



# Impact Assessment Report of AARU Clinics across 10 Locations



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# Chapter 1: Background and VBL CSR Policy

## 1.1 Project Background

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

According to the Economic Survey 2022-23, Central and State Governments' budgeted expenditure on the health sector reached 2.1% of GDP in FY23 and 2.2% in FY22, against 1.6% in FY21. There has been an increase in the public investments in the healthcare sector, yet however, there are many challenges that the sector continues to experience.

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

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

## **1.2 Project Context and VBL CSR Policy**

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

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

Through its CSR initiatives, the company seeks to respond to the needs of underprivileged communities in a sensitive and impactful manner and enable them to achieve a better quality of life. Therefore, as part of their community upliftment initiative, VBL has identified the health sector that needs more robust interventions and investment. More details, such as the VBL CSR Policy (<https://varunbeverages.com/wp-content/uploads/2023/05/24-CSR-Policy-Clear-Version.pdf>), its CSR initiatives (<https://varunbeverages.com/sustainability/#>) as well as RJ Foundation's activities (<https://www.rjcorp.in/rj-foundation/>) for social betterment, can be found on their respective websites.

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





## Chapter 2: Objective of Impact Assessment

## 2.1 Objective of the Impact Assessment Study

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

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

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

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

To gauge insights about beneficiaries' (patients') perception towards services provided at the AARU Clinic

To make a benchmark comparison of the offered services and available infrastructure between AARU Clinics and their nearest PHC/CHC

To provide recommendations to improve current services





## Chapter 3: Scope of Impact Assessment



### **3.1 Scope of Assessing AARU Clinics**

The data collection process encompassed all locations where the AARU Clinics were established. This comprehensive approach was undertaken to gain insights into the geographical context and to foster a 360-degree understanding of the project across diverse locations.

#### **Quantitative and Qualitative Sampling**

The study encompasses a total sample size of 171 beneficiaries spread across 10 distinct locations. The selection of this sample size is statistically significant, ensuring a Confidence Level of 95% and a Margin of Error of 10%. In statistics, the confidence level indicates the probability with which the estimation of the findings of a statistical parameter in a sample survey is also true for the larger population. The Margin of Error conveys how many percentage points the survey results will differ from the real population value. It is denoted as a tiny percentage allowed for in case of miscalculation.

Based on past Impact Assessment studies conducted by CSRBOX, this derived sample size (n=170) calculated on the total population (cumulative patients until October 2023) with the help of Confidence Level and Margin of Error is sufficient sample size for the survey where the findings can be generalised to the larger beneficiary population.

Furthermore, it is important to highlight that the sample size for the locations has been determined in proportion to the cumulative number of beneficiaries. It is to be noted that gender-wise stratified sampling was not calculated, as outlined in the Impact Assessment Proposal submitted to VBL. This gender representation does not imply or assert the gender distribution of beneficiaries visiting AARU Clinics, either collectively or at the ten locations.

In addition to the survey sample, qualitative interactions with 30 stakeholders, including doctors, staff nurses, and phlebotomists, were held in each location. In total, the study involved 200 interactions<sup>1</sup>.

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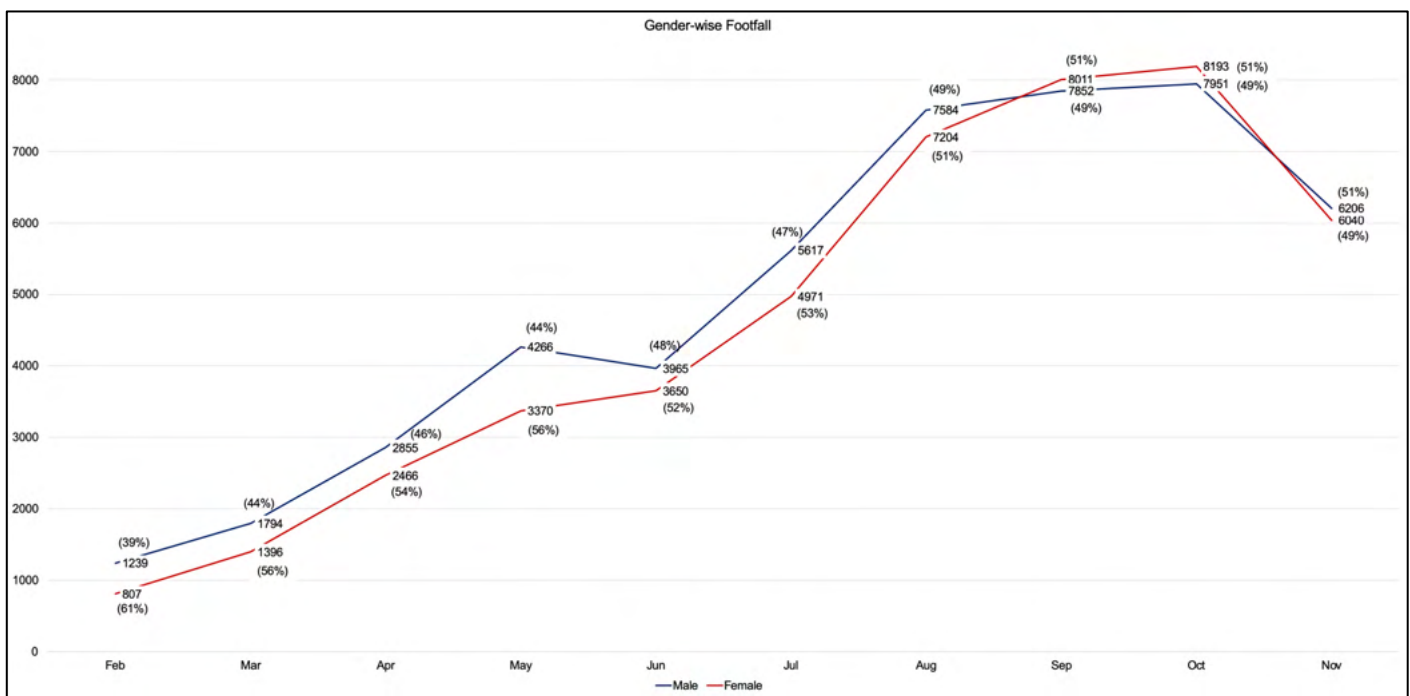
<sup>1</sup> More details are available in the Annexure

S.No	Location	Staff Profile (M = Male; F = Female) (MO = Medical Officer; SN = Staff Nurse; P = Phlebotomist)	Total beneficiaries (till November 2023) – provided by VBL-CSR Team	Total M% F%	Sample Survey Size	Surveyed Males & Females	Surveyed M:F % on the day of survey
1.	Kosi, UP	3 (1F MO, 1F SN, 1M P)	11,088	43%   57%	25	10M, 15F	40%   60%
2.	Bhiwadi, RJ	3 (1M MO, 1F SN, 1 M P)	9,607	56%   44%	19	16M, 3F	84%   16%
3.	Sandila, UP	3 (1M MO, 1F SN, 1M P)	11,527	52%   48%	21	19M, 2F	90%   10%
4.	Mandideep, MP	3 (1M MO, 1F SN, 1M P)	10,606	50%   50%	15	8M, 7F	53%   47%
5.	Jainpur, UP	3 (1M MO, 1F SN, 1M P)	10,182	58%   42%	18	17M, 1F	94%   6%
6.	Guwahati, AS	3 (1F MO, 1F SN, 1M P)	6,060	36%   64%	11	5M, 6F	45%   55%
7.	Pathankot, PB	3 (1F MO, 1F SN, 1M P)	5,424	59%   41%	10	4M, 6F	40%   60%
8.	Bundi, RJ	3 (1M MO, 1M SN, 1M P)	7,832	65%   35%	10	9M, 1F	90%   10%
9.	Greater Noida, UP	4 (1M MO, 2F SN, 1M P)	11,467	50%   50%	21	13M, 8F	62%  38%
10.	Sathariya, UP	4 (1M MO, 2F SN, 1M P)	11,643	49%   51%	20	13M, 7F	65%   35%
<b>Total</b>				<b>52%   48%</b>	<b>170</b>	<b>114M, 56F</b>	<b>67%   33%</b>
<b>Interaction with doctors, nurse, and phlebotomist in each location</b>						<b>30 (MO = 7M   3F) (SN = 5M) (P = 5M)</b>	
<b>Total</b>						<b>200</b>	



The following table shows the gender-wise percentage of footfall in all the 10 clinics since February 2023:

Location	Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Kosi	62%	38%	44%	56%	51%	49%	35%	65%	37%	63%	42%	58%	39%	61%	36%	64%	42%	58%	43%	57%
Bhiwadi	57%	43%	61%	39%	55%	45%	60%	40%	54%	46%	54%	46%	55%	45%	58%	42%	55%	45%	55%	45%
Sandila	67%	33%	61%	39%	51%	49%	51%	49%	50%	50%	54%	46%	54%	46%	48%	52%	50%	50%	55%	45%
Mandideep			57%	43%	53%	47%	57%	43%	53%	47%	54%	46%	49%	51%	51%	49%	45%	55%	46%	54%
Kanpur			68%	32%	62%	38%	54%	46%	59%	41%	60%	40%	55%	45%	59%	41%	54%	46%	60%	40%
Guwahati			74%	26%	47%	53%	41%	59%	37%	63%	33%	67%	40%	60%	32%	68%	28%	72%	35%	65%
Pathankot					66%	34%	68%	32%	79%	21%	62%	38%	55%	45%	53%	47%	55%	45%	52%	48%
Bundi					65%	35%	66%	34%	64%	36%	60%	40%	66%	34%	65%	35%	67%	33%	63%	37%
G. Noida					45%	55%	66%	34%	45%	55%	52%	48%	48%	52%	47%	53%	49%	51%	48%	52%
Sathariya							66%	34%	56%	44%	55%	45%	55%	45%	45%	55%	44%	56%	48%	52%



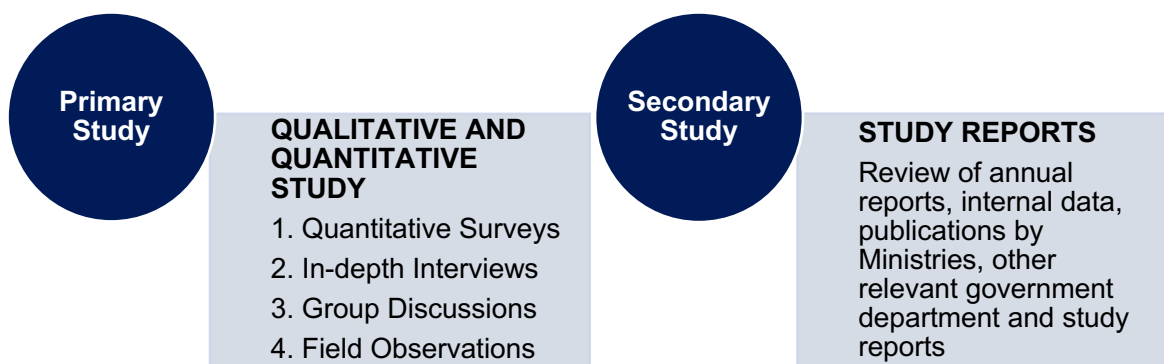
The chart above illustrates the overall gender-wise beneficiary footfall at the AARU Clinics. As of November 2023 (since February 2023), the total male-female percentage stands at 52% (males) and 48% (females).

It is to be noted that the M%-F% distribution in the survey is different from that of the VBL CSR M&E reports since this number is only representative of the visitors to the

clinic on the specific day that the survey was conducted<sup>2</sup>. Additionally, while taking consent for the survey, several females opted to not participate in the survey, due to various factors including but not limited to socio-cultural environments. It was observed that women were mostly accompanied by male members of their families and at the beginning of the survey directed their male companions to respond.

The CSR Team may find it beneficial to thoroughly examine the gender-specific footfall in the Clinics and explore additional factors that encourage females to seek services at the Clinics.

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



The secondary study involved a review of annual reports, monitoring reports, and other studies and research by renowned organisations available in the public domain to draw insights into the situation of the area. In particular, the following were utilised as secondary literature for the impact assessment study of the AARU Clinics:

- *Ayushman Bharat Operational Guidelines on Comprehensive Primary Health Care through Health and Wellness Centers*
- *Ayushman Bharat Health and Wellness Centres*
- *Indian Public Health Standards – Health and Wellness Centre - Community Health Centre Volume-II*
- *Indian Public Health Standards – Health and Wellness Centre - Primary Health Centre Volume-III*
- *Indian Public Health Standards – Health and Wellness Centre - Sub Health Centre Volume-IV*

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<sup>2</sup> This could be further explored by the VBL CSR Team from the database maintained at Clinic locations.



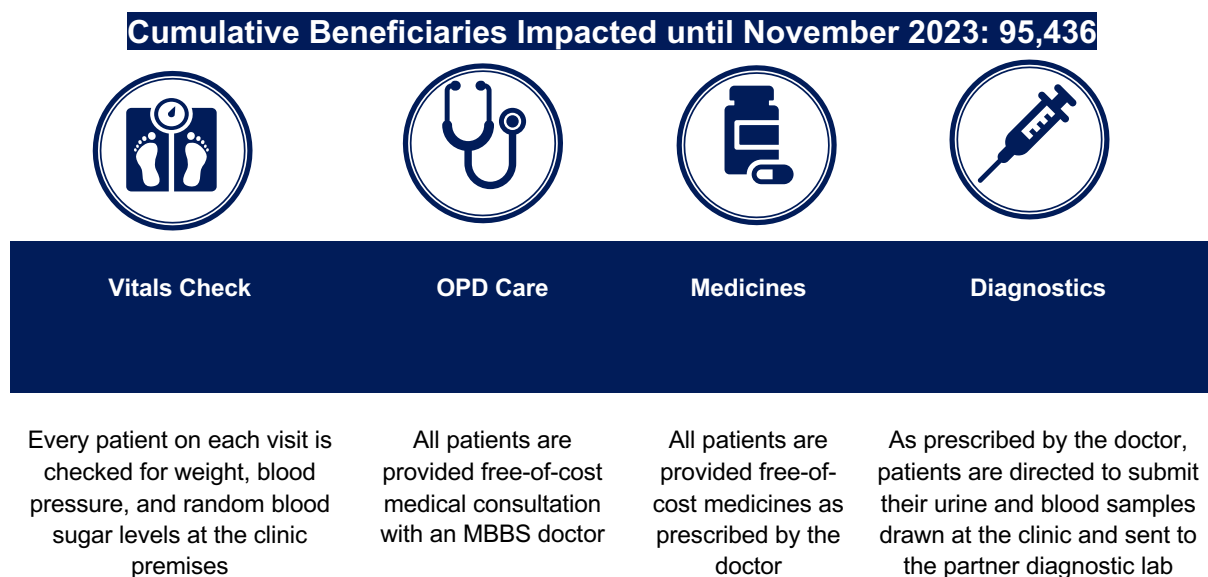
The **primary study** comprised qualitative and quantitative approaches to data collection and analysis. The quantitative approach involved extensive survey questionnaires with primary beneficiaries. The qualitative aspects involved in-depth interviews (IDIs) with the beneficiaries and key stakeholders such as doctors, nurses, and other medical staff. Other qualitative interactions with groups of patients were also conducted for more detailed experience-sharing.

The comprehensive survey questionnaire<sup>3</sup> was formulated based on project documents provided by VBL. A pilot survey took place at the AARU Greater Noida clinic, followed by the collection of primary data from patients seeking healthcare at all 10 locations.

### 3.2 Scope of AARU Clinics

Under its CSR initiative in the healthcare sector, Varun Beverages Limited (VBL), in collaboration with RJ Foundation and HCL Healthcare, has established AARU Health Clinics near its factory establishments. These clinics, strategically located in 10 sites across Assam (1), Madhya Pradesh (1), Punjab (1), Rajasthan (2), and Uttar Pradesh (5), aim to provide free and high-quality primary healthcare services to rural communities, especially the economically disadvantaged. Each AARU clinic is staffed with a qualified MBBS doctor, staff nurse, and a phlebotomist. The dedicated medical team offers complimentary medical consultations, medicines, and pathology tests to the entire community in the vicinity. The Clinics operate six days a week from 10:00 am to 6:00 pm, with the exception of Guwahati (09:00 am to 5:00 pm) and Jainpur (10:00 am to 5:00 pm in winters).

