



**Indian Oil Corporation Limited**

# **IMPACT ASSESSMENT STUDY REPORT**

**FOR**

**IndianOil Corporation Ltd. - 2022**

**By**



**Indian Institute of  
Corporate Affairs**

*Partners in Knowledge. Governance. Transformation.*

## **Disclaimer**

This report is not an audit of the CSR expenditure. It is an assessment of the social impact generated through the CSR projects. The information contained in the report is of general nature and is not intended to address the circumstances of any particular individual or entity. Recommendations and comments in our report are not intended, nor should they be interpreted to be a binding opinion. IICA does not undertake any responsibility arising in any way whatsoever, to any person other than IOCL in respect of the matters dealt within this report, including any errors or omissions therein, arising through negligence or otherwise, howsoever caused.

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## ACKNOWLEDGEMENTS

Any development, be it social, economic or political, cannot happen in isolation. Social development is only possible when all efforts are converged and all stakeholders work together to realize measurable social impact. Corporate Social Responsibility (CSR) is a way to put additional efforts to provide impetus to the development of the country and its people. IOCL has been implementing CSR projects and trying to improve the quality of life of its beneficiaries.

This report is an outcome of the Impact Assessment Study undertaken by the Centre for Excellence in CSR & Corporate Citizenship, Indian Institute of Corporate Affairs. The Study was undertaken with the cooperation and support of the officials and staff of IOCL.

We would like to extend our sincere thanks to IOCL and its officials involved in the study. This couldn't be possible without their co-ordination and constant support. We are also thankful to the field coordinators and data enumerators for conducting field survey.

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## LIST OF ABBREVIATIONS

IOCL	IndianOil Corporation Limited
CSR	Corporate Social Responsibility
S& CSR	Sustainability & Corporate Social Responsibility
OCED	Organisation for economic cooperation and development
DAC	Design, analyse and communicate
IICA	Indian Institute of Corporate Affairs
AOSN	Assam Oil School of Nursing
WHO	World Health Organisation
SDG	Sustainable Development Goals
ICMR	Indian Council of Medical Research
AWW	Anganwadi Workers
NGO	Non-Governmental Organisation

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## EXECUTIVE SUMMARY

IndianOil Corporation Limited (IndianOil) stands as the country's largest integrated Energy Company, with a comprehensive presence across the hydrocarbon value chain. Since its inception in 1959, IndianOil has steadily ascended to a leadership position, demonstrating a steadfast commitment not only to providing efficient and ethical energy solutions but also to making a tangible impact on the lives of Indian citizens. At the core of its operations lies a robust Sustainability & Corporate Social Responsibility (S&CSR) vision, aimed at creating sustainable business outcomes while prioritizing environmental impact mitigation and enhancing the quality of life for communities. This commitment is manifested through diverse initiatives encompassing health, education, environmental protection, women's empowerment, and more, strategically implemented across multiple states in India.

IndianOil's CSR endeavours extend beyond rhetoric to tangible actions, as evidenced by six meticulously chosen CSR projects recently subjected to an impact evaluation report. These projects, spanning varied geographical areas within seven Indian states, reflect the company's diversified approach in addressing societal needs. The initiatives cover a wide spectrum, focusing on health, family welfare, education, environmental conservation, access to potable water, sanitation, and empowering marginalized groups. Each project's distinct nature corresponds to the unique beneficiary demographics in their respective implementation areas.

To ensure a comprehensive assessment of their initiatives of IndianOil, IICA adopted the OECD's DAC framework, a globally recognized methodology. This framework enables a structured analysis of the outcomes and impacts of these CSR efforts, aiming to measure direct and indirect effects on beneficiaries and stakeholders alike. This strategic approach aligns with IndianOil's larger vision of creating value for stakeholders, incorporating environmental and social considerations into business decisions, and fostering goodwill while upholding ethical business practices.

### STUDY METHODOLOGY

The study was conducted in phases that included desk review, data collection, analysis, and reporting. Each phase was delivered with a deliverable and a directed actionable to begin the follow-on phase. The study involved data collection using: Focus Group Discussions (FGDs), in-depth interviews and Key Informant Interviews (KII). The study report also involved using telephonic survey methods to obtain information from the beneficiaries.

### DATA ANALYSIS

The study involves both primary and secondary data collection, related analysis and compilation of data in the form of a report. Understanding which beneficiary has benefited the most and which has helped in informing IOCL of the impact created by their interventions and necessary course corrections that may be required to enhance efficiency. The data and program analysis were meticulously conducted using selective parameters that were standardized for each of the six programs, aligning with their specific relevance. These parameters were tailored to encompass various critical areas of analysis, including:

**Selection Criteria:** To gauge the accessibility of the programs to the targeted beneficiaries.

**Beneficiary Engagement:** Assessing the depth of engagement to ensure sustained commitment.

**Methods for Inclusivity:** Evaluating measures to involve a broader spectrum of beneficiaries.

**Social Impact on Beneficiaries, their Families and Community:** Assessing the program's wider effects beyond its defined objectives.

**Thematic Benefit:** Evaluating how the program contributed to larger societal causes like healthcare or education accessibility.

## KEY HIGHLIGHTS

### 1. INDIANOIL ASSAM OIL SCHOOL OF NURSING

This CSR initiative undertaken by IndianOil had multi-dimensional impact in different spheres such as:

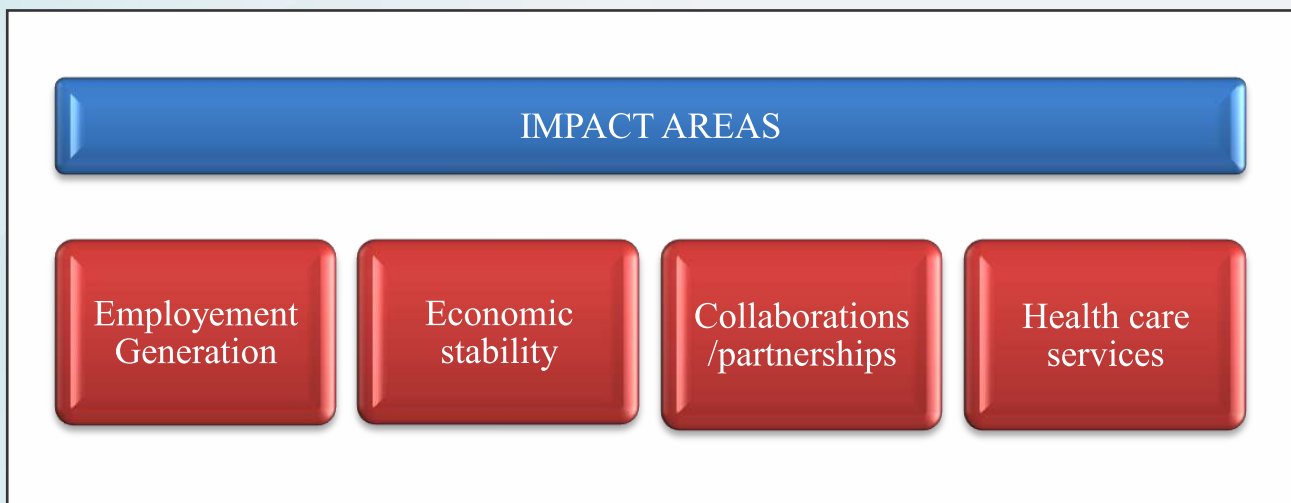


Figure 1: impact area of Assam Oil School of Nursing project

**Employment Success:** A survey conducted by the Indian Institute of Corporate Affairs (IICA) revealed that all beneficiaries who underwent training at the Assam Oil Nursing School (AOSN), whether in the 3-year Diploma in General nursing and Midwifery or the 4-year BSc. Nursing Programme, successfully completed their training and secured employment. These individuals are now employed either as contractual employees or interns in nearby regions like Dibrugarh, Golaghat, Sivsagar, Tinsukiya, Lakhimpur, Nagaon, Sonitpur and Digboi.

**Economic Stability:** The average salary earned by beneficiaries who completed their training at the IOCL Nursing School stands at **Rs 21,000 per month**. This reflects the program's success in not only providing employment opportunities but also contributing to economic stability among individuals trained through the program.

**Stakeholder Collaboration:** The success of the IOCL Nursing School's initiative can be attributed to effective collaboration among various stakeholders. IOCL's active involvement as a corporate partner providing essential funding for the program, played a pivotal role in its implementation and success.

**Strategic Partnerships:** The program's strategic partnerships extended to entities like the National Health Mission (NHM), specifically the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). These collaborations aimed at promoting nurses as vital clinical care providers within the healthcare system, contributing to the initiative's success.



Image 1: Strategic partners of the project

**Empowerment of Underprivileged Youth:** The research study evaluating the CSR project highlighted its significant achievement in providing stable career and livelihood opportunities to underprivileged young women. This initiative effectively addressed the shortage of qualified nurses in the North East, therefore empowering the local communities.

**Impact on Healthcare Services:** The IOCL Nursing School's CSR initiative successfully bridged a crucial gap in healthcare services within the North East region, enhancing access to quality healthcare by producing qualified nursing professionals.

## 2. INDIANOIL KARMAYOGI SWASTHYA BIMA YOJANA

In order to offer insurance services to the frontline staff, the Project “IndianOil Karmayogi Swasthya Bima Yojana” extended insurance cover to the contractual staff employed by business partners of IOCL. The policy cover includes hospitalisation due to COVID or for any other illness, up to Rs.1 lakh for policy holders and their family members.

Under the program, Health Insurance coverage (including protection from COVID-19) was extended to 3,05,454 personnel. The primary beneficiaries were frontline workers, who might not afford to cover the risk associated with COVID-19 and other ailments for themselves & their family member

During the project period, 295 hospitalization claims & 12 death claims were settled successfully. The coverage of beneficiaries was from across the country the project was implemented at a cost of 21.44 Cr. Per year.

Amongst the currently employed employees of IOCL business partners, 45% or 124 respondents availed benefits under this scheme for non-covid related illnesses. These respondents received the benefit of partial or full claim for medical expenses incurred for diseases such as:

1. Surgical treatment for specific diseases such as angioplasty, varicose vein surgery, heart related surgeries, uterus removal surgery, appendix removal, ear operation etc.
2. Delivery of pregnant women
3. Urine infection treatment, blood infection treatment, Typhoid treatment
4. Fire or other accident treatment
5. Cancer treatment
6. Fever, gastro related issues, kidney related issues (stone removal), fractures

17 of such respondents availed of insurance facility during COVID-19, extended under the Karmayogi Swasthya Bima Yojana offered under this CSR project.

### 3. MADHUR MUSKAAN PROJECT

IndianOil partnered with Mission Smile to undertake this healthcare Project. Mission Smile is an health care NGO focused on corrective surgery to the patient suffering from craniofacial deformities. The project outreach leveraged the network of ASHA and Anganwadi workers to engage with eligible beneficiaries, conducting community meetings and cleft screening camps for patient identification and mobilization.

During the time period of 2019-20 around 120 patients from Meghalaya and 225 from Assam were reached out through this project and stand to benefit from the reconstructive surgeries, implemented at a cost of 51.4 lakhs.

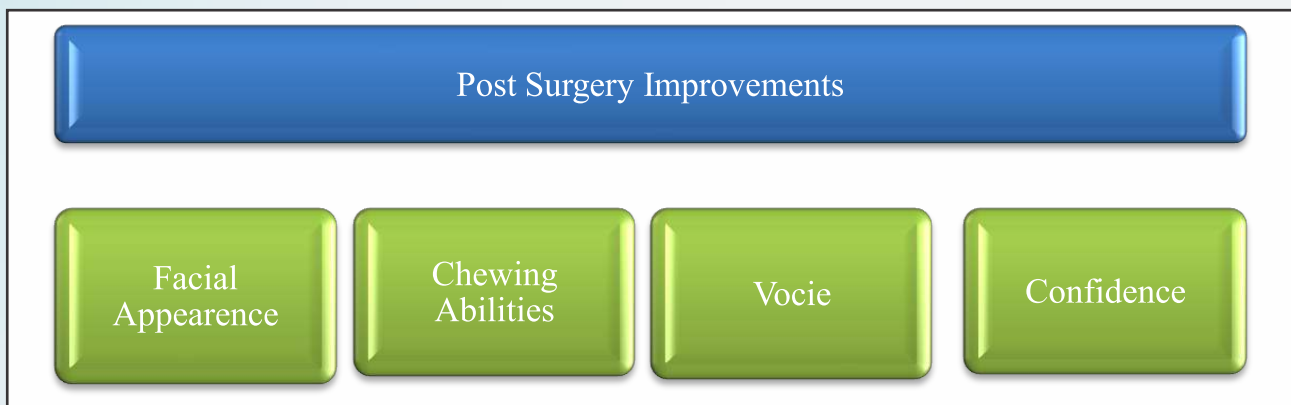


Figure 2: Post Surgery Improvements of Cleft Patients

Surgeries were conducted at Smile centres sponsored under the project. The project significantly impacted patients' lives, as discussed with participating doctors. Beneficiaries experienced visible enhancements in facial appearance, chewing ability, voice, confidence, and self-image post-surgery

Prior to the surgery, patients underwent preliminary diagnostic tests at the treatment facility, followed by up to three recommended post-treatment follow-up visits. The project's success not only addressed the physical deformity but also significantly contributed to the psychological and social well-being of the beneficiaries, reflecting the transformative impact of this endeavour.



