97 over 1536 Ha area.

**Ministry of Environment, Forest & Climate Change (MoEF&CC) had accorded Environment Clearance for Vastan Lignite Mine under the provisions of EIA Notification 1994 vide its Letter No. J-11015/40/95-IA.II(M) dated 19-06-1996.**

As per MoEF&CC Notification No. 1530(E) dated 6<sup>th</sup> April 2018, Vastan Lignite Mining Project falls under Category (b) i.e. the mining projects, which were granted environmental clearance under the EIA Notification, 1994 but not obtained environmental clearance for expansion / modernization / amendment under the EIA Notification, 2006.

**Thus, the Vastan Lignite Mining Project is required to bring under regulatory framework of EIA-2006.**

In this context, we would like to submit that GIPCL has installed a 5 MW Solar Photo Voltic (PV) Plant on the reclaimed External Overburden Dump Area within the Mining Lease of Vastan

Page 1 of 2

**Registered Office & Vadodara Plant :**  
P.O. Petrochemical, Dist. Vadodara 391 346 Gujarat - INDIA

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**CIN No. :** L99999GJ1985PLC007868

Lignite Mine. Further, we now proposed to install another 75 MW Solar PV Plant over 140 Ha area (100 Ha backfilled area & 40 Ha External OB Dump Area) within the Mining Lease.


We have already submitted the Revised Mine Closure Plan, indicating proposed post-mining land use, to Ministry of Coal for approval.

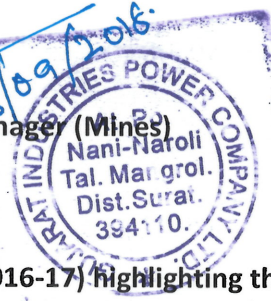
We enclose herewith application in prescribed Form – 1 for bringing Vastan Lignite Mine of GIPCL under regulatory framework of EIA-2006. We take this opportunity to apprise MoEF&CC about the CSR Activities being undertaken by GICPL through a Trust viz. Development Efforts for Rural Economy and People (DEEP). The Annual Report for the year 2016-17 highlighting the details of the DEEP Initiative of GIPCL is attached for kind information and perusal.

We request you to kindly consider, after necessary due diligence, the Vastan Lignite Mining Project of GIPCL for regularization & amendment of Environment Clearance to facilitate smooth operations of the Lignite Mine as well as proposed installation of 75 MW Solar PV Power Plant on the reclaimed mine area.

Thanking You.

Yours Sincerely,

  
N. K. Purohit  
Chief General Manager (Mines)  
28/09/2016



Enclosures:

**Annual Report (2016-17) highlighting the details of the DEEP Initiative of GIPCL.**

**Prescribed Form – 1 along with following annexures:**

- Annexure – 1 : Authority Letter for Authorized Signatory
- Annexure – 2 : Project Location “.kml” file
- Annexure – 3 : Project Area Map on Survey of India Toposheet
- Annexure – 4 : Brief Background & Summary of the Project
- Annexure – 5 : Justification for Amendment in Environment Clearance
- Annexure – 6 : List of Khasra Numbers
- Annexure – 7 : Previous Environment Clearance Letter.
- Annexure – 8 : Prior Approval Letter for grant of Mining Lease from Ministry of Coal
- Annexure – 9 : Existing Land Use Plan
- Annexure – 10: Post Mining Land Use Plan

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GIPCL



DEEP

2016-17

The Year That Was

Before we take you through the year that's been, here's a glimpse of what we have achieved.

Village Covered – 29

## HEALTH

- Drinking Water → Provided 592 lakh litres drinking water
- Sanitation → 660 Individual household Toilets & 1 Common Toilet Constructed
- Support to CHC → 1217 Paediatric & 764 Gynaec patients provided treatment
- Medical Camps & Aids → 194 patients from 36 villages benefitted in the camp & 218 participated in Yoga Camp
- Mobile Medical Unit → 18842 patients provided treatment with an average of 88 per day & 488 lab. test conducted

## EDUCATION

- Infrastructure Support → 3 multipurpose shed, 1 class room, 1 CC Road & 1 bore well with motor for schools
- Educational Activities → Distributed kits to 587 students of 35 schools in 29 villages during School Enrolment day, Distributed kits to 346 children of 63 Aanganwadis in 29 villages during Aanganwadi Enrolment day & 288 meritorious students from 44 schools were awarded during Sponsoring & Encouraging Educational Activity by way of Honoring Meritorious Students & Students from 76 Primary Schools participated with 86 project during Taluka Level Maths & Science Mela
- Empowering Education → Provided Educational Support to 90 Wards of Land Losers & 54 wards of Contractual Workmen

## WOMEN EMPOWERMENT

- Self Help Group : Formation & Strengthening → 16 trainings conducted for 851 SHG members, 102 SHG members from 78 groups taken for exposure visit, Clean house, street & village completion held where 1339 SHG members belonging to 152 groups from 25 villages participated
- Skill Enhancement Training → Beauty Parlour training conducted for 30 SHG members, Cooking class for another 30 SHG members, Tailoring for another 30 SHG members & Industrial job fair organized where 38 companies and 812

candidates participated

## VILLAGE INFRASTRUCTURE DEVELOPMENT

- Roads, Culverts & Bridges → In 8 villages, 1457.50 rmt. roads constructed & 1 culvert constructed
- Community Infrastructures → Community hall constructed at Harsani village and Dairy building at Mangrol village



Behaviour change communication through bhavai shows

### Message from Chairperson's Desk

It is my pleasure to present to you the Annual Report for the Financial Year 2016-17.

Gujarat Industries Power Company Limited (GIPCL) has been carrying out Corporate Social Responsibility (CSR) activities since 1996-97 through a Trust named Development Efforts For Rural Economy And People (DEEP) in the surrounding villages at its Surat Lignite Power Plant (SLPP).

During the year, as we have focussed our resources to ensure that our intervention villages are "Open Defecation Free" (ODF), we constructed 660 Individual Household Toilet (IHT) and the Beneficiaries have started effective usage of the same.

Our intervention in healthcare has been of great benefit to the marginal people in the



remote villages, turning their lives better and healthier. We could reach out to 18842 patients through our Mobile Medical Unit (MMU) in the surrounding villages.

In education, we continued to create viable infrastructure and carried out numerous activities. Our persistent educational support to children of land losers and contractual workmen has been beneficial in imparting quality education for the future generation of less privileged.

Our Self Help Groups (SHGs) are expanding and making tremendous impact on improving the standard of living of their families through access to loans, savings and also venturing into profitable income generation activities.

We continue to create valuable infrastructures in the villages which bring long term benefit to the villagers.

We aim at ensuring that our comprehensive development programs enhance and develop the communities in the days to come.

I would like to acknowledge the contribution, support and commitment of my colleagues on the Board.

Finally, I would like to congratulate the team at DEEP who, through their hard work, dedication and passion are engaged in bringing about a better world.



(Shahmeena Husain, IAS)  
Managing Director, GIPCL &  
Chairperson, DEEP

### **Message from Trustee**

It is indeed a matter of great pleasure that DEVELOPMENT EFFORTS FOR RURAL ECONOMY AND PEOPLE (DEEP) supported by GUJARAT INDUSTRIES POWER COMPANY LTD (GIPCL) is publishing its Annual Report for the Financial Year 2016-17. This year's theme of the Annual Report is " MAKING A MARK " .....



The Report gives a very comprehensive compilation of various programs and activities undertaken by DEEP during the year for sustainable development of local communities in the areas of operations of the Surat Lignite Power Plant.

The activities carried out by DEEP to implement Company's Corporate Social Responsibility (CSR) initiatives include Sanitation, Health, Education, Women Empowerment, Infrastructure Development, employment, skill development etc. However, Special focus has been given on Sanitation, Health and Women

Empowerment.

DEEP has actively involved in the National Campaign viz. Swachh Bharat Abhiyaan and constructed 660 nos. of Individual Household Toilets during the period.

The success of various CSR programmes of DEEP shows the commitment and efforts made towards people participation and involvement of all stake holders for overall development of local people and society at large.

I believe that with the support of all stakeholders, DEEP would be able to focus more on development work to the local villages in the surrounding areas in the years to come.

I would like to convey my best wishes to the team DEEP for carrying forward the Corporate Social Responsibility and achieve higher level of excellence in this endeavour.



(N.K. Singh)

Addl. General Manager (SLPP) &  
Trustee, DEEP

## Foreword from CEO

Dear Friends,

The world is facing significant environmental and sustainability related challenges. Mega-trends such as climate change, population growth, increasing demand for energy, food security and water scarcity are real issues that are forcing society as a whole to think and act differently.



Keeping these global challenges in mind, GIPCL as a responsible corporate entity has diligently contributed to the upliftment of the society as a part of its Corporate Social Responsibility (CSR) activities through DEEP for the past 20 years.

At DEEP, we are consistently evolving on what we do and how we do it. That is why we are forcing ourselves to find new ways to impact the lives of our beneficiaries, in the process, reduce their drudgery through our intervention.

We are on an exciting journey. The need for change is well understood and progress has been made.

Each of our interventions are making their own mark at the villages among the communities. The theme of the Annual Report, "Making a Mark" is enabled by DEEP in the program area villages and will continue in the days to come.

In this successful endeavour, one should appreciate, recognize and laud the contribution made by the Members who Govern, Staff who produce results and recipient communities who are part and parcel of the development process. Let us congratulate and resolve to act decisively for the future to come.

This Annual Report provides an overview of the events of last year. There are inspiring stories balanced with measurable data points. Enjoy the Report and, as always, I encourage you to share your opinions on where you think we are performing well and where we need to do more.

As we move forward in 2017-18 and beyond, I am proud of what we have accomplished and excited about the future. It's been a challenging year, but the journey has been a lot easier, thanks to each of you who has helped in many ways. Thank you for your continued support as we continue our journey ahead.

Warm regards

A handwritten signature in blue ink that reads "Narendra". The signature is written in a cursive style and is underlined with a single blue stroke.

(Narendra R Parmar)  
CEO, DEEP



SHG meeting at village level



## ORGANIZATION PROFILE

Gujarat Industries Power Company Limited (GIPCL) is a Public Limited Company incorporated in 1985 having its Registered Office at P.O.: Petrochemicals - 391 346, Dist.: Vadodara. GIPCL was promoted under the auspices of the Govt. of Gujarat (GoG) by Gujarat Urja Vikas Nigam Limited (GUVNL) (erstwhile Gujarat Electricity Board - GEB), Gujarat Alkalies & Chemicals Limited (GACL), Gujarat State Fertilizers & Chemicals Limited (GSFC) and Petrofils Co-operative Limited (in Liquidation). The Company was conceived to cater to electricity requirements of the Promoting Power Intensive Companies. GIPCL installed its first 145 MW Nephtha / Natural Gas based Power Station at Vadodara in February 1992. GIPCL expanded its Power generation capacity by installing 165 MW Nephtha / Natural Gas based Power Station at Vadodara in November 1997, as Independent Power Producer (IPP). Further, It expanded its capacity by installing Lignite based Phase -I, 2 X 125 MW in November 1999 and Phase - II, 2 X 125 MW in April 2010, at Village Nani Naroli, Tal.: Mangrol, Dist.: Surat, known as Surat Lignite Power Plant (SLPP). GIPCL has its captive Lignite Mines in Mangrol Taluka, Dist.: Surat and Valia Taluka, Dist.: Bharuch.

In addition, GIPCL is operating 5 MW Photo Voltaic Solar Power Plant which is located on the top of Over Burden Soil Dump at Vastan Lignite Mine.

Power generated by GIPCL is supplied to State grid (GUVNL) and a part of it is given to the promoting companies through the State Grid.

GIPCL has also successfully commissioned 1 MW Distributed Solar Power Pilot Plants (DSPP) with novel concept of Agriculture activities, at two locations in Gujarat viz. at Village Amrol, Tal.: Ankalav, Dist.: Anand and at Village Vastan, Tal.: Mangrol, Dist.: Surat.

GIPCL has started directing its concerted efforts to make a big foray into Renewable Energy Sector. GIPCL has successfully commissioned 112.4 MW capacity Wind Power Projects at various locations in Gujarat. GIPCL has successfully commissioned 30 KW and 70 KW Roof Top Solar Power Plants at Vadodara Plant and SLPP respectively. Company has successfully commissioned 80 MW (2 x 40 MW) Solar Power Projects at Charanka Solar Park in Gujarat.

GIPCL is committed to shoulder the responsibility along with the state for the noble cause of socio-economic upliftment of the people in the surrounding Villages / Area of its Facilities at Vadodara and Mangrol. Its various initiatives under the Corporate Social Responsibility (CSR) are implemented through a dedicated organization viz. Development Efforts For Rural Economy And People (DEEP), aimed at socio economic development like health, education, infrastructure and livelihood.

DEEP Trust has been exclusively working towards holistic development of the communities through integrated social development approach. At present DEEP focuses on multiple thematic sectors such as health, education, livelihood, infrastructure development, environment, and land losers development. DEEP follows principles of working at grass root level, active participation of communities at all stages of project development and implementation employing consultative processes. Through these, DEEP empowers communities to achieve better socio - economic status for one and all members of the communities.

DEEP operates independently under the visionary leadership of the Chief Executive Officer (CEO) and professional guidance of the Board of Governors.

DEEP formulates and executes appropriate Projects, based on extensive and in depth study about the requirements of the local communities to achieve its mission through active participation of local communities.

### MISSION

DEEP exists to undertake infrastructures and community development programs.