The AARU Clinics project primarily includes the following interventions:



<sup>3</sup> Links to the survey questionnaires have been shared with the VBL-CSR Team

The following tables enlists operational details of the Clinics across 10 locations –

S. No.	Location	Operational Since	Average Monthly Footfall as provided by VBL CSR Team	Cumulative footfall YTD (until November 2023) as provided by VBL CSR Team
1.	Kosi, UP	December 2022	1,239	11,088
2.	Bhiwadi, RJ	December 2022	925	9,607
3.	Sandila, UP	February 2023	1,281	11,527
4.	Mandideep, MP	March 2023	1,326	10,606
5.	Jainpur, UP	March 2023	1,273	10,182
6.	Guwahati, AS	April 2023	758	6,060
7.	Pathankot, PB	April 2023	775	5,424
8.	Bundi, RJ	April 2023	1,119	7,832
9.	Greater Noida, UP	April 2023	1,639	11,467
10.	Sathariya, UP	May 2023	1,941	11,643
		<b>Total</b>		<b>95,436</b>

In reference to the table under Section 3.2 of this report, the M%-F% percentage of surveyed beneficiaries is different from the M%-F% percentage of beneficiaries of the four months mentioned in the table above. The survey percentage reflects the male-to-female distribution among clinic visitors on the day of data collection. Several females chose not to participate during the consent process. Additionally, many women, accompanied by male family members, directed their male companions to respond to the survey in their stead.





निःशुल्क  
चिकित्सा



निःशुल्क  
चिकित्सा

# आरु स्वास्थ्य केन्द्र

सुविचार्य :-

फ्री डॉ. एडवाइस

फ्री दवा वितरण

फ्री लैब टेस्ट

आपके सेहतमंद जीवन के लिए RJ फाउन्डेशन की ओर से

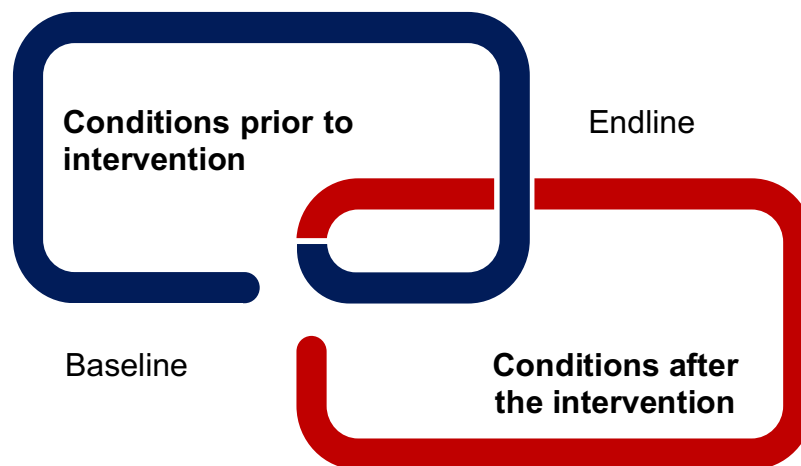
खसरा न. 21/22 ओल्ड जी. टी. रोड़ इदगाह के सामने

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## Chapter 4: Impact Assessment Design and Approach

## 4.1 Study Design and Approach

Given the objectives of the study and the key areas of inquiry, the design of the evaluation focused on learnings as the prime objective. To measure the impact, a pre-post programme evaluation approach was proposed for the study. This approach is dependent on the recall capacity of the respondents.



Beneficiaries were surveyed to assess their experiences with the project. By comparing this data with baseline information, insights were gained into the program's impact on improving the intended conditions of the beneficiaries. Though this approach provides valuable insights into enhancing social sustainability, it is crucial to recognise that external factors can influence outcomes, and attributing all changes solely to the program may not be validated.

### OECD-DAC<sup>4</sup> Framework

The evaluation used the OECD-DAC (Organisation for Economic Co-operation and Development - Development Assistance Committee) Framework to determine the project's effectiveness, efficiency, impact, and sustainability. The OECD-DAC Network on Development Evaluation (EvalNet) has defined six evaluation criteria – relevance, coherence, effectiveness, efficiency, impact and sustainability – that provide a normative framework for determining an intervention's merit or worth. Using these criteria, the evaluation assessed the client's contribution to results while considering multiple factors that affected the overall outcome.

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<sup>4</sup> The OECD-DAC, or the Organisation for Economic Co-operation and Development - Development Assistance Committee, is a forum where member countries and international organizations come together to discuss and coordinate their development assistance policies.



For the study outcomes, the list of indicators identified for the study is mapped to each of the above-mentioned parameters.





# Chapter 5: Executive Summary



## 5.1 Overview of Findings

Based on the objectives of the Impact Assessment Study, the following is the overview of findings<sup>5</sup>.

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

Findings –

- AARU Clinics offer free-of-cost treatment within a 3.7 km radius, ensuring accessibility, especially for elderly patients. They provide convenient access from both home and workplace.
- Regular provision of free medicines for common and chronic ailments has a substantial positive impact.
- Prioritising affordable healthcare for underserved rural communities, AARU Clinics effectively address healthcare challenges with a primary focus on ensuring affordable access to high-quality treatment.

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

Findings –

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

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

Findings –

- AARU Clinics provide cost-effective healthcare by offering free diagnostic services, leading to substantial savings for beneficiaries who experience

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<sup>5</sup> More detailed discussions on each of these findings can be found in the subsequent sections.

significant cost reductions in both treatment and diagnostics compared to alternative private healthcare providers.

- A patient has a direct saving of approximately 1500 INR towards total cost of treatment (including average travel costs) and approximately 700 INR towards diagnostic costs (including average travel costs) when he/she seeks treatment at AARU Clinic as compared to an alternative private healthcare provider.
- The clinics reduce overall healthcare costs, particularly travel expenses, with 63% of beneficiaries incurring no travel costs.
  - Patients incur an average saving of INR 80 on travel costs through their visits to AARU Clinic.

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

Findings –

- Complete mapping – AARU Clinics offer two out of twelve services provided by PHC/CHC, focusing on general outpatient care and emergency medical services.
- Partial mapping – While lacking specialists for neonatal, infant, and childhood healthcare, they provide iron supplements and counsel expectant female patients on WASH practices as needed. The clinics address certain aspects of healthcare for children and adolescents, such as preventing diarrhoea and managing anaemia.
- AARU Clinics are yet to establish in-patient care and specialised care (gynaecological, dental, paediatric)

#### **Objective 5: To provide recommendations to improve current services**

Findings –

- Based on beneficiaries' expressed needs, it is recommended that AARU Clinics explore growth opportunities in in-patient services, specialised primary healthcare, and extended operating hours.
- It is also suggested that the Clinics navigate the staff-patient scheduling, especially during peak hours, and clashing lunch break hours.
- In order to expand outreach as well as widen the scope of services provided, AARU Clinics should consider collaborating with grassroots health workers, and establish referral mechanisms with secondary and tertiary healthcare centres.

## 5.2 Key Strengths and Opportunities

S. No.	Strength	Page No.	S. No.	Opportunity	Page No.
Relevance			Relevance		
<a href="#">S1</a>	AARU Clinics are bridging healthcare gaps for workforce youth aged 25-45 employed in various manufacturing units around its radius of operations	26	-	No identified opportunities	-
<a href="#">S2</a>	AARU Clinics see more female patients in Clinics with female doctors, fostering comfort and accessibility for women	27			
<a href="#">S3</a>	AARU Clinics provide free-of-cost treatment to patients residing in a vicinity of 3.7 kms of the Clinic, making accessibility a non-issue even for elderly patients	28			
<a href="#">S4</a>	AARU Clinics prioritise affordable healthcare for underserved rural communities	29			
<a href="#">S5</a>	AARU Clinics effectively tackle healthcare challenges, with a primary focus on ensuring affordable access to high-quality treatment	30			
<a href="#">S6</a>	Beneficiaries find the AARU Clinic staff much more empathetic, attentive, and patient-centric than their other counterparts	31			
<a href="#">S7</a>	AARU Clinics' reliable and affordable services drive patient confidence and significant	31			

	satisfaction with treatment plans				
<b>Coherence</b>			<b>Coherence</b>		
<a href="#">S8</a>	AARU Clinics are able to align with national as well as global health priorities	32	<a href="#">O1</a>	AARU Clinics should explore collaboration with grassroots health workers for enhanced outreach	32
<a href="#">S9</a>	AARU Clinics are aligned with CSR policy and ESG principles	33			
<b>Efficiency</b>			<b>Efficiency</b>		
<a href="#">S10</a>	AARU Clinics display greater operational efficiency compared to PHCs/CHCs	34	<a href="#">O2</a>	AARU Clinics must address staff-patient scheduling for reduced wait time especially during lunch time	36
<b>Effectiveness</b>			<b>Effectiveness</b>		
<a href="#">S11</a>	AARU Clinics are effective in ensuring convenience whether accessed from home or workplace	37	<a href="#">O3</a>	AARU Clinics must recognise potential for growth in inpatient services and specialised primary care	39
<a href="#">S12</a>	AARU Clinics provide regular free medicines for common as well as chronic ailments, creating a significant impact	38			
<a href="#">S13</a>	AARU Clinic's free diagnostic services provide cost-effective healthcare solutions	40			
<a href="#">S14</a>	Health Camps successfully boost patient footfall in all locations they are organised in	42			



Impact			Impact		
<a href="#">S15</a>	AARU Clinics reduce healthcare costs as 63% of beneficiaries incur zero travel expenses	44	-	No identified opportunities	-
<a href="#">S16</a>	Beneficiaries prefer AARU Clinics for superior services, effective treatment plans, and reduced waiting times	45			
<a href="#">S17</a>	Beneficiaries make significant cost savings in treatment and diagnostics compared to alternative (private) healthcare providers	46			
Sustainability			Sustainability		
<a href="#">S18</a>	Beneficiaries praise AARU Clinics for compassionate care and inclusive approach across all locations	49	<a href="#">O4</a>	AARU Clinics must explore opportunities for extended operating hours and expanded services as these are felt needs stated by the beneficiaries	47
Benchmarking			Benchmarking		
-	No identified strengths	-	<a href="#">O5</a>	Benchmarking identifies opportunities to introduce additional healthcare services at AARU Clinics	49
			<a href="#">O6</a>	Benchmarking reveals opportunities for enhancing infrastructure facilities at AARU Clinics	52
Brand Equity			Brand Equity		
<a href="#">S19</a>	For VBL brand recall, 45% attributed to word of mouth,	55	<a href="#">O7</a>	Establishing associations between Pepsi and VBL has	54

	while 26% linked awareness to plant proximity			the potential to enhance brand recall for VBL	
<a href="#">S20</a>	98% of recognisers view VBL as a Good Company	55	<a href="#">O8</a>	37% of surveyed respondents associate RJ Corporation logo with AARU Clinic visuals. VBL should similar opportunities for brand visibility.	55
			<a href="#">O9</a>	Exploring more robust brand visibility and association of VBL with its own CSR initiatives is recommended	56

### 5.3 Summary of Learnings and Recommendations

1. **Convergence with existing government mechanism:** To enhance outreach and community-level awareness activities, the report recommends speeding up **convergence with local healthcare and government workforce**. Currently, the AARU Clinics are yet to have collaborations with ASHA, ANM, and Anganwadi workers.
2. **Need for female doctors:** In the current assessment, it was observed that only three out of the ten AARU Clinic locations have female doctors, while the remaining locations have male doctors. This report recommends the **appointment of female doctors at all ten AARU Clinic locations**, considering the expressed comfort and openness female beneficiaries feel when discussing private issues with female doctors. The increased relatability fosters a more inclusive and empathetic healthcare environment.
3. **AARU Clinic timings:** The recommendation proposes extending AARU Clinic operating hours beyond 6:00 pm or starting at 9:00 am to **accommodate more beneficiaries, particularly those employed and unable to seek non-emergency medical care during work hours**. This adjustment would enable officegoers to visit the clinic before reporting to work or after finishing their day. Furthermore, synchronising the lunch hours of medical staff could reduce patient waiting times during peak hours.
  - a. Note: In Jainpur (Kanpur), the female staff nurse leaves for home before dusk for safety reasons, resulting in the AARU Clinic operating until 5:00 pm. This limits service availability for beneficiaries returning from work. The report recommends **addressing safety concerns for the staff nurse while minimising inconvenience for beneficiaries**.
4. **Availability of washroom facilities:** In the current scenario, while each AARU Clinic provides a common toilet facility, the Kosi Kalan Clinic lacks an on-premises toilet. The recommendation in this report emphasises the necessity for **every clinic to have well-equipped toilet facilities** with flush and running tap water. Furthermore, it suggests implementing **gender-specific toilets in all AARU Clinics** across various locations.
5. **Referral mechanism:** Currently, AARU Clinics are yet to establish a formal referral system for patients needing specialised care, leading to external consultations without follow-up mechanisms. The report recommends **establishing a referral system with nearby hospitals** and emphasises the importance of **linkages with secondary and tertiary healthcare centres, along with ambulance services**, for the sustainability of the healthcare model.

6. **Specialised care for diverse treatments:** AARU Clinics predominantly handle common ailments, limiting the scope of serving patients requiring specialised care. To bridge this gap, the report suggests introducing **telemedicine services with scheduled consultations by specialised doctors**, providing a balanced solution between beneficiary expectations and project constraints.
7. **Additional diagnostic testing:** While the clinics offer investigative tests such as blood and urine tests, samples are collected on-site and sent to a partnered lab. The recommendation in this report suggests **introducing testing** for dengue, malaria, typhoid, and tuberculosis (TB), as these diseases are prevalent, particularly during the monsoon season, and can be challenging to diagnose based solely on presenting symptoms.
8. **Regular availability of medicines:** Currently, AARU Clinics sometimes face delays in medicine stock refilling, with requests managed by the staff nurse through backend software. The report recommends an **improved and expedited stock refilling system**, prioritising medicines with higher depletion rates. It also suggests **establishing provisions for regular medicine supply to manage lifestyle diseases**, ensuring consistent medication for beneficiaries, even if they miss clinic visits, **especially targeting the elderly population**.
9. **Ease of using patient management software:** In the current process, doctors at AARU Clinics manually write prescriptions and enter them into the software for backend storage. The report **recommends streamlining the data entry process** by introducing a feature that allows doctors to type the initial letters of medicines, prompting a dropdown menu for selection. This enhancement would **enable doctors to select multiple medicines efficiently** in one go, saving time and effort while making the system more efficient.
10. **Increased scope of health camps:** Currently, health camps are organised in locations with lower patient footfall, offering services identical to those provided at AARU Clinics. The report recommends **extending health camps to all locations**, aiming not only to broaden the outreach of AARU Clinics but also to **incorporate awareness sessions and community education**, including but not limited to lifestyle conditions, menstrual/gynaecological health, hygiene, diet advice, and medicine/allopathic care awareness.
11. **Pantry space for clinic staff:** The existing situation highlights the absence of a designated area for clinic staff to take lunch breaks, causing inconvenience and potential skipping of meals, which is not advisable. To address this, it is recommended to **create small pantry spaces in all AARU Clinic locations**, promoting improved space utilisation and consideration for the well-being of the clinic staff.



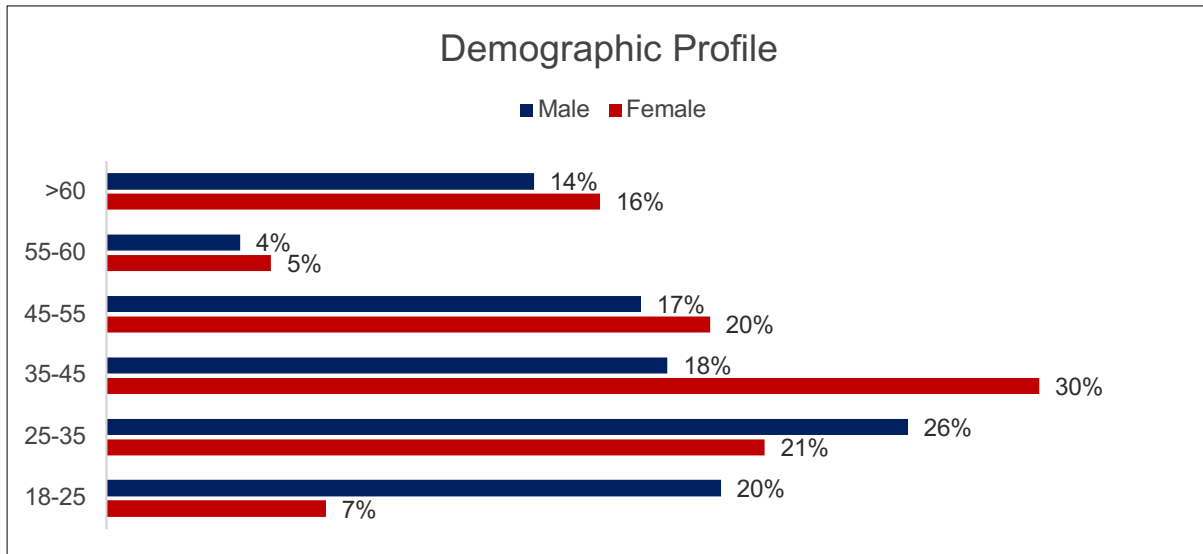


## **Chapter 6: Impact Assessment Findings and Analysis**

## 6.1 Relevance

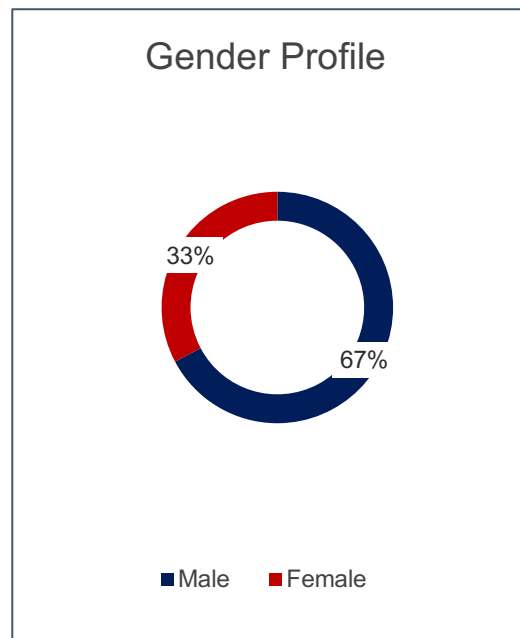
### Strength 1: AARU Clinics are bridging healthcare gaps for workforce youth aged 25-45 employed in various manufacturing units around its radius of operations

The AARU Clinics are successfully providing accessible healthcare to the working population, in the age group of 25-45 years, that are employed at various manufacturing plants in and around them. These youth are contractual labour that do not have ESIC benefits.