#### 4. DEVELOPMENT OF CENTRE FOR CULTURE

The tradition of lore and legends of Odisha including that of Deogarh is quite ancient and very rich. Folk and oral literature of the primitive tribes of Deogarh is highly imaginative, fascinating and down-to-earth. The demographic composition of the area has its own distinctiveness and socio-cultural milieu. The government through specialized departments<sup>1</sup> is committed to conserve and promote rich cultural heritage, ethos and ideology. Encouragement of tribal artisans, performers and promotion of local arts and crafts thereby becomes a key to celebrate the rich cultural heritage of this area.



Figure 3: Activities conducted at the centre for culture

The cultural groups conducted religious and cultural activities like Yatras and Ram Navami festivities. On some occasions, the mandir trust also organizes religious gatherings where spiritual leaders give sermons. On some occasions the sports association conducted various sports events also. The construction of Centre for culture has provided adequate facilities to host the guests, and organize different forms of events of cultural and religious importance

The program by IndianOil included construction of 02 large multi-functional air-conditioned halls; 07 rooms for accommodation; Kitchen; Office-cum-store room and Eco-park at Deogarh rural district in the state of Odisha. The aim of the project is to promote local arts and crafts which are traditional and depicts rich cultural Heritage of Odisha.

The Centre for Culture has hosted 44 events until the Feb 2022. The project is successful in building long term social capital amongst the community members and is of cultural value in its promotion of rich heritage of Deogarh district.

#### 5. PROCUREMENT OF AMBULANCES FOR TRANSPORTATION OF COVID-19 PATIENTS IN MUMBAI

The evaluation of the ambulance services revealed several crucial findings regarding its operations and service utilization. Discussions with key resource persons indicated that the ambulance service covered extensive ground, operating on multiple routes to transport patients to hospitals. Process documentation provided to the evaluation team supported this assertion, affirming the ambulance's widespread coverage and mobility.

The study conducted by Sambodhi<sup>2</sup> on the impact of COVID-19 pandemic on medical needs of the city revealed lack of transportation facilities in initial lockdown months was a key challenge to provide access to adequate healthcare.

<sup>1</sup>Specialized departments such as ST&SC Development, Minorities & Backward Classes Welfare Department, Govt. of Odisha

The healthcare infrastructure of the city was in an overburdened state due to the rise in daily COVID cases. In addition to the health infrastructure viz. a greater number of hospital beds, ventilators, etc., a large count of dedicated ambulances in the city was required to attend the COVID patients.

The project included procurement of 13 ambulances to transport COVID patients to the nearby hospitals in association with Om Chaitanya Shree Bhanudasaya Stree Heet Vardhini Charitable Trust was undertaken. The ambulances were targeted to benefit 13,650 patients every year (1050 patients per ambulance per annum). The procurement of ambulances was undertaken at a financial implication of 1.91 Cr. to IndianOil.

It was found that the ambulance covered a lot of ground and plied on multiple routes to carry patients to hospitals. The cost of ambulance services undertaken would generally be around the range of Rs. 500 – 4000. However, under the initiative of IOCL ambulances were run free of cost for the COVID-19 patients.

The evaluation also revealed quantitative data reflecting the extensive reach and operations of the ambulance service. In the study conducted during September 18, 2020 to December 31, 2021 the 13 ambulances collectively serviced approximately 9 lakh kilometres during this period. This substantial distance covered underscores the vast geographical area served by the ambulance fleet within the specified timeframe.

## 6. PROVISION OF SAFE DRINKING WATER

Drinking water is being provided to residents of 6 villages i.e. Fajalpur, Nandesari, Angadh, Koyali, Rampura and Karachiya either through ten tapping points in the refinery water supply pipeline and household tap stations in some villages. The aim of the program is to ensure health & sanitation along with improving availability of quality drinking water to residents. The assessment found out that around 81% of the beneficiaries were very happy by the services provided by the IndianOil.

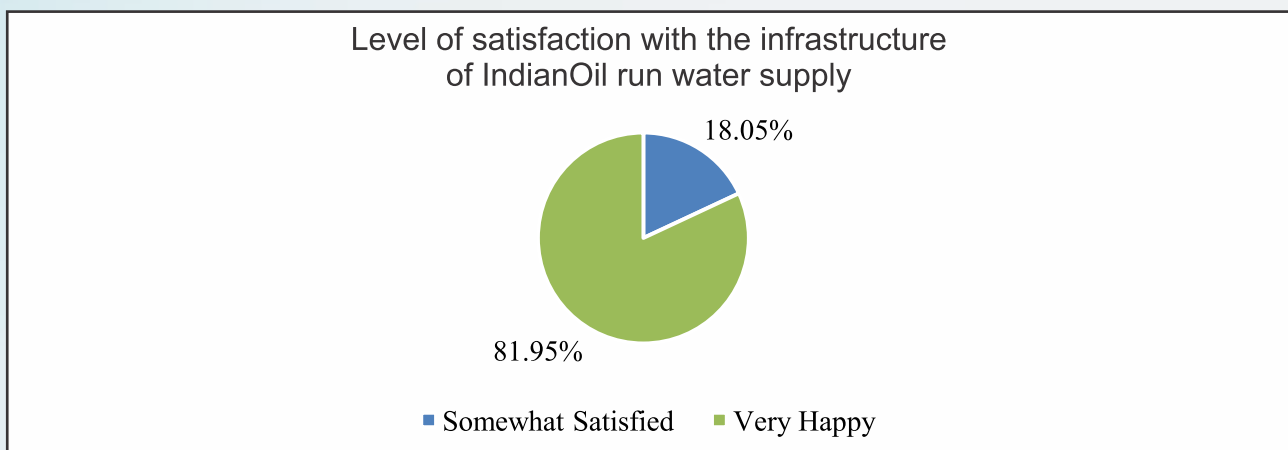


Figure 4: Level of satisfaction with the water infrastructure

Prior to IOCL's intervention, majority of the sampled households (78.4%) obtained their drinking water from a tube well, followed by 19% from piped water supply (Gram panchayat run). 1.5 % of the sampled households reported that they met their drinking water needs from hand pump, and 0.5% from water tankers. 39.8% of the households reported that they faced issues in the quality of water obtained from these old sources. The nature of problems reported include frequent cases of dysentery, diarrhoea and associated kidney and stomach problems. Post IOCL's intervention the following changes were noticed:

<sup>2</sup>[https://www.jica.go.jp/india/english/office/others/c8h0vm0000fdjmnnd-att/study\\_02.pdf](https://www.jica.go.jp/india/english/office/others/c8h0vm0000fdjmnnd-att/study_02.pdf)

- The supply of drinking water was found to be functional in all the six villages included in the study. All of the sampled households reported to be obtaining water from IndianOil run drinking water supply.
- The common water borne diseases that the respondents reported to be prone to includes cholera, diarrhoea and typhoid. The project is of particular significance in reducing the risk to such water borne diseases.
- The level of satisfaction of users was reported to be adequate across the six villages.
- Making water available free of cost reduces economic burden on 27.5% of the respondents who are reportedly below poverty line

The Impact Assessment Study concludes that the CSR Projects under IndianOil's initiative have been successful in creating a positive impact on the lives of the beneficiaries and their families. These projects cater to the health improvement measures, basic water and sanitation and promotion and improvement of cultural sectors. The projects work towards improving the lives of underprivileged and backward communities; at the same time improving the economic opportunities.



# 1. OVERVIEW

## 1.1 About IndianOil CSR initiatives

IndianOil Corporation Limited (IndianOil) is the country's largest integrated and diversified energy company. IndianOil's presence across the entire hydrocarbon value chain allows it to create sustainable business outcomes. IndianOil Company Limited was formed in 1959 and since then has steadily risen to a position of leadership with its ubiquitous presence and its diligence to make a mark in the lives of the citizens of India.<sup>3</sup> The IndianOil Corporation Limited (IOCL) has been partnering with communities in which it operates by supporting numerous initiatives connected with health, family welfare, education, environment protection, potable water, sanitation, empowerment of women and other marginalized groups.

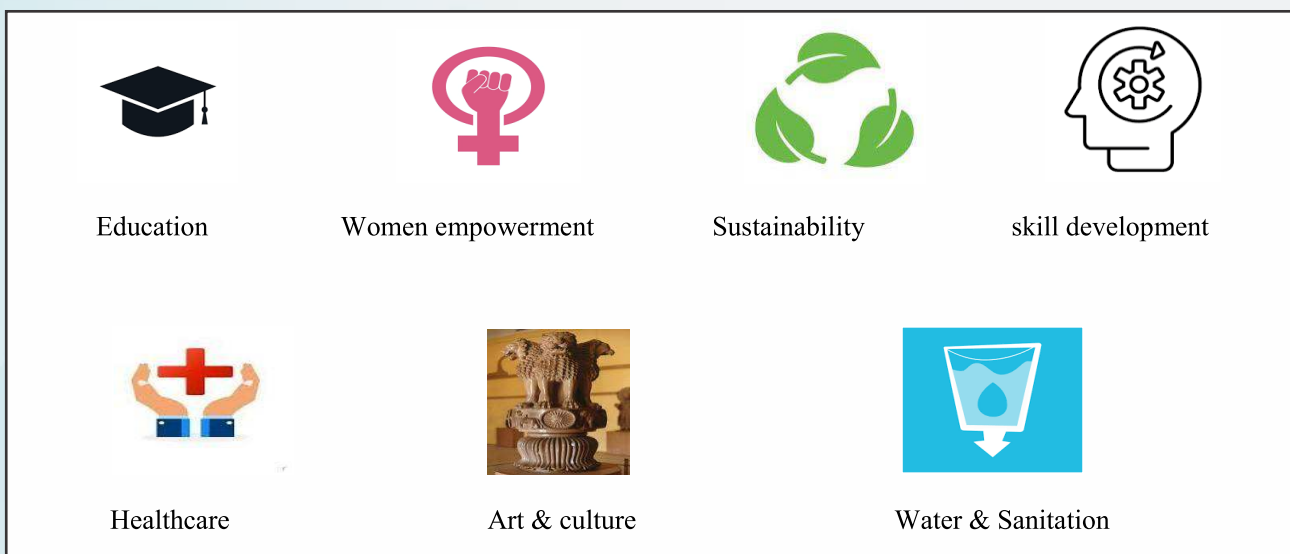


Image 2: IOCL's Areas of Impact

IndianOil's Sustainability & Corporate Social Responsibility (S&CSR) vision is to operate its activities in providing energy solutions to its customers in a manner that is efficient, safe and ethical, which optimizes the impact on environment and enhances quality of life of the community, while ensuring sustainable growth of business and the nation.<sup>4</sup>

IndianOil's CSR mission is to:

- Meet stakeholders' aspirations for value creation and grow along with the society.
- Optimize resources and mitigate environmental impacts by incorporating environmental and social considerations in business decisions.
- Earn stakeholders' goodwill and build reputation as a responsible corporate citizen.
- Conduct business with ethics, transparency and follow responsible business practices.
- Adopt & harness technological / social innovations for sustainability & achieving SDG's.

<sup>3</sup>[https://iocl.com/download/IndianOil\\_IR\\_02\\_08\\_2021\\_single\\_pg\\_view.pdf](https://iocl.com/download/IndianOil_IR_02_08_2021_single_pg_view.pdf)

<sup>4</sup>[https://iocl.com/download/IndianOils\\_Sustainability\\_and\\_CSR\\_Policy.pdf](https://iocl.com/download/IndianOils_Sustainability_and_CSR_Policy.pdf)

## 1.2 Overview of the projects to be reviewed for this study

In line with IndianOil's Sustainability & Corporate Social Responsibility vision, it has undertaken six CSR Projects at multiple locations in India. The list of the projects is as follows:

S.NO.	PROJECT	LOCATION	AREA OF IMPACT
1.	IndianOil Assam Oil School of Nursing, Digboi, Assam	Digboi, Assam	Healthcare & education
2.	IndianOil Karmayogi Swasthya Bima Yojana	Pune, Maharashtra	Healthcare
3.	IndianOil- Madhur Muskaan, Guwahati, Assam	North-East region	Healthcare
4.	Development of Centre of Culture at Deogarh in state of Odisha	Deogarh, Odisha	Art & Culture
5.	Procurement of ambulances for transportation of COVID-19 Patients in Mumbai	Mumbai, Maharashtra	Healthcare
6.	Supply of safe drinking water to 6 surrounding villages at Vadodara Refinery, Gujarat	Vadodara, Gujarat	Water

Table 1: Overview of the projects undertaken

## 1.3 IndianOil Assam Oil Nursing, Digboi, Assam

IndianOil's initiative is an attempt to add on to the healthcare infrastructure of the country in comparison to its population. India has over three million registered nurses and midwives who are responsible for country's 1.3 billion population, which is grossly inadequate. This is less than the WHO norm of three nurses per 1,000 people. India needs to add more than 4.3 million nurses by 2024 to meet the prescribed WHO norms.<sup>5</sup>

Additionally, according to the State of World's Nursing 2020 report by the World Health Organisation (WHO), India was among countries with the largest shortages of nurses (in numerical terms) in 2018.<sup>6</sup>

Strategic Direction of Nursing & Midwifery (SDNM) 2021-2025, recently passed at the World Health Assembly 2021, focused on investment in nursing education, creation of positions and leadership.

Nurses and midwives comprise almost half of the global health care workforce and have enormous potential to contribute toward attainment of SDGs. Health has a central place in SDG 3: Ensure healthy lives and promote well being for all ages, and clearly nursing has a major role to play in relation to SDG 3. But the work of nurses also has a major impact on the delivery of other SDGs such as education and poverty – these are often referred to as the social determinants of health (SDH).