### GOAL

Empowering local communities to create a socio - economically better society

### APPROACH

The approach of DEEP is founded on following pillars:

- Participatory
- Empowering
- Inclusive Development
- Environment Friendly
- Rationale use of Natural Resources
- Sustainable Development

### STRATEGY

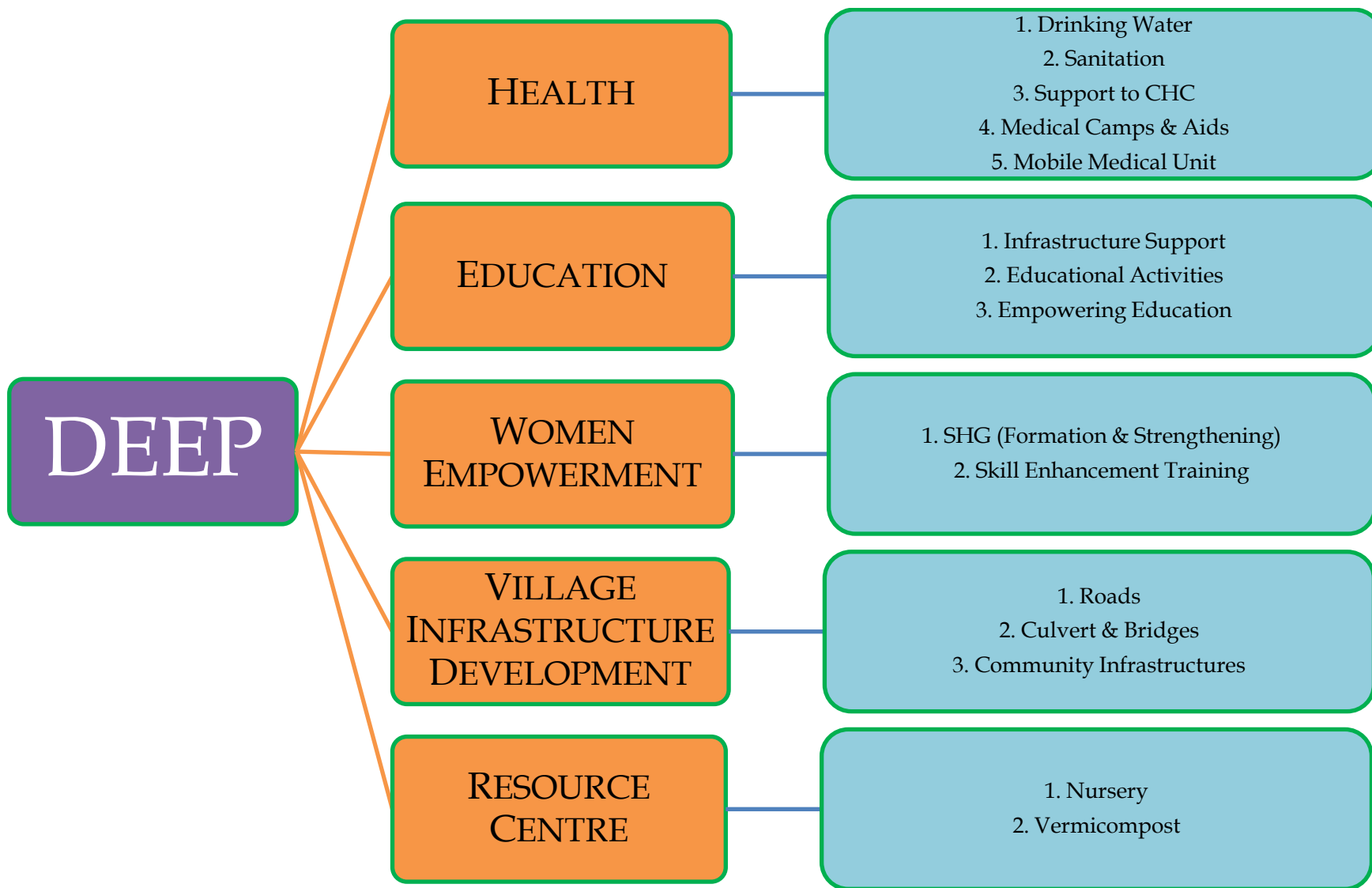
The overarching strategy of DEEP is community based initiatives and implementation at grass roots through following key actions:

- Awareness
- Capacity building and skill development
- Infrastructure development

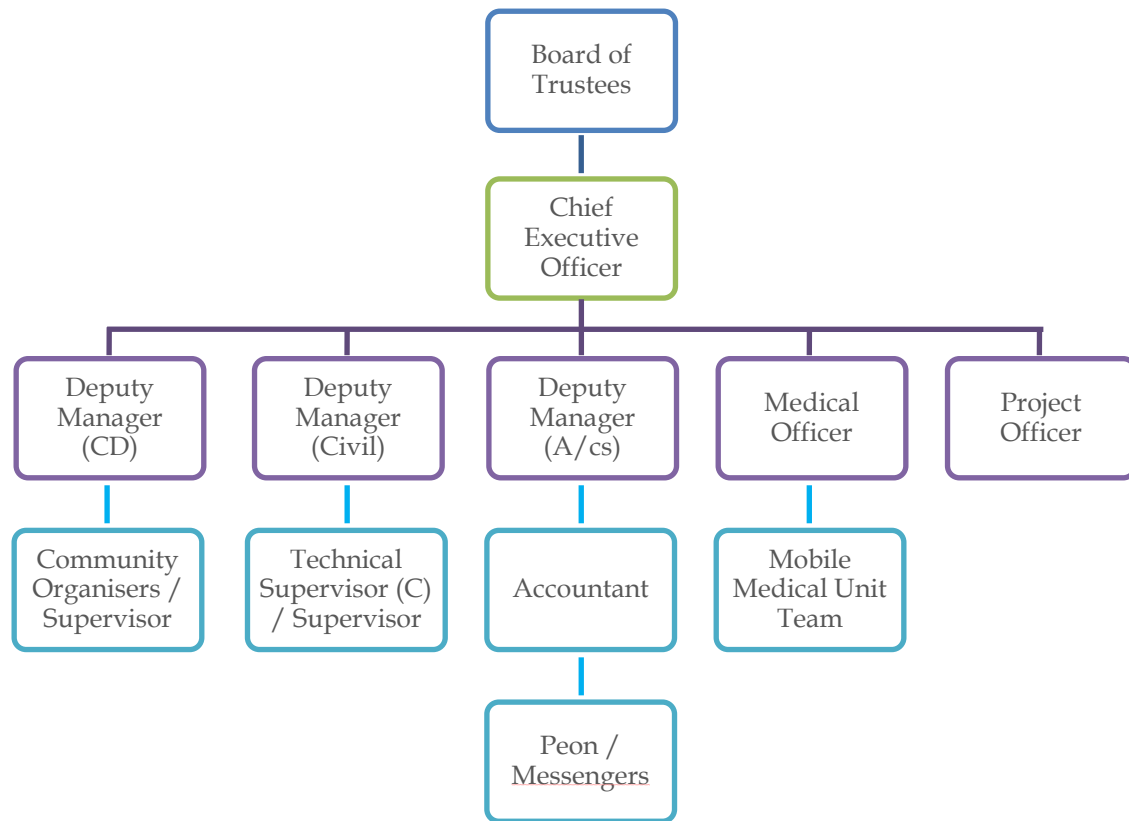
### FOCUS GROUP

Project affected population

THEMATIC FOCUS OF DEEP.....



## ORGANOGRAM



## BOARD OF TRUSTEES

1. Smt. Sonal Mishra, IAS  
Managing Director  
Gujarat Industries Power Company Ltd.  
At Post Petrochemical - 391 346  
Vadodara  
Chairperson
  2. Shri Prabhubhai Vasava  
Honourable Member of Parliament, Mandvi  
At Post Sathvav, Taluka Mandvi  
District Surat  
Special Invitee
  3. Shri Ganpatbhai Vestabhai Vasava  
Honourable Minister, Tribal Development, Tourism &  
Forest, Gujarat Vidhan Sabha Bhavan  
New Sachivalay, Gandhinagar  
Special Invitee
- Honourable Member of Legislative Assembly Mangrol  
At and Post Vadi, Taluka Umarpada  
District Surat - 394 440

- |     |  |                      |
|-----|--|----------------------|
| 4.  | Shri M S Patel, IAS<br>District Magistrate & Collector<br>Jilla Seva Sadan - 2<br>B - Block, 5th Floor<br>Athwalines, Surat  | Trustee              |
| 5.  | Shri Sandip Sagle, IAS<br>District Magistrate & Collector<br>Office of the District Collector<br>Bharuch   | Trustee              |
| 6.  | Shri Kankipati Rajesh, IAS<br>District Development Officer<br>District Panchayat<br>Daria Mahal, Surat   | Trustee              |
| 7.  | Shri Anand Babulal Patel, IAS<br>District Development Officer<br>District Panchayat<br>Bharuch   | Trustee              |
| 8.  | Shri N K Singh<br>Additional General Manager (SLPP)<br>Gujarat Industries Power Company Ltd.<br>At Post Nani Naroli, Taluka Mangrol<br>District Surat - 394 110    | Trustee              |
| 9.  | Shri P J Sheth<br>Additional General Manager (Finance)<br>Gujarat Industries Power Company Ltd.<br>At Post Nani Naroli, Taluka Mangrol<br>District Surat - 394 110 | Trustee              |
| 10. | Shri A C Shah<br>Company Secretary & Deputy General Manager (Legal)<br>Gujarat Industries Power Company Ltd.<br>At Post Petrochemical - 391 346<br>Vadodara        | Trustee              |
| 11. | Shri N K Purohit<br>General Manager (Mines), SLPP<br>Gujarat Industries Power Company Ltd.<br>At Post Nani Naroli, Taluka Mangrol<br>District Surat - 394 110      | Permanent<br>Invitee |

- |     |  |                              |
|-----|--|------------------------------|
| 12. | Shri R P Patel<br>Director<br>District Rural Development Agency<br>Opp. Shreeji Arcade , Anand Mahal Road<br>Adajan, Surat                     | Invitee                      |
| 13. | Shri C B Balat<br>Project Administrator<br>Integrated Tribal Development Project<br>(Tribal Sub Plan), Mandvi<br>Taluka Mandvi, District Surat | Invitee                      |
| 14. | Shri Narendra Parmar<br>Deputy General Manager (CSR), SLPP, GIPCL &<br>Chief Executive Officer, DEEP   | Nodal Officer /<br>Secretary |

## BOARD OF GOVERNORS

- |    |  |             |
|----|--|-------------|
| 1. | Smt. Sonal Mishra, IAS<br>Managing Director<br>Gujarat Industries Power Company Ltd.<br>At Post Petrochemical - 391 346<br>Vadodara                                | Chairperson |
| 2. | Shri N K Purohit<br>General Manager (Mines), SLPP<br>Gujarat Industries Power Company Ltd.<br>At Post Nani Naroli, Taluka Mangrol<br>District Surat - 394 110      | Member      |
| 3. | Shri N K Singh<br>Additional General Manager (SLPP)<br>Gujarat Industries Power Company Ltd.<br>At Post Nani Naroli, Taluka Mangrol<br>District Surat - 394 110    | Member      |
| 4. | Shri P J Sheth<br>Additional General Manager (Finance)<br>Gujarat Industries Power Company Ltd.<br>At Post Nani Naroli, Taluka Mangrol<br>District Surat - 394 110 | Member      |

- |    |   |                              |
|----|---|------------------------------|
| 5. | Shri A C Shah<br>Company Secretary & Deputy General Manager (Legal)<br>Gujarat Industries Power Company Ltd.<br>At Post Petrochemical - 391 346<br>Vadodara | Member                       |
| 6. | Shri R P Patel<br>Director<br>District Rural Development Agency<br>Opp. Shreeji Arcade , Anand Mahal Road<br>Adajan, Surat                                  | Member                       |
| 7. | Shri C B Balat<br>Project Administrator<br>Integrated Tribal Development Project<br>(Tribal Sub Plan), Mandvi<br>Taluka Mandvi, District Surat              | Member                       |
| 8. | Shri Narendra Parmar<br>Deputy General Manager (CSR), SLPP, GIPCL &<br>Chief Executive Officer, DEEP  | Nodal Officer /<br>Secretary |

## REACH OF DEEP

Surat District		Bharuch District
Mangrol Taluka		Valia Taluka
Anoi	Nana Naugama	Dansoli
Bhilwada	Nani Naroli	Juna Bhaga
Charetha	Nani Pardi	Kosmadi
Dungri	Shah	Luna
Harsani	Surali	Nava Bhaga
Jakharda	Timberwa	Rajgadhd
Mangrol	Vadoli	
Morampli	Vakilpara	
Mosali	Vastan	

DEEP concentrates on developmental activities in two districts viz. Surat and Bharuch district. Within these districts, the interventions are carried out in 18 villages of Mangrol taluka and 5 villages of Mandvi taluka in Surat District and 6 villages of Valia taluka in Bharuch District. These 29 villages of the two districts are the primary focus area of intervention but it also caters to felt needs of villages outside its pre-defined geographic area.

DEEP works in close coordination with the government departments. In above geographic areas and targeted villages DEEP reaches to more than 50000 people in one or other way. The villages served by DEEP has dominance of Minorities, Scheduled Tribes, Scheduled Caste and Other Backward Class people which makes the intervention of DEEP more need based.

## **SELECTION OF BENEFICIARIES FOR DEVELOPMENT SUPPORT**

DEEP adopts systematic approach for selection of beneficiaries involving all stakeholders at the village level including Panchayati Raj Members, Elected Members, Community leaders and especially the beneficiaries themselves. As a standard operating procedure for selection of beneficiaries following steps are followed:

- Identification of need of the community / individual beneficiary
- Formal representation to DEEP team by Panchayat / individual
- Field visit by concerned staff of DEEP to assess and verification of need
- Sharing of feedback by DEEP representative with DEEP decision making team
- Organizational validation of community / individual need and development of implementation plan
- Sharing of plan with respective community members by field staff of DEEP and revealing implementation plan
- Joint execution of plan and monitoring by community and DEEP
- Collection of feedback of the action taken at the end of implementation from communities
- Sharing of feedback with Executive Committee / Board of DEEP

## PROGRAM UPDATES

### HEALTH

There are enormous health issues around the world especially in the developing and poor countries. A comparison of the basic health indicators clearly indicates that developed nations of the world, fare far better on healthcare provision and utilization, when compared to the developing nations. This is evident from the figures shown in the World Health Statistics, released by World Health Organization (WHO) in 2012. For example, in a developed country like Germany, the government shares 77% of all the national expenses made on health. Similar figures for a developing country like India stands at 30.3%. This shows that out of pocket expenditures on healthcare are extremely high in India and this creates a huge financial burden on its citizens. Studies have revealed that every year many individuals in India are driven to poverty purely due to the huge medical expenses that are borne out of one's own pocket (Duggal, 2007). Today, various government bodies, both at the national and the state level, are making concerted efforts to improve the healthcare scenario in the country.