It therefore follows that among the 171 surveyed beneficiaries, the majority seeking healthcare were males (67%) which can be attributed to the strategic location of AARU Clinics near industrial areas, which predominantly employ male youth.

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

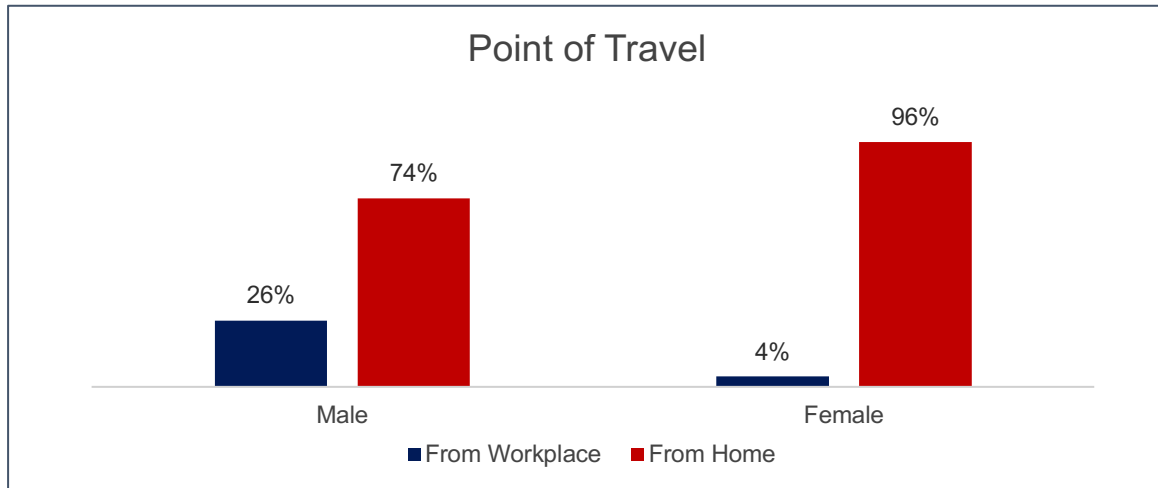


**Strength 2: AARU Clinics see more female patients in Clinics with female doctors, fostering comfort and accessibility for women**

S.N.	Location	Overall Gender-wise Beneficiary % as provided by VBL CSR Team (From Feb '23 – Nov '23)	Surveyed Male-Female %
1	Kosi	43%   57%	40%   60%
2	Bhiwadi	56%   44%	84%   16%
3	Sandila	52%   48%	90%   10%
4	Mandideep	50%   50%	53%   47%
5	Kanpur	58%   42%	94%   6%
6	Guwahati	36%   64%	45%   55%
7	Pathankot	59%   41%	40%   60%
8	Bundi	65%   35%	90%   10%
9	G. Noida	50%   50%	62%   38%
10	Sathariya	49%   51%	65%   35%

As illustrated in this table above, the three AARU Clinics (which are highlighted in a different colour) with female doctors (Kosi, Guwahati, Pathankot) saw a higher percentage of female patients to male patients than in other locations with male doctors. This is further inferred from qualitative interactions with female beneficiaries that they felt more at ease discussing feminine and gynaecological concerns with a female doctor.

**Strength 3: AARU Clinics provide free-of-cost treatment to patients residing in a vicinity of 3.7 kms of the Clinic, making accessibility a non-issue even for elderly patients**



The survey results illustrate that 96% of the female beneficiaries come to the AARU Clinic from their homes, while 4% come from their workplace. Similarly, 74% of the total male beneficiaries come to the AARU Clinic from their homes, while 26% come from their workplace.

It was noted during conversations with working/employed respondents that they typically visit the AARU Clinic on declared off-days, as it allows them more time to dedicate to seeking healthcare. The clinic's proximity to their homes is a major contributing factor.

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

“

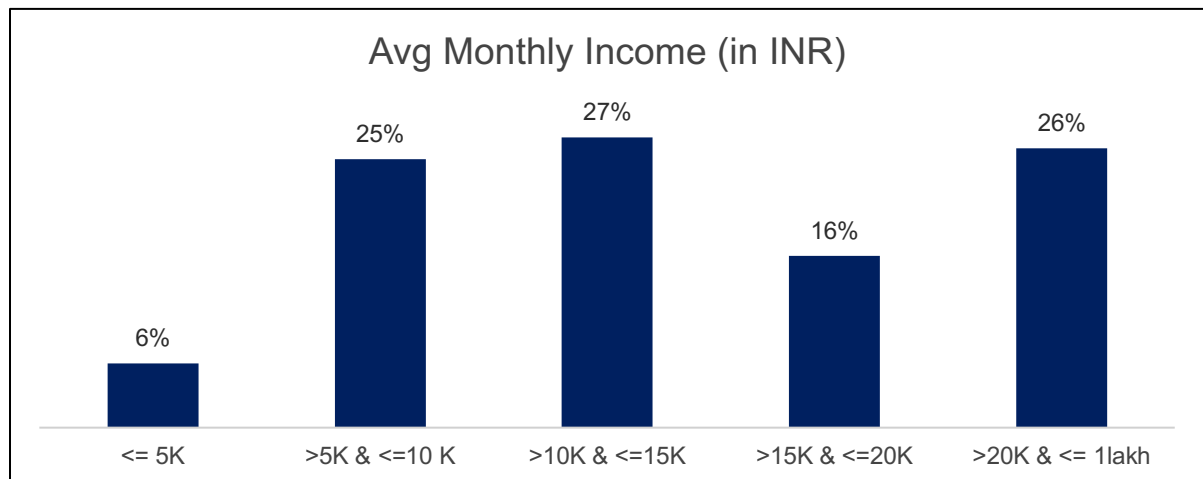
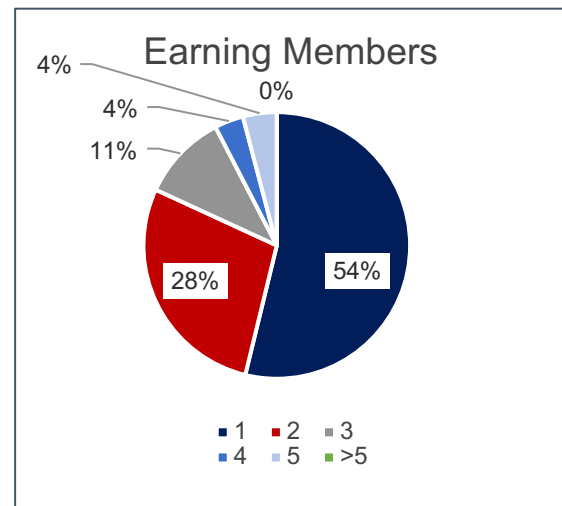
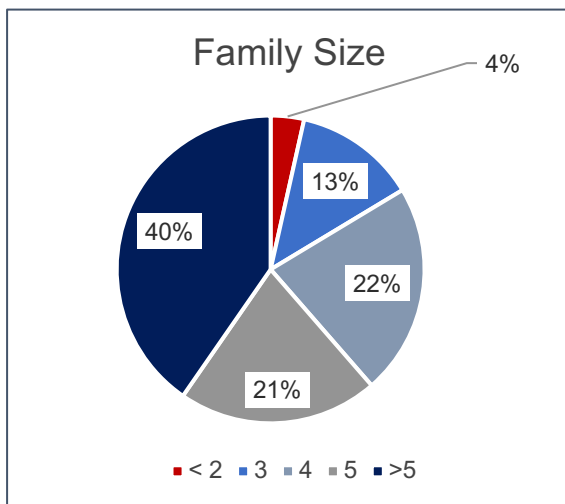
*I am a housewife residing in Kosi Kalan village, Chhata taluka. I learned about the clinic from my neighbours six months ago. Previously, I used to visit the government hospital in Barsana, incurring a travel cost of approximately INR 137. As a diabetic patient, I have to purchase medicines regularly. With the establishment of AARU Clinic, my transportation expenses are now saved. I extend my gratitude to the doctors of the clinic for delivering excellent services in our village.*

- Reena Devi  
(Patient)

”

### Strength 4: AARU Clinics prioritise affordable healthcare for underserved rural communities

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



*I am extremely satisfied with the quality of services provided at the AARU Clinic. The kindness and empathy displayed by the doctors and the entire medical staff are commendable. I earnestly request the VBL Team to consider extending these clinics to the more remote areas of villages, where access to medical facilities is a pressing need.*

- Shivam Pandey  
(Patient)





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

S. No.	Healthcare Challenges prior to AARU Clinics	% Patient Responses
1	High cost of treatment	81%
2	Long travel time and distance	81%
3	Long waiting time and crowd	29%
4	No significant improvement in health from prescribed treatment plans	13%
5	Reliance on home remedies due to the high cost of treatment	3%
6	Lack of empathetic approach at government healthcare centres	3%
7	Loss of daily wage/pay cut/ loss of full day's work	35%
8	Unavailability of facility/doctors	35%

It was found from the survey that in the absence of AARU Clinics, the primary healthcare challenge faced by beneficiaries is the high cost of treatment. A significant portion, 81% of the total responses across all 10 locations where AARU Clinic is situated, highlighted cost as the major obstacle in accessing affordable yet quality healthcare.

A patient incurs the following costs while seeking medical consultation from alternative healthcare providers, largely private entities –

- (a) travel and transportation,
- (b) patient registration, although one-time, and
- (c) medical consultation charges and medicines

### **Strength 6: Beneficiaries find the AARU Clinic staff much more empathetic, attentive, and patient-centric than their other counterparts**

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

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

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

### **Strength 7 – AARU Clinics' reliable and affordable services drive patient confidence and significant satisfaction with treatment plans**

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

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

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

## 6.2 Coherence

### Opportunity 1: AARU Clinics should explore collaboration with grassroots health workers for enhanced outreach

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




*We seek a team of dedicated volunteers for community outreach to enable early detection of illnesses, preventing flare-ups and complications. Collaborations and tie-ups with ASHA workers and Anganwadi workers, subject to permission from their institutions, are crucial for our initiative.*

- Dr. Awshwini  
(Medical Officer, AARU Clinic Sandila)




### Strength 8: AARU Clinics are able to align with national as well as global health priorities

#### Alignment with National Priorities

National Policies/Schemes	Objectives and Strategies	Alignment with Programme
<p><b>National Health Policy, 2017</b></p> 	<p>To ensure the 'Health for All' approach provides assured healthcare for all at an affordable cost.</p> <p>To achieve the utmost level of health and well-being for individuals of all ages by adopting a preventive and promotive healthcare approach.</p>	<p>The programme focused on setting up AARU clinics to provide accessible and affordable healthcare to the community members.</p>

## Alignment with SDGs (Sustainable Development Goals)

The 2030 Agenda for Sustainable Development, unanimously adopted by all member states of the United Nations in 2015, offers a common framework for achieving peace and prosperity for both people and the planet, both in the present and future generations. The important points which align with the interventions of AARU Health Clinics and SDGs are mentioned below in the table.

SDG	SDG Targets	Alignment with SDGs
 <p>The icon for SDG 3, 'Good Health and Well-being', features a green square with the number '3' and the text 'GOOD HEALTH AND WELL-BEING' in white. Below the text is a white graphic of a heartbeat line with a heart symbol at the end.</p>	<p><b>Target 3.8</b></p> <p>Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all</p> <p><b>Target 3.c</b></p> <p>Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in the least developed countries and small island developing States</p>	<p>The project focuses on enhancing the overall health conditions of the economically weaker section of the communities through the AARU Health Clinics.</p>

### Strength 9: AARU Clinics are aligned with CSR policy and ESG principles

#### Alignment with CSR Policy

Schedule VII, Section 135 of the Companies Act lists the activities that can be included by companies in their CSR policies. The list of 10 activities covers various thematic areas, out of which companies select and prioritise the activities as per their company policies.



Area	Activities	Alignment with Varun Beverages Limited's CSR Programme
i.	Eradicating hunger, poverty, and malnutrition. Promoting health care, including preventive healthcare and sanitation, and contributing to the Swachh Bharat Kosh set up by the Central Government for the promotion of sanitation and ensuring the availability of safe drinking water.	<b>Completely</b>

### Alignment with ESG Principles

According to the Business Responsibility & Sustainability Reporting Format (BRSR) shared by the Securities & Exchange Board of India (SEBI)<sup>6</sup>, Varun Beverages Limited's CSR Programmes can be covered under the following principles:



### 6.3 Efficiency

#### Strength 10: AARU Clinics display greater operational efficiency compared to PHCs/CHCs

AARU Clinic		PHC/CHC	
Human Resource	No.	Human Resource	No.
Doctor	1	Medical Officer (Doctor)	1
Nurse	1	Nurses	2

<sup>6</sup> [https://www.sebi.gov.in/legal/circulars/may-2021/business-responsibility-and-sustainability-reporting-by-listed-entities\\_50096.html](https://www.sebi.gov.in/legal/circulars/may-2021/business-responsibility-and-sustainability-reporting-by-listed-entities_50096.html)

Phlebotomist	1	Pharmacist	1
		Lab Technician	1
		Health Worker	1F, 1M
		Lady Health Visitor	1
		Dresser	1
		Accountant	1
		Data Entry Operator	1
		Sanitation Staff	1
<b>Total</b>	<b>3</b>	<b>Total</b>	<b>12</b>

AARU Clinic staff consists of 1 medical officer (with an MBBS degree), at least 1 staff nurse (with areas of high footfall such as in Greater Noida and Sathariya, there are 2 staff nurses assigned to one AARU Clinic), 1 phlebotomist, and 1 cleaning staff.

In comparison, a PHC/CHC comprises of 1 medical officer, 2 nurses, 1 pharmacist, 1 lab technician, 2 health workers (1 female, 1 male), 1 lady health visitor, 1 dresser, 1 accountant, 1 data entry operator, and 1 sanitation staff. In contrast to the 12 individuals handling workload and responsibilities at a PHC/CHC, similar responsibilities are efficiently distributed among 3-4 individuals at the AARU Clinics.

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

**Opportunity 2: AARU Clinics must address staff-patient scheduling for reduced wait time especially during lunch time**

S.No.	Location	Avg. Waiting Time (in mins)	Avg. Daily Footfall (Nov'23)
1	Sathariya	30.6	75
2	Kosi	23.7	48
3	Sandila	22.6	50
4	Jainpur	16.5	49
5	Mandideep	15.2	51
6	Bundi	12.4	44
7	Guwahati	12.3	30
8	Greater Noida	10.3	64
9	Bhiwadi	9	36
10	Pathankot	8.9	30

Upon entering the AARU Clinic for healthcare, new patients are requested to register, while regular patients have their unique identification numbers which are entered into the software system. Subsequently, patients receive a token number for their turn, and their vitals (including blood pressure, weight, and sometimes random blood sugar level testing) are recorded by the staff nurse. The details are documented on the case paper for that day's visit. Patients then wait for their turn to consult with the doctor. Following the consultation, they return to the staff nurse's counter to collect the prescribed medicines. If blood or urine investigations are required, the samples are collected by the phlebotomist. The peak patient footfall occurs between 11:00 am and 2:00 pm.