### Project Brief

IndianOil Assam Oil School of Nursing runs a 3-year Diploma in General Nursing and Midwifery (GNM) course to young girls with intake capacity of 30 students per year, and 4-year B.Sc. (Nursing) course with intake of 30 students per year (from 2014). During 2020-21, 60 girls have been enrolled in Dec 2020 for these courses. The project was implemented at an average cost of 3 crore rupees per year.

<sup>5</sup><https://apps.who.int/iris/bitstream/handle/10665/331677/9789240003279-eng.pdf?sequence=1&isAllowed=y>

<sup>6</sup><https://indianexpress.com/article/cities/pune/need-to-address-shortage-of-nurses-urgently-experts-7674014/>

IOCL supports the Nursing School under its CSR initiatives and it is one of its flagship projects. It provides admission fee, hostel facilities, and books, uniform and even supports students by providing monthly stipend.



Image 3: Beneficiaries of the project

## 1.4 IndianOil Karmayogi Swasthya Bima Yojana

During the COVID-19 pandemic, medical service staff including doctors, nurses, and paramedical staff including others worked tirelessly to contain the virus and save lives. In addition to these COVID warriors, there was staff working to provide related services that were deemed essential to ensure social and economic life was disrupted as little as possible. Among them were the staffs ensuring smooth movement of essential petroleum supplies including LPG and petroleum products.

These essential workers faced an increased risk to COVID-19 infection. IOCL being conscious of the risk took concrete steps to make flexible work rules for health, safety and business continuity.

### Project Brief

Project offered insurance services to the vulnerable service providing staff. The Project “IndianOil Karmayogi Swasthya Bima Yojana” extended insurance cover to the contractual staff employed by business partners of IOCL. The policy cover includes hospitalisation due to COVID or for any other illness, up to Rs.1 lakh for policy holders and their family members. There is an in-built cover for accidental death benefits of Rs.2 lakh but limited to beneficiaries only.

### Need for the Project

Ensuring the safety of frontline workers during the pandemic is paramount. Implementing comprehensive measures as well as prioritising the healthcare needs of the workers and their families was undertaken by IOCL. The contractual staff employed through multiple business partners of IOCL played an essential role in maintaining the supply of essential services related to petroleum products during the pandemic. However, this required them to physically interact with customers at different phases of delivery and made them especially prone to the COVID-19 infection.

It was for this risk of infection that Oil Ministry; Government of India included petrol pump staff, managers, and owners as priority recipients of COVID-19 vaccination. In this regard the Oil Ministry stated “*These frontline workers had braved the intense first wave of the pandemic and ensured uninterrupted fuel supplies to the country*”<sup>7</sup>

<sup>7</sup><https://www.punekarnews.in/covid-vaccination-oil-ministry-recommends-to-include-petrol-pump-staff-managers-owners-for-getting-vaccine-on-priority/>



## 1.5 Madhur Muskaan Project

IndianOil's CSR project initiative for cleft patients stands as a beacon of compassion. Through strategic partnerships and dedicated efforts to bridge the gap between accessibilities and financial support were undertaken. This project was dedicated to individuals with cleft conditions and the transformative measures undertaken. It aims to provide corrective surgeries for better functional activities and social identities.

### Understanding Oral Clefts

Cleft Lip is a common congenital malformation (birth defect), also known as oral clefts. This birth defect is a health condition present by birth and it changes shape or function of one or more body parts. During the development of lip and palate in early pregnancy period, incomplete fusion of upper lip and palate leads to the formation of cleft lip/palate in a child.

*Cleft lip is an opening in the upper lip due to incomplete formation of the upper lip before birth. It may be unilateral or bilateral (on both sides of lip).*



Image 4: Children suffering with cleft deformities

A child can have a cleft lip, a cleft palate or both because development of lips and palate occur at different times during gestation. Children with these birth defects have difficulty in feeding and talking. They are also prone to ear infections, hearing loss, and dental problems.

### Cleft in India

As per a report published by Indian Council of Medical Research (ICMR) this form of congenital deformity is reported to be around 2 per 1000 live births or higher in Asia. Many of these children are born in rural parts where adequate resources for treatment are limited. Lack of awareness around this defect means that many patients are left receiving limited or sub-optimal care. This report suggested an urgent need to address this medical need to provide optimal care and effective management of this birth defect.

### Project Brief

The intervention included financial assistance for conducting corrective surgeries for cleft lip amongst the patients. IndianOil partnered with Mission Smile to undertake this Project. Mission Smile is a health care NGO focused on corrective surgery to the patient suffering from craniofacial deformities.



Image 5: Guwahati Comprehensive Cleft care centre

Mission Smile organised multiple screening camps at specific locations to identify cleft patients. Mission Smiles Patient Recruitment Department closely worked with State Health Department to get information of cleft children and created a data base of cleft birth children and backlog cleft children. The patients were reached through ASHA and Anganwadi workers (AWW) who have strong on-ground network and information regarding eligible beneficiaries. The patient recruitment team arranged a series of community meetings and cleft screening camps to identify and mobilise cleft children/parents.



Image 6: Children suffering from cleft lip with their parents

### Need for the project

Cleft deformities deprive children of a life of dignity and opportunity. The reconstructive surgery conducted under this project is aimed at helping cleft lip/palate patients to recover from the deformity and allow them to live a normal life and transform them to a healthy citizen. The cost free intervention by IOCL for cleft surgery allowed the families to save medical costs and improved access to effective medical treatment.



## 1.6 Development of Centre of Culture

### History of Traditional Arts in Deogarh<sup>8</sup>

The tradition of lore and legends of Odisha including that of Deogarh is quite ancient and very rich. Folk and oral literature of the primitive tribes of Deogarh is highly imaginative, fascinating and down-to-earth. They narrate through simple songs and tale various natural phenomena, their divine pantheon and flora and fauna around them. The district is particularly famous for visual performing arts including Rama Leela, Rasha Leela, Bandibotol, Suanga, Jatra, Geetabhinaya, Gotipuanach, Chaitighoda, Danda, Dashakathia, and Pala, etc. These performances often draw from periodic episodes and medieval classics.

Kendra Geet is another form of street performance performed by the mendicants of the Nath cult, popularly known in villages as Nath Jogis. Their narratives were based on folklores like “Tika Govinda Chandra” and other mythical compositions. The Nath Jogis sang in sonorous voice to the accompaniment of a string and bow instrument called Kendara like the Bauls of Bengal and were most popular among the rural women folk.

Among the current prominent theatre groups are Gopikishore Association, Jagarana Art International, Kalika and Naba Natya Niketan engaged in amateur theatre work. They have adopted current themes and technique in their presentations and join competitive theatre inside and outside the state

Such traditions are almost extinct due to lack of reception and the performers seeking other prudent vocations for economic reasons. Currently, however, folk dance forms like Dalkhai accompanied by lilting Sambalpuri lyrics are gaining popularity, along with the classical Odishi dance.

### Project Brief

The program includes construction of 02 large multi-functional air-conditioned halls; 07 rooms for accommodation; Kitchen; Office-cum-store room; Eco-park at Deogarh rural district in the state of Odisha. The aim of the project is to promote local arts and crafts which are traditional and depicts rich cultural Heritage of Odisha. The centre intends to encourage visual performing arts like Bandibotol, Suanga, Dashakathia, Rasha Leela and Pala, etc.



Image 7: The Centre for culture

The infrastructure created is targeted to facilitate various skill development programs such as Tailoring/sewing machine training/workshop, basic computer knowledge workshop and other programs under various Government initiatives such as Swatch Bharat Abhiyan, Yoga etc.

<sup>8</sup><https://deogarh.nic.in/culture-heritage/>

It could also be potentially be utilized for conducting medical health camps /eye Care camps & other mass awareness workshops such as Fuel & LPG conservation workshop under “Saksham”, Swachhta Workshop etc. The project under the head of Rural Development was completed with a financial implication of Rs. 2.59 Cr.

The role of IndianOil in the setting up of Centre for Culture at Deogarh is not restricted to funding alone. The Centre is an example of efficient resource management, where the project along the design phase, cost estimation, construction supervision was managed by an in-house team of IndianOil that had at its disposal advanced project management tools.

A well-planned design of the building consisting of 23 design prints was prepared as per the guidelines issued by the relevant authority.

Image 8 shows two examples of such prints prepared. The project saw active participation of the local community in the conceptualization of the project and included their contribution of land held under the Sri Gopal Jee Mandir Trust.

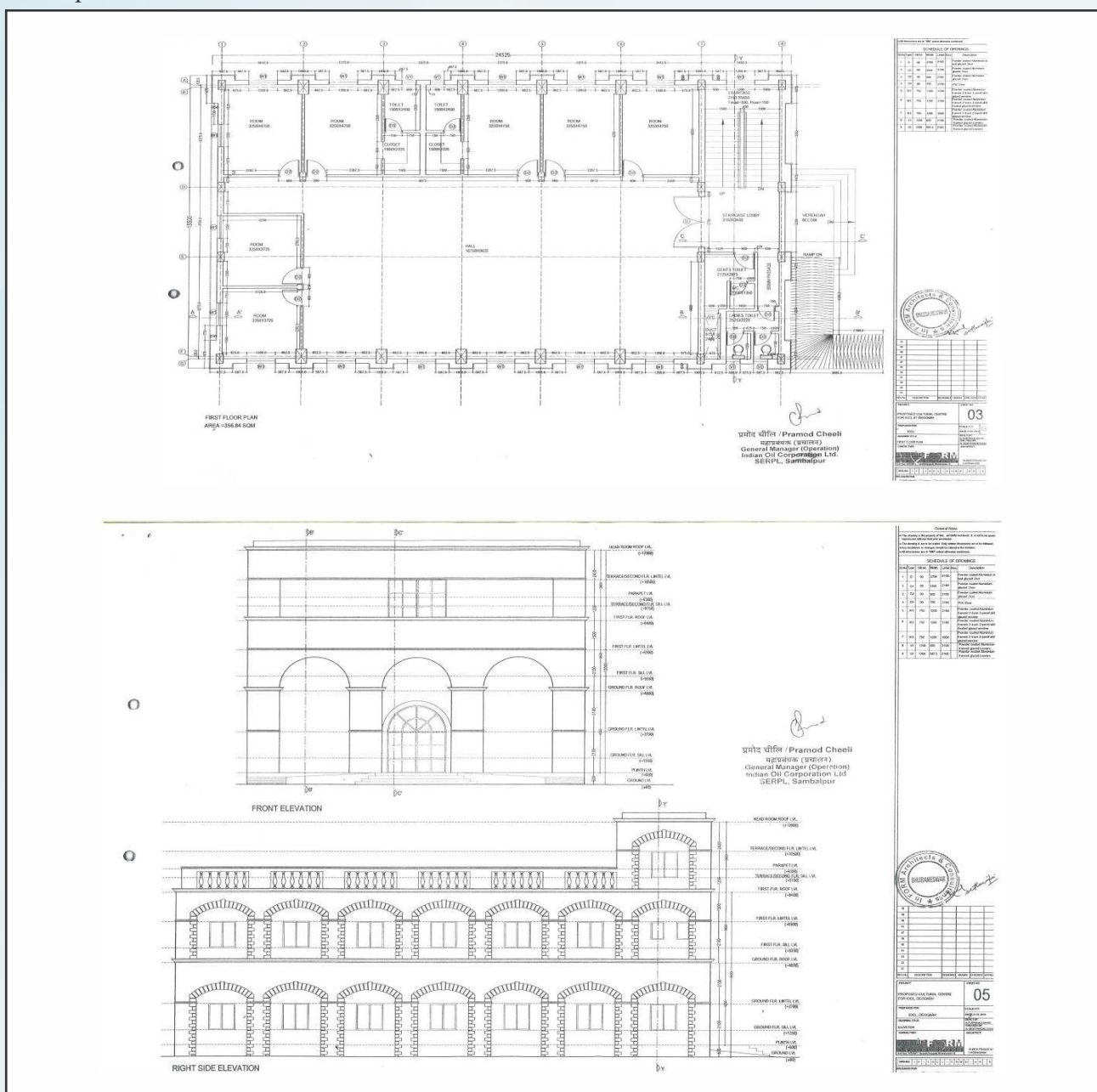


Image 8: Architectural Drawings of the Building

## Need for the Project

Deogarh district has a rich cultural tradition. This is evident from the vibrant cultural groups that are thriving in the area. A few of these include:

1. Drama Association of Deogarh (Natya Kala Sansad)
2. Sri Gopal Jee Mandir Trust (this is where the Centre is located)
3. Kabaddi Association of Deogarh
4. Badminton Association of Deogarh
5. District Athletic Association of Deogarh

These cultural groups regularly conduct events of religious and cultural importance to the local community. These events include an annual yatra that showcases dance events (including Sambalpuri and Odishi dance forms), live theatre, music festival and others. Another annual feature is the cultural fest organized on the occasion of Ram Naami that lasts for nine days and artists perform drama on a stage. In addition, the sports associations organize sports events that see participation of children and youngsters from Deogarh and nearby districts.

- I) Annual All India Cricket Tournament held in December each year. Teams from Ranchi, Chhattisgarh and Odisha compete in this tournament.
- ii) Pradhanpat Football tournament held in January that has teams from Odisha competing.
- iii) Annual Hockey Tournament that has participation of teams from Odisha.

On some occasions, the mandir trust also organizes religious gatherings where spiritual leaders give sermons. It is worth noting that the organization of all these events mean hosting participants from outside of Deogarh and require adequate arrangements for accommodation and conduct of these events.

Prior to the construction of Centre of Culture, the residents relied on two buildings that are located in the vicinity. The first building is a Dharamshala that offers paid accommodation service, however the building is quite old and lacks adequate maintenance. It does not have provision of air-conditioning that makes stay of guests difficult during summer months. The second building is a Kalyan Mandap, run by the local municipality. It does not have provision of rooms for overnight stay of guests and is mostly used for weddings/private functions.