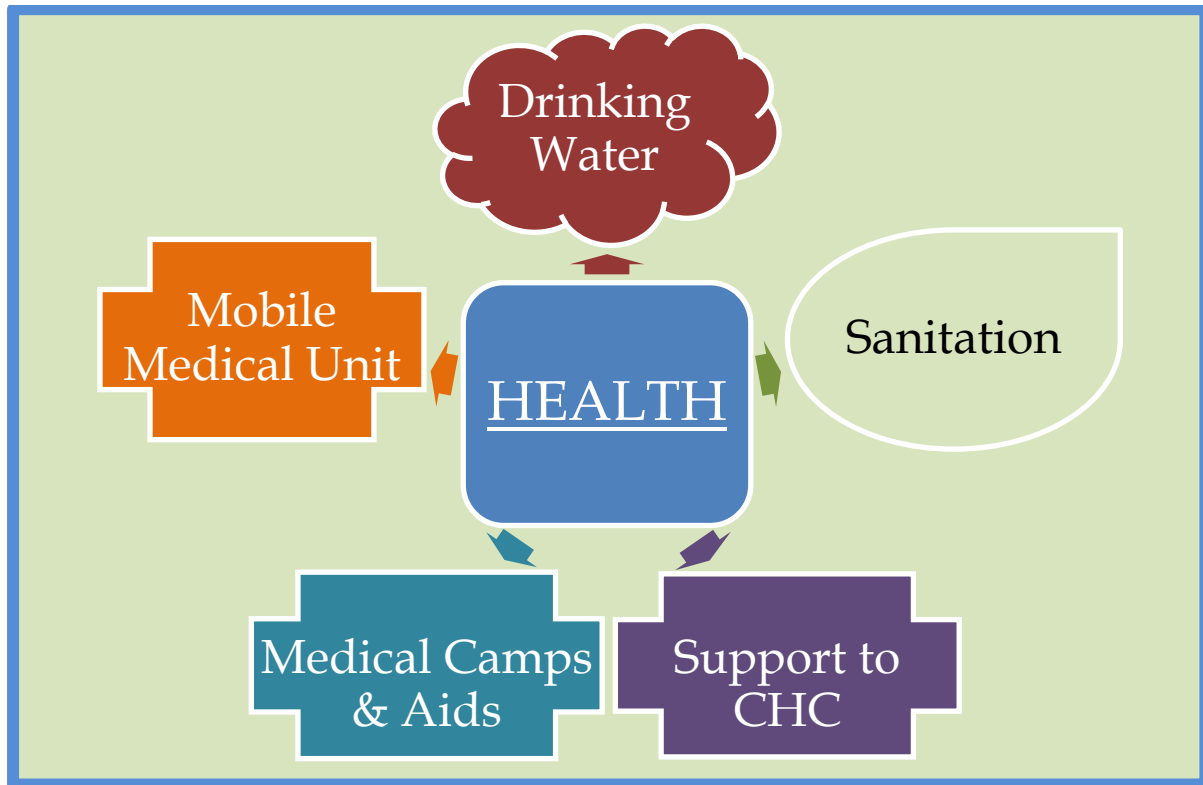
The role and importance of health care systems in the quality of life and social welfare in modern society have been broadly well recognized. Health and well-being are the most important elements for longevity, productivity leading to economic growth. It impacts one's overall physical, social, and mental health status and quality of life.

Barriers to health services include high cost of care and lack of availability of services. These barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care, inability to get preventive services, financial burdens and preventable hospitalizations. Access to care often varies based on socio-economic status, age, sex, disability status, gender identity, and residential location.

DEEP has put efforts in meeting the health needs of its target populations through medical camps & aids, providing specialists services at rural health set-up and mobile medical unit. It follows the principles of accessibility, responsiveness, quality, accountability, transparency, and equity. Health care services are provided without discrimination between households thereby increasing the living standard. It also caters to the ever growing social needs due to changing socio-economic conditions. It attempts to carry out better maintenance or improvement of health via the diagnosis,

treatment and prevention of disease, illness, injury and other physical and mental impairments among the villagers.

As access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all, DEEP focuses on this very aspect with timeliness of care.



### Drinking Water

Water is a fundamental human need. Each person requires water every day for drinking, cooking and simply keeping themselves clean. The United Nations considers universal access to clean water a basic human right and an essential step towards improving living standards worldwide. Water-poor communities are typically economically poor as well, their residents trapped in an ongoing cycle of poverty.

From the early years of life, throughout childhood and into adulthood, water is the common beneficial factor determining the quality of life and the possibilities of the future.

In order to ensure continuous supply of water, DEEP is providing drinking water supply in three (3) villages by bearing 90% of the costs of water supply.

**Intervention**

Providing drinking water support in three (3) villages as water cess to village Pani Samiti of the village Panchayats for bills raised by GWSSB in ratio of 90:10% (DEEP:Pani Samiti)

**Objective**

To ensure regular, safe and potable drinking water and contribute towards improved health status in 3 villages.

**Impact**

- Provided 592 lakh litres drinking water during F.Y. 2016-17 as water cess to village Pani Samiti of the village Panchayats for bills raised by GWSSB in ratio of 90:10% (DEEP Rs. 106722/- : Pani Samiti Rs. 11850/-)
- Regular supply of drinking water due to timely payment
- More attention of GWSSB due to assured regular payment of water charges
- Improvement in their health due to safe drinking water
- Instill in the villagers the need and importance of safe drinking water
- Saves time, energy, stress especially of women who carry out the task of fetching water
- Reduction in daily hitches up especially for women and increased access to safe drinking water

**Sanitation**

Sanitation is a vital piece of health and development around the world. In India, it continues to be inadequate, despite long standing efforts by the various levels of government and communities at improving coverage. Open defecation in rural India remains a problem that perplexes policy makers and civil society alike. India has the largest number of people who practice open defecation and the most number of child deaths due to poor water, sanitation and hygiene conditions compared to the rest of the world.

The overall purposes of sanitation are to provide a healthy living environment for everyone, to protect the natural resources (such as surface water, groundwater, soil), and to provide safety, security and dignity for people when they defecate or urinate. In some cases, young girls often stop going to school if the school lacks adequate sanitation facilities. Lack of proper sanitation causes diseases. Most of the diseases resulting from sanitation have a direct relation to poverty. Poor sanitation causes many diseases and the spread of diseases. Sanitation is a necessity for a healthy life.

Relevant diseases and conditions caused by lack of sanitation and hygiene include waterborne diseases, which can contaminate drinking water, diseases transmitted by the fecal-oral route, infections with intestinal helminths (worms). They are

transmitted by eggs present in human faeces which in turn contaminate soil in areas where sanitation is poor, stunted growth in children and malnutrition, particularly in children.

As On 27 February 2017, Total Sanitation Coverage throughout India has risen to 61.16% up from 42.02% On October 2, 2014, the day Swachh Bharat Abhiyan was launched. The Central Rural Sanitation Programme, which was started in 1986, was one of India's first efforts to provide safe sanitation in rural areas. This programme focussed mainly on providing subsidies to people to construct sanitation facilities. However, a study done by the government in 1996-97 showed that it was more important to raise awareness about sanitation as a whole rather than to just provide subsidies for construction. This understanding marked the first shift in the programme. In 1999, a restructured Total Sanitation Campaign (TSC) was initiated to create supply-led sanitation by promoting local sanitary marts and a range of technological options. It was again modified of the scheme happened in 2012. It was restructured and renamed as the Nirmal Bharat Abhiyan. With an intent to transform India to "Nirmal Bharat", the scheme's revised target for reaching total sanitation was changed from 2012 to 2022. To further its effort, Swachh Bharat Abhiyan (SBA) or the Clean India Mission was officially launched on 2 October 2014 which aims to eradicate open defecation, thus restructuring the Nirmal Bharat Abhiyan. Swachh Bharat Abhiyan is a national campaign, aiming to achieve an Open-Defecation Free (ODF) India by 2 October 2019, the 150th birth anniversary of Mahatma Gandhi, by constructing 12 crore toilets in rural India.

As DEEP works in rural area, it is imperative to acknowledge that toilets are non-existent in most of the households in the villages. Taking strong exception to the lack of sanitation, it launch an all out effort to provide toilets and during the F.Y., it constructs **660 nos.** of toilet taking the total to **3078 nos.** of toilets in its program area villages.

### Intervention

1. Construction of **660 nos.** of Individual Household Toilets

Name of Work	Construction of individual house hold Toilet
Village	Taluka Mangrol, Mandvi & Valia, Dist. Surat & Bharuch
Total Expense	Rs. 15491800/-
Start Date	29.10.2016
Date of Completion	31.03.2017
Employment Generated	10834 person day
<b>Total</b>	<b>660 nos.</b>

### Objective

To contribute to improved health status in the area

## Impact

- Provides privacy and safety especially for the women, children, aged and sick
- Saves times instead of travelling long distance for defaecation
- Safety and protection from snake bites, wild animals etc.
- Reduces risk of venturing in the dark
- Avoids gastric upsets
- No need to wait for dawn or dusk especially women
- Improved cleanliness within and outside resulting in better health
- Improved status of eligible bachelors looking out for life partners

F.Y 2016-17			
Sr. No.	Village	Taluka	Nos. of Toilets
1.	Anoi	Mangrol	50
2.	Bhilwada		40
3.	Dungri		2
4.	Nani Naroli		52
5.	Nani Pardi		60
6.	Surali		68
7.	Timberwa		24
8.	Vadoli		94
9.	Vakilpara		79
10.	Patna	Mandvi	27
11.	Dansoli	Valia	35
12.	Juna Bhaga		30
13.	Nava Bhaga		49
14.	Kosmadi		48
15.	Luna		2
<b>Total</b>			<b>660</b>



Beneficiaries with the Individual Household Toilet constructed for them

### Impact Assessment - I Case Study

Ziniben Meljibhai Vasava lives in Anoi falia of Mangrol village with her son who works as a daily wage labourer. As she did not know her age, she can be assumed to be somewhere around **80+ years** but her hearing, eyesight, communication etc. are still very sharp. She had never had a toilet in her life and she is very happy as she has a new one now. She recounted the difficulties she has to face as she has to go near the stream which is far (700 – 800 mtrs) away from her house. It was very tiring for her to go and come back after toilet. It was also time consuming as it takes more than 30 to 40 mins. to and fro. Especially during monsoon, it becomes slippery and risky as well as more tiring and difficult. She is glad that she did not have to go very far from home.

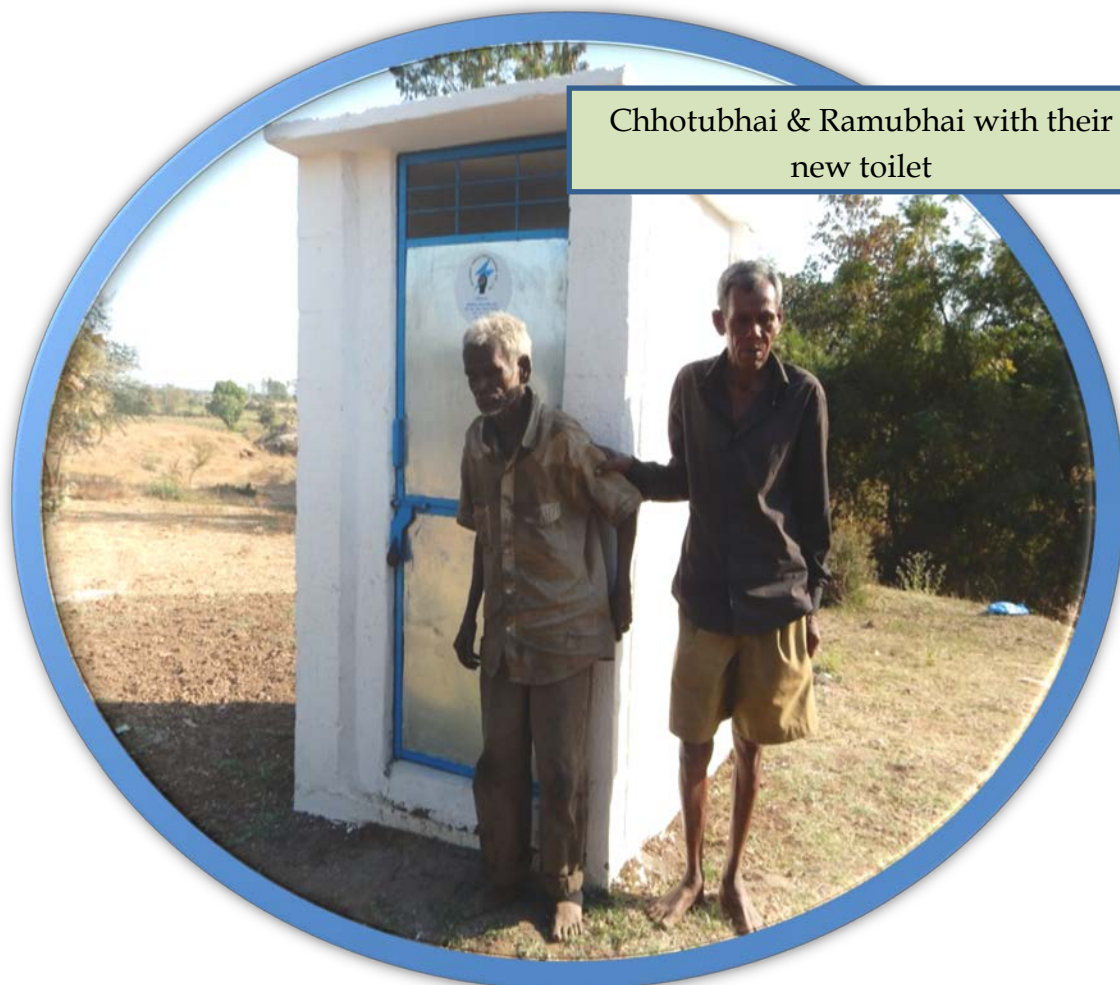
Ziniben with her new toilet



### Impact Assessment - II Case Study

Chhotubhai Ranchhodbhai Vasava residing in Anoi falia of Mangrol village lives with his brother Ramubhai Ranchhodbhai Vasava, **who is blind** and has difficulty in

moving around. Before having a new toilet, it was very difficult for his brother as he cannot go very far from the house and has to manage near the house. There are times he has to wander a bit far and it becomes risky especially during the monsoon period. With a new toilet constructed just near his house, his brother could manage to use it on his own and they are both very happy with the effort of DEEP.



Chhotubhai & Ramubhai with their new toilet

### Impact Assessment - III Case Study

**Kantubhai Gopalbhai Vasava** residing in Anoi falia of Mangrol village lives with his mother in a scanty hut. He is **physically challenged** and cannot walk. The only option he has for mobility is his tricycle. As he did not know his age, he can be assumed to be somewhere around 50 years. He expressed his deep gratitude for the new toilet because he could manage to go to the toilet on his own by parking his tricycle just near the door, holding onto the wall, getting down with wall support and back into the tricycle without any assistance. As he is well built, before having a toilet, he requires one person to help him get out of the tricycle and also to get back in every time he has to go to the toilet. He is happy that his major problem is solved and he is able to manage on his own.