Across all locations, the average waiting time at AARU Clinics is 17 minutes, while the average consultation time is 12 minutes. Patients coming from their workplaces may experience longer wait times, as their lunchtime often coincides with that of the medical staff's.

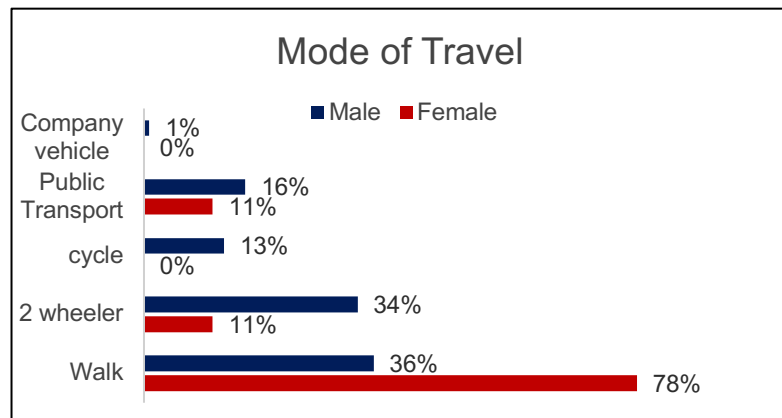
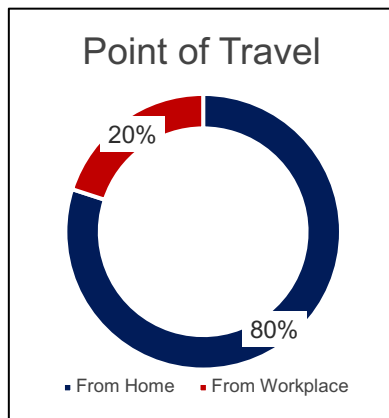
## 6.4 Effectiveness

Strength 11: AARU Clinics are effective in ensuring convenience whether accessed from home or workplace

S.No.	Location	Average Distance of AARU Clinic (in kms)	
		From Home	From Workplace
1	Sathariya	7.2	5.8
2	Bundi	5.0	4.8
3	Sandila	4.3	4.2
4	Pathankot	5.2	5.6
5	Mandideep	3.5	7.0
6	Guwahati	3.7	5.0
7	Bhiwadi	2.1	1.3
8	Kosi	1.2	1.0
9	Jainpur	3.7	1.2
10	Greater Noida	1.4	4.0



Most of the surveyed beneficiaries access the AARU Clinics from their homes (80%), while the remaining access the AARU Clinics from their workplaces. The most common mode of travel to the AARU Clinics is by foot (49%) by both males and females. It is interesting to note that 78% of the female beneficiaries and 36% of the male beneficiaries walk to the AARU Clinics. This is illustrated further by the fact that 47% of the male office-going beneficiaries use a two-wheeler to access the clinic, while 75% of the females coming from their homes access the clinic by walking to it. Among the women who access AARU Clinics by two-wheeler are able to do so as pillion riders with their husbands or other male members of the family.



**Strength 12: AARU Clinics provide regular free medicines for common as well as chronic ailments, creating a significant impact**

The most common ailments treated at the AARU Clinics, across all locations are cough/cold/fever, followed by skin-related conditions (itching, boils, fungal infection, scabies). 60% of the surveyed beneficiaries sought healthcare at the AARU Clinic for cough/cold/fever, but that is due to current (at the time of the study) weather changes or cold conditions, especially at the time of the year the survey was conducted.

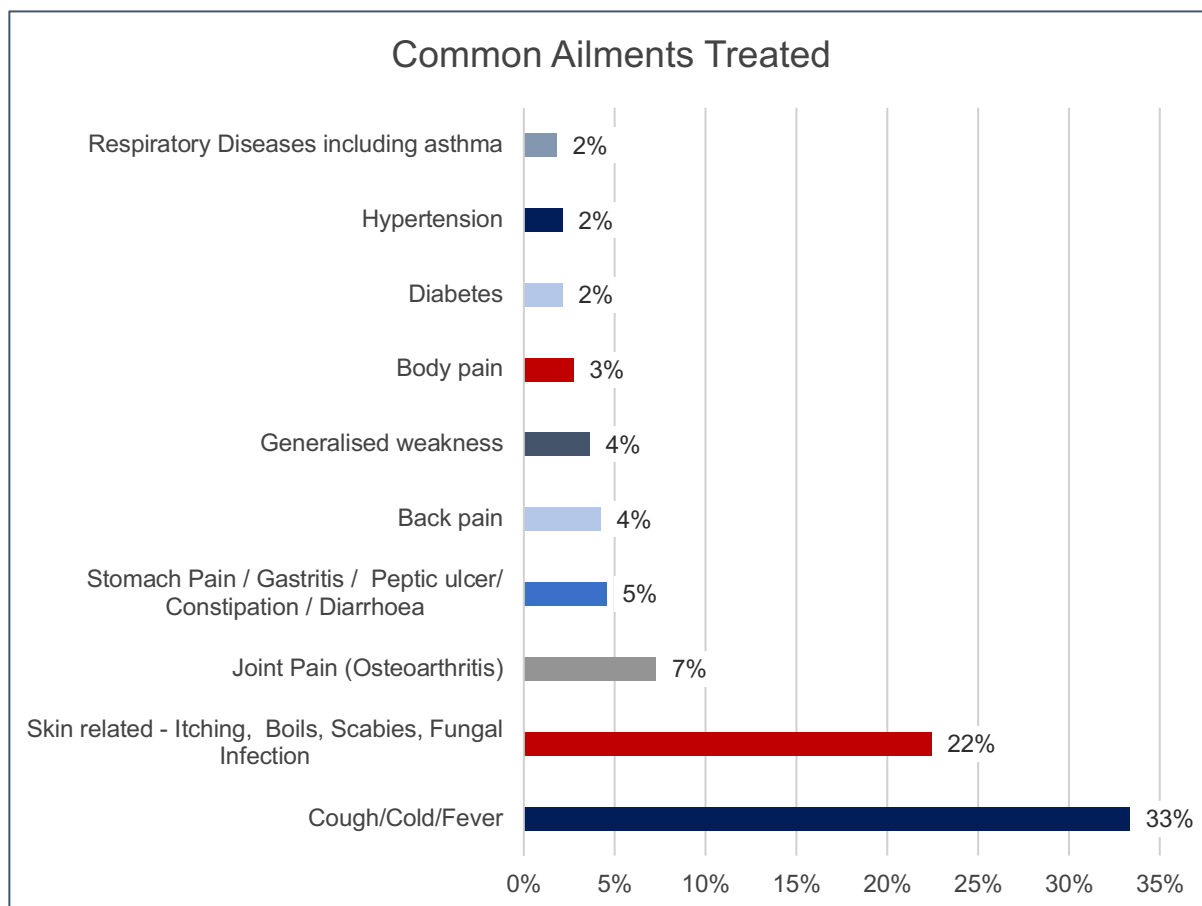


*I sought medical assistance at AARU Clinic on 3-4 occasions when I was unwell. The abundance of facilities made it a positive experience for me. The clinic's proximity to my home keeps the transportation cost within INR 10-20. Additionally, I underwent an ECG test here. I will recommend the facilities at AARU Clinic to everyone.*

- Meera Kumari Dutta  
(Patient)



Joint pain (osteoarthritis), diabetes, and hypertension occupy 7%, 2% and 2% shares of the total common ailments treated at the AARU Clinics respectively. These are



largely reported by elderly patients, but even young people are growingly affected by such lifestyle diseases and chronic conditions.

Despite being relatively few compared to major ailments reported, patients with chronic lifestyle diseases regularly seek free medicines at the AARU Clinic. While their numbers may be limited, the substantial impact arises from the multiplier effect of them having regular access to free medicines and medical consultations for their chronic health conditions.

**Opportunity 3: AARU Clinics must recognise potential for growth in inpatient services and specialised primary care**

Although AARU Clinics excel in providing essential and reliable primary healthcare, their capabilities are limited. The clinics can only offer medical services through the outpatient department (OPD) as they lack facilities for an inpatient department (IPD) catering to intensive care.

Additionally, AARU Clinics are unable to provide specialised primary care for conditions necessitating the consultative services of specialists such as gynaecologists, paediatricians, dentists, and others, which were observed as felt-needs based on the qualitative interactions with beneficiaries.

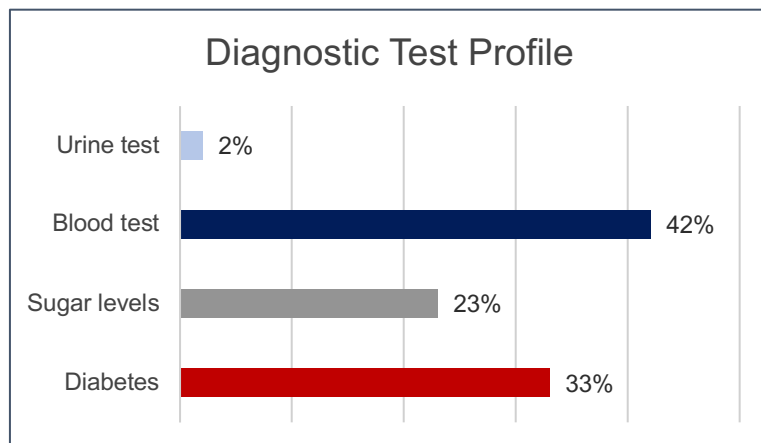
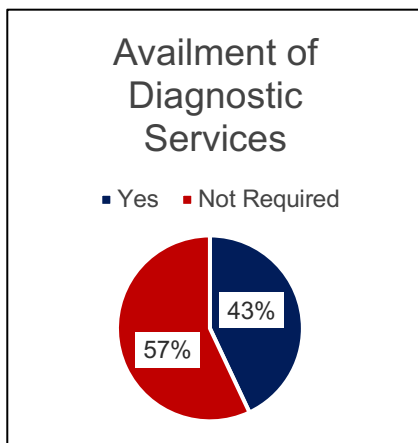


*I want to express my heartfelt gratitude to VBL for setting up AARU Clinic in our village. This initiative has been a tremendous help to me and my family, significantly reducing our medical expenses. The accessibility of quality healthcare services in our vicinity has truly made a positive difference in our lives.*

- Sunil Shankar  
(Patient)



**Strength 13: AARU Clinic's free diagnostic services provide cost-effective healthcare solutions**



As mentioned before, AARU Clinics also offers diagnostic and investigative services, whenever required, on case-basis. Blood and urine samples are collected at the clinic but are eventually sent for actual testing outside of the clinic to the partnered diagnostic lab.

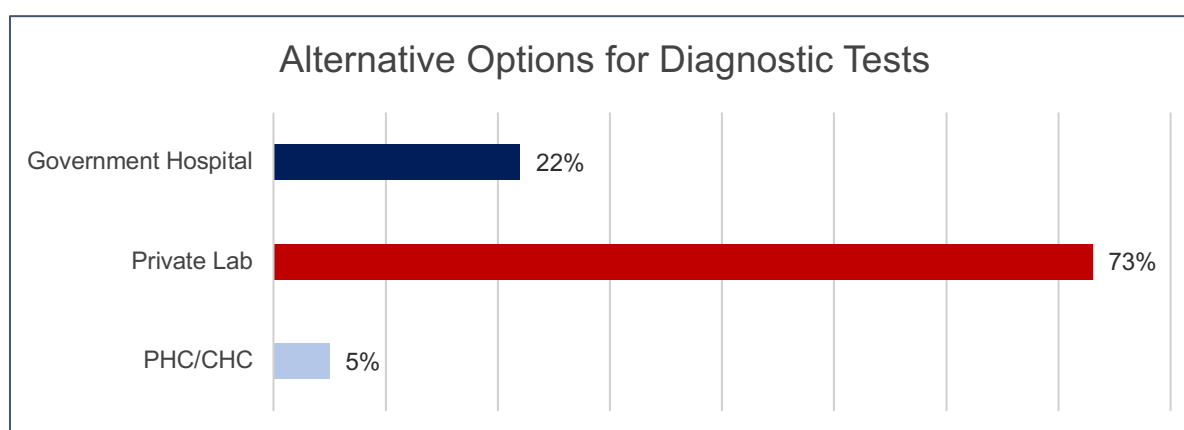
43% of the total surveyed beneficiaries reported that they needed to avail investigative services of the AARU Clinics on the prescription of the medical officer. Among those who required testing, 42% underwent blood tests, 33% underwent diabetes profiling tests, and 23% required a finger-prick test to check for random blood sugar.

Alternative options for diagnostic tests are largely private labs, with 73% of respondents opting for the same, and government hospitals (mostly tertiary healthcare

centres), with 22% of the respondents opting for them. Only about 5% of the respondents opt for PHC/CHC (primary and secondary healthcare centres) for diagnostic tests.

Type of Investigation	Average Cost Incurred at Private Lab (in INR)*	Avg. Cost incurred by AARU Clinic (in INR) through CSR Activities
Diabetes (BSL - F&P)	150 (Glucose, fasting and post meal)	100
Blood	Minimum for 1 test – 300	CBC= 72 KFT= 79 LFT= 219 Lipid Profile= 72 Thyroid Profile= 100
Urine Routine	200	156

\* <https://www.lalpathlabs.com/book-a-test/delhi>



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

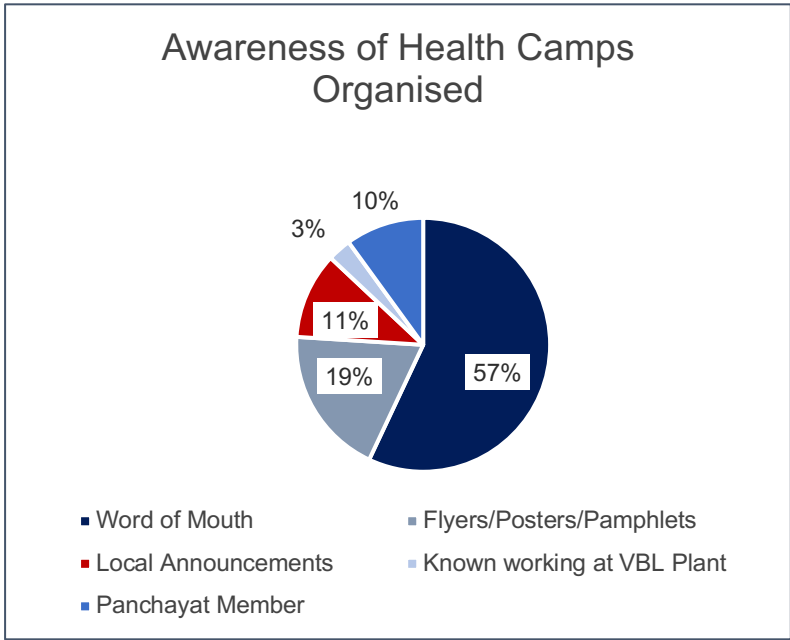
**Strength 14: Health Camps successfully boost patient footfall in all locations they are organised in**

AARU Clinics organise health camps in locations where patient footfall is comparatively lower than in other areas. Currently, health camps have been conducted in at least six out of the ten locations, namely, Bhiwadi, Sandila, Kanpur, Guwahati, Pathankot, and Bundi.