The need for the project is evident from the lack of infrastructure to hold events of cultural importance and hosting of guests during these events.

## 1.7 Procurement of Ambulances for Transportation of COVID-19 Patients in Mumbai

Mumbai City is one of the most densely populated metros in India with a reported population of 1, 26, 43, 262 in 2015.<sup>2</sup> The healthcare system in Mumbai is diverse, comprising public and private sectors to serve its densely populated and dynamic population. The health infrastructure in the city is run by Municipal Corporation of Greater Mumbai (MCGM), Maharashtra state and the private sector. Spread across an area of 434 square kilometres, the health infrastructure of the city consists of several medical units such as Municipal Hospitals, clinics and dispensaries.

<sup>2</sup><https://portal.mcgm.gov.in/irj/go/km/docs/documents/MCGM%20Department%20List/Public%20Health%20Department/RTI%20Manuals/Health%20Info%20Eng.pdf>



1. Public Healthcare:
  - MCGM manages public hospitals and clinics.
  - Government-run hospitals like KEM Hospital and Nair Hospital provide affordable healthcare services.
  - Rajiv Gandhi Medical College is a prominent public medical institution.
2. Private Healthcare:
  - Mumbai boasts numerous private hospitals and clinics renowned for advanced medical care.
  - Institutions like Lilavati Hospital, Bombay Hospital, and Jaslok Hospital are well regarded in the private sector.
3. COVID-19 Response:
  - During the pandemic, Mumbai witnessed extensive efforts to ramp up testing and treatment facilities.
  - Jumbo COVID-19 care centres were set up to accommodate a surge in cases.
4. Specialized Care:
  - The city offers specialized healthcare services including oncology, cardiology, and neurology.
  - Advanced diagnostic and treatment facilities attract patients from across India.
5. Challenges:
  - Challenges include a high patient load, leading to occasional strain on resources.
  - Disparities in healthcare access exist, with some areas facing limitations in medical infrastructure.

Mumbai's healthcare system is multifaceted, blending public and private efforts to cater to the diverse healthcare needs of its population. The city continually adapts to address emerging challenges, leveraging both traditional and innovative healthcare solutions.

## 1.8 Provision of Safe Drinking Water

### About the location

Vadodara is an industrial district of Gujarat, with 35% India's power transmission and distribution equipment manufacturers and an estimated 800 ancillaries supporting the big player in power sector manufacturing and engineering industry are located here.<sup>10</sup>

### Project Brief

Drinking water is being provided to residents of 6 villages i.e. Fajalpur, Nandesari, Angadh, Koyali, Rampura and Karachiya either through ten tapping points in the refinery water supply pipeline or through household tap stations in some villages. The aim of the program is to ensure health & sanitation along with improving availability of quality drinking water to residents.

<sup>10</sup><https://vadodara.nic.in/economy/>

The features of the water points in the six villages are presented in the table below:

Villages	Name of the water point
Fajalpur	Gram Panchayat Point
	Refinery colony Point
Nandesari	Gram Panchayat Point
	GHB Point
Angadh	Ramgarh Chowki Point
	Somnath Nagar Point
	Prabhat Rabari Point
Koyali	Veraimata Mandir Point
Rampur	Baliyadev Mandir Point
Karachiya	Gram Panchayat Point

Table 2: Villages and water points of the project

### Need of the Project

The project by IOCL in these villages addresses the fundamental needs, contributes to community development, and lays the foundation for a healthier, more economically vibrant, and resilient community. Implementing a water pipeline project in these villages is crucial for several reasons:

1. Access to Clean Water:
  - Ensures consistent and reliable access to clean and safe drinking water for the village residents.
  - Reduces dependence on unreliable water sources, such as wells or water.
2. Health and Sanitation:
  - Improves overall community health by minimizing waterborne diseases caused by contaminated water sources.
  - Enhances sanitation practices, as clean water is essential for personal hygiene and proper sanitation facilities.
3. Time and Labor Efficiency:
  - Saves time and effort for villagers, particularly women and children, who often spend hours fetching water from distant sources.
  - Enables them to use this time for other productive activities like education or income generating work.

Therefore, the project by IOCL will not only cater to immediate needs but towards overall well being and positive trajectory for the entire community.

## 2. RESEARCH METHODOLOGY

Research Methodology outlines a series of steps involved in conducting a research with a purpose. The procedure and the techniques used in identifying, collecting, and analysing information or data regarding a specific topic are defined through a research methodology. The present study uses both qualitative and quantitative methods involving both primary and secondary data to assess the needs of the target area. Primary data was collected by conducting extensive fieldwork across all the six projects of IOCL.

### 2.1 IICA's Six-Step Approach

- The first step in the adopted methodology was to collate secondary data from different government sources (including websites, indices and publications).
- The second step was to prepare, pre-test and finalize the research tools for the field survey.
- The third step was to assemble a survey team and prepare them for the field survey in all the project locations.
- In the fourth step, Focus Group Discussions (FGD) were held for collecting qualitative information regarding the village.
- Fifth, data analysis of findings and preparation of the preliminary evaluation was done.
- The last step is the finalization of the report and reporting of conclusions and recommendations.

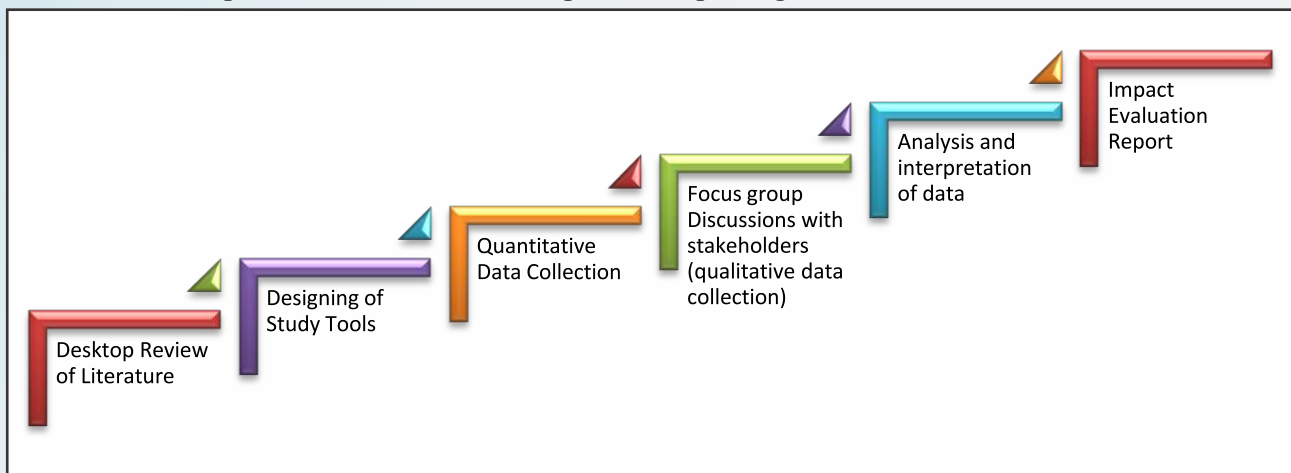


Figure 5: Research steps followed by IICA

### Sampling

The sample size of the survey varied across different project considering the magnitude of the project and available beneficiaries. As the population across ten projects varied, the sample and the tool used also varied accordingly.

An informed consent was also taken from every participant before the survey was conducted.

## 2.2 Research Tools, Data Collection & Data Analysis

The table below highlights the methods used for data collection for all the six CSR projects by IOCL.

S.NO	PROJECT	TOOL
1.	IndianOil Assam Oil School of Nursing	IDI
2.	IndianOil Karmayogi Swasthya Bima Yojana	Telephonic surveys
3.	Madhur Muskaan Project	KII + survey
4.	Development of the Centre for Culture	Physical observation + KII + FDG
5.	The procurement of ambulances for transportation of COVID-19 Patients in Mumbai	Survey
6.	The Provision of Safe Drinking Water	Physical observation + KII + FDG

Table 3: Research tools used to evaluate the projects

### Research Tools for IndianOil Assam Oil School of Nursing

The research tool deployed depends upon the research goals; a combination of tools is employed to ensure a comprehensive understanding of the studied project. The research tools for the study included beneficiary surveys and in-depth interviews with relevant stakeholders. The beneficiary surveys were conducted with various trainees of Nursing School using a separate set of guided questions developed for respondents.

An In-Depth Interview (IDI) is defined as a qualitative research technique where, intensive individual interviews are conducted. In such interviews there are smaller numbers of respondents so that on a program, idea, or subject the respondent's perspectives are explored. An IDI can also be mentioned as a loosely structured interview which permits freedom for both the interviewer and interviewee in case of changing directions and exploring additional points when required.

In the present study, in-depth interviews were conducted with the Principal and staff of the nursing school along with some trainees to understand the impact and effectiveness of the intervention.

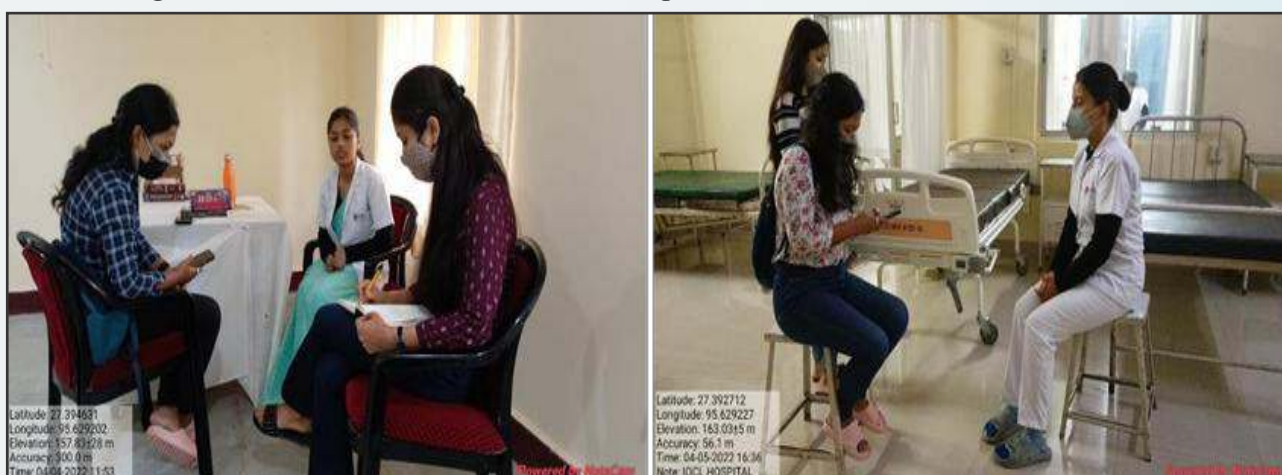


Image 9: In-depth interviews being conducted for IOCL nursing programme



### Research Tools for IndianOil Karmayogi Swasthya Bima Yojana

The key research tool used for this project was telephonic surveys that were conducted based on the beneficiary list obtained through the insurance provider. A total of 308 respondents were reached out and information on their awareness of the scheme, and whether they availed of any services under the scheme was sought.

The telephonic method for research involves using telephone communication to gather data from participants. Researchers use phone calls to reach respondents, ask questions, and record their responses. Telephonic research methods offer certain advantages, such as the ability to reach a diverse and geographically dispersed sample. They also provide a relatively quick way to collect data.

### Research Tools for Madhur Muskaan Project

The study involved key informant interviews (KII) with key stakeholders such as doctors, centre staff and beneficiary survey with the parents/guardians of the patients. The sample involved conducting 3 KII and 54 parents/guardian surveys.

Key informant interviews are a qualitative research technique that involves gathering information from individuals who have specialized knowledge or expertise on a particular subject. These individuals, in this case the doctors and the centre staff contributed significantly to the understanding of the cleft condition.

Key informant interviews followed a semi-structured format, allowing for flexibility in questioning.

### Research Tools for the Development of the Centre for Culture

Physical observation was the primary research tool employed in the study. In addition Focused Group Discussions and Key Informant Interviews were also conducted during the researchers visit to Deogarh.

The informants included the Managing Trustee of the Mandir Trust, the Treasurer of the trust, members of District Athletic Association Deogarh, the caretaker of the building, the caretaker of Kalyan Mandap and local residents of the area.

The physical observation method of survey involves direct visits to the sites. This method enabled open-ended exploration, understanding and development in the area in a natural setting.



Image 10: IICA Field Team during physical inspection of the Centre for Culture

TOOLS	TARGET POPULATION	SAMPLE
Physical Observation	Centre for Culture Building	-
Focused group Discussions	Male & female group of beneficiaries	2
Key Informant Interviews	Key stakeholders involved in the project	6

Table 4: Tools & sample size used for the investigation at the Centre for Culture

### Research Tools for the procurement of ambulances for transportation of COVID-19 Patients in Mumbai

In order to ascertain the impact created through the project, a beneficiary survey and discussion list was prepared. However data collection was marked with a key challenge of locating the beneficiary patients who availed of the ambulance service due to the following reasons:

- The project included issuing a mobile number on which the patients/families could contact to request for an ambulance. During the peak of the pandemic however the distressed patients/families would contact more than one ambulance service making it difficult to locate which service provider rendered service to the patients.

However, after evaluating available documents and bills provided the IICA team was able to comprehend the impact created by this project.

### Research Tools for the Provision of Safe Drinking Water

The research method used to analyze the impact in six villages involved using physical survey, Focused Group Discussions and Key Informant Interviews. These tools offer diverse approaches to gather data.