Kantubhai with his new toilet



Kantubhai's mother at her house

### Intervention

2. Construction of common sanitation block at village Luna

Name of work	Construction of Common Sanitation Block
Village	Village Luna, Taluka Valia, Dist. Bharuch
Total Expense	Rs. 324708/-

### Objective

To improve sanitation infrastructure for the community

### Impact

- Useful for people from other villages and also villagers without toilet
- More hygiene and sanitation within the village

## Impact Assessment - IV Case Study

Complying to the request of the villagers, DEEP has constructed a Common Toilet at Luna Village, Tal.: Valia, Dist.: Bharuch. The location of the Common Toilet is near Shree Jalaram Mandir which is frequented by many visitors on daily basis. It was learnt from the caretakers of the Mandir Shri Bhupatsinh Jaisinh Solanki and Shri Yogesh Haridas Mahant that on a daily basis, they are providing free food to 20 to 30 poor persons including beggars. Moreover, during festive time or religious gatherings, there is a daily inflow of more than 600 visitors from faraway places / villages. As the Mandir does not have a toilet facility, it becomes a major problem for them especially those who come from outside the village.

Moreover, the Common Toilet is located at the central point in the village which serves as an entry and exit point for the villagers as well as people who pass by the village. Therefore, it solves the open defecation problem in the area.

This intervention is a blessing for the visitors as well as the locals as they don't have to look for open space anymore. The caretakers expressed their satisfaction and gratitude to GIPCL and also mentioned that more such common toilets must be constructed near religious places or places frequented by visitors.



### Intervention

3. Awareness through Bhavai in 21 Villages & Puppet Shows in 23 Schools

In order to achieve Open Defaecation Free (ODF) through Total Sanitation (TS), DEEP conducted behavioural change communication through Bhavai & Puppet shows at the village and school level. It aims to motivate, provide relevant information and educate the rural people by a process of "triggering", leading to spontaneous and long-term abandonment of open defecation practices. It employs

an approach to rural sanitation that facilitates communities to recognize the problem of open defecation and take collective action to clean up and become "open defecation free".

### Objective

- To create awareness on cleanliness & best hygienic practices among the villagers
- To bring positive change in the age old practice / habit of the villagers

### Impact

- Change in attitude towards sanitation and proper maintenance of the facilities resulting in improved hygiene at individual and community level
- About 98% beneficiaries have stopped open defaecation

Information dissemination / Behaviour Change Communication through Bhavai & Puppet Shows



Bhavai Show



Puppet Show

## Support to Community Health Centre

Across the country, there is shortages of medical professionals that adversely affect the delivery of healthcare in rural communities. The shortage is having a great impact on smaller, rural communities, where adequate healthcare provided by basic public health services may be several miles away.

Rural populations experience lower access to health care along the dimensions of affordability, proximity, and quality. Patients have to travel long distances for specialized treatment. This can be a significant burden in terms of both time and money. In addition, the lack of reliable transportation is a barrier to care. Rural communities also have more elderly residents who have chronic conditions requiring multiple visits to outpatient healthcare facilities. This becomes challenging without available public or private transportation. These patients may substitute local primary care providers for specialists or they may decide to postpone or forego care from a specialist due to the burdens of cost and long travel times. For people with low incomes, physical limitations, or acute conditions, these burdens can significantly affect their ability to access care.

Barriers to healthcare result in unmet healthcare needs including lack of preventive and screening services, treatment of illnesses, and preventing patients from needing costly hospital care. A vital rural community is dependent on the health of its population. Access to medical care does not guarantee good health; however, access to healthcare is critical for a population's well-being and optimal health.

### Intervention

Providing Specialist's Doctors Service at Rural Setup

## Number of beneficiaries

Specialist	CHC, Mosali, Tal. Mangrol, Dist. Surat 01.04.2016 to 31.03.2017 Patient (Nos.)
Gynaecologist	764
Paediatrician	1217
<b>Total</b>	<b>1981</b>

## Objective

Collaborating with public health system and facilitate increase in access to specialist's critical medical services to the communities

## Impact

- Helped to reduce the suffering faced by people in the project areas along with strengthening their confidence in public health system
- Enabled the villagers, access to specialists' doctors which are nonexistent in the rural areas
- Ensures better health care especially for women and children who cannot travel to urban areas for treatment
- Ensures early detection of curable diseases and measures for its treatment
- Reduces their expense on high cost of specialist care and travelling cost to urban areas to the tune of Rs. 1450/- per visit (As the patients have to go to either Surat or Bharuch, it will consume the whole day resulting in loss of wage @ Rs. 150/-. Moreover, the cost of travelling Rs. 250/- to Rs. 1000/-, consultation Rs. 250/- to Rs. 500/-, medicines Rs. 200/- to Rs. 300/- and attendant Rs. 250/- to Rs. 400/- etc.)

Gynaecologist attending to patient



Paediatrician examining a baby



## Medical Camps & Aids

Rural areas have fewer job opportunities and higher unemployment rates than urban areas. The professions that are available are often physical in nature, including farming, forestry and manufacturing. These occupations are often accompanied by greater health and safety hazards due to the use of complex machinery, exposure to chemicals, working hours, noise pollution, harsher climates, and physical labor. Rural work forces thus report higher rates of life-threatening injuries.

Lifestyle and personal health choices also affect the health and expected longevity of individuals in rural areas. Persons from rural areas report higher rates of smoking and exposure to second-hand smoke. Additionally, they often have low rates of fruits and vegetable consumption even where farming is prevalent. While homicide rates are lower in rural areas, death by injury, suicide and poisoning are significantly more prevalent.

Health Camps is one such special initiative of DEEP to provide healthcare services to meet the immediate health care needs of the marginalized community in remote rural areas through camps. Customized health camps are organized offering comprehensive health services – curative, preventive, promotive and referral, to a large number of people in selected intervention areas.

At medical camps we provide basic treatment and general check up to help people be aware of their health status. DEEP organizes a team of doctors, nurses and lab technician who work tirelessly to see that every patient is attended to. Referrals are made to the hospital. Patients underwent health checkups by the team of specialist doctors and were given consultations and medicine free of cost.

The under-privileged sector of the rural areas has no means of medical assistance when they fall sick and in order to support them, DEEP organizes periodical medical camps. Medicines, syrups and tonics are distributed and injections are also administered free of cost.

### Intervention

1. General Medical Camp
2. Celebration of World Yoga Day



**General Medical Camp**

**No. of Villages : 36**

**No. of Patients : 194**



**Celebration of World Yoga Day**

**Total Beneficiaries : 218**

### Objective

- To improve the health of the general public in rural areas
- To provide free support to patients who cannot afford to venture outside the village for treatment
- To promote Yoga for healthy living

## Impact

- Helped to reduce the health problems faced by people in the rural areas
- Enabled the villagers, access to health care which are nonexistent in the rural areas
- Ensures better health care especially for women and children who cannot travel to urban areas for treatment
- Ensures early detection of curable diseases and measures for its treatment
- Generate interest in Yoga

### Impact Assessment - V Case Study

Atik Bharat Vasava aged 4 years 5 months (As on February 2017), residing in Bapu Nagar falia, Village Mosali, Tal. Mangrol, Dist. Surat with his parents Mr. Bharatbhai Vasava and Mrs. Ritaben Vasava. His father is a daily wage labourer while his mother is a housewife. His family is a BPL card holder. Since birth, he was suffering from breathlessness and frequent cold and cough. His mother brought him for the first time to Mobile Medical Unit (MMU) at the age of 9 months on 26<sup>th</sup> June 2013 as he was suffering from fever and cough. Subsequently, he visited MMU frequently almost with the same problem. On 6<sup>th</sup> August, 2016, he was brought to the MMU OPD as he was suffering from cough and breathlessness. On clinical examination, by Medical Officer (MO), he was found to be suffering with some sort of **congenital heart disease**. Accordingly, he was referred to New Civil Hospital, Surat but due to lack of awareness about his condition and also due to poverty, they did not visit the hospital.

As he is constantly suffering from fever, cough, breathlessness etc. he could not go out and play with the other children.

They continue to visit the MMU frequently. It was during their visit on 12<sup>th</sup> November, 2016 that the MO of MMU again counseled his mother to take him for further investigation. On 10<sup>th</sup> December, 2016, MO again counseled them and also informed them that DEEP is organizing a free health camp on 18<sup>th</sup> December, 2016 where various specialists will be available for consultation free of cost.

Accordingly, they came to the health camp where he was referred to Sadhna Hospital, Kim and investigation was carried out using 2D Echo Cardiography and was diagnosed as suffering from Tetralogy of fallot which is a congenital heart defect that is present at birth. When affected babies cry or have a bowel movement they turn very blue, have difficulty breathing, become limp and occasionally lose consciousness. Classically there are four defects:

1. A ventricular septal defect, a hole between the two ventricles
2. Pulmonary stenosis, narrowing of the exit from the right ventricle
3. Right ventricular hypertrophy, enlargement of the right ventricle
4. An overriding aorta, which allows blood from both ventricles to enter the aorta

This defect is typically treated by open heart surgery for which he was further referred to Mahavir Hospital, Surat.

It may be mentioned here that as there is a scheme from the government for the economically backward, the MO of MMU personally took the child and mother to Taluka Health Office and applied for MAA Card on 21<sup>st</sup> December, 2016 which they received the next day. After this, he was taken to Sadhna Hospital, Kim for further investigation on 22<sup>nd</sup> December, 2016 and was further advised to visit Mahavir Hospital, Surat. He was admitted there on 29<sup>th</sup> December, 2016 and investigation including 2D Echo Cardiography and other procedures for surgery was carried out and discharged with medicines and confirmed date for operation.

Finally, he was admitted to Mahavir Hospital, Surat on 16<sup>th</sup> January, 2017 and successfully operated on 18<sup>th</sup> January, 2017 and discharged on 25<sup>th</sup> January, 2017. Both MO & PO made a visit on 31<sup>st</sup> January, 2017 and the child is now slowly recovering and could also play outside with other kids.

In this way, due to timely intervention, his life was saved. His parents could have lost him as there is a 50% mortality chance in such type of problems below 5 years.

The whole medical process i.e. referring till being discharged from the hospital could have cost them around Rs. 3/- lakhs in private nursing homes. The following could be the break-up of the expenses in private hospital / clinic:

• Diagnosis & detailed investigation	= Rs. 45000/-
• Pre operative (2 days ICU) & medical ward	= Rs. 50000/-
• Operative expenses (Medicines, surgeon charges, Cardiologist & Anaesthetist)	= Rs. 120000/-
• Post operative (2 days ICU) & 5 days stay (Physician & medical expense)	= Rs. 65000/-
• Transportation cost for 4 visits & 2 follow up visits @ Rs. 1500/- per visit	= Rs. 6000/-
• 2 post operative follow up visits (Consultation & medicines)	= Rs. 8000/-
<b>Total</b>	<b>= Rs. 294000/-</b>



Atik after discharge from hospital



Atik with his mother

## Mobile Medical Unit

Mobile clinics represent an integral component of the healthcare system that serves vulnerable populations and promotes high-quality care at free of cost. They improve access, bolster prevention and chronic disease management, and reduce costs. Mobile clinics have a critical role to play in providing high-quality care to historically underserved vulnerable populations.

The following four benefits have ensured the success of a mobile clinic aimed at reaching rural communities:

1. Ensuring accessibility

The mobile nature goes a long way in bridging the gap between healthcare and accessibility. To aid in this, periodic schedules are planned so that maximum reach in one particular community can be established. The fact that it is able to travel to villages also means that the villagers do not miss out on valuable days at work which, for the households of single breadwinners, can be devastating on their already strained financial state.

## 2. Effective data storage

All medical professionals know how important a patient's medical history is in their treatment. Without adequate records of a patient's medical state the potential to mistreat is increased. Thus, the importance of effective data storage is imperative. Our mobile healthcare units boast of proper data management where the patient's medical history is taken to the field during each visit and can be accessed by a unique ID code. Therefore, the doctor can check any information pertaining to their patient as they are treating them.

## 3. Patient-centric approach

One of the biggest paradigm shifts that have occurred of late is the move from a 'clinical-centric' approach to a 'patient-centric' approach. What this simply means is that the main focus is with the patient, the state of their health at present and ways in which to improve and maintain their health in the long term. Patients are empowered by their visits to healthcare professionals because they are educated to make informed decisions about their health in a holistic manner through physical activity, nutrition and in general a healthier lifestyle.

A large number of elders, women and children in rural areas are unable to seek medical help due to variety of economic and social problems. DEEP has joined hands with Health & Family Welfare Department, Government of Gujarat to run Mobile Medical Units in its program area villages.

The MMU Van visits the designated communities on a regular basis and offers services such as medical consultation, dispensing medicines, conducting medical counseling etc. for the villagers. The MMU staff also makes house visits to provide health services to those who are serious and cannot reach the van. The unit also refers beneficiaries to various health institutions in case of need.

### Highlights:

- MMU is a mechanism to provide outreach services in rural and remote areas. This is not meant to transfer patients.
- MMU conduct free check-ups and dispense medicines to villagers.
- MMU is a van equipped with all basic medical equipment, medicines with a doctor, nurse and pharmacist.
- There are nodal points at each location. The van visits each nodal point once in a week.
- Some of the major ailments dealt with are Osteoarthritis, Hypertension, Chronic Obstructive Airway Disease and Dyspepsia etc.
- Good liaison is maintained with many referral hospitals for providing qualitative health services to the poor.

- Community members, particularly youth are coming forward to assist in the working of the MMU.
- Considering the remoteness of project villages and the lack of availability of medical facilities, the MMU is offering healthcare services to the people of all age-groups.

*“The areas we work in are so poor, people can’t afford food and clothes. Health care is an absolute luxury; they choose to ignore illnesses. So we give them a service that is high quality, free of cost and at their doorstep,” says Dr. V.C. Singh, Medical Officer, MMU.*

A typical day in the life of a MMU is carefully planned. DEEP’s office is used as a base location. The team – a general physician, a nurse, a pharmacist and a driver – starts at 9 a.m. and covers roughly 3 villages a day, seeing on average 30-40 patients at each village. The van covers about 25 villages in weekly cycles and reaches more than 22,500 people a year with cost effective generic drugs. The van has on board primary diagnostic equipment and medical supplies that can treat basic illnesses like cough, cold, fever, infection, malaria, dengue, typhoid and hepatitis. For the more complicated illnesses, patients are referred to the nearest hospital.