S.No.	Location	Number of Health Camps*			% Monthly Footfall Increase (until Oct 23)
		Aug, 23	Sep,23	Oct,23	
1	Kosi	-	-	-	45%
2	Bhiwadi	-	2	2	18%
3	Sandila	2	3	2	35%
4	Mandideep	-	-	-	18%
5	Kanpur	-	2	4	44%
6	Guwahati	3	3	4	62%
7	Pathankot	1	3	2	96%
8	Bundi	1	2	3	84%
9	G. Noida	-	-	-	19%
10	Sathariya	-	-	-	177%
<b>Total Health Camps Organised (until now)</b>		<b>7</b>	<b>15</b>	<b>17</b>	
		<b>39</b>			

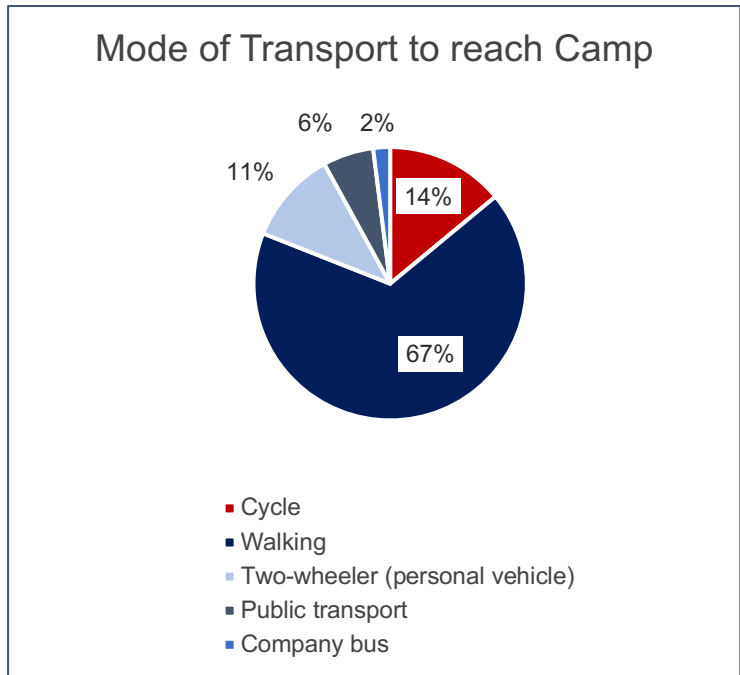
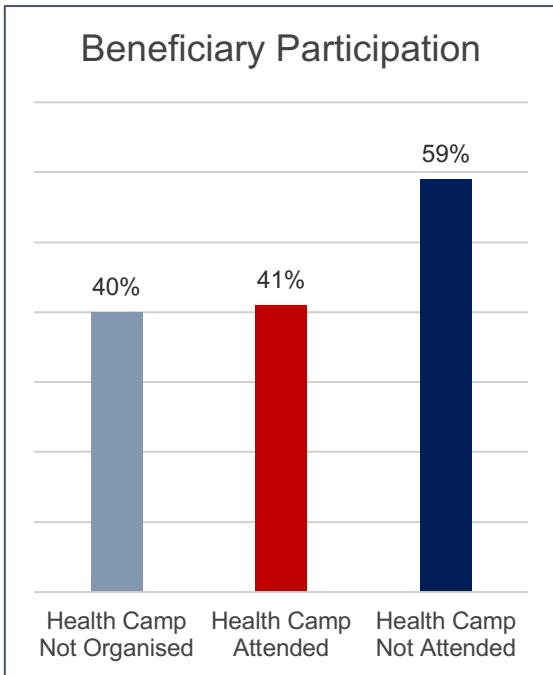


\* Data provided by VBL-CSR Team



The table above shows that there has been an increase in the monthly footfall of patients in all the locations where health camps were organised. This indicates the successful achievement of the objective behind these health camps, aiming to widen outreach and raise awareness about the existence of AARU Clinics, with the goal of increasing footfall.

Typically, beneficiaries receive medical consultation (including vitals) and prescribed medicines at these health camps. Presently, awareness and sensitisation activities are not being undertaken through these camps. 57% of the surveyed beneficiaries stated that they got to know about the health camp by word of mouth. It was observed that individuals working at the Varun Beverages Plant were also a critical source of information regarding spreading awareness of these health camps at the local/village level. 3% of the total respondents recollected having heard about the health camps through someone known working at the Varun Beverages Plant.

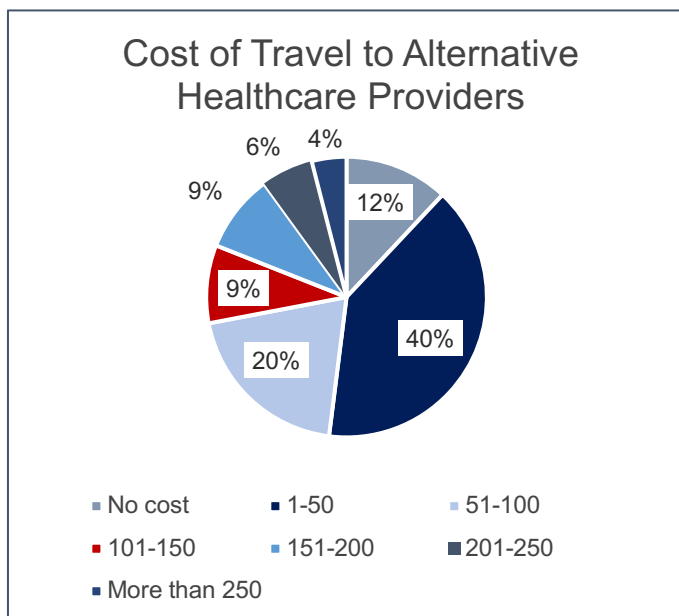
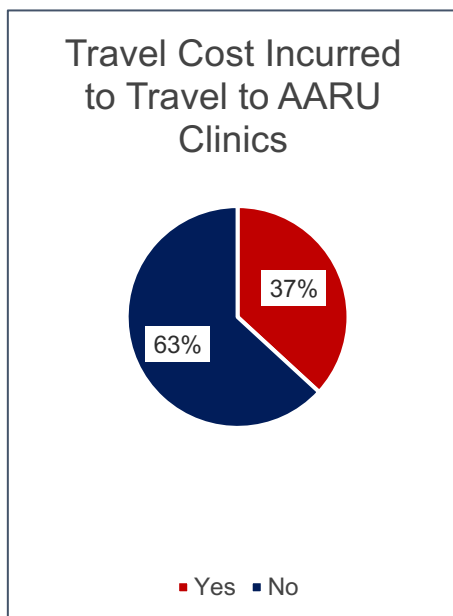


However, among the surveyed beneficiaries, 59% said they had not attended even one health camp, as opposed to 41% who said that they had. It was noted that beneficiaries who had visited the AARU Clinic but had not attended the health camp found it more convenient and accessible to visit the relatively centrally located AARU Clinic rather than the health camp organised in a village that might be farther away from their homes and/or workplaces. This is further illustrated by the fact that 67% of the respondents said that they walk to the health camp venue, while 14% said they use a bicycle to reach the venue.

## 6.5 Impact

### **Strength 15: AARU Clinics reduce healthcare costs as 63% of beneficiaries incur zero travel expenses**

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



37% of the remaining beneficiaries have to incur some amount for travelling to the AARU Clinics. The average cost incurred on travel to AARU Clinics is Rs 21.7, which usually is towards either fuel charges in case the patients are travelling in their two-wheelers or their vehicle or in fare charges for those travelling in public transport and/or shared conveyance.

Since alternative, reliable, and affordable healthcare providers are relatively far away, patients incur an average travel cost of Rs. 102 to visit the healthcare provider. 60% of the respondents said they had to spend anything between Re. 1 to Rs. 100 to seek affordable and reliable healthcare services outside of AARU Clinics. Only 12% of the respondents stated they did not have to incur any travel costs to visit alternative healthcare providers.

**Strength 16: Beneficiaries prefer AARU Clinics for superior services, effective treatment plans, and reduced waiting times**



*As a working woman, it was challenging for me to ensure health check-ups for my family members, considering the distant 4-5 km journey to the PHC and the prolonged waiting times there. The AARU Clinic intervention has significantly eased this burden by offering accessible medical treatment for me and my family members.*

- Roshan Singh, Beautician  
(Patient)



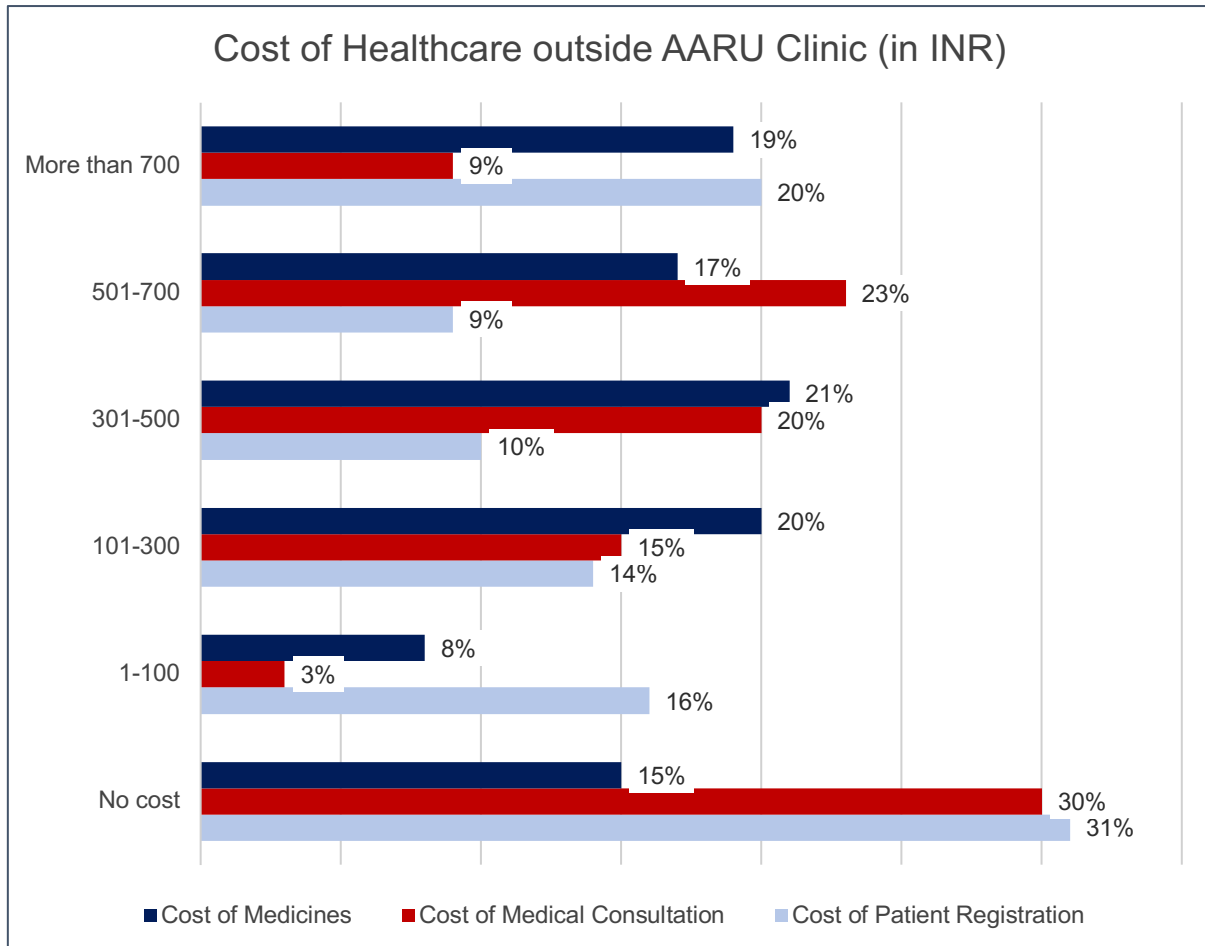
Beneficiaries seeking healthcare choose AARU Clinics over other alternatives (especially public healthcare centres that also offer affordable treatment) as they are drawn by the clinics' commitment to superior service quality, effective treatment strategies, relatively lesser waiting time, and proximity from their place of residence, in particular. This is illustrated by the following testament of a patient –

**Strength 17: Beneficiaries make significant cost savings in treatment and diagnostics<sup>7</sup> compared to alternative (private) healthcare providers**

<b>Cost Overheads</b>	<b>Covered by AARU Clinic (in INR) through VBL CSR funding</b>	<b>Avg. Charges of Private Healthcare service providers (in INR)</b>
Registration charges (One time)	0	292
Consultation with MBBS doctor	400	322
Average medicine cost	100	856
<b>Total Cost</b>	<b>500</b>	<b>1470</b>

<sup>7</sup> Diagnostic cost savings have been discussed in 3.4 Effectiveness

In addition to the cost of travel to access healthcare institutions and centres, the cost of registering a new patient (one-time cost), the cost of medical consultation, and the cost of medicines make healthcare unaffordable to a large section of society. On average, based on survey findings, at a private primary healthcare facility, one-time registration costs would be Rs. 292, consultation with an MBBS doctor would be Rs. 322, and medicine costs would be Rs. 856.



A patient has a direct saving of approximately 1500 INR towards total cost of treatment (including average travel costs) and approximately 700 INR towards diagnostic costs (including average travel costs) when he/she seeks treatment at AARU Clinic as compared to an alternative private healthcare provider<sup>8</sup>.

## 6.6 Sustainability

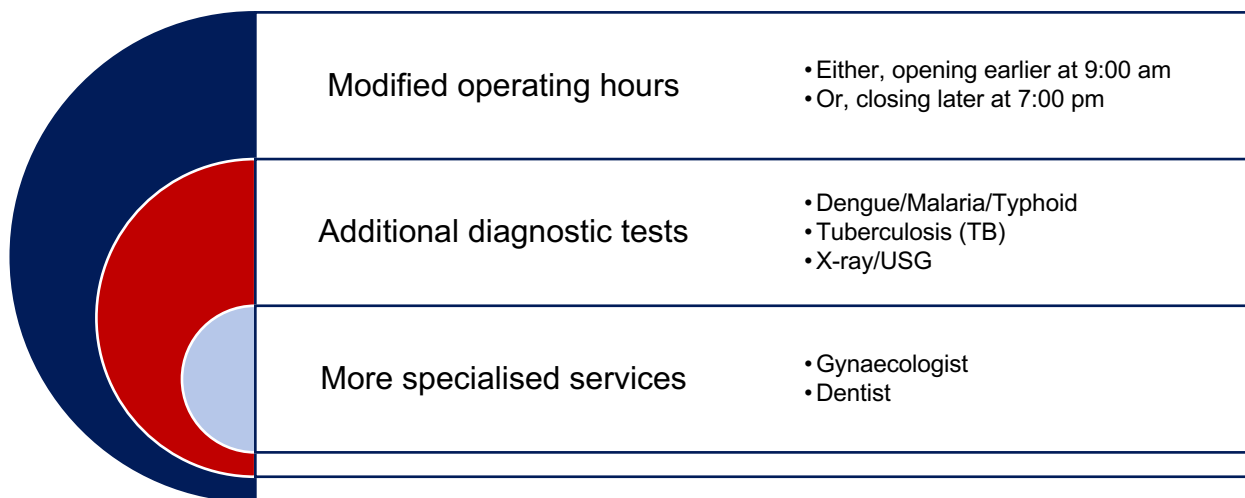
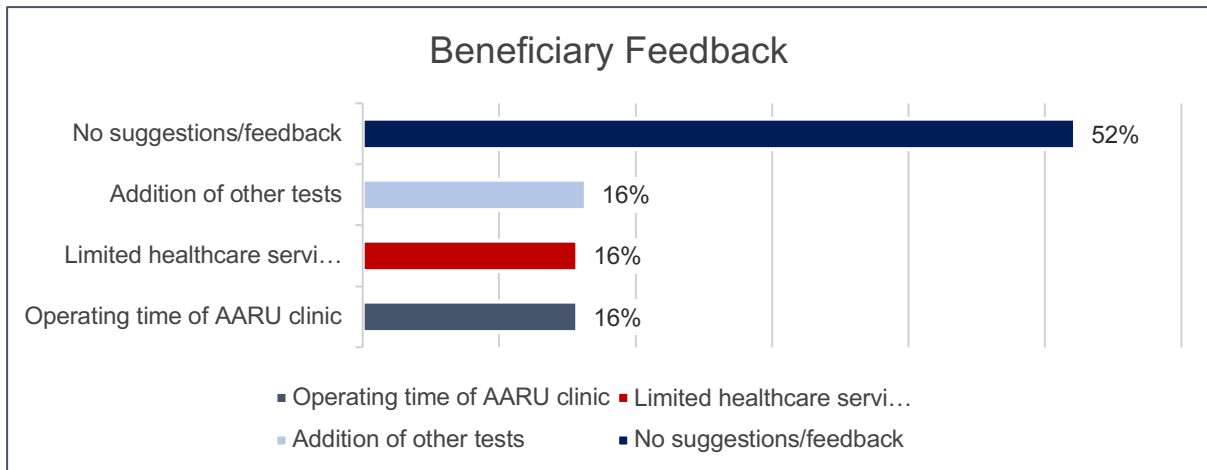
### Opportunity 4: AARU Clinics must explore opportunities for extended operating hours and expanded services as these are felt needs stated by the beneficiaries

While 52% of surveyed beneficiaries expressed satisfaction with AARU Clinic services, 16% indicated potential for improvement in operating hours, particularly

<sup>8</sup> The data pointers are derived from survey questions asked to beneficiaries