Physical observation provides a direct, unobtrusive perspective; FGD's foster group dynamics and discussions; KII's tap over specialized knowledge of key informants.

TOOLS	TARGET POPULATION	SAMPLE
Physical Observation	Drinking water beneficiary households	399
Focused Group Discussions	Drinking water beneficiary households	6
Key Informant Interviews	Gram Panchayat member/ civil department	12

Table 5: Outline of the research tools used in Vadodara

### 3. KEY FINDINGS

This section describes the profile of the beneficiaries or the area, the feedback from the beneficiaries over the impact and the benefits of the CSR projects. The Impact Assessment Report takes into consideration the demographic and the social profile of the areas as well.

#### 3.1 INDIANOIL ASSAM OIL SCHOOL OF NURSING

Majority of the respondents belonged to marginalized economic background. Figure 6 shows the distribution of respondents based on different social categories. It shows that 65% of the respondents belong to Other Backward Class Category, followed by 20% General Category and 10% Scheduled Caste and 5% Scheduled Tribes respectively. About 65% of the respondents reported to own a Below Poverty Line ration card.

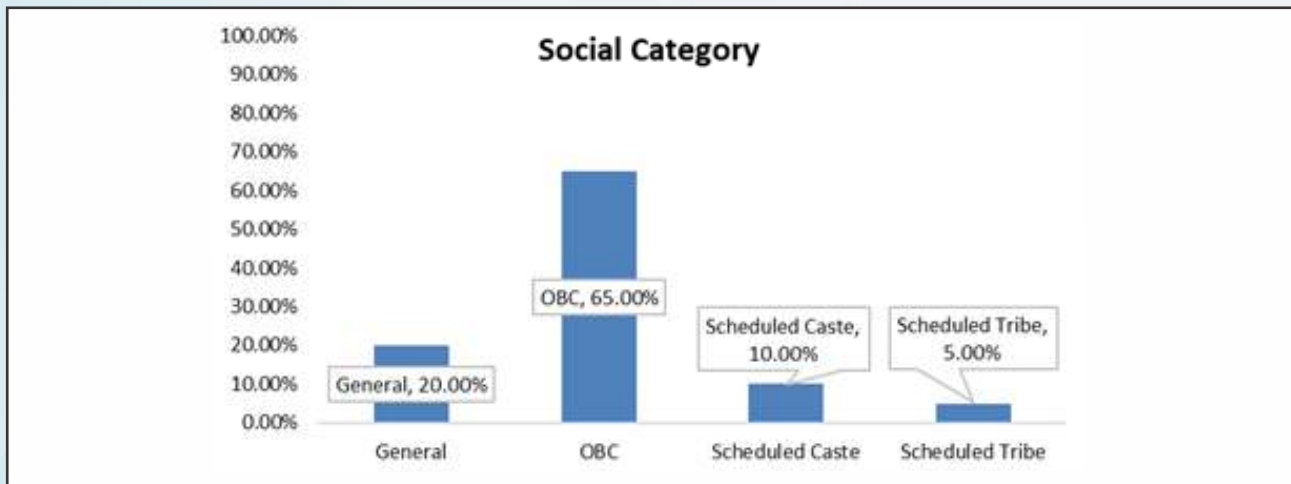


Figure 6: Social Category of respondents

#### Infrastructural features

Indian Nursing Council, a statutory body under the Ministry of Health and Family Welfare has issued the guidelines and minimum requirements to establish/open a General Nursing and Midwifery School of Nursing (GNM School). In terms of effectiveness of the infrastructure of the Nursing School, the physical facilities that are required vis- a-vis the availability of facility at IndianOil Assam Oil school of Nursing is as follows:

PHYSICAL INFRASTRUCTURE	AVAILABILITY AT AOSN
Teaching Block	Yes
Multi-purpose Hall	Yes
Principal Room	Yes
Vice Principal Room	Yes
Library	Yes
Classrooms	Yes
Toilets	Yes
Fire Extinguisher	Yes
Garage	Yes
Drinking water	Yes
Hostel	Yes
Canteen	Yes

Table 6: Availability of key infrastructural Facilities





Image 11: Principal room, vice principal Room & Library (clockwise) at AOSN



Image 12: Common Room, Fire Extinguisher & Classroom (clockwise) at AOSN



### 3.1.1 QUANTITATIVE IMPACT

#### 1. Employment success

IICA survey found that 100 per cent respondents who were beneficiary of Nursing school either in 3 year Diploma in General nursing and Midwifery or 4 year BSc. Nursing Programme during the evaluation period have completed their training at AOSN and are employed.

Training Program	Number of Beneficiaries	Completion Rate	Employment Status	Employed Locations
GNM (3-year)	Total beneficiaries	100%	Contractual employees or interns	Dibrugarh, Golaghat, Sivsagar, Tinsukiya, Lakhimpur, Nagaon, Sonitpur, Digboi
BSc. Nursing (4year)	Total beneficiaries	100%	Contractual employees or interns	Dibrugarh, Golaghat, Sivsagar, Tinsukiya, Lakhimpur, Nagaon, Sonitpur, Digboi

Table 7: Employment success of the training programme run by IOCL

#### 2. Economic developments of the beneficiaries

The average salary earned by beneficiaries who completed their training at the IOCL Nursing School stands at Rs 21,000 per month.

### 3.1.2 QUALITATIVE IMPACT

#### 1. Collaborations and partnerships

The IOCL Nursing School could be considered a good example of collaboration between different stakeholders leveraging on each other's strengths to implement a solution for addressing challenges related to creation of healthcare workers in North East part of India.

The program's strategic partnerships extended to entities like the National Health Mission (NHM), specifically the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). These collaborations aimed at promoting nurses as vital clinical care providers within the healthcare system, contributing to the initiative's success.

#### 2. Empowerment of the youth

The research study has found that the CSR project of IOCL has achieved the objective of providing stable career and livelihood opportunities to young underprivileged girls from Assam.

#### 3. Adding to health care system

The IOCL Nursing School's CSR initiative successfully bridged a crucial gap in healthcare services within the North East region, enhancing access to quality healthcare by producing qualified nursing professionals.

#### 4. Social impact

This initiative stands as a testament to IOCL's commitment to social welfare and sustainable development, demonstrating its dedication to making a tangible and meaningful impact on the communities it serves.

These findings collectively underscore the positive outcomes and the broader societal impact resulting from the IOCL Nursing School's CSR initiative in addressing healthcare worker shortages and empowering underprivileged communities in the North East region of India.



Dr. Aparajita Phukan is the Principal of AOSN. She informed that there are 14 teachers and nearly 203 students currently studying at AOSN. While there are 3 nursing schools in the district/ nearby area, their nursing school is well known for its quality of teaching. Students are admitted to AOSN through a written test and interview. The Nursing school has a fully-functional laboratory and clinical facilities. IOCL began supporting the nursing school since 1986, way before CSR laws came into being.

There are many awards that her school has won, some of them are Women Empowerment Award-Odisha CSR Conclave 2014 in Bhubaneswar, CSR National Award, Women Empowerment Award-World CSR Congress 2014 in Mumbai, Outstanding CSR in the Oil & Gas Sector Award 2014 at CSR Conference by Think Media, Women Empowerment PRSI Award 2015: Best CSR Project, ABP News “CSR Leadership Awards on Women Empowerment” held at Mumbai in 2016, ASSOCHAM Award 2017 for Nursing. Many of her students have also outshined at the University level by getting ranks among top ten students.

Figure 7: Testimonial 1



Rima Toppo, from Sivsagar is working as an intern at the IndianOil Hospital and earning a monthly stipend of Rs 15000/ per month. Her father is a farmer. her monthly family income is Rs 20000/. She completed a 3-year Diploma in General nursing and Midwifery (GNM) from AOSN in 2021. She was very happy to have the opportunity to get trained as a Nurse from IOCL. She wouldn't have been able to pay the fee has IOCL had not supported her. Now that she earns money, she can support her family and also feels proud to be working at IOCL Hospital and serving people. She wishes to get a government job.

Figure 8: Testimonial 2

### 3.1.3 RECOMMENDATIONS

- Establishment of a Placement cell: Since majority of girls are not provided any placement support from the Nursing School, it was suggested that there should be a placement cell for providing all necessary guidance to students for employment. A cell acting as a resource can connect with various hospitals and medical facilities where students can join as trainees, interns or for a job after Graduating. It can also conduct various seminars/ lectures by experts/ career awareness programs etc. to prepare the students for facing interviews. Students and faculty both should be part of the placement cell.
- Establishment of a student counselling cell: the student counselling cell could contribute to the holistic development and overall well-being of the students in their journey. The cell can provide emotional support, academic guidance, problem resolution, personal development and career counselling and crisis intervention.

- Increase in number of Exposure visits: It was told that exposure visits are conducted by the Nursing school; however beneficiaries felt that their number and frequency could be increased to improve the practical experience.
- Establishment of Computer lab: Advancements in technology have changed the health care delivery system resulting in computerisation that affects all areas of patient care. Nursing education programs must assure that all graduates can effectively use computer technology. Thus, there is a need for fully equipped computer laboratory with multimedia, internet facilities at AOSN. It will give the students the opportunity to experience a real-life application in the nursing profession and prepare them for the world of technology they will encounter after graduation.
- Establishment of Skills labs: There is an immediate need for establishment of skills labs for 3 departments (Medical, Surgical, Nursing) as shared by students and faculty of the Nursing school. Skills Lab serves as a prototype demonstration and learning facility for health care providers so that they develop desired competencies. Skills Lab is equipped with various skill stations as per the skill requirements for various cadres of the healthcare providers. This will also aid in institutionalizing the usage of Standard Operating Procedures (SOPs) and adherence to technical protocols, so that they become a part of routine practice. Such labs have an edge over other didactic methods by providing the opportunity for repetitive skill practice, simulating clinical scenarios under the supervision of a qualified trainer. These should be established as per the guidelines mandated by the Ministry of Health and Family Welfare

## 3.2 INDIANOIL KARMA YOGI SWASTHYA BIMAYOJANA

### DEMOGRAPHIC DETAILS

#### Gender representation

The sample included 11.6% females who were employed as drivers, operators of petrol pump/LPG distribution centres or held management positions.

#### Age distribution

The average age of the respondents was 40 years, and was distributed across 14 states and one Union Territory in India including Kerala, Karnataka, Rajasthan, Uttar Pradesh, Karnataka, West Bengal, Tamil Nadu, Gujarat, Maharashtra, Puducherry, Haryana, Himachal Pradesh, Andhra Pradesh, Assam and Bihar.

#### Social background

The sample shows a good mix of social backgrounds, with 39.6% of the respondents belonging to Backward Classes(OBC), 9% Scheduled Caste and 8.4% Scheduled Tribes.

#### Economic status

58.1% of the sampled respondents reported to have a Below Poverty line ration card.

#### Employment diversity

Majority of the respondents reported to be frontline workers currently employed by IOCL business partners as retail outlet attendants, while 10.7% shared that they had been employed with IOCL business partners in the past.

The currently employed personnel held a variety of jobs with IOCL business partners that included customer facing roles such as petrol pump attendant (including tyre maintenance team, pollution checking team), product delivery team (including carrying petroleum products in tankers to the petrol pumps, or delivering LPG cylinders to customers) as well as back end tasks such as accounts department/cashier, sales team, office boys, housekeeping team and managers.

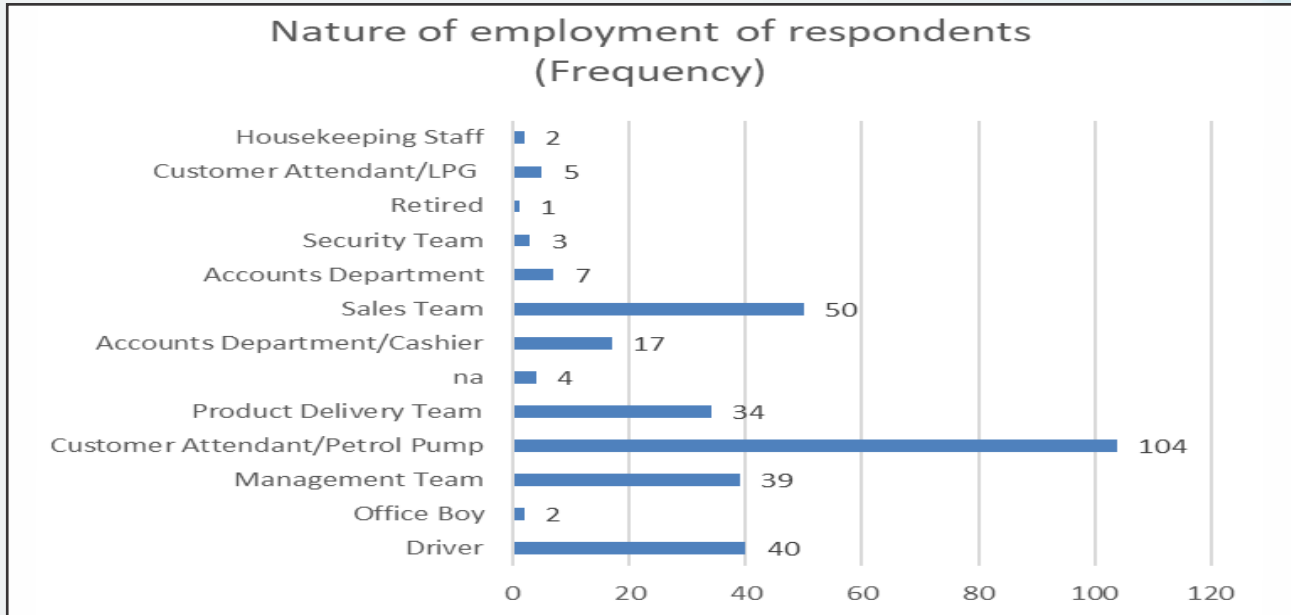


Figure 9: Nature of employment of the respondents

### Income variations

As found out in the survey conducted by IICA the average monthly income reported by the respondents is approximately Rs 13000.