### **Intervention**

Operation of Mobile Medical Unit in program area villages

### **Number of beneficiaries:**

<b>OPD STATUS</b>	
Number of OPD Days	213
Total Patient	18842
Average Patient per day	88
Laboratory Test	488

### **Objective:**

- To ensure comprehensive door step medical services to all needy people in the project area
- Providing door step primary medical services to all needy people in the project area
- Focus on treatment of chronic diseases such as Diabetes
- Same day investigation report
- Adopting ‘treating people’ approach than treating a ‘case’
- Ensuring regular follow up of persons treated by field staff

### Impact:

- Improvement in health seeking behaviour of the community
- Reduction of insurgence of medical emergencies
- Access to free medical care, medicines to the villagers at their village
- Reduction of expenditure on health
- Addressing the health care need especially the aged, women and children who cannot venture out of the village on their own
- Acts as a conduit to control water borne diseases, outbreak of endemic diseases and also early detection of diseases and its care
- As it goes on a rotation of twice in the same village each month, it ensures regular follow up of ailments with the patients
- Focus on treatment and follow-up of chronic diseases such as Diabetes and Hypertension
- One day investigation report
- Door step health check-up and treatment facilities
- Adopting 'treating people' approach than treating a 'case'
- Ensuring regular follow up of persons treated
- Identification and treatment of major ailments
- Overall improvement in quality of life
- Reduction in age old beliefs and superstitions in health
- Beneficial for very poor patients who cannot reach the hospital
- Reduction in dependence of locally available transportation such as auto rickshaws
- Savings of Rs. 500/- per visit to local doctors at taluka place (Where loss of wage @ Rs. 150/-, transportation Rs. 50/- to Rs. 150/-, consultation Rs. 50/- to Rs. 150/-, medicines Rs. 50/- to Rs. 100/- etc.)



Patients waiting for their turn during OPD



Medical Officer examining patients



Nurse attending to patient



Pharmacist handing over medicines to patient



## EDUCATION

In India, education in the rural segments is not only important to eradicate poverty and illiteracy, but also for a variety of other social, economic as well as cultural and political reasons.

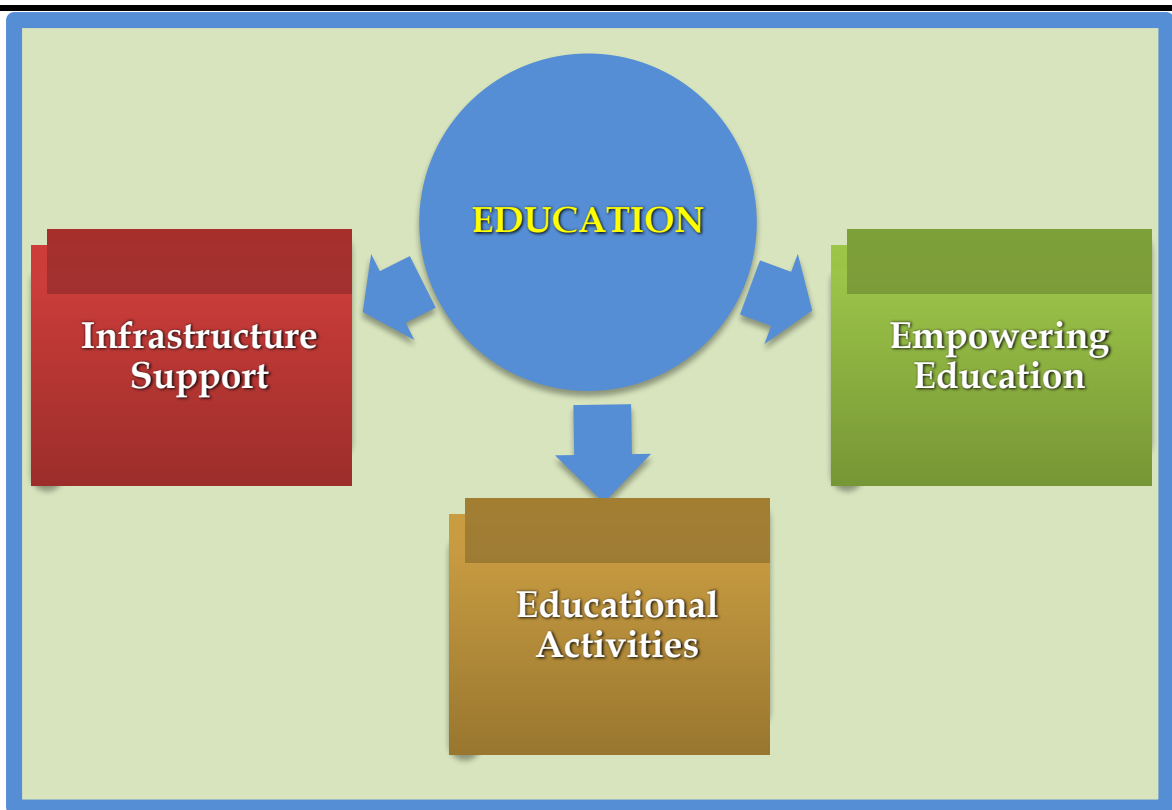
After the independence of India in 1947, the policy makers realized that education is the most compelling means to initiate social alterations and improve community development in India. Although education in the urban areas have progressed rapidly during the last few decades, rural areas are still lagging behind.

Many of the current problems in our rural schools are well known. Most have inadequate infrastructure – solid walls and a roof that does not leak are considered an achievement.

Education is the doorway to the wider world. Education empowers us to have a better outlook as well as enable us for a smarter approach towards life. Education as we all know is very important. Education is necessary not only for the professional purpose but also for the mental growth of individuals. Without proper education it is very difficult for a person to survive in today's modernized world. It is a fact that the majority of Indian population still lives in villages and so the topic of rural education in India is of utmost importance. There are a lot of provisions that government is providing for the education amongst rural people.

Not only are the students and their general abilities, but also the education environment varies a lot. There is a lot of difference in the terms of opportunities; infrastructure as well as mindset. Many rural schools have less robust buildings, problems in access with seasonal variations, and less access to a range of knowledge centers even if they have great teachers.

In order to promote and improve education in its program area villages, DEEP supported various educational activities in form of resource & equipment support, educational activities, empowering education etc.



## Infrastructure Support

DEEP puts its efforts and resources to make headway in addressing the dismal conditions of rural schooling. The enhancements of the physical environment in schools bring about not just a cosmetic change but also an inherent transformation in the way that physical space connects with the pedagogy and the child.

### Intervention

1. Construction of Multipurpose shed in 3 schools
2. Construction of Class room at Vankal
3. Construction of CC Road at Primary School, Mangrol
4. Providing and fixing borewell with submersible motor for Government Secondary School, Mangrol

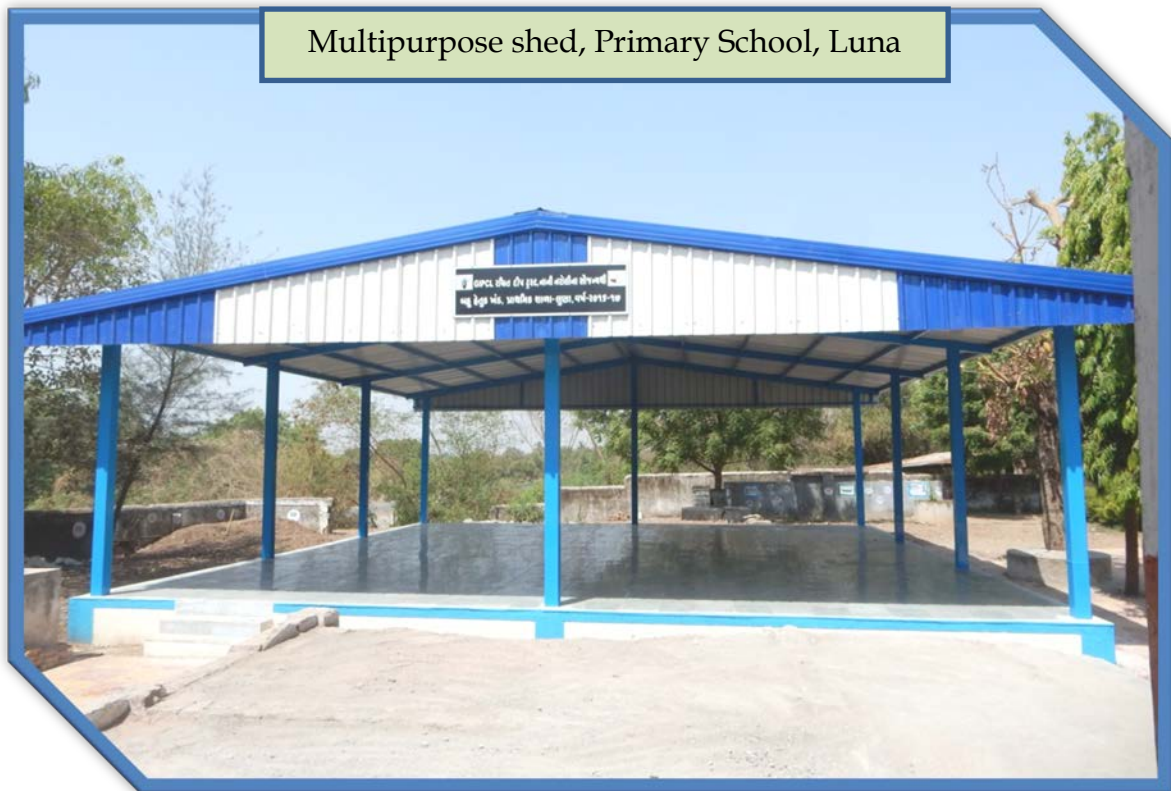
### Objective

- Support to government schools where essential resources & equipments which aid / are helpful for the students are lacking
- To create facilities that are non-existent in the village schools
- To improve existing infrastructures
- To provide facilities that are required for education of the children

### Impact

- Improves the resources & equipments in government school

- Exposure & enhanced learning opportunities for students to urban type better aids
- Generate interest among students in attending school
- Improvement in educational status of the people
- Create effective educational institutions among the project villages
- Increased / improved facilities motivating children to go to school
- Creating urban type facilities for village students



Multipurpose shed, Primary School, Luna



Bore well with motor

### Impact Assessment - VI Case Study

Government Primary School at Nani Pardi Village has requested DEEP to construct a Multipurpose Shed at the school premises and accordingly, during the F.Y. 2016-17, construction was carried out.

Shri Illyasbhai, the Principal of the school said that during the monsoon, there was no sufficient space for the children to eat and they were facing lots of difficulties. Moreover, as the class rooms are small, during visit of higher government officials or any big function such as school enrolment day celebration etc. they were facing problems. He also said that even village gatherings / functions could also be held at the Multipurpose shed as the village does not have any such arrangements. He expresses his gratitude and said that a major problem faced by the school is solved.

He also made special mention of the quality of work done and also he was very much impressed with the design which was according to his liking which could be extended with the help of pandals in case of huge crowd turn out.



The Multipurpose Shed at Government Primary School, Nani Pardi

### Impact Assessment - VII Case Study

During the F.Y. 2014-15, Vankal High School has started English medium section in their existing premise. Because of this, they were facing shortage of class rooms and the staff room was compromised for the classes. As they were having financial difficulty in constructing the class rooms, they have requested for help from DEEP. Accordingly, during the F.Y. 2016-17, construction was carried out.

Shri R.B Vashi, Principal Incharge expressed his gratitude and said that now they have sufficient class rooms and they could carry out classes without any hindrance. He was very appreciative of the workmanship and quality and expressed his desire if more such class rooms could be constructed for them in the future.

The newly constructed class room at Vankal High School



### Impact Assessment – VIII

Government Secondary School is located at Mosali village, Tal.: Mangrol, Dist.: Surat. Even though the school has its own building there is no water supply. Therefore, the staff and students faced immense hardship especially during the summer months. Adjacent to the school lives Shri Anil Vasava who was kind enough to provide them water free of cost. But this was not sufficient or adequate as it was not possible to ask favour each and every time. As such, they ask for water for their minimum basic needs.

Realizing the immense hardship faced by the staff and students, during the F.Y. 2016-17, DEEP provided a Bore with Motor to them which immensely eased their burden.

Upon meeting the Principal of the school Smt. Bhavnaben, she was extremely delighted with the intervention and said that now they don't need to depend every time on their neighbor for water as asking for water time and again is very uncomfortable. She also expressed that as they have sufficient water now, they can carry out plantation within the school campus which will provide greenery. She also said that cleanliness can now be maintained in a better way and the students and staff can also use the toilet without any hindrance.

## Bore with Motor provided at Government Secondary School, Mosali



## Educational Activities

There has been a growing recognition that responsibilities of a good school transcend the limited educational programme, usually provided within its four walls. A good school cannot function in isolation. It has to develop a close link with the community.

The school and the community are related to each other in a cyclic relationship of mutual benefit. If the school serves the community through its educational programme, the community in its turn, will help in enhancing the status of the school. On the other hand, if the community supports the school in implementing its educational programme, the school, in turn, helps in improving the community. Once started, this process of action and counteraction for mutual benefit is likely to sustain on its own momentum.

Whenever reasons of this low participation are enumerated, it is often said that parents are ignorant about the importance of education or that they need their children to help them or to earn for them. The general pattern is that parents are not indifferent towards educating their children. There is a wider awareness about the benefits of education and the encouraging trend has already been set due to the growth of people's movement about development issues.