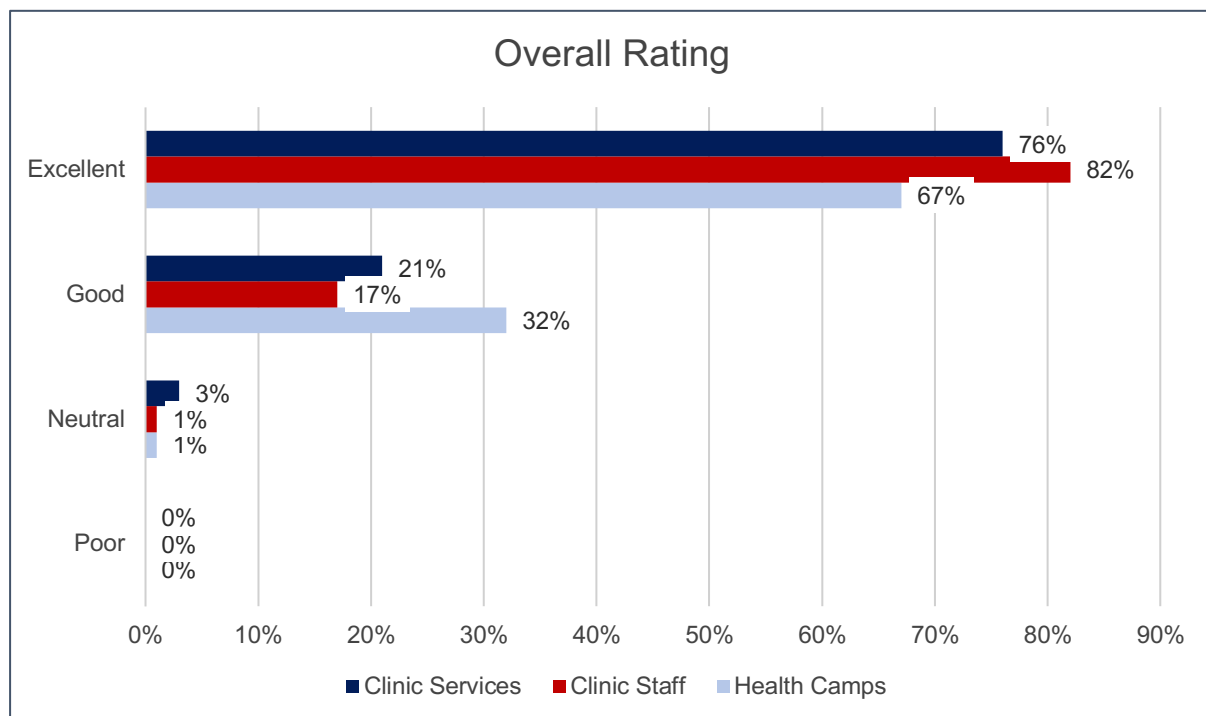


during summer. This highlights the scope to modify timings for enhanced accessibility. Regarding services, 32% of respondents suggested expanding offerings to include X-ray, ultrasound, and additional testing services like for dengue, malaria, and typhoid. Opportunity 4 underscores the desire for more specialized doctors, such as gynaecologists and dentists, to better address routine healthcare concerns.



### Strength 18: Beneficiaries praise AARU Clinics for compassionate care and inclusive approach across all locations

The collective feedback from beneficiaries across all 10 AARU Clinic locations was overwhelmingly positive. Beneficiaries commended the clinic staff and doctors for their attentive and empathetic approach, particularly in addressing grievances, concerns, and instances of difficulty in understanding medical diagnoses and prescribed medications.



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

### **6.7 Benchmarking AARU Clinic Services and Infrastructure against PHC/CHC Services and Infrastructure**

#### Opportunity 5: Benchmarking identifies opportunities to introduce additional healthcare services at AARU Clinics

A benchmarking study was conducted to map the services provided by AARU Clinics against PHCs and sub-health centres. In the table below, the services on the left are

the large themes of services provided at the PHC/CHC level. The columns on the right-hand side document whether or not those services are available through the current infrastructure of AARU Clinics. Wherever applicable, the table mentions the kind of partial services provided by AARU Clinics.

Type of Service Provided at PHC/CHC	Type of Service Provided at AARU Clinic
Care in pregnancy and childbirth	No service
Neonatal and Infant Health	Iron Supplements, Adoption of WASH practices
Childhood and Adolescent health care services including immunisation	Prevention of Diarrhoea, Anaemia
Adolescent Health	No service
Family planning, contraceptive services and other reproductive care services	No service
General Outpatient care for acute simple illness and minor ailments	Completely
Management of Communicable diseases (National Health Programmes)	Yes
Prevention, Screening and Management of Non-Communicable diseases	Diabetes and hypertension only
Mental Health Ailments	No Service

Ophthalmic, ENT, Dental care	No Service
Palliative Care	No Service
EMS including trauma, burns	Yes

Among 12 healthcare services provided by PHC/CHC, AARU Clinic is able to provide two services completely, which are – General outpatient care for acute and simple illnesses and minor ailments and emergency medical services, including minor trauma and burns. With respect to neonatal and infant health, AARU Clinics do not have the required specialists for tending to the same but are able to provide iron supplements to expectant female patients and counsel them on a case basis for adoption of WASH practices if and when they come to the clinic to seek healthcare which may or may not be directly related to gynaecology/obstetrics. Similarly, while AARU Clinics do not have specialists for childhood and adolescent healthcare services, including immunisations, AARU Clinics are able to provide some support in terms of prevention of diarrhoea and the prevention of anaemia or management of the same.

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

**Opportunity 6: Benchmarking reveals opportunities for enhancing infrastructure facilities at AARU Clinics**

Comparison Heads	AARU Clinic	Nearest PHC*
<b>Infrastructure</b>		
Waiting Hall + Reception	AARU Clinics have 1 hall that acts as both waiting area + reception	OPD and Nursing Room
Examination Bed	Yes (all locations)	Yes
Admission Bed	No (all locations)	Yes
Dressing Trolley with Material	Yes (all locations)	Yes
Crash Cart Trolley + Oxygen Cylinder	Yes (all locations)	Only Oxygen Cylinder
ECG Machine	Yes (all locations)	No
Defibrillator	Yes (all locations)	No
Otoscope	Yes (all locations)	Yes
Vital Check Equipment	BP Apparatus Glucometer Weighing Machine Pulseoximeter Thermometer	BP Apparatus Thermometer
Phlebotomist Desk	Kosi Kalan AARU Clinic and Pathankot AARU Clinic do not have a separate desk for the Phlebotomist	Very few PHCs have Lab Technicians
Clean Drinking Water	Yes (all locations)	RO Water
Clean Washrooms	Kosi Kalan AARU Clinic does not have a washroom within the clinic premises At Jainpur AARU Clinic the space leading up to the washroom was impeded by large cartons making it difficult to access	Washroom cleanliness is not as good as AARU Clinic



KRA		
Vitals Checking	Yes (all locations)	BP Checking (if requested by doctor)
Medicine Distribution according to Prescription	Yes (all locations)	Yes (if available)
Online Medicine Consumption Record	Yes (all locations)	No
Dressing	Yes (all locations)	Yes
Injection	Yes (all locations)	Yes (if available)
KPI Data Maintenance	Yes (all locations)	No
Medicine Stock Data	Yes (maintained online at all locations)	Yes (offline)
ECG Procedure	Yes (all locations)	No
OPD Consultation	Yes (all locations)	Yes
Blood Sample Collection	Yes (all locations)	Yes
Online Patient Registration (through software)	Yes (all locations)	No (offline)
<i>*Data collated from observations by CSRBOX team and data provided by HCL Healthcare</i>		

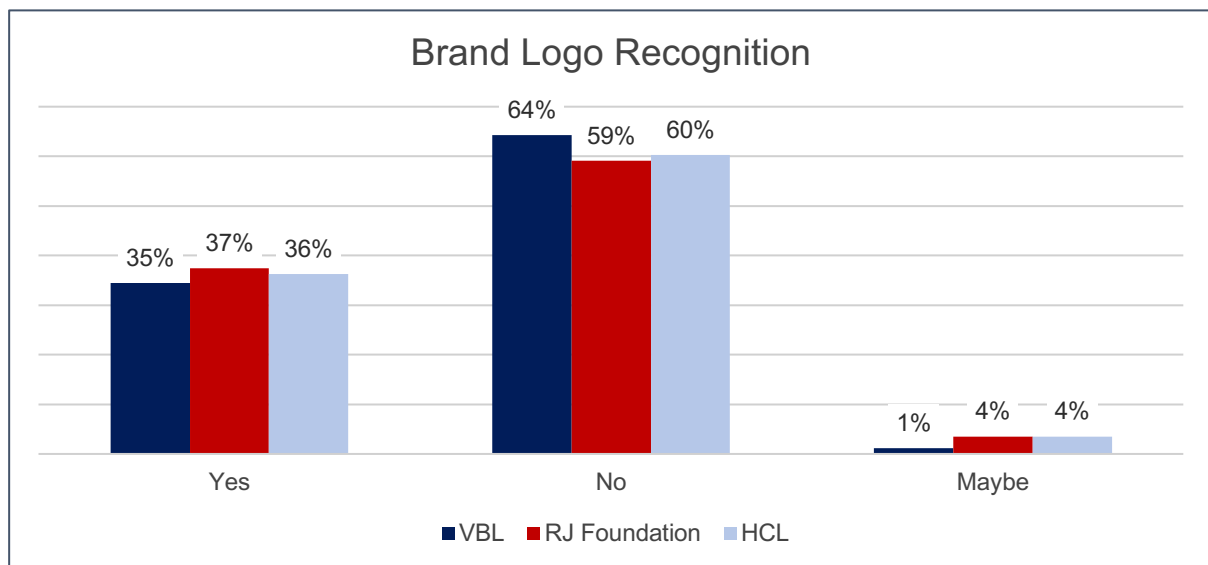
## 6.8 Brand Equity

Brand Equity refers to a value premium that a company generates from a product or service through its name recognition. Organisations can enhance their brand value and reputation by providing service that is reliable, efficient, memorable, and of superior quality. Brand Reputation can have a significant impact on Brand Equity. Brand Equity comprises important components like how the consumers perceive the

brand and the negative and positive effects resulting in value for the brand and the company as a whole.

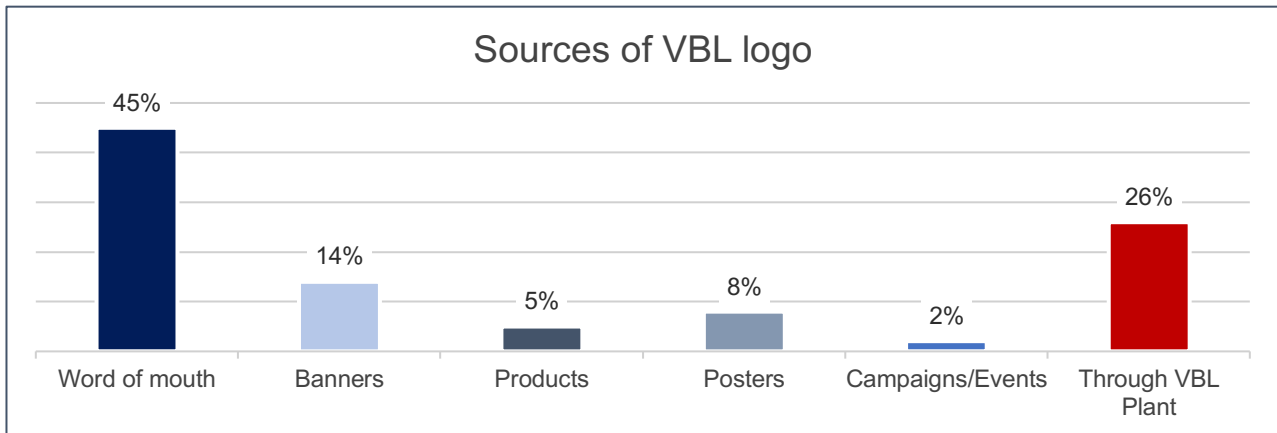
In this study, we have determined the brand equity of VBL, RJ Corporation, and HCL – the three main entities involved in funding and implementing the project across all 10 locations. These responses are as stated by the surveyed beneficiaries.

**Opportunity 7: Establishing associations between Pepsi and VBL has the potential to enhance brand recall for VBL**



64% of the respondents did not recognise the Varun Beverages Limited (VBL) logo or hadn't heard of the company before. Although interestingly, it was observed that respondents had heard of Pepsi. So, in a way, there was a pseudo-recognition of VBL as beneficiaries primarily recognised Pepsi. If links and associations can be fostered between Pepsi and VBL, it will increase brand recall for VBL.

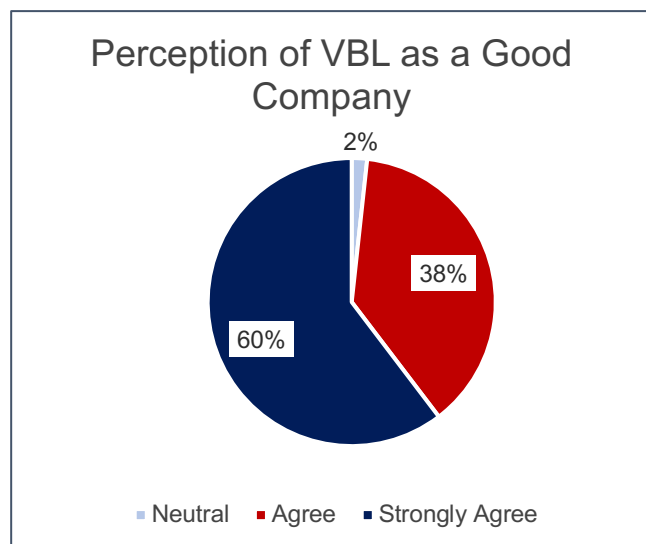
**Strength 19: For VBL brand recall, 45% attributed to word of mouth, while 26% linked awareness to plant proximity**



As for VBL, 45% of the respondents who had recalled the brand and were aware of it reported that they had gotten to know about it by word of mouth, while 26% had heard of VBL through the familiarity with the VBL plant in the vicinity of their workplaces (nearby factories and plants) and/or on their usual route to and from work and market.

**Strength 20: 98% of Recognisers View VBL as a Good Company**

Among those that recognised the VBL company and logo, 98% were of the perception that VBL is a good company. It was observed that among those beneficiaries who were aware that the AARU Clinics was an initiative of VBL factored that in while opining positively on this.



**Opportunity 8: 37% of surveyed respondents associate RJ Corporation logo with AARU Clinic visuals. VBL should similar opportunities for brand visibility.**

In comparison, 37% of the surveyed respondents recalled the RJ Corporation logo and name. It was observed that patients were able to recall the logo based on the logo they saw on the banners and hoarding boards in and outside the AARU Clinic.

### Opportunity 9: Exploring more robust brand visibility and association of VBL with its own CSR initiatives is recommended

Similarly, the brand recall among surveyed beneficiaries for HCL was between VBL and RJ Corporation at 36%. Beneficiaries had heard about HCL or had noticed their logo more than VBL and RJ Corporation in places such as the AARU Clinic prescription/report slips, and other community development projects that HCL was involved in at the grassroots level. Interestingly, many of the young male respondents who work in the factories in and around the industrial areas recognised the HCL logo from the laptops and desktops at their workplaces.

## 6.9 Impact Stories



Shivam Pandey, a resident of Premdhar Patti village in Pratapgarh district, Uttar Pradesh, serves as a Sports Teacher in the local Government High School. Before the introduction of AARU Clinics, Shivam and his family faced the challenge of traveling 20 kilometres to the nearest Primary Healthcare Centre or a Private Hospital. The mode of transport was either by autorickshaw or personal vehicle, which incurred a cost ranging from INR 200-250. Additionally, at the Primary Healthcare Centre, while the admission fee was INR 1, the expenses for medicines varied from INR 200 to 1500, depending on the severity of the health issue.

For the past 6-7 months, Shivam has been utilising the services at the AARU Clinic and has found the facilities to be commendable. The most significant benefit of this intervention is the provision of free medical treatment, easing the financial burden on the marginalized sections of society by offering cost-free medicines. Furthermore, he extends a suggestion to the VBL Team, urging them to consider introducing facilities for X-rays at the clinic.



Prem, a 70-year-old resident of Jhudiya village, earns his livelihood as a daily wage labourer. Prior to the intervention of AARU Clinic, his alternatives for medical concerns involved visits to local pharmacies or the Primary Healthcare Centre. During one such visit to a pharmacy, Prem ji learned about the AARU Clinic and from then onwards there is no looking back.

Since his knowledge about AARU clinic, he has visited it thrice. A pivotal distinction between private clinics and the AARU Clinic became evident — the latter offered free-of-cost treatment. Private clinics, in contrast, incurred expenses ranging from INR 500 to 1500, depending on the cost of medicines. His entire family, including his wife and children, relies on the AARU Clinic whenever the need arises.