### Scalability of the project

The project aimed at providing health care facilities to the frontline workers was successful in creating an impact and covering the cost for the treatment.

Aspect	Details
Beneficiaries	Covered 3, 05,454 personnel, primarily frontline workers, with health insurance including COVID-19 protection.
Coverage	Provided hospitalization coverage up to Rs. 1 lakh for policyholders and families. Accidental death benefit of Rs. 2 lakh limited to beneficiaries.
Digital Approach	Entire process, from beneficiary details collection to insurance claims, conducted digitally, eliminating physical movement needs.
Administration	Managed through a web portal by Third-Party Administrator, MD India Health Insurance Pvt Ltd., Pune.
Claims	Successfully settled 295 hospitalization claims and 12 death claims, benefiting personnel from diverse regions.
Cost	Executed at an annual cost of 21.44 Crores.

Table 8: Coverage of the Karma Yogi Swasthya Bima Yojana



### 3.2.1 OUTCOMES OF THE PROJECT

78.5% of the respondents who are currently employed with IOCL business partners reported that they were aware of the Karmayogi Swasthya Bima Yojana offered under the project. Majority of these aware respondents were made aware of this scheme through communication from IOCL or its business partners.

Amongst the currently employed employees of IOCL business partners, 45% or 124 respondents availed benefits under this scheme for non-covid related illnesses. These respondents received the benefit of partial or full claim for medical expenses incurred for diseases such as:

- Surgical treatment for specific diseases such as angioplasty, varicose vein surgery, heart related surgeries, uterus removal surgery , appendix removal, ear operation
- Delivery of pregnant women
- Urine infection treatment, blood infection treatment, Typhoid treatment
- Fire or other accident treatment
- Cancer treatment
- Fever, gastro related issues, kidney related issues (stone removal), fractures

82 respondents reported that they themselves or somebody in their family had been infected with COVID-19 virus during the project period. 17 of such respondents availed of insurance facility extended under the Karmayogi Swasthya Bima Yojana offered under this project. 24 of such respondents were able to pay for the medical expenses through family and friends. The remaining respondents' availed financial assistance from other sources such as government subsidy (free of charge treatment at government hospital), non-program insurance schemes

### 3.2.2 RECOMMENDATIONS

- Continuation of the project: The project implemented for an year may be carried forward for another year in modified measures in future as well. This could strengthen IOCL's stand under its CSR projects.
- Safety measures and equipments: medical supplies like masks face shield and sanitizers could have been made available to protect from the pandemic scare.
- Community Health Education Programmes: develop educational programs focusing on preventive health issues, promoting awareness and preventive measures with the community and the work place.

## 3.3 MADHUR MUSKAAN PROJECT

### DEMOGRAPHIC CHARACTERISTICS

A total of 120 patients from Meghalaya and 225 from Assam stood to benefit from the reconstructive surgeries undertaken as part of this project, implemented at a cost of 51.4 lakhs during the 2019-20. The beneficiary survey included interactions with 54 parents/guardians of the patients. These included 30 male and 24 female respondents, and the average age of the patients were reported to be 5 years.

#### Age demography

The participating patients under this project were as young as two years and up to 16 years old. Majority of the patients (55%) were reported to be either 3 or 4 years old.

### Geographical diversity

The sample represents a wide range of respondents belonging to 23 different parts of the state including Barpeta, Bongaigaon, Cachar, Chirang, Dhemaji, Dhubri, Dibrugarh, Goalpara, Golaghat, Guwahati, Hajo, Jorhat, Kamrup, Karbi Anglong, Karimganj, Lakhimpur, Morigaon, Nagaon, Nalbari, Sivasagar, Sonitpur, Tinsukia, and Udalguri.

Majority of the respondents (100%) represented patients who suffered from cleft lip/palate deformity since birth.



Image 13: Map showing location of the respondents

Majority of the respondents belonged to below poverty line household category (87.4%). The coverage of Health Insurance was found to be minimal with only 2 respondents reported to having an active Health Insurance.

Majority of the respondents (34) learnt about the project from the medical facility where this treatment was offered, followed by (16) relatives/friends.

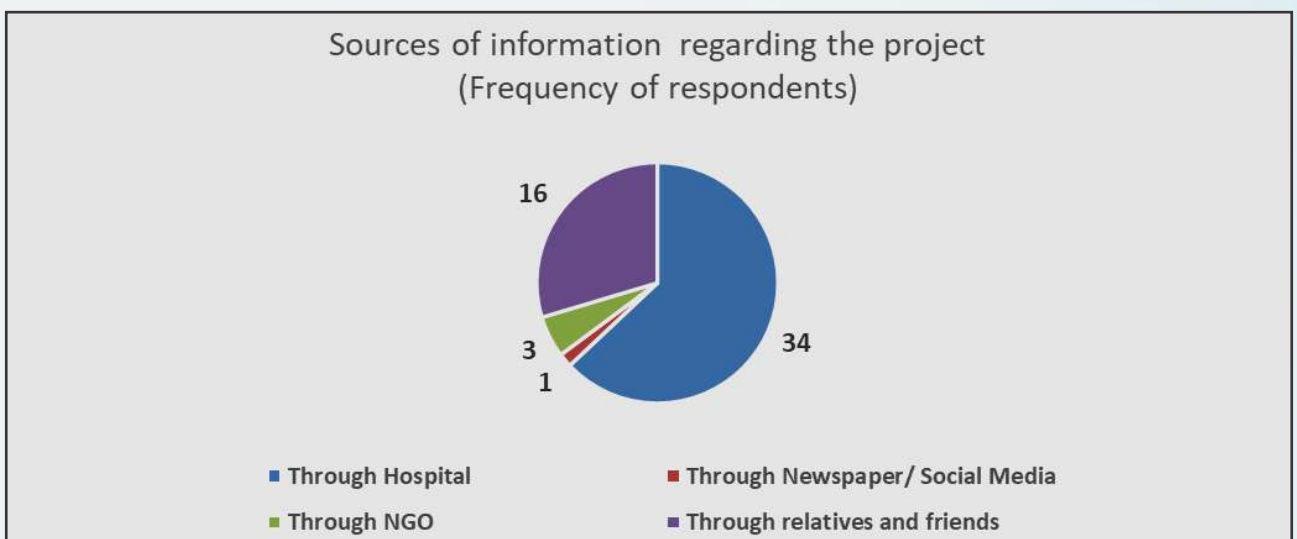


Figure 10: Sources of information regarding the project

Intervention for oral clefts is necessary because they can affect essential functions like eating, speaking and hearing. Surgical correction improves these functions and addresses potential social and psychological impacts on individuals with clefts, promoting a better quality of life.

### Issues reported

It was found that majority of the respondents reportedly faced some issue prior to the Madhur Muskaan Project. The reported issues include:

- 45 beneficiaries reported that they had un-aesthetic facial appearance
- 34 respondents faced difficulty in speaking
- 33 respondents faced difficulty in eating food
- Difficulty in breathing was reported by 17 respondents
- 13 respondents reported that they felt anxiety and showed symptoms of depression
- 13 respondents also felt social stigma because of their medical condition.

The corrective surgeries were conducted at Mahendra Mohan Choudhury Hospital (MMCH) Guwahati and Guwahati Comprehensive Cleft Care Centre, MMC Hospital Pan Bazaar in Guwahati. No consultation fees or treatment charges were reported to be charged from the sampled respondents, as they were eligible for accessing cleft treatment free of cost.



Image 14: Pictures of beneficiary patients

### 3.3.1 QUALITATIVE IMPACT

In the survey conducted by IICA it was found that surgeries were conducted at Smile centres sponsored under the project. The discussion with the participating doctors reveals that the beneficiaries benefitted through improvements in their:



- Functional improvement like chewing, speaking and clear voice
- Enhancement of facial appearance
- Psychological well being
- Social acceptance
- Quality of life

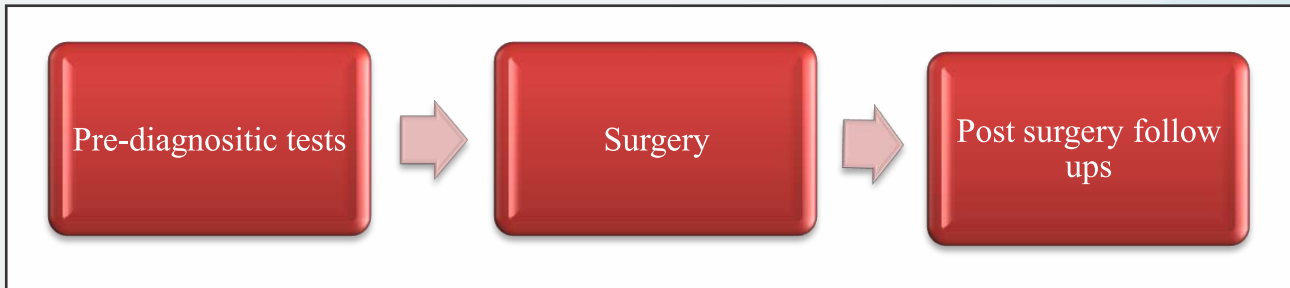


Figure 11: Process of the surgery

The patients were required to visit the treatment facility once prior to surgery for basic diagnostic tests such as haemoglobin, blood pressure etc. After undergoing the treatment, patients were eligible for up to three follow up visits as recommended by the doctor.

### 3.3.2 QUANTITATIVE IMPACT

- A clear majority of the respondents reported to be highly satisfied with the services of cleft surgery offered under the project (85.1%)
- The remaining 14.8% of the respondents reported to be satisfied with the intervention. Figure 13 below is a frequency distribution of responses on specific components of the intervention. It shows high/positive rating being given to behaviour of doctors, diagnostic facilities, availability of medicines and post treatment follow up.
- None of the 54 respondents complained of any complication post treatment received under the project.

Therefore, medical interventions are essential for the holistic well-being of cleft patients by addressing functional, psychological, and developmental aspects of their condition; and IOCL has played an important role in improving the lives of these patients.

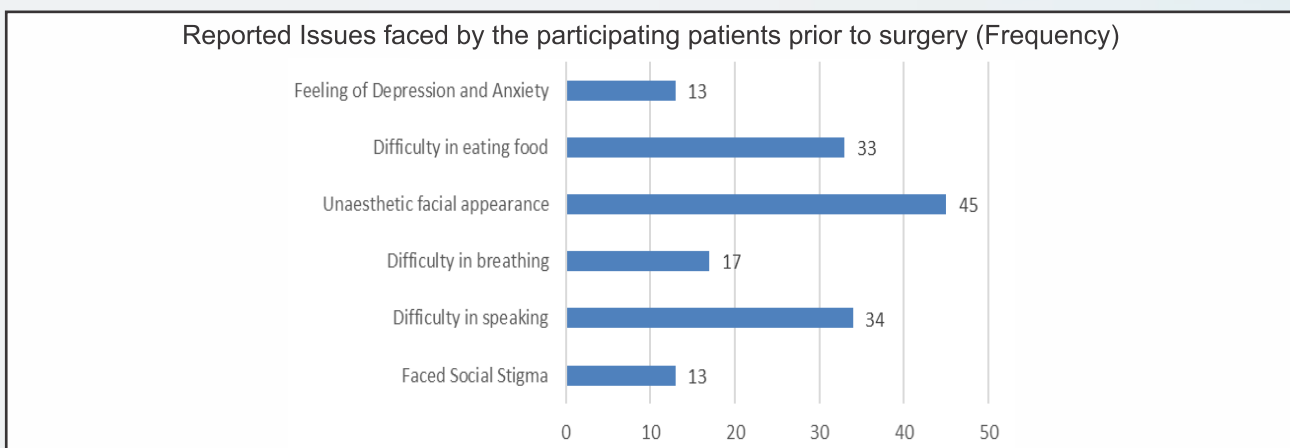


Figure 12: Issues faced by patients prior to surgery



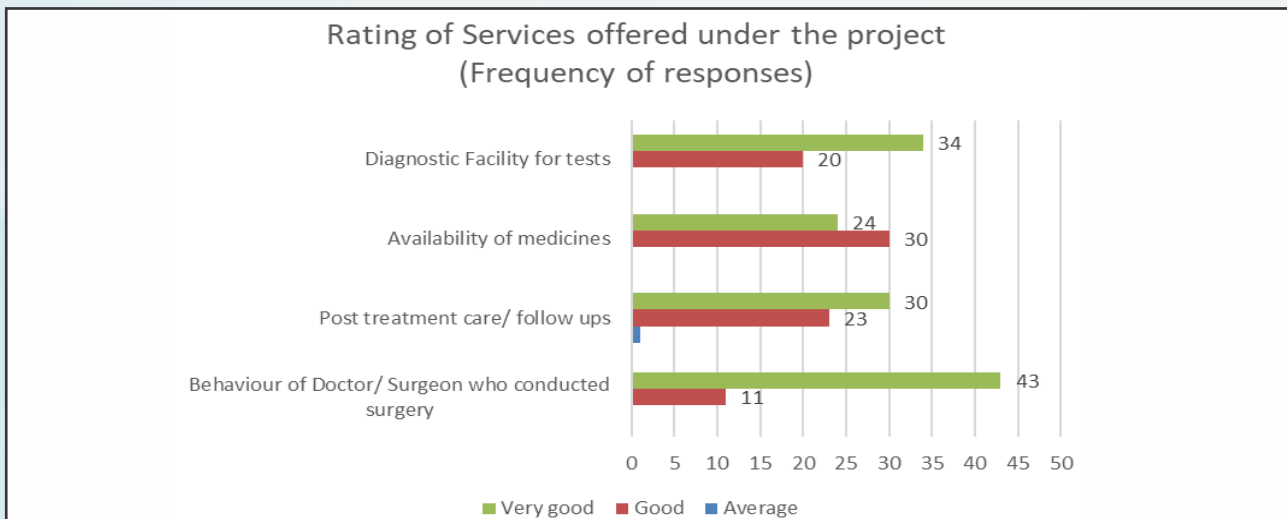


Figure 13: Rating of the services provided under the project

### 3.3.3 RECOMMENDATIONS

- **Multistage Approach:** In some cases, individuals may require multiple surgeries at different stages of development to achieve optimal results.
- **Comprehensive Care:** Beyond surgery, a holistic approach involves additional therapies like speech therapy, dental care, and psychological support to address various aspects of the condition.
- **Early age diagnosis:** Early interventions play a crucial role in supporting normal developmental milestones, allowing individuals to reach their full potential in terms of speech, social interactions, and overall growth.
- **Scalability and replicability:** the scalability and the scope of the project may be widened and carried in other areas as well.