### Intervention

- Celebration of School Enrolment Day
- Celebration of Aanganwadi Enrolment Day
- Sponsoring & encouraging educational activity by way of honouring meritorious students
- Sponsoring Taluka level Maths & Science mela

### Number of beneficiaries

Celebration of School Enrolment Day	
Village (Nos.)	29
School (Nos.)	35
Student / Kit (Nos.)	587
Per Kit expense (Rs.)	322



Celebration of School Enrolment Day

Celebration of Aanganwadi Enrolment Day	
Village (Nos.)	29
Aanganwadi (Nos.)	63
Student / Kit (Nos.)	346
Per Kit expense (Rs.)	120



Celebration of Aanganwadi Enrolment Day

**Sponsoring & encouraging educational activity by way of honouring meritorious students**

School	44
Students	288



Sponsoring & encouraging educational activity by way of honouring meritorious students



Sponsoring Taluka level Maths & Science mela

**Sponsoring Taluka level Maths & Science mela**

Total School	76
Projects	86

**Objective**

- Encouraging and motivating children to enroll in schools and aanganwadis
- Supporting the efforts of the government programs
- Encouraging, promoting and motivating students for healthy competition
- Recognition & honouring of meritorious students for better performance in education
- Promoting the importance and to generate interest in science and maths among the rural students

**Impact**

- Increased school & aanganwadi enrollment in project area villages

- Generate interest in education among parents
- Generate healthy competition among the students
- Eager to enroll in the schools and aanganwadis
- The toppers of each schools are motivated to work harder and those in the next line are also encouraged to work hard for improvement of their marks
- Students get to prepare models and gain knowledge from practical exposure
- Increased interest in math and science among the rural students

## Empowering Education

### Intervention

- Educational support to wards of land losers
- Educational support to wards of contractual workmen

### Number of beneficiaries

Wards of land losers	90
Wards of contractual workmen	54
<b>Total</b>	<b>144</b>

### Objective

- To create an opportunity to the wards of land losers and contract labourers for quality education and uplift their socio-economic status
- To create awareness and change the attitude towards education among the parents and children of land losers and contract labourers
- To provide them skill for gainful employment in the non-farm service sector

### Impact

- Strengthened education among land losers and contract labourers
- Exposure / access to quality education in English medium CBSE school in rural area
- Better further studies and employment opportunities



Handing over Cheque in support to wards of land losers & contractual workmen



## WOMEN EMPOWERMENT

Women empowerment is a process in which women challenge the existing norms and culture, to effectively promote their well being. The participation of women in Self Help Groups (SHGs) made a significant impact on their empowerment both in social and economical aspects. SHGs have had greater impact on both economic and social aspects of the beneficiaries.

The concept of Self Help Groups serves to underline the principle “for the people, by the people and of the people”. The Self Help Groups is the brain child of Grameen Bank of Bangladesh, which was founded by Prof. Mohammed Yunas of Chittagong University in the year 1975. The activism within the women movement has influenced the government to frame policies and plan for the betterment of the country. The empowerment of women through Self Help Groups (SHGs) would lead to benefits not only to the individual women, but also for the family and community as a whole through collective action for development. Self Help Groups have linkages with NGOs (Non Government Organizations) and banks to get finance for development. In turn it will promote the economy of the country by its contribution to rural economy. Self Help Groups are small voluntary associations of rural people, preferably women folk from the same socio-economic background. They come together for the purpose of solving the common problems through self-help and mutual help in the Self Help Groups.

Our SHG program with the rural women is one of the key initiatives of our livelihood program. Empowering women through financial independence is what DEEP’s Self Help Group (SHG) program aims at. Expert local bodies like NGOs, Government, resource agency and banks are partnered with to ensure long term sustainability of the SHG’s. The main activity of the SHGs is thrift and credit. The SHGs are then trained in different vocations and linked with the banks to start micro enterprises either in groups or individually based on their interests and viability of the vocation. The main thrust of the economic activities is to enhance income from existing resources and create additional opportunities of employment to optimize local resources and skill. As earning and contributing members of the family they are now active players in family decisions, responsible inter loaning bodies and operating village institutions in the development of their villages.

At DEEP, we promote and encourage the formation of SHGs under our SHG program with a well designed framework and process for effective delivery to bring a positive change in the lives of the rural women through development of better

communication skills, improved interpersonal relations in the family, ability to visit friends and family.

Empowerment indicator is built on the following eight criterions: mobility, economic security, ability to make small purchases, large purchases, involvement in major household decisions, and relative freedom from domination by the family, political and legal awareness, participation in public gatherings etc.

The inter loans among the SHG's for consumption and productive purposes are small, frequent, of short duration and at low interest rates. The groups meet and save regularly, recording all the transactions in their account books.

DEEP's intervention among rural women through Self Help Group (SHG) has witnessed that women who are muzzled of their voice, dependent and restricted, have become better informed, independent, self-reliant, freely interacting in public and emerged as decision makers for themselves and their families, who are empowered to be at par with men folk. These women who were marginalized, resource crunched, under employed, mortgaged / indebted have learnt to manage their own resources and diversify their potentials changing traditional attitudes.



DEEP has been active in formation of community based groups / self-help groups and strengthen them to become more capable, independent and making them partner for self-development, family development and community development.

## Self Help Group : Formation & Strengthening

### Intervention

Women empowerment through mobilizing women folks and formation of SHGs, strengthen them to become more capable, providing them training on savings and credit and creating entrepreneurs.

### Objective

- To bring the village women together in a common platform, generate a sense of unity within the village women who have never sat together before joining SHGs
- Built trusts and confidence in them to set up their own enterprise / business
- To become self sustained
- To create a platform where women can take loans from within the group and venture into business
- Promote and strengthen SHGs by inculcating habit of savings and enforcing credit discipline
- Organize rural poor women into groups to build their own capital through regular savings and get access to loans and secure social and economic security for themselves.
- Make women socially aware through social development activities.
- Provide skill based training, regular monitoring and supervision to sustain livelihood/income generation activities.

DEEP aims to promote and strengthen SHGs by inculcating habit of savings and enforcing credits discipline. To organize rural poor women into groups to build their own capital through regular savings and get access to loans and secure social security for themselves. Economically empower women and making them self reliant through provisioning of credit and livelihood enhancement initiative to ensure the well being of women and their families. Make women socially aware through social development activities and awareness on social issues. To provide skill based trainings, mentoring and support to generate and sustain livelihood/income generation activities.

- Drudgery reduction
- Gender sensitization
- Capacity building
- Promotion of micro-enterprises
- Socio-economic equality

## Impact

- They have ownership of their hard earned income
- They have emergency cushion
- They spend on health, education, household materials etc.
- Reduced stress
- Becoming entrepreneurs through loans from the group
- Less burden on repayment as they can pay small amount at regular intervals
- Relieve from money lenders
- Ability to take loans from other SHG groups even if their own group has less money
- Exposure to banks
- Providing unity and friendship within the villages, opening doors that were once distant
- Ability to take bigger amount of loans and repayment as per their daily income

<b>Villages (Nos.)</b>	24
<b>Groups (Nos.)</b>	152
<b>Members (Nos.)</b>	1653
<b>Savings (Rs. in Lakhs)</b>	83.96

<b>Credit (Rs. in Lakhs)</b>	
Internal	185.81
Bank	62.08
<b>Total</b>	<b>247.89</b>



SHG - Group Strengthening



## SHG -Exposure Visit



New Group



Old Group

### Clean House, Street & Village Competition

Cleanliness in and around the home depends on a mental attitude that translates into action. In fact, keeping the home clean is dependent to a great extent on the mental attitude of the entire family. For this reason DEEP organize Clean House & Street Competition every year among the SHG members so that other villagers could examine and emulate what they can do to contribute to the cleanliness of their homes, including the neighborhoods they live in.

#### **Intervention**

Organizing Clean House & Street Competition every year among the SHG members

#### **Objective**

To inculcate a sense of hygiene and sanitation among the SHG members and the villagers in particular

#### **Impact**

- Generates the need for cleanliness and hygiene among the villagers
- Prevents dirt accumulation within their homes and village
- Encourages them to keep their surrounding clean
- They act as motivator to others in the villages to keep the village clean
- The feelings of the members involved that they are doing their own household work and not for the village
- The feeling of unity among the members within the village
- Awareness creation among the villagers about the importance of cleanliness
- Among the affluent SHG members, they have workers to clean their houses but during cleaning of the village, they come out openly and get involved in the activity
- A sense of festivity within the villages during such occasion

- Creating healthy and positive competition among the villagers within the villages

SHG -Clean House, Street & Village Competition		
Village	Group	Member
25	152	1339



SHG - Clean House, Street & Village Competition



Children also taking part in cleanliness drive



Assessment during clean house competition



Prize distribution

SHG -Awareness Training		
Village	Group	Member
25	152	1026



SHG -Awareness Training

### **Skill Enhancement Training**

The capacity building of women by enhancing their skills would bring about a socio-economic change thus empowering them with opportunities for enhancing their incomes and include them as equal partners in the development of the family in rural areas

The livelihood systems in the area where DEEP has its intervention are primarily dependent on combinations of agriculture, forests and labouring. Due to very small holding and very low productivity of the land, most households eke out a living by maintaining a diversified pattern of occupations; no single activity provides sufficient resources to entirely ensure their livelihood. Women's work is regarded as crucial for the survival of households in terms of provisioning for food, earning income and managing of financial resources. In order to ensure women's productive and effective participation in the development, there is a need for intensive and sustained training. Women are also encouraged to go on exposures visits outside the village, as the exposure to areas of new developments will be relevant in opening a window of opportunities.

The SHG members have shown keen interest in learning skills and majority of them have done very well in the economic front. They clearly expressed that the training programme was an opportunity to learn a skill so that they can earn their livelihood in a dignified manner. They mentioned that this was an exposure for them where

they could see what all can be done and where they can pitch in to understand their potential and future options.

**Intervention:**

1. Beauty Parlour
2. Cooking
3. Tailoring

	<b>Beauty Parlour</b>	<b>Cooking Class</b>	<b>Tailoring Class</b>
<b>Place</b>	Mangrol - 1	Harsani & Bhilwada - 2	Mangrol - 1
<b>Trainees</b>	30 Nos.	30 Nos.	30 Nos.
<b>Period</b>	21.05.2016 to 05.07.2016 (40 days)		21.07.2016 to 21.01.2017

**Objective**

- Women empowerment
- Strengthen them to become more capable
- Encourage women to supplement income of the family / become a bread earner and in return become a active family member in decision making
- To promote improved livelihoods security for the SHG members through imparting entrepreneurial skills.

**Impact**

- Lifestyle impacts within the family on being earning member of the family
- Positive impact on mental, physical and social well being
- Capacity building initiatives
- Enhanced earning capacity directly through practicing their skill or indirectly within the family during festive occasions thereby saving money in the process
- Saving time for productive work
- Making them entrepreneur in the process
- Improvement in material living conditions (Income, consumption and material conditions)
- Making them independent and partner for self-development, family development and community development



Beauty Parlour class



Distribution of Beauty Kit



Beneficiaries of Beauty Parlour class



Cooking class



Savouring the delicacies



Distribution of Cooking Kit



Tailoring class



Handing over of Sewing Machine with support from government

**Impact Assessment - IX  
Case Study**

**FROM A HOUSEWIFE TO A CONFIDENT BEAUTICIAN**

Name of the member	:	Gitaben Kiranbhai Maisuria
No. of family members	:	4
Name of village	:	Mangrol
Name of the group	:	Nagrechi Krupa Mahila Mandal
Monthly saving in group	:	Rs. 3800/-

Details of family members				
Sr. No.	Name	Relationship	Age	Work
1.	Kiranbhai Muljibhai Maisuria	Husband	32	Saloon
2.	Gitaben Kiranbhai Maisuria	Wife	30	Household work
3.	Rishaben Kiranbhai Maisuria	Daughter	5	Student
4.	Taraben Muljibhai Maisuria	Kiranbhai's Mother	62	

Gitaben was occasionally into Beauty Parlour work at her home. She had no formal training and lack the proper skills and confidence and therefore, she could manage

to carry out only hair cutting and eyebrow shaping and had very less customers. She was also not having any equipments and materials. Thus, customers were not satisfied and she earned very less income roughly Rs. 1500/- per month.

Gitaben's husband Kiranbhai is a barber by profession. They belong to Maisuria clan, a particular community which is associated with barber profession by tradition. He runs a hair cutting saloon and the family is dependent on his meagre income.

After Gitaben joined the SHG, one such training on Beauty Parlour was carried out at her village, Mangrol. She enrolled for it and could complete the training successfully. After the training, she resumed her work as a beautician with complete information and skills. Now, she is able to carry out eyebrow shaping, facial, hair cutting, hair styling, waxing, face clean-up, hair spa, smoothing, manicure, pedicure, pithiset, threading etc. Her earnings have increased to Rs. 3000/- to Rs. 4000/- per month.

**Family income before joining the group:**

<b>Particulars</b>	<b>Per month</b>	<b>Per Annum</b>
Husband's income	: Rs. 6000/-	Rs. 72000/-
Her income (Beauty Parlour)	: Rs. 1500/-	Rs. 18000/-
<b>Total family income</b>	<b>: Rs. 7500/-</b>	<b>Rs. 90000/-</b>

**Current income:**

<b>Particulars</b>	<b>Per month</b>	<b>Per Annum</b>
Husband's income	: Rs. 6000/-	Rs. 72000/-
Her income (Beauty Parlour)	: Rs. 3000/-	Rs. 36000/-
<b>Total family income</b>	<b>: Rs. 9000/-</b>	<b>Rs. 108000/-</b>

Joining of the SHG has become a blessing for her and also the skills training in Beauty Parlour has increased their family income.

Gitaben Kiranbhai Maisuria utilizing her skills for income generation



**Impact Assessment - X  
Case Study**

**WORKING PART TIME TO SUPPORT THE FAMILY**

Name of the member	:	Sangitaben Rasikbhai Solanki
Name of the person trained	:	Bhumika Rasikbhai Solanki
No. of family members	:	4
Name of village	:	Mangrol
Name of the group	:	Jai Swaminarayan Mahila Mandal
Monthly saving in group	:	Rs. 3100/-

<b>Details of family members</b>				
<b>Sr. No.</b>	<b>Name</b>	<b>Relationship</b>	<b>Age</b>	<b>Work</b>
1.	Rasikbhai Maganbhai Solanki	Husband	52	Unable to work due to sickness
2.	Sangitaben Rasikbhai Solanki	Wife	50	Animal Husbandary
3.	Bhumikaben Rasikbhai Solanki	Daughter	20	Student & part time earner
4.	Raniben Rasikbhai Solanki	Daughter	17	Student

Sangitaben is a member of a SHG Jai Swaminarayan Mahila Mandal formed by DEEP. Animal husbandary and cultivation on rented land were the only source of family income. For the past 1 (One) year, her husband Rasikbhai met with an accident which rendered him unable to work in the field. Thus, their income source is limited to animal husbandary only. After she joined the SHG, one such training on Beauty Parlour was carried out at her village, Mangrol. As she was not in a condition to join the training due to husband's sickness, household work and animal husbandary, she advised her daughter Bhumikaben Rasikbhai Solanki to join the Beauty Parlour training.

After completion of the training, she started a full time beauty parlour. As she had undergone proper training, she is able to carry out eyebrow shaping, facial, hair cutting, hair styling, waxing, face clean-up, hair spa, smoothing, manicure, pedicure, pithiset, threading etc. Due to good response and demand of customers, she bought equipments and materials from Baroda costing roughly Rs. 20000/-. In a short span of time, she started earning approximately Rs. 6000/- to Rs. 7000/-.