He consistently expresses high satisfaction with the medicines provided. He appreciates the helpful nature of the doctors and the entire medical staff. The provision of detailed prescriptions and explanations regarding daily medication doses further contributes to his positive experience.

Through the AARU Clinic intervention, Prem is now able to save INR 50-100, which would have otherwise been allocated to medical expenses. This financial relief enables him to address household expenses, thereby alleviating the dual burden of medical and domestic financial responsibilities.



### Case Study 3

Shivadayal Karan, originally from Delhi, relocated to Habibpur for employment a decade ago. With a monthly salary of INR 9,000, he faced a significant challenge of a lack of accessible medical facilities in Habibpur. Residents were compelled to visit pharmacies, medical stores, or private hospitals for their healthcare needs.

He highlighted the stark contrast between Delhi, abundant with healthcare facilities like government hospitals and dispensaries, and Habibpur, where quality medical services were scarce. The well-qualified doctors in Delhi, equipped with MBBS and MD degrees, provided early detection of medical issues. This drove Shivadayal and others to travel to Delhi for better medical services.

Further, Shivadaya ji's perspective changed when a friend informed him about the AARU Clinic, established by the RJ Foundation. Intrigued by the promise of quality healthcare, he visited the clinic for the first time. His experience at the clinic was extremely satisfactory. The services offered at AARU Clinic match those of private hospitals, and remarkably, they come at no cost. The doctors and medical staff demonstrate commendable expertise, ensuring the delivery of high-quality medicines.



## Case Study 4

Utkarsh Rathore, a resident of Patara village in Kanpur Nagar district, Uttar Pradesh, works as a supervisor in a nearby company. Before the introduction of AARU Clinic, Utkarsh and his family grappled with high medical expenses, regularly visiting Government or Private Hospitals. The nearest healthcare facility was a considerable distance of nearly 8-10 km away, leading to prolonged waiting hours and an average charge of approximately INR 1500 to 2000.

For the past six months, Utkarsh has been availing services at AARU Clinic and expresses high satisfaction with the provided facilities, particularly appreciating the availability of free-of-cost services. The doctors and the entire medical staff at the clinic have earned his praise for their proficiency and understanding of patients' problems.

He commends VBL Company for this commendable initiative, providing affordable healthcare services to the marginalized sections of society. In his view, extending AARU Clinics to different parts of India would significantly contribute to enhancing healthcare facilities in various villages.



## Case Study 5

Mohammad Aashiq, a resident of Kosi Kalan village in Chhata taluka, was employed as a daily wage laborer in a pipe manufacturing company before the onset of the COVID-19 pandemic. Visiting the AARU Clinic for the past year, he initially learned



about the clinic through his son, employed at Pepsi Co. Additionally, neighbours also provided insights into the facilities available at the AARU Clinic.

His first visit to the AARU Clinic was prompted by a skin allergy. Prior to the AARU Clinic's intervention, he used to frequently visit Mathura and incurred significant expenses, spending INR 800 – 1000 weekly on medicines. This, coupled with an admission fee of INR 500, amounted to a total expense of INR 1500. Given his family's limited earnings, such expenses were financially burdensome.

With the introduction of the AARU Clinic, Mohammad Aashiq now acquires the necessary medicines at the clinic, alleviating the financial strain. He emphasized the time and energy saved by accessing high-quality treatment within his village. Aashiq noted that the provision of free medicines ensures their quality, and the doctors treat everyone with respect, devoid of discrimination.

Further, he highlighted the clinic's reputation, stating that everyone in Chhata taluka recognizes AARU Clinic as one of the best healthcare facilities. The clinic's impact extends beyond individual cases, contributing to the overall well-being of the community.



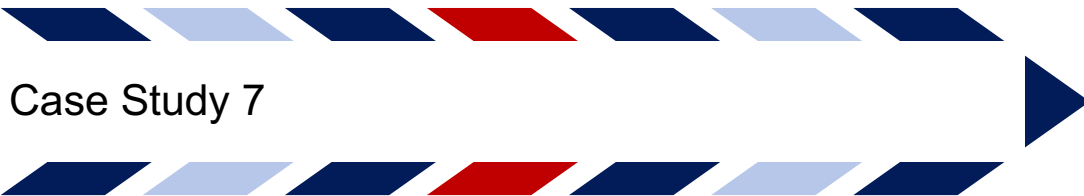
## Case Study 6

Rishabh Kumar, a resident of Mehmood Uddati village, serves as a worker in a private company. In the past, he would seek medical assistance at private clinics and purchase medicines from the pharmacy near the clinic. The nearest medical healthcare facility, nearly 6 km away from his village, incurred an average spending of approximately INR 30 for commuting in addition to the medical expenses.

Before the introduction of AARU Clinic, Rishabh and his family faced the financial challenge of medical expenses. Given the poor socio-economic condition of the village, where a significant majority of villagers earn INR 200-250 per day, medical expenses imposed a substantial burden. The entire day's earnings were often spent on healthcare, leaving little for household expenses and necessities.

Upon learning about AARU Clinic, Rishabh and his family have shifted their medical visits to the clinic, benefiting from its free-of-cost medical services. This has proven especially significant for individuals in a village where every rupee saved from medical expenses now contributes to household expenses. VBL's intervention in establishing

AARU Clinics has not only alleviated the burden of daily wage labourers but also empowered them to allocate their savings to essential needs, including providing regular meals for their families.



## Case Study 7

Munna Singh, originally from Bihar, relocated to Bhiwadi in search of employment. The discovery of the AARU Clinic was facilitated through recommendations from his neighbours. Previously, he used to frequently visit private hospitals for medical concerns. Munna has become a regular visitor, seeking medical assistance at the clinic 6-7 times for general issues such as fever, cough, and cold. The primary reason for his consistent visits to the AARU Clinic lies in the remarkable effectiveness of the medicines provided, coupled with the significant advantage of receiving medical facilities free of cost.

The availability of numerous medical services without any financial burden has significantly reduced the overall medical expenses for Munna's family. This positive change has empowered them to better manage the well-being of their children.




## Case Study 8

Sunil Shankar, a resident of Dam Gadha village in Hardoi district, serves as a gardener in a private company. Before VBL's intervention, he used to visit either private hospitals or the District Hospital for medical concerns.

Following the establishment of AARU Clinic, numerous healthcare facilities became accessible to the entire village. Sunil, working in the village, no longer has to travel 5-6 km for medical treatment. This has proven especially beneficial as he doesn't need to miss his work to accompany family members to hospitals. However, before the intervention, he had to forego his work, impacting his income, despite the minimal

transportation charges of INR 10-20 and medical expenses totalling approximately INR 100-200.

Having visited AARU Clinic for the past year, Sunil expresses immense satisfaction with the medical facilities. The clinic's proximity of 1-2 km has eliminated the need for extensive travel. The savings, attributed to the availability of free medicines, contribute to effectively managing household expenses.



## Case Study 9

Tarun Pal, a resident of Pukhraya village, is employed in a private laboratory. Before the intervention of AARU Clinic, he and his family would travel 20 km to the Primary Healthcare Centre, incurring transportation costs of approximately INR 40-50. While the admission fee was INR 1 and some medicines were free, additional medicine expenses amounted to approximately INR 400-500.

For the past two months, he has been a regular visitor to AARU Clinic, learning about it through a medical camp. Further, he expresses immense satisfaction with the medical services provided by AARU Clinic, particularly the accessibility to free medicines. The provision of free-of-cost medicines at the clinic serves as a crucial medical resource for the villagers.

Tarun Ji believes that this initiative significantly aids individuals with lower incomes, alleviating the burden of substantial medical expenses. Moreover, it enhances the overall well-being of villagers by ensuring access to quality medical treatment.



## Case Study 10

Malesh Chandra Yadav, a farmer in Saraya village of Gadchanda block, previously sought medical assistance at the Government Hospital/PHC located 3 km away. The associated medical expenses amounted to approximately INR 500-600. For the past

four months, he has been frequently visiting the AARU Clinic, attracted by the quality medical facilities provided. The clinic's accessibility and affordability have significantly altered his approach to healthcare.

Malesh Ji expresses extreme satisfaction with the services offered at AARU Clinic. He highlights the exceptional contributions of both the medical facilities and the dedicated doctors and staff. In recognition of VBL's commendable initiative, he acknowledges the tremendous work done by setting up AARU Clinic in the village. The clinic's provision of affordable medical treatment has proven to be a valuable resource for everyone in the community.

“

*As someone residing in Habibpur for the last 10 years, I have consistently sensed the necessity for improved medical facilities in Habibpur. My sincere appreciation goes to RJ Foundation for offering us these outstanding facilities at no cost.*

- Shivadayal Karan  
(Patient)

”

## 6.10 Learnings and Recommendations

Based on the findings of the quantitative and qualitative interactions, on-field observation, as well as services mapping to that of a PHC/CHC, this section describes and discusses the recommendations and suggestions on the current model of operation of AARU Clinics

### 1. Convergence with existing government mechanism

**Current Scenario:** According to the medical officer and the clinic staff, permissions are yet to be taken from local health authorities to collaborate with ASHA, ANM and Anganwadi workers, or work alongside PHC/CHC staff.

**Recommendation:** This report suggests and recommends that the process of convergence with local healthcare and government workforce be expedited to help increase the outreach of the clinic, as well as collaborate for awareness activities at the community level, as well.

### 2. Need for female doctors

**Current Scenario:** At the time of drafting this report, it was found that only 3 out of 10 locations have female doctors, whereas there were male doctors in the remaining locations. It was also found that in a few locations, medical officers as well as clinic staff have changed recently, or are about to get changed.

**Recommendation:** It is suggested by this report that female doctors be appointed at AARU Clinics across all 10 locations. Female beneficiaries also stated that they felt more comfortable discussing private issues with female doctors. They feel less shy and less judged when they bring up these concerns with female doctors, since there is a certain increased level of relatability. With the appointment of female doctors across all locations, AARU Clinics will also be able to expand its scope of beneficiaries and healthcare services in the clinic. It was also observed that in locations that had female medical officers, the general levels of energy, empathy, and warmth in the clinic was much higher, as compared to locations that had male medical officers.

### 3. Timings of the AARU Clinics

**Current Scenario:** The operating timings of the AARU Clinics are 10:00 am to 6:00 pm across 9 out of 10 locations. In Guwahati, the clinic operates between 9:00 am and 5:00 pm due to the difference in daylight hours in the northeastern region as compared with that of the mainland states.

At each AARU Clinic, a token is given to every patient for crowd management and patient streamlining. The peak hours of patient visitation to the AARU Clinics is between 11:00 am and 2:00 pm. This coincides with the daily routine of most female beneficiaries completing all household chores and most male beneficiaries receiving one hour of lunch break at their workplaces. Therefore, usually, the waiting time is longer during these peak hours, which causes inconvenience to the patients.

Additionally, lunch time at AARU Clinics is observed for half an hour from anytime between 12:30 noon and 1:30 pm. So, in addition to a relatively higher patient footfall during these hours, there is also a slight delay in receiving medical care due to the overlapping lunch hours, which is an obstacle for most beneficiaries that prefer visiting the AARU Clinics during this time.

**Recommendation:** It is, thus, suggested that the AARU Clinic operating timings should be either extended beyond 6:00 pm, or should start operating at 9:00 am to accommodate more beneficiaries, especially those who go to work and are not easily available to seek non-emergency medical care during work hours. The Clinics opening earlier or closing later will enable office-goers to visit the doctor either before reporting to their workplace, or on their way back from the day's work.

Additionally, the adjustment of lunch hours of the medical staff may decrease the waiting time for patients during the peak hours.

**Note:** It is worth mentioning, that in the Jainpur (Kanpur) location, the female staff nurse prefers to leave for her home before dusk (earlier than in the summers when days are longer) for reasonable safety and security reasons. However, due to this, the AARU Clinic practically operates till only 5:00 pm, thereby not being able to serve beneficiaries, especially those who prefer visiting the Clinic on their way back from work. It is recommended through this report that additional measures be taken to accommodate the safety concerns of the staff nurse, while also taking measures to minimise inconvenience to beneficiaries.

#### 4. Availability of Washroom Facilities

**Current Scenario:** Each clinic has one common toilet facility. However, for instance, the Kosi Kalan AARU Clinic does not have a toilet facility inside the clinic premises.

**Recommendation:** This report recommends that every clinic have toilet facilities with a flush and running tapwater. Additionally, it is suggested that there be gender-specific toilets in AARU Clinics across all locations.

#### 5. Referral Mechanism

**Current Scenario:** Currently, patients requiring specialised medical attention are not formally referred to any nearest hospital. For any other medical services that fall in the secondary or tertiary care spectrum, patients are asked by the medical officer at the AARU Clinic to seek consultation “outside”. The doctors say that they mention this on the software where they maintain patient history and prescription under the ‘referral tab’. However, there are no formal mechanisms in place where this referral can be followed up with at the referred site.

**Recommendation:** It is suggested in this report that a referral system with nearby hospitals with reliable specialised healthcare services be set up at the earliest. This is further bolstered by doctors at the AARU Clinics opine that for this healthcare model to be sustainable, linkages with secondary and tertiary healthcare centres along with ambulance services are crucial.

#### 6. Specialised care for diverse treatments

**Current Scenario:** Majorly patients with common ailments are treated in the clinic. Patients with conditions and diseases that require further specialised care do not get treatment at the AARU Clinic. This causes them dissatisfaction in the services offered by the AARU Clinic to some extent. They state that they would be even more satisfied if the AARU Clinic had more healthcare services.



**Recommendation:** This report suggests that telemedicine facility services can be introduced with a specific schedule with specialised doctors. This can be a middle ground between beneficiary expectations and project realities.

## 7. Additional diagnostic testing

**Current Scenario:** Currently, the AARU Clinic has in-clinic vitals check which includes blood pressure check and random sugar level testing with the help of a glucometer. The Clinics offer limited investigative tests such as blood tests and urine tests, but only samples are collected at the clinic after which they are sent to the partnered lab location. The Clinics do not have an established pathology and diagnostic centre inside the premises.

**Recommendation:** Doctors recommend that at least testing for dengue, malaria, typhoid, and tuberculosis (TB) be introduced as these are more prevalent especially during monsoons and difficult to ascertain only through their presenting symptoms.

## 8. Regular availability of medicines

**Current Scenario:** While on a physical visit to AARU Clinics, the clinic staff explained that the stock refilling of the medicines takes time. As per the current processes, the staff nurse maintains the inventory of all medicines consumption as well as raise requests for procuring more supplies on the software that is used at the backend. Medicines for chronic lifestyle conditions such as hypertension and diabetes are provided to beneficiaries on a regular basis.

**Recommendation:** It is suggested that such improved medicine stock refilling mechanisms be set up between raising request for medicines and delivery of medicines that this process is made much faster. Perhaps medicine consumption trends can be assessed and at least those medicines whose stock depletes much faster than other medicines can be delivered more frequently at the AARU Clinic, as opposed to delivery of other logistical resources.

It is also suggested that there be systems set up for provisioning of medicines to control and manage lifestyle diseases like hypertension and diabetes, even if they do not visit the clinic or skip a visit. This will help maintain better health through regular medication, especially for the elderly population.

## 9. Ease of using patient management and record software

**Current Scenario:** Currently, the doctors handwrite the prescription as well as enter it on the software to maintain a soft copy at the backend.

**Recommendation:** It is suggested that the way to enter the name of medicines be made in such a way that they do not have to fill each and every medicine manually and one-by-one. Doctors at the AARU Clinic opine that they would

prefer if on typing the first few letters (as prompts), a dropdown menu should appear from where the name of the medicine can be selected and that too, choose multiple names of medicines in order to select all the prescribed medicines in one go. This introduction will save on time, energy and effort on the part of the medical officer and make the system more efficient.

## 10. Health camps

**Current Scenario:** As of now, health camps are organised in locations that witness a lower patient footfall. At the health camps, the services offered and provided are the same as those at the AARU Clinics. These are vital check-ups (including blood pressure and random sugar), medical consultation, medicine provision, and whenever required sample collection.

**Recommendation:** It is suggested through this report that health camps be organised across all locations, not only with the objective of creating a wider outreach of the AARU Clinics, but also with the addition of awareness sessions and education of the community on/about chronic lifestyle conditions, menstrual and gynaecological health, good hygiene practises, dietary advice, and generally awareness on medicine consumption and allopathic medical care.

## 11. Pantry space for clinic staff

**Current Scenario:** As of now, apart from the doctor's chamber, there is no other enclosed space for the clinic staff to have their lunch breaks at. Even the doctor's chamber when utilised is done so only by the doctor. The other clinic staff either have to go out or eat in front of the waiting patients.

**Recommendation:** It is recommended that a small pantry space be made available for medical staff for better space and crowd management at AARU Clinics across all locations

## Annexure

This section entails more details on the approach towards data collection for this Impact Assessment took place.