## 3.4 DEVELOPMENT OF CENTRE FOR CULTURE

### DEMOGRAPHIC DETAILS

As per the 2011 Census, the reported population of the district is 3, 12,164 persons from 58,324 households. 51% of the population is male while 49% is female. Majority of the population (92.8%) resides in rural parts of the district.

#### Literacy aspects

The literate population constitutes 44.8% of the population.

#### Social background

The population share consists of a large proportion of Scheduled Caste (SC) and Scheduled Tribes (ST). The SC population according to Census 2011 was reported to be 42,117 persons or 13.4% of the total population in Deogarh, while ST population was reported to be of 92,103 persons or 29.5%.

Together, this 42.9% population of has their own distinctiveness and socio-cultural milieu.

### Protection of cultural heritage

The government through specialized departments<sup>11</sup> is committed to conserve and promote rich cultural heritage, ethos and ideology. Encouragement of tribal artisans, performers and promotion of local arts and crafts thereby becomes a key to celebrate the rich cultural heritage of this area.

The project involving constructing of two large multi-functional air-conditioned halls, accommodation rooms, kitchen, office-cum-store room, and an eco-park. It was aimed to showcase and nurture traditional arts like Bandibotol, Suanga, Dashakathia, Rasha Leela, and Pala, reflecting Odisha's rich cultural heritage.

The project also initiated skill development programs including tailoring, basic computer knowledge workshops, Swachh Bharat Abhiyan, and Yoga initiatives.

The Centre for Culture project has helped to cultivate a positive image of the Company in Deogarh and it has gained wide acceptance and appreciation from the community.

### The Centre of Culture, Deogarh and facilities

The Centre of Culture building boasts a 4000 sq. feet of covered area, in addition to 4000 sq. ft of open area. Together, the building can provide for seating arrangements for 350-400 guests.

	Area Available	Additional Amenities
Ground Floor	Area: 4000 sq ft. of air conditioned hall	Office Room, store room
First Floor	Area: 3000 sq ft. of air conditioned hall	Seven bedrooms with attached bathroom, a green room
Second Floor	Terrace	Store room

Table 9: Amenities at the centre for culture



Image 15: Multipurpose Hall on ground floor, first floor & the office room

<sup>11</sup>Specialized departments such as ST&SC Development, Minorities & Backward Classes Welfare Department, Govt. of Odisha

The water for drinking and other purposes comes from two tube wells located in the premises that feeds water in two overhead tanks of 2000 litres each. In addition, there is a provision of a kitchen in the outer periphery of the building.


The centre also has accommodation facilities with attached bathroom and storage facilities as shown in the pictures below.



Image 16: Accommodation and storage facilities in the centre

### 3.4.1 OUTCOMES OF THE PROJECT

- **Community Impact:** Addressing the local community's need for improved infrastructure to host cultural, religious, and sporting events, the Centre for Culture has hosted 44 events until the Feb 2022. These events include variety of programs organized for purposes of social and cultural importance.



## LITERATURE APPRECIATION PROGRAMME

Centre for Culture, Deogarh hosted a literature appreciation event organized by Odisha Sahitya Akademi. It discussed the literary works on Basudeb Sudhal Deb, the Raja of bamra in late 1800s. It saw participation from over 200 members of the Academy from Bhubaneshwar and Deogarh.

The ground floor hall at Centre for Culture was used to address the audience and four rooms were hired for the stay of the academy members.

Figure 14: Literature appreciation programme being conducted at the centre for culture

- **Social capital:** The infrastructure development project is successful in building long term social capital amongst the community members and is of cultural value in its promotion of rich heritage of Deogarh district.
- **Future prospects:** The versatility of the building infrastructure and the financial model makes it a self-sustaining project whose impact will only grow in the coming years.





Image 17: (Top Row) Participants of sports competitions held in Deogarh &. (Bottom row) Cancer Screening Camp held at the Centre in May, 2022

### SUSTAINABILITY OF THE PROJECT

- A key feature of the project from the point of view of sustainability is its self-financing model, as the operational and maintenance costs are borne by the users.
- Availability of the infrastructure for social and sporting events allows for a regular source of income during the lean months.
- To further enhance the sustainability of the Centre of Culture, IndianOil along with the Mandir Trust could take steps to ensure that all members of the society (including those from weaker sections and women) are able to access and make use of the constructed facility.

### 3.4.2 RECOMMENDATIONS

- Increasing scalability: the current project has created a positive image of IOCL in Deogarh and has gained appreciation for the same. Some efforts could be made by IndianOil to improve the scalability by initiating similar projects to support local cultural and social activities. The project design is aligned well with the Government of Odisha's development mandate for the area namely The Scheduled Area and Tribal Sub-plan that allows for creation of productive assets and income generating opportunities.<sup>12</sup>
- Financial assistance: IndianOil could consider offering financial support for capacity building programmes in order increase new livelihood generation opportunities in the area.

<sup>12</sup>[http://stscodisha.gov.in/pdf/annual\\_repo\\_2015-16.pdf](http://stscodisha.gov.in/pdf/annual_repo_2015-16.pdf)

- **Inclusivity efforts:** During field visit by IICA researchers it was found that such trainings had been scheduled to be held at the centre through local Self-Help Groups from Deogarh and surrounding villages. This would further enhance the inclusiveness of the impact created through the project by involving women.

### 3.5 PROCUREMENT OF AMBULANCES FOR TRANSPORTATION OF COVID-19 PATIENTS IN MUMBAI

The impact of COVID-19 pandemic on medical needs of the city was multi-faceted, it was reported that lack of transportation facilities in initial lockdown months was a key challenge to provide access to adequate healthcare. During this period distress calls from patients/family members was a regular feature with a panic like situation due to the rising cases of Coronavirus. It is during such tough times that IndianOil took an initiative to reach out to the needs of the people.

#### 3.5.1 QUANTITATIVE IMPACT

During the survey conducted by IICA it was found that the project to 13 ambulances was incurred at a cost of Rs. 1.91 crore and was aimed at targeting around 13,650 patients across different areas of Mumbai. The table below shows more details of the project

Project	Procurement of 13 ambulances
Cost	1.91 crore
Targeted beneficiaries	13,650
Area Covered by the ambulances	Approx 9 lakh kms

Table 10: The details of the project run in Mumbai by IOCL

The table shows the respective locations of the 13 ambulances along with the kilometre serviced from 18.09.2020 to 31.12.2021. An approximate value of 9 lakh kilometre was thus serviced in the mentioned period.

S.NO	PROJECT	Address	Km serviced
1.	King Edward Memorial Hospital	Parel East	72553
2	M G Memorial Hospital	Parel East	75362
3	Lokmanya Tilak Municipal General Hospital	Sion West	70239
4	Acworth Municipal General Hospital For Leprosy	Wadala West	65328
5	M. A. Podar Hospital	Worli	75332
6	B.Y.L. Nair Charitable Hospital	Mumbai Central	70369
7	J J Hospital	Mumbai Central	73598
8	St. George Hospital	Chhatrapati Shivaji Terminus Area	78963
9	Kasturba Hospital	Chinchpokli	69999
10	K.B. Bhatia Hospital	Kurla	80365
11	Dr. R. N. Cooper Municipal General Hospital	Juhu	76987
12	Cama & Albles Hospital	Chhatrapati Shivaji Terminus Area	74563
13	Multiple Hospitals	Ratnagiri Area	25062

Table 11: List of Hospitals & kilometres serviced under the project



### 3.5.2 QUALITATIVE IMPACT

- The need for ambulances during the COVID-19 pandemic in Mumbai was multifaceted. The ambulances played a crucial role for the safe transportation of COVID-19 patients to medical facilities, ensuring that those in critical condition received timely and appropriate care. The contagious nature of the virus necessitated specialized transport equipped with isolation measures to prevent the spread.
- In the survey conducted by IICA with the key resource persons revealed that the ambulance covered a lot of ground and plied on multiple routes to carry patients to hospitals.
- The surge in COVID-19 cases led to increased demand for emergency medical services. Ambulances played a vital role in responding to distress calls, facilitating the rapid transfer of patients to hospitals, and managing the overall healthcare logistics. Given the overwhelmed healthcare system, ambulances helped in distributing the patient load across various medical facilities.
- The agility and responsiveness of ambulance services became pivotal in adapting to the dynamic and challenging circumstances posed by the pandemic in Mumbai.



Image 18: Ambulance service in Mumbai

### 3.5.3 RECOMMENDATIONS

- Documentation of data: Data collection was marked with a key challenge of locating the beneficiary patients who availed of the ambulance service. The distressed patients/families contacted more than one ambulance service provider due to which proper maintenance of information was not possible.
- Fleet Expansion: Increase the number of ambulances to meet the surge in demand during the pandemic and even post-pandemic.
- Technology Integration: Leveraging technology for real-time tracking of ambulances, enabling efficient dispatch and minimizing response times could make the services more quick and efficient

### 3.6 PROVISION OF SAFE DRINKING WATER

#### DEMOGRAPHIC DETAILS

The district has 694 revenue villages divided into 5 sub-divisions (prants). The district boasts a population of 41.7 lakh residents. The representation of women respondents in the sample is 33%. Majority of the respondents are reportedly married (87.7%), followed by 10.2% of unmarried respondents. 2% of the sample respondents are reportedly widowed.

#### Age distribution

Average number of family members in 399 sampled households is around 5-6. The average age of the respondent is 41.2 years. Majority of the household members are in the age group of 18-59 (59%), followed by 21.7% of family members in the age group of 6-18 years. A small percentage of family members (8 numbers) are reportedly differently able.

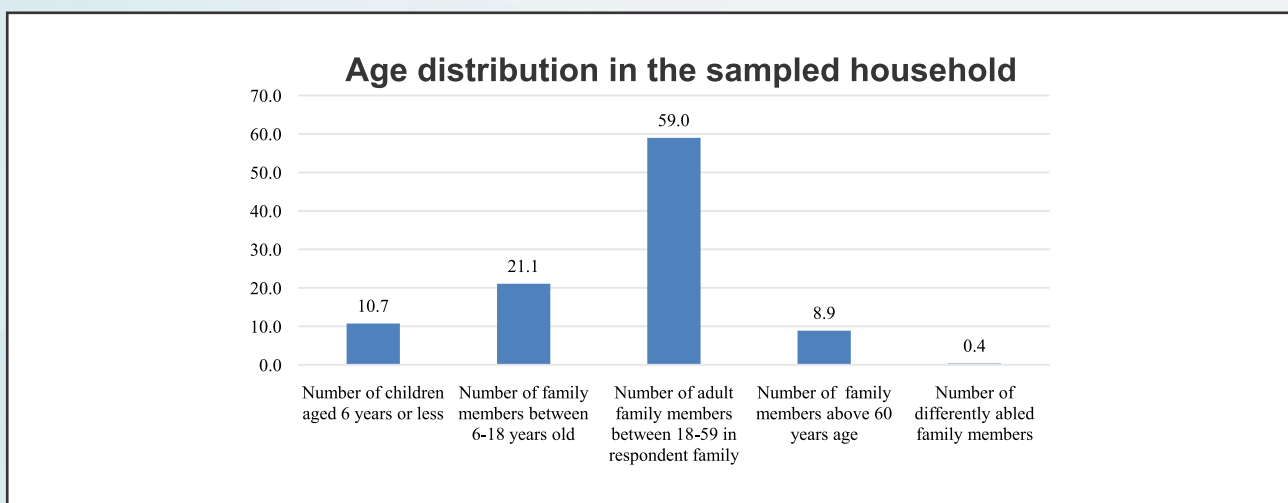


Figure 15: Age distribution in the sampled household

#### Educational background

The residents of the districts hold an impressive literacy rate of 78.9%. Good percentages of the household heads are literate and have attended school i.e. 96.5%.

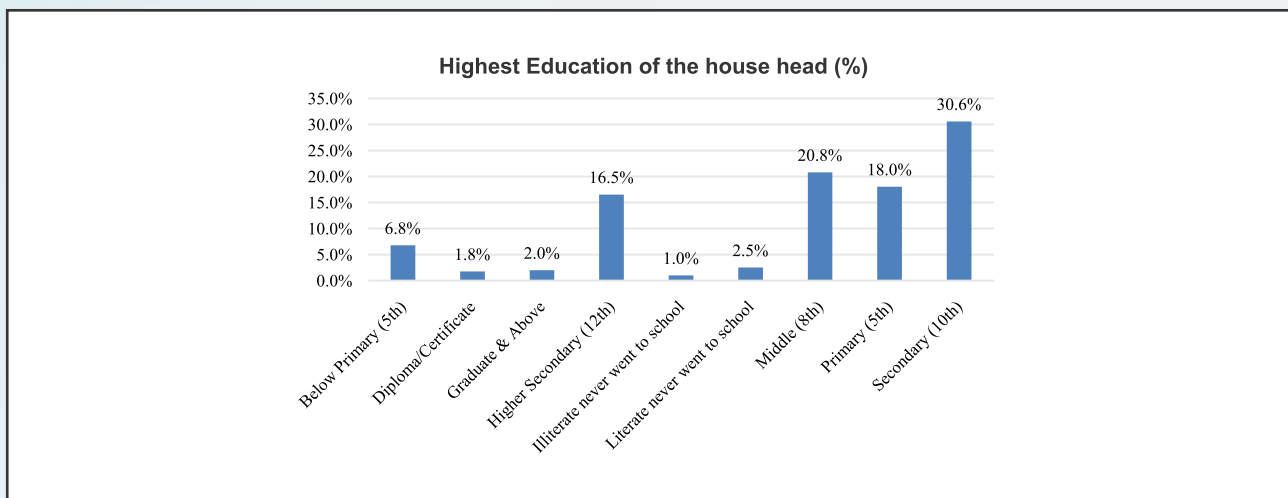


Figure 16: Educational qualifications of the household heads

### Social Demography

Majority of the sampled households reportedly belong to General social category (72.6%), followed by 11.7% Other Backward Class households. The remaining 14% of the households are equally distributed amongst Scheduled Caste and Scheduled Tribe social categories. 68.6% of the sample owns an Above Poverty Line ration card, while 27.5% of the sampled households own a Below Poverty Line ration card. 3.7% of the sampled households do not have a ration card. 10.7% of the sampled households live in a kutchha house.

### Sanitation

The sanitation situation in the project villages is quite good, with 97.4% of the households having access to toilet.

### Income variations and sources

The primary source of household income in the sample is private jobs (38.8%), followed by farming (16.3%) and business (13.8%). Majority of the sampled households (50.1%) earn between Rs. 10,000- Rs. 20,000 per month, followed by 27% of the sampled households earning between Rs. 5001- Rs. 10000 Rs per month. 7% of the respondents reportedly earn less than Rs. 5,000 per month, while 15.7% earn more than Rs. 20,000 per month.

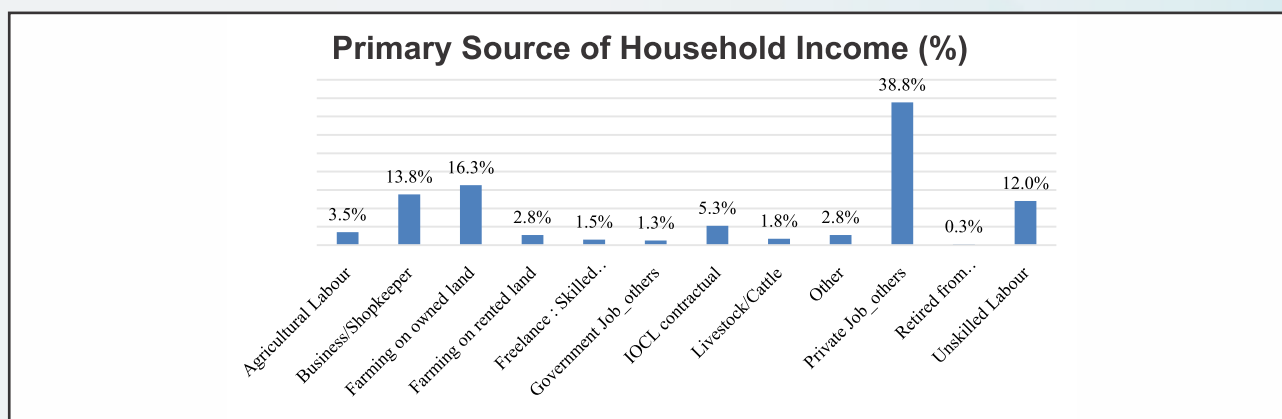


Figure 17: Primary source of household incomes.

### 3.6.1 QUALITATIVE IMPACTS

- Drinking water is supplied through ten access points/water stations spread across the six villages or in household taps. In the case of Koyali, Karachiya and Fajalpur, there are taps in every household and water is supplied from gram panchayat water tank which receives water from IOCL pipeline.
- The common water borne diseases that the respondents reported to be prone to includes cholera, diarrhoea and typhoid. The project is of particular significance in reducing the risk to such water borne diseases.

Village	Name of the water point	Does the water point have a platform	Is there stagnant water near the water point	Is there garbage around the water point	Any issue reported in terms of accessibility
Fajalpur	Gram Panchayat Point	NA	NA	NA	No
	Refinery colony Point	Yes	No	No	No
Nandesari	Gram Panchayat Point	Yes	No	No	No
	GHB Point	Yes	No	No	No



Angadh	Ramgarh Chowki Point	No	Yes	Yes	No
	Somnath Nagar Point	No	Yes	Yes	No
	Prabhat Rabari Point	No	Yes	No	No
Koyali	Veraimata Mandir Point	Yes	No	No	No
Rampur	Baliyadev Mandir Point	No	Yes	Yes	No
Karachiya	Gram Panchayat Point	NA	NA	NA	No

Table 12: Key features of water points

- The average time taken to obtain water from a water point (round trip) was reported to be 22 minutes. However, this value varies significantly for villages and the location of the household. Distance from the household to water point is 1-2 kms in some cases



Image 19: Water point at Angadh (top left), Karachiya water supply tank (top right) &amp; Karachiya water supply valves (bottom)

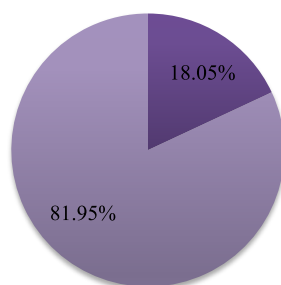
### 3.6.2 QUANTITATIVE IMPACTS

The aim of the project was to improve access to safe drinking water for the residents of six villages.

- Survey conducted by IICA reveals high level of satisfaction amongst the users with around 81% of the beneficiaries reported to be very happy/satisfied with the operations.

- Making water available free of cost reduces economic burden on 27.5% of the respondents who are reportedly below poverty line
- About 30% of the respondents reported to be unaware of the roles and responsibilities of relevant stakeholders in maintaining the quantity and quality of drinking water. Awareness generation on this aspect will go a long way in ensuring sustainability of the infrastructure developed by IndianOil.

### Level of satisfaction with the infrastructure of IndianOil run water supply



■ Somewhat Satisfied ■ Very Happy

Figure 18: Satisfaction level of the beneficiaries of the water supply Project

### 3.6.3 RECOMMENDATIONS

- **Collaborations:** In a press release by Ministry of Jal Shakti<sup>13</sup> dated Jan 4th 2022, Government of India aims to achieve 100% access to tap water supply in rural parts of Gujarat by October 2022. IndianOil could explore the possibility of dovetailing the current infrastructure with this initiative of the government.
- **Continuation of the project:** IndianOil should continue to manage and fund the current drinking water supply system until the government scheme of providing tap water becomes operational.
- **Monitoring mechanisms:** setting up proper monitoring mechanisms for timely leak detection and maintenance ensuring the longevity of the water pipeline system
- **Community engagement:** Involve local communities in the planning process to understand specific needs and garner support.
- **Public awareness campaigns:** Conduct awareness campaigns to educate the public about water conservation, responsible usage, and the importance of maintaining the water infrastructure.
- **Capacity Building:** Invest in local skill development and training programs to empower communities to participate in the maintenance and management of water pipelines.
- **Regulatory Compliance:** Ensure compliance with local regulations and standards to meet quality and safety requirements for water supply infrastructure.

<sup>13</sup><https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1787349>



## 4. ANNEXURE

### SURVEY: INDIANOIL ASSAM OIL SCHOOL OF NURSING, DIGBOI, ASSAM

#### IOCL\_Nursing School (Staff)

Name of the respondent

---

Designation of the respondent

- Nursing School Principal
- Nursing School Teacher

How many students are there in the current academic year?

---

How many teachers are there in the Nursing School?

---

How many women teachers are there in the Nursing School?

---

How many Nursing School in this area/ District?

---

What is the criteria of selection in the Nursing School?

- Through written test
- Through written test - Interview
- Through Interview
- On cut off basis

Does the Nursing School provide placement support to students?

- Yes
- No

If yes, what is the percentage of placement of students of this school for the last academic year?

- 100% Placement
- 50% Placement
- Less than 50% Placement



Is there a fully-functional laboratory in the Nursing School?

Yes

No

In which year IOCL started to support this Nursing School?

---

In what ways IOCL has provided the support to Assam Oil School of Nursing?

*(Separate comma)*

---

Any exceptional case study of a student you would want to share?

*(Name of the student, story and contact number of the student)*

---

Has your Nursing School won any award? if yes, Please mention

---

Facilities available within the Nursing School

---

Availability

---

Playground

---

Yes  No

Educational Block

---

Yes  No

Principal Room

---

Yes  No

Provision of Toilet

---

Yes  No

Auditorium

---



Yes  No

Computer lab

---

Yes  No

Lecture Hall

---

Yes  No

Staff Room

---

Yes  No

Library

---

Yes  No

What are the immediate improvements required in the Nursing School?

---

Image of the laboratory of the Nursing School

---

[Click here to upload file. \(<5MB\)](#)

Image of the respondent

---

[Click here to upload file. \(<5MB\)](#)

Mobile number of the respondent

---

Image of the Nursing School

*Interior*

---

[Click here to upload file. \(<5MB\)](#)

Image of the Nursing School

*Exterior*

---

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## IOCL\_Nursing (Beneficiary survey)

Name of the respondent

---

Are you working currently?

Yes

No

If not? then why

Supporting family at home/ got married

Couldn't find the job

Was not provided placement support

Other

Other, please specify the reason?

---

If yes, where are you working?

*(Name of the workplace and city)*

---

What kind of job it is?

Government job

Private job

Contractual job

Internship

What is your monthly income?

---

You belong to which city?

---



You belong to which state?

- Assam
- Arunachal Pradesh
- Meghalaya
- Sikkim
- West Bangal

What religion do you follow?

- Hindu
- Muslim
- Sikh
- Christial
- Do not follow any religion

What religion do you follow?

- General
- OBC
- Scheduled Caste
- Scheduled Tribe
- Not Applicable

Do you recognise yourself as a person with Disability?

- Yes
- No

If yes, what is the type of Disability?

- Physical Disability
- Intellectual Disability

If yes, what is the type of Disability?

- Agriculture
- Government Service
- Private Service
- Business
- Unemployed
- Daily wage labourer
- Not Applicable

What does your mother do?

- Homemaker
- Works in agriculture
- Government Service
- Private Service
- Daily wage labourer
- Other

Specify, other

---

What is the highest qualification in your family?

*Can be the qualification of mother/father/siblings*

---

- PhD
- Post Graduation
- Graduation
- Intermediate
- Till class 8
- Literate but not 3educated
- Illiterate

What is your monthly family income?

---

Does your family has a BPL ration card?

*Below poverty line card*

- Yes
- No

What course did you pursue from Indian Oil Assam Oil School of Nursing

- 3-year Diploma in General Nursing and Midwifery (GNM)
- 4-year B.sc (Nursing)

Which year did you complete your course at the Nursing School?

*yyyy format*

---



How did you get to know about the Nursing School?

- From Newspaper/ Radio/ Internet
- From relatives and friends
- Other

Please specify, other

---

Did you pay any fee for the nursing course you pursued?

- Yes
- No

If yes, how much did you pay?

---

If not, do you know who paid the fee for the nursing course you pursues?

- IOCL
- Assam Government
- Other

Were you provided any exposure visit or workshop during your course at the Nursing School?

- Yes
- No

Were you provided any placement support after completion of the course?

- Yes
- No

How would you rate the following?

	Excellent	Very Good	Good	Average	Poor
Curriculum of the course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching methodology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning environment at Nursing School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practical exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What change or improvement would you suggest regarding the Nursing School?

---

What is your mobile number?

---

Photo of the beneficiary  
Click here to upload file. (<5MB)

Record your current location

---

Latitude (x.y°)

---

Longitude (x.y°)

---

Altitude (m)

---

Accuracy (m)

---







## IOCL\_Nursing (Case study)

Name of the respondent

---

Contact Number

---

What do your parents do?

---

How your life has turned completely different owing to the GNM/ Nursing Degree?

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Image of the respondent

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**SURVEY: INDIANOIL ASSAM OIL SCHOOL OF NURSING, DIGBOI, ASSAM****IOCL\_Karmyogi Swasthya Bima Yojna (Beneficiary survey)**

Name of the respondent

---

Gender

- Male
- Female
- Other

Social Category

- General
- OBC (Other Backward Class)
- SC (Scheduled Caste)
- ST (Scheduled Tribe)

What is your age?

*In years*

---

You are a resident of which city (state)?

*write city and state both.*

---

How many members are there in your family (including you)?

---

Do you or your family has BPL Ration card?

- Yes
- No

Are you an employee of Indian Oil Corporation Limited or its partners?

- Yes
- No

What is/ was your job role at IOCL