Family income before joining the group			
Particulars		Per month	Per Annum
Income from animal husbandary	:	Rs. 8000/-	Rs. 96000/-
<b>Total family income</b>	:	<b>Rs. 8000/-</b>	<b>Rs. 96000/-</b>

Current income			
Particulars		Per month	Per Annum
Income from animal husbandary	:	Rs. 8000/-	Rs. 96000/-
Bhumikaben's income	:	Rs. 6000/-	Rs. 72000/-
<b>Total family income</b>	:	<b>Rs. 14000/-</b>	<b>Rs. 168000/-</b>

Due to the ill health of her husband, Sangitaben was managing all the household requirements from the income on animal husbandary. The Beauty Parlour training of her daughter Bhumikaben is a boon for the family as she could supplement the family's income and reducing the burden of Sangitaben. She expressed her immense gratitude to DEEP for the training.

Bhumika Rasikbhai Solanki professing at home



**Impact Assessment - XI  
Case Study**

**FROM A DEPRESSED TEENAGE TO HELPING HAND FOR THE FAMILY**

Name of the member	:	Ramilaben Mukeshbhai Raval
Name of the person trained	:	Kalpnaben Mukeshbhai Raval
No. of family members	:	5
Name of village	:	Mangrol
Name of the group	:	Neelkanth Mahila Mandal
Monthly saving in group	:	Rs. 500/-

Details of family members				
Sr. No.	Name	Relationship	Age	Work
1.	Mukeshbhai Ramanbhai Raval	Husband	50	Labour work in Gujarat Glass Factory, Kosamba
2.	Ramilaben Mukeshbhai Raval	Wife	48	Ferry selling of cutlery
3.	Monikaben Mukeshbhai Raval	Daughter	21	Nursing student
4.	Kalpnaben Mukeshbhai Raval	Daughter	19	Household work
5.	Dharmesh Mukeshbhai Raval	Son	17	Studying in Std. XII

Ramilaben Mukeshbhai Raval earns Rs. 3000/- to Rs. 4000/- per month by ferry selling of cutlery items in the villages. Her husband, Mukeshbhai Ramanbhai Raval earns Rs. 4000/- to Rs. 4500/- per month as a labourer in Gujarat Glass Factory, Kosamba. Their total income comes to approximately Rs. 7000/- per month. With this meager income, they have to bear the daily family expenses including the expense of education of their children. As they have no additional family earning either from farming or animal husbandary, the family was facing a lot of financial problems.

Ramilaben Mukeshbhai Raval is a member of a SHG formed by DEEP. After she joined the SHG, one such training on Beauty Parlour was carried out at her village, Mangrol. She was eager to join the skills training but it will have a huge impact on the family because the daily income from her business would be loss and was essential for her family. She instead convinced her daughter Kalpnaben Mukeshbhai Raval (Who was just staying at home after she failed in Class 9 exams) to join the Beauty Parlour training.

In this particular training, 30 members from different groups were imparted Beauty Parlour training. Kalpnaben also was a part of the trainees and could complete her training. After completion of the training, she practiced her skills at home only with the beauty kit (Provided at the end of the training) by DEEP and managed to earn Rs. 3000/- to Rs. 3500/- per month.

After failing in Class 9 exams, Kalpnaben was into deep depression and just staying at home but the trainings have opened new horizons for her and developed her confidence of carrying out business on her own.

Family income before joining the group			
Particulars		Per month	Per Annum
Father's income	:	Rs. 4000/-	Rs. 48000/-
Mother's income	:	Rs. 3000/-	Rs. 36000/-
<b>Total family income</b>	<b>:</b>	<b>Rs. 7000/-</b>	<b>Rs. 84000/-</b>

Current income			
Particulars		Per month	Per Annum
Father's income	:	Rs. 4000/-	Rs. 48000/-
Mother's income	:	Rs. 3000/-	Rs. 36000/-
Kalpnaben's income	:	Rs. 3000/-	Rs. 36000/-
<b>Total family income</b>	<b>:</b>	<b>Rs. 10000/-</b>	<b>Rs. 120000/-</b>

The skill training has been a morale booster for Kalpnaben as she has overcome her depression and taken up the challenge to exhibit her skills and earn, complementing the income of her parents and easing the burden of the family.

Kalpnaben Mukeshbhai Raval running a beauty parlour at home



Impact Assessment - XII  
Case Study

**WIDOWED AND DARING TO TAKE UP THE CHALLENGES OF  
HOUSEHOLD RESPONSIBILITIES**

Name of the member	:	Gitaben Ramubhai Panchal
No. of family members	:	4
Name of village	:	Mangrol
Name of the group	:	Samyukt Mahila Mandal
Monthly saving in group	:	Rs. 4800/-
Loan taken from group	:	Rs. 3000/-

Details of family members				
Sr. No.	Name	Relationship	Age	Work
1.	Gitaben Ramubhai Panchal	Self	48	Beauty Parlour
2.	Pinkeshbhai Ramubhai Panchal	Son	25	Job
3.	Daksheshbhai Ramubhai Panchal	Son	19	Student
4.	Chandanben Naginbhai Panchal	Mother-in-law	62	

Gitaben's husband died soon after she joined Sanyukt Mahila Mandal, a Self Help Group (SHG) formed by DEEP. Her husband was a blacksmith and was the sole bread earner of the family but after his death, all the household liabilities became her responsibility. Yet, she did not feel depressed or worried as there was good co-operation, cordial relationship and support from the other group members which motivate her to take up the challenge of running the family.

She used to carry out Beauty Parlour work for sustenance but as she had no formal training, she lack the proper skills and confidence and therefore, she could manage to carry out only hair cutting and eyebrow shaping and had very less customers. She was also unable to answer queries of customers related to beauty care. This had ingrained in her a strong urge to undergo training but it was expensive and time consuming and she cannot afford it as she is the sole bread earner in the family.

DEEP has been imparting skill trainings to SHG members especially which has the scope for income generation for the women members. After she joined the SHG, one such training on Beauty Parlour was carried out at her village, Mangrol. She was extremely overjoyed and immediately enrolled for it and could complete the training successfully. After the training, she resumed her work as a beautician with enhanced skills that she has gained from the training which greatly boost up her confidence and morale. Now, she is able to carry out eyebrow shaping, facial, hair cutting, hair styling, waxing, face clean-up, hair spa, smoothing, manicure, pedicure, pithiset, threading etc. with satisfaction and appreciation from the customers. Her earnings have increased three times as compared to her pre training phase and is able to earn Rs. 7000/- to Rs. 8000/- per month.

Thus, despite the sad demise of her husband, she is able take over the burden and liabilities of her family with greater confidence.

Family income before joining the group:			
Particulars		Per month	Per Annum
Husband's income	:	Rs. 9000/-	Rs. 108000/-
Son's income	:	Rs. 15000/-	Rs. 180000/-
Her income (Beauty Parlour)	:	Rs. 2500/-	Rs. 30000/-
<b>Total family income</b>	<b>:</b>	<b>Rs. 26500/-</b>	<b>Rs. 318000/-</b>

Current income:			
Particulars		Per month	Per Annum
Son's income	:	Rs. 15000/-	Rs. 180000/-
Her income (Beauty Parlour)	:	Rs. 7000/-	Rs. 84000/-
<b>Total family income</b>	<b>:</b>	<b>Rs. 22000/-</b>	<b>Rs. 264000/-</b>

As it can be observed from the above, had she not joined the SHG and undergone the Beauty Parlour training, after the death of her husband, she would have a difficult time managing the daily requirements of the family.

Joining of the SHG has become a boon for her and also the skills training in Beauty Parlour has increased her income, even though she could not fully cover up the earnings of her husband. In this way, she could manage the family without much difficulty.



**Impact Assessment - XIII  
Case Study**

**SELF HELP GROUP - TAILORING CLASS**

Ashaben Sankarbai Patel aged 42 yrs is a resident of Village Mangrol, Tal. Mangrol, Dist. Surat. She has 2 sons and lives with her husband. Her husband Sankarbai Narayanbai Patel works at SLPP on contract basis in the electrical department.

She joined Pandurang Mahila Mandal (Formed by DEEP) some 10 years back and is still a very active member of the group.

After joining SHG, she learnt savings and various other activities of SHG. She is happy that loan is easily available whenever she needs it especially in times of emergencies or urgent requirements within the family. Before joining SHG, taking loan from money lenders was cumbersome and also with high rate of interest. She also said that she takes loan for school fees, health care etc.

She joined the tailoring class organized by DEEP and is happy because she started earning roughly Rs. 80/- per day. She has an old sewing machine and she is dependent on it.

#### **Pre SHG**

- Husband's income = Rs. 10000/-

#### **Post SHG**

- Husband's income = Rs. 10000/-
- Her income Rs. 2400/- per month.

Now, the total family income comes to about Rs. 12400/-. She has applied for a new sewing machine and as she gets it, her efficiency will also increase which will also enhance her income.

Ashaben working on her sewing machine



#### **Impact Assessment - XIV Case Study**

#### **SELF HELP GROUP - TAILORING CLASS**

Zahera Salim Patel aged 36 yrs is a resident of Village Mangrol, Tal. Mangrol, Dist. Surat. She has 2 sons and lives with her husband and mother in law. Her husband Salim Ahmed Patel is a autorikshaw driver.

8 months back, she joined Jai Ranchhod Mahila Mandal, a Self Help Group (SHG), formed by DEEP and she had the opportunity to attend a 6 months tailoring class organized by DEEP.

Before joining SHG, she was a housewife dependent on her husband's meager income which comes to approximately Rs. 150/- per day.

After joining SHG, she learnt savings and she is excited because she has learnt tailoring and started earning roughly Rs. 200/- per day. She has a very old sewing machine and got it repaired after she learnt stitching. The happiness and satisfaction can be seen in her face as she describes that before joining SHG, she did not know much people but now she is recognized by many and also started to interact with them. She is also glad that she joined SHG and learnt a new skill where she can support the income of the family.

#### **Pre SHG**

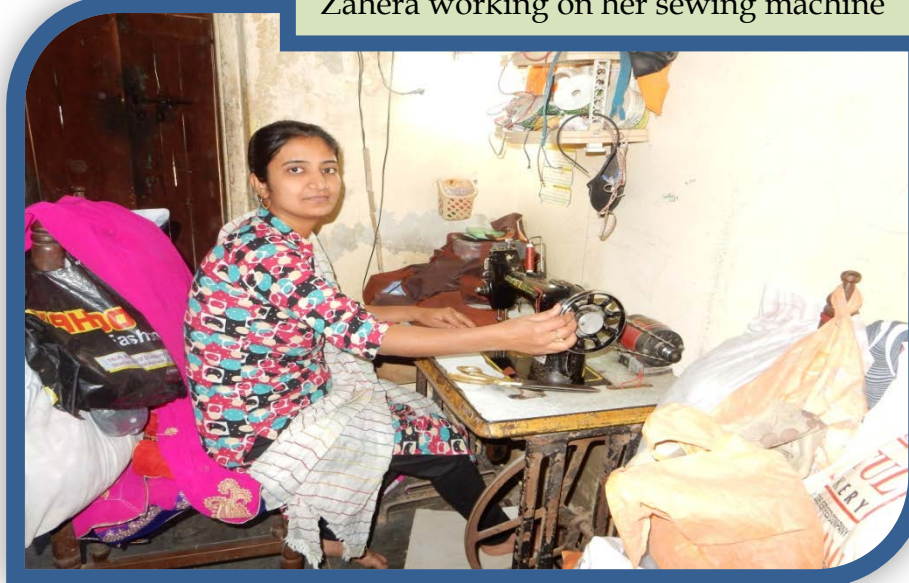
- Husband's income = Rs. 4500/-

#### **Post SHG**

- Husband's income = Rs. 4500/-
- Her income Rs. 6000/- per month.

Now, the income for a family of 5 persons comes to about Rs. 10500/-. She has applied for a new sewing machine and as she gets it, her efficiency will also increase which will also increase her income.

Zahera working on her sewing machine



## Intervention

### Industrial Job Fair

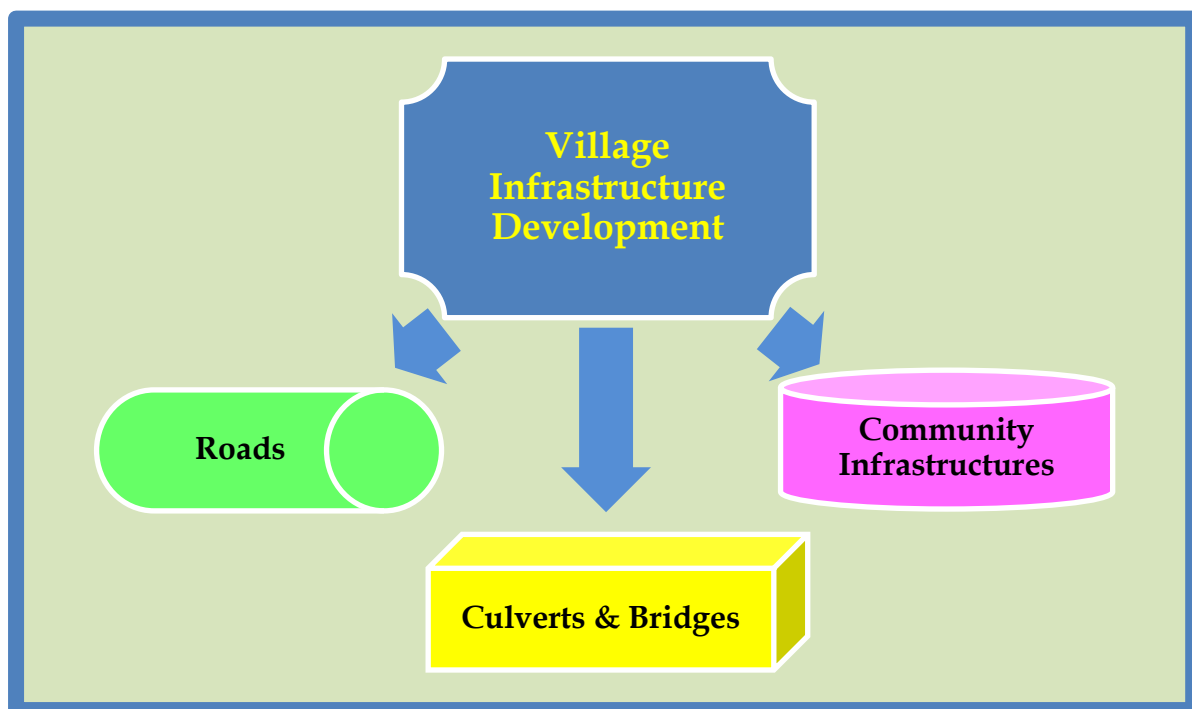
Date	27.09.2016
Place	VNSGU
Employer Company	38
Vacancy	995
Candidate Participated	812
Primary Selection	395



## VILLAGE INFRASTRUCTURE DEVELOPMENT

Despite significant advancement in industrial development, Indian economy is dependent on agro based activities. Over 70% of the population living in rural areas is dependent on agriculture for their livelihood. A majority of these families spend over 90% of their earnings on basic needs such as food, fuel and health care. Over 50% of the rural families who are not able to meet even these essential needs fall under the category of the poor.

Improved road infrastructure increases the transport facility through which the rural farm households are able to get better health care, education and credit facility. Rural-urban linkages are developed through road development, which also helps strengthening the backward and forward linkages in agricultural sector. Better road connectivity opens up employment avenues outside the village that improves the living conditions of the poor, reduces the marginal costs of agricultural production through lower transaction costs that has the potential to increase both producer and consumer surpluses which eventually have a positive impact in reducing rural poverty.



DEEP has been striving since inception to create infrastructures in its program area villages. A number of initiatives has augmented the rural infrastructure level, which could contribute positively in improving the poverty scenario. The organization supplemented the effort of the government through construction of roads and culverts. In the process, various other community structures were also constructed.

## Roads, Culverts & Bridges

India has developed a reasonably wide road network in the last few decades. However, the rural surfaced road coverage is just 33 percent of the total rural road network in India. The kutch roads cover a large portion in total rural road network, which are highly vulnerable and inaccessible particularly during the rainy season.

World Bank study [1997] estimated that 15% of the agricultural produce is lost between the farm gate and the consumer because of poor roads and inappropriate storage facilities alone, adversely influencing the income of farmers. Poor rural road infrastructure limits the ability of the traders to travel to and communicate with remote farming areas, limiting market access from these areas and eliminating competition for their produce. Easier access to market allows expansion of perishable and transport-cost intensive products.

Improvement in transportation services leads to improved access to market centers for the rural producers, better availability of farm inputs at reduced prices;

- ♣ Diversification of agricultural: improved market access promotes shift in favour of cash crops and commercialization of agricultural activities.
- ♣ Diversification of livelihood opportunities: better connectivity enhances employment opportunities in the non-agricultural sectors.
- ♣ Improved services: improved road connectivity, inter alia, enhances access to education, health and financial services.
- ♣ Increase in the outreach of the State: Improved rural roads facilitate better availability of public services and functionaries in rural areas.

Rural roads play an important role in the overall development of rural areas as access to social and economic infrastructure and services are the sine qua non of rural development. In an indirect way, rural roads influence the process of growth through changes in socio-economic attitudes of people by facilitating the dissemination of knowledge and reduction of inequalities leading to better quality of life. Rural roads are very essential to:

- promote and sustain agricultural growth
- improve basic health and hygiene
- provide access to schools and other educational opportunities
- provide access to economic opportunities
- create employment opportunities
- enhance democratic processes and bring people into national mainstream
- enhance local skills
- reduce vulnerability and poverty
- act as infrastructure multiplier.

### **Intervention**

Construction of Roads and Culverts & Bridges

Following is a summary of the road infrastructure work undertaken during the year:

Construction of Roads & Culverts				
Sr. No.	No. of work	Name of Village	Total Length (In Rmt.)	Expense (Amt. Rs.)
1.	1	Bhilwada	149.30	448147
2.	1	Dungri	123.70 + 1 no. Culvert	427381
3.	1	Luna	205.20	551894
4.	1	Mangrol	53.35	159843
5.	2	Morambli	295.80	857519
6.	1	Nani Naroli	149.80	421996
7.	1	Timberwa	238.00	632939
8.	1	Togapur	165.50	493388

### Objective

- Improved quality of life
- Creating sustainable infrastructures
- Easy access to health and access to other life enriching services
- Adequate infrastructure development for the communities in the project villages

### Impact

- Ease for students to go to school during the monsoon
- Mobility of the villagers especially the sick, pregnant, aged and children
- Mobility of cattles in crossing rivers for fodder
- Improved connectivity within and outside the villages, transportation of agricultural products within and outside the village
- Reduced difficulties in transportation of dead bodies within and outside the village
- Reduced incidents of accidents, slush, dirt accumulation during the monsoon
- Safety, ease and reduced time in travelling & improving livelihood
- Improved safety of houses and villagers
- Increase in business opportunities

CC Road, Timberwa village



CC Road, Bhilwada village



## Impact Assessment - XV Case Study

### CEMENT CONCRETE ROAD

Construction of CC Road was carried out at Village Togapur, Taluka Mandvi, District Surat. Within this village, a particular hamlet / falia known as Talav falia is slightly isolated from the main village. Even though the hamlet / falia is approachable from the main road, the internal road to approach the main centre of the village is through a muddy path which is never dry throughout the year. In between this area and the main village, there is a small stream. Adding to their problem, during the monsoon, it gets flooded and the area is not approachable.

Near the stream, there is a well which is the main source of drinking water for the main villagers as well as people in Talav falia. As fetching water is the responsibility of the women folk, they find it difficult to walk and carry water and especially during the monsoon, the well becomes unapproachable and drinking water becomes a major problem.

**The distance between the main centre of the village and Talav falia is hardly 350 meters but during monsoon, as the area is not approachable, school going children have to approach the village from another entry point which is around 4 kms.**

Keeping in mind the need of the villagers, the Sarpanch Shri Shankarbhai Vasava approached DEEP for help and now that a proper Cement Concrete Road is constructed, the difficulty faced by the villagers, especially women fetching drinking water and school going children is solved and they are happy and satisfied.

**Pre Intervention**



**Site engineer with Sarpanch during construction phase**



**Well - Drinking Water Source**



**Post Intervention**

**Community Infrastructures**

Infrastructure development has a key role to play in both economic growth and poverty reduction if India is to sustain its high growth, which must become more inclusive.

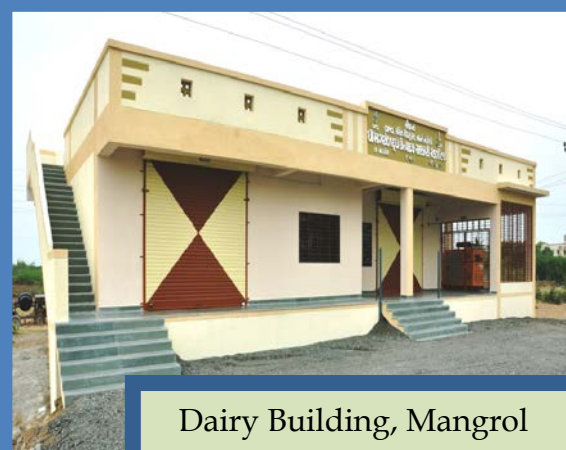
The villagers of a village with 'good' or 'very good' infrastructure has a better chance to live a more decent life than their counterparts who lives in villages with either 'poor' or 'marginally good' infrastructures. The better facility (infrastructure wise) one gets, the better one earns and lives.

**Village Infrastructures**

Sr. No.	Particulars	Name of Village	Total Length (In Sqft.)	Total Expense (Amt. Rs.)
1.	Construction of Community Hall	Harsani	813.35	887501
2.	Construction of Multipurpose shed for Adivasi Crematorium	Dungri	1420.32	705244
3.	Construction of Multipurpose shed near Jalaram Mandir	Luna	1597.86	720982
4.	Construction of Dairy Building	Mangrol	2161.67	767473



**Community Hall, Harsani**



**Dairy Building, Mangrol**

**Impact Assessment - XVI  
Case Study**

**THE MANGROL MILK CO-OPERATIVE LIMITED**

Project	:	Construction of Dairy Building viz. Block Chilling Unit, Office Room & Godown building (Generator Room) for The Mangrol Milk Co-operative Limited
Location	:	Village Mangrol, Tal.: Mangrol, Dist.: Surat
Construction expense	:	Rs. 2073180/-
Sharing of expenditure (DEEP & DAIRY CO-OPERATIVE)	:	Rs. 1000000/- DEEP, Nani Naroli Rs. 400000/- Watershed Committee, Mangrol Rs. 200000/- SUMUL Dairy, Surat Rs. 200000/- Taluka Panchayat, Mangrol Rs. 273180/- The Mangrol Milk Co-operative Limited, Mangrol
Total project expense	:	Rs. 3561330/-
Sharing of expenditure	:	Rs. 2073180/- Building construction Rs. 1250000/- Block chilling unit machinery Rs. 75000/- Electric power line shifting Rs. 50150/- Electric power connection Rs. 50000/- Bore with motor Rs. 22000/- Inauguration expense Rs. 41000/- Furniture

**About the The Mangrol Milk Co-operative Limited, Mangrol**

The Mangrol Milk Co-operative Limited was registered as a co-operative on 7<sup>th</sup> July 1977 but owing to inadequate funds, the functioning of the Co-operative was discontinued in the year 2001. This has created a big problem for those who were dependent on animal husbandary. A lot of effort was made to reinstate it and finally on 1<sup>st</sup> November 2013, it resumed its activities with 80 members. The first day collection of milk was 85 ltrs.

The co-operative was run in a rented house as it does not have its own building and therefore, payment of rent was also a big burden. The members suggested that the co-operative should have its own building and therefore they requested GIPCL to contribute some amount so that the construction of the building could be carried out. Eventually, with the consent to contribute, DEEP was entrusted to carry out the construction and the work was initiated under the supervision of DEEP.

The ground breaking ceremony for the construction of building for The Mangrol Milk Co-operative Limited was held on Tuesday 20<sup>th</sup> October 2015 and was initiated

by Shri Ganpatbhai Vasava, Honourable Speaker of Gujarat Assembly in the presence of Shri Rajeshkumar Pathak, Chairman, Surat Milk Union Limited (SUMUL), Shri N R Parmar, DGM (CSR) SLPP, GIPCL, staff of DEEP and Shri Jagdishbhai Gamit, Ex - President, Taluka Panchayat including more than 500 local people were present at the event.

The construction of the building was started on 17<sup>th</sup> December 2015 and within a record time, it was completed on 19<sup>th</sup> June 2016. On 20<sup>th</sup> June 2016, the building was inaugurated and handed over to The Mangrol Milk Co-operative Limited by worthy hands of Shri Ganpatbhai Vasava, Honourable Speaker of Gujarat Assembly in the presence of Shri Rajeshkumar Pathak, Chairman, Surat Milk Union Limited (SUMUL). In this event, Shri Riteshbhai Vasava, Vice President, SUMUL Dairy, Surat, Shri Dilipsinh Rathod, President, BJP Surat, Shri Nareshbhai Patel, President, Surat District Co-operative Bank, Shri P J Sheth, AGM (F), SLPP, GIPCL, Shri C M Patel, AGM (OP), SLPP, GIPCL, Shri N R Parmar DGM (CSR), SLPP, GIPCL, staff of DEEP, Managing Director and other Directors of SUMUL Dairy, Surat, District Panchayat members, Taluka Pramukh, Mangrol and members of Taluka Panchayat were also present. The ceremony was witnessed by more than 1500 local people from surrounding areas.

Within the premise of the building, facilities for bulk chilling and storing of milk was started on 22<sup>nd</sup> June 2016 and on this opening day, 700 ltrs of milk was deposited which gradually increased to 1250 ltrs as on 16<sup>th</sup> July 2016.

The depressing attitude of the members due to closure of the activities of the society as well as having to run its affairs after reinstating, on a rented building have given way to hope and excitement as also prospect for better activities in the days to come. The members are extremely happy about having their own building and that the cost incurred on rent will also be saved.

The members expressed that in the past, milk got spoilt due to inappropriate transportation through tempo and also it get spilled during the transportation which reduced the quantity of collected milk, incurring huge losses on a daily basis. Now their problem is solved by modern processing and better means of storage and transportation.

The milk collection in the centre has increased as people from nearby villages have also started to pour their milk and in turn increased the business of the co-operative society.

Within the new building, the co-operative has their own godown which facilitated stocking of cattle feed and daily necessity of groceries such as grains and edible oil etc. which are supplied to members at a subsidized rate.



## RESOURCE CENTRE

The purpose of setting up the resource center is to enhance the learning experience through information and communication. The centre is equipped with a projector fitted to a computer for presentation. Various types of skills trainings are carried out for Self Help Group Members. There are also furnitures to suit all kind of group and cooperative learning. Meetings are also conducted with beneficiaries, government officials, GIPCL's officers and DEEP's staff as well. Within the premises, a nursery is set up where saplings are raised for plantation and also vermicompost is also prepared for local use within the plantation area.



## Nursery & Vermicompost

### Intervention

To cater to its plantation needs in surrounding areas, DEEP established a nursery where saplings are raised and vermicompost are produced for local use.

### Objective

To contribute towards ecological restoration and development around the periphery of power plant

### Impact

Increase in green cover, flora and fauna and reduction in noise and dust created due to mining actions.

Nursery

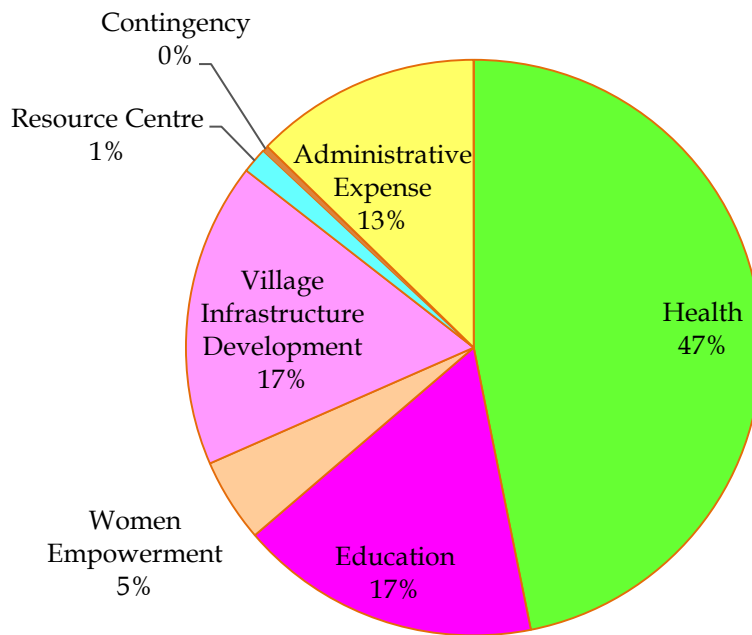


Vermicompost



## EXPENDITURE FOR FINANCIAL YEAR 2016-17

F.Y. 2016-17



## CUMULATIVE EXPENDITURE