- Data collection began on 02.12.2023 and concluded on 09.12.2023.
- In all 10 locations, CSRBOX representatives were deployed. The representatives were given a briefing and were trained on the data collection tool.
- The data collection took place through the day between the operating hours of the Clinics (10:00 am to 6:00 pm).
- Representatives reached the Clinic locations by 9:45 am. In all locations, doctors, staff nurses, phlebotomists, and cleaning staff were present and preparing to start the day.
- The patients who visited the AARU Clinics on the day the data collection took place were the ones who were surveyed.
- Doctors and clinic staff had not been informed prior to CSRBOX representatives reaching the Clinics.
- VBL Plant POCs were informed only one day in advance for two reasons – (a) for assistance in logistics and field coordination, and (b) on direction of VBL CSR Team senior officer.
- Surveys and qualitative interviews were both spontaneous, for which neither the patient nor the Clinic staff were prepared. This also explains why the number of male beneficiary respondents are higher than female beneficiary respondents in some locations, since owing to societal environments, women felt shy and unprepared to give their opinions and views. Men, on the other hand, were more confident and comfortable with sharing their thoughts.
- Patient-doctor interactions were not observed to maintain privacy concerns.
- On an average, each patient was surveyed for a duration of 20-25 minutes, while doctors, staff nurses, and other clinic staff were interviewed for 30-40 minutes.
- The interviews with doctors, staff nurses, and clinic staff were more journalistic in nature, with questions building up on their responses. A guiding interview schedule with broad topics was prepared beforehand to ensure that major points were not missed in such interactions.



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# Impact Assessment of the Pravah Programme

A CSR Initiative of Varun Beverages Ltd.



## 1.1 Background

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

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

## 1.2 Pravah Programme

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

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

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

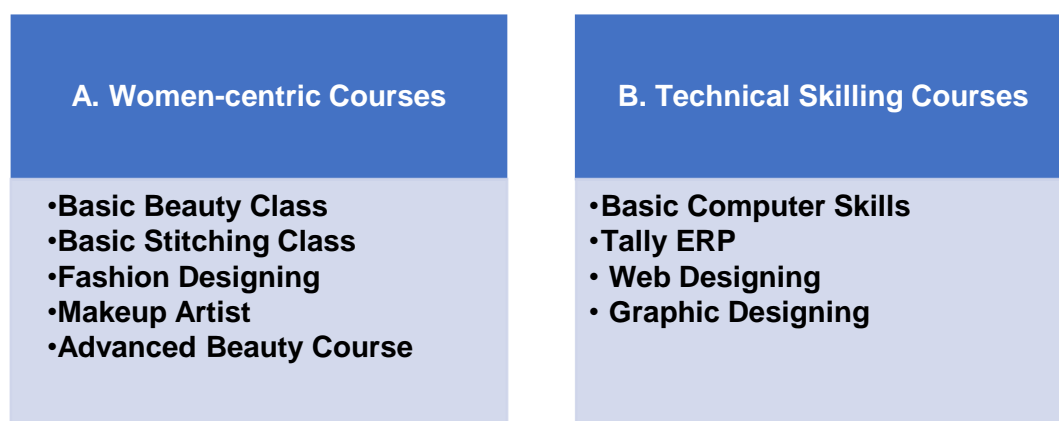


Figure 1 Courses offered in the Pravah Programme

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

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

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





### 1.3 Programme Activities

#### A. Training Activities:

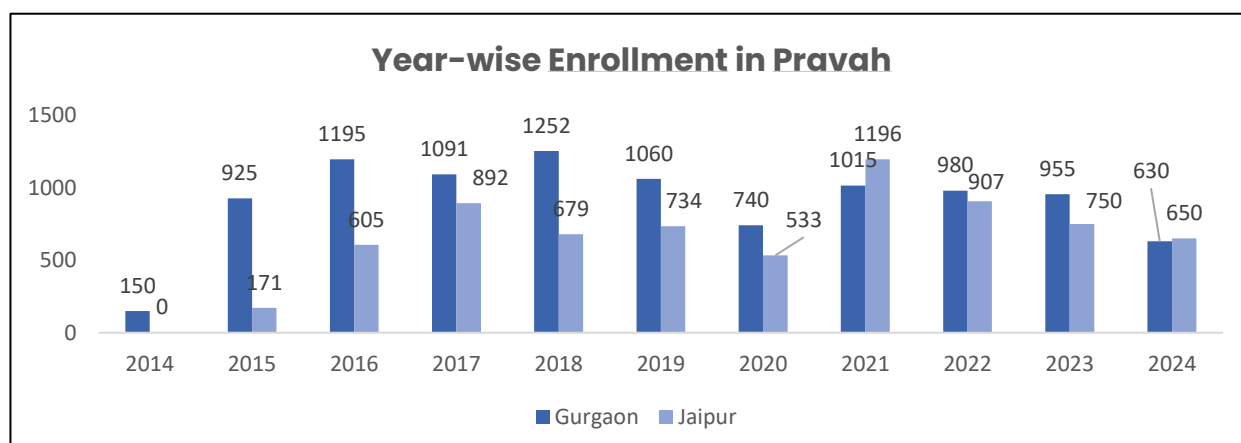
- Skill-based training
- **Assessments:** Regular weekly assessments, mid-term and final evaluations, with certification upon completion.
- **Training Support:** Trainer guidance, interactive sessions, and confidence-building activities.
- **Other supports:** Food and travel assistance for accessibility.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

#### B. Post-Training Support:

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

### 1.4 Project Outreach

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



## 1.5 Impact Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 1.6 Key Strengths of the Programme

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

## 1.7 Recommendations and Way Forward:

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

## Some Selective Case Studies

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

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

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

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



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

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

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

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



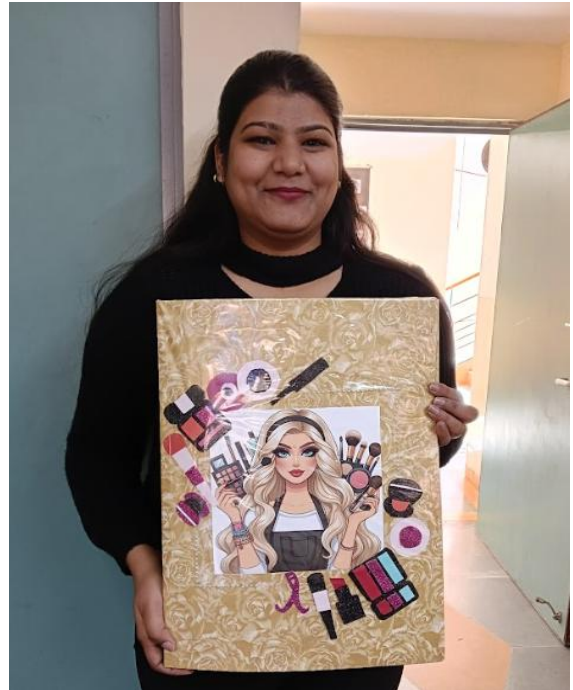


### Case Study 3: Radha Lakshmi: From Basic to Advance in the Beauty Industry

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

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

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



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

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

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





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

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

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

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

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



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

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

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

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



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

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

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

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



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

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

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

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



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

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





# Impact Assessment of the Shiksha Kendra Programme

A CSR Initiative of Varun Beverages Ltd.



## 1.1 Background

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

As per Annual Status of Education Report (ASER) The percentage of children in Std III in government or private schools who can read at Std II level dropped from 27.3% in 2018 to 20.5% in 2022.<sup>2</sup> In 2022, only 25.9% of all children in Grade III were at 'grade level' in math & about 20.5% in reading.<sup>3</sup>

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

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

## 1.2 Shiksha Kendra Programme

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

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

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

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

<sup>2</sup>

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

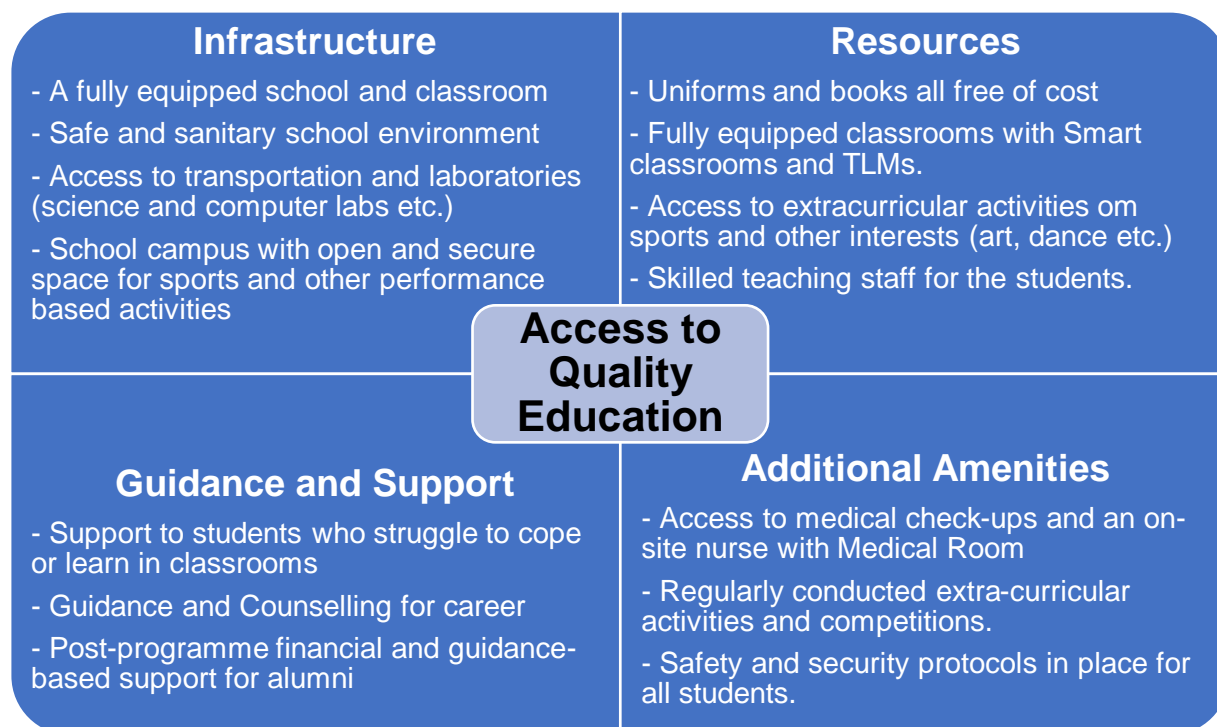
<sup>3</sup> [https://asercentre.org/wp-content/uploads/2022/12/All-India-ASER-2022-17\\_01\\_2023-final.pdf](https://asercentre.org/wp-content/uploads/2022/12/All-India-ASER-2022-17_01_2023-final.pdf)

<sup>4</sup>

[https://www.researchgate.net/publication/369236101\\_SCHOOL\\_DROPOUTS\\_REASONS\\_AND\\_PROSPECTIVE\\_SOLUTIONS-TEACHERS'\\_PERSPECTIVE](https://www.researchgate.net/publication/369236101_SCHOOL_DROPOUTS_REASONS_AND_PROSPECTIVE_SOLUTIONS-TEACHERS'_PERSPECTIVE)

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

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



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

### 1.3 Programme Structure

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

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

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

### 1.4 Project Outreach

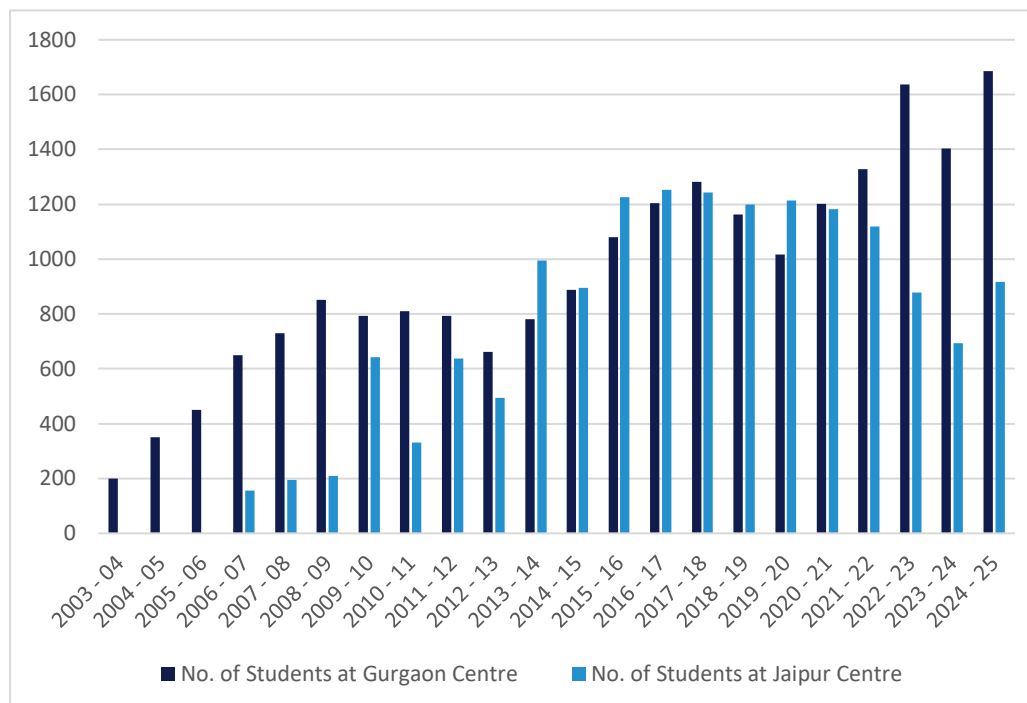
The Shiksha Kendra Programme operates in two major cities, **Gurgaon (Haryana)** and **Jaipur (Rajasthan)**, with a strong focus on empowering underprivileged communities. They aim to uplift and educate those in marginalised communities, build a strong foundation using Quality Education to build a better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

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



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

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



## 1.5 Impact Findings

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

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

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

- **91.5% students** came from families with more than 4 members; **38.5% of these students had one earning member in the family and 48.2% had two earning members.**
- **Relevance: The extent to which the project aligns with the community's expressed needs.**
- **Most of beneficiaries learned about the programme through family and friends,** highlighting strong community trust and effective word-of-mouth outreach. The school also prefers admissions through referrals.
  - Most of the students expressed that they would not have been able to afford a school with all the amenities that Shiksha Kendra provides.
  - **73% students who had been in other schools before Shiksha Kendra,** all of them (except one) shared that they would not go back to their previous schools.
  - **25.3% of students** (all first-generation learners) shared that access to Quality Education can help them **get better opportunities in future, help their families financially, help the people in their communities and expand their domain of available opportunities.**
  - Qualitative interactions with 10 of Shiksha Kendra's alumni revealed that **most students pursued higher education, they also are working along with their higher education programmes to support themselves and their families financially.**
  - Some alumni have secured well-paying jobs, while some chose to start small businesses with earnings reaching **₹45,000-₹55,000 per month,** showcasing the program's strong impact on career growth and financial independence.
  - Approximately **30% of the learners** were first generations in their families to access education.
- **Expectations: The extent to which the project is generated to respond to the needs of the communities.**
- **All respondents (100%)** stated that the curriculum **met their expectations.**
  - **All students expressed** that the teachers, amenities and the services in the school were exemplary according to them.
  - **All students of Shiksha Kendra** found the **teachers knowledgeable and supportive.**
  - The students found the school to be well equipped with sports facilities, trainers and equipment.
  - **All students had the opportunity to participate** and perform in extracurricular activities.
  - **All students expressed that the classrooms were not only well equipped but also active centres for learning** with varied activities and teaching-learning practices.
  - All students felt comfortable with their peers and teachers in the classroom. **The environment was open and friendly with everyone.**
  - The students felt **they were always heard and had the opportunity to present themselves in the classroom.**
  - **Almost all students recommended the Shiksha Kendra to others,** and most of them had come to Shiksha Kendra as students on referrals from family or community members highlighting its strong reputation and impact.

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

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

## 1.6 Comparative Analysis

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

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

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

### 1. Curriculum Framework and Accreditation (NIOS)

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

## 2. Learning Resources

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

## 3. Co-curricular Activities and Resources

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

## 4. Post Programme Support and Guidance

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

## 5. Career Counselling

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

## 6. Community Involvement

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

## 7. Infrastructure

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

## 8. Social Impact

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



## 1.7 Recommendations and Way Forward:

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

## 1.8 Case Studies: Stories of Impact

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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



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

She dreams of becoming a professor one day.

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

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

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



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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

**Current Status:** Working as a CA at Deloitte

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

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

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

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

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

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

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

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

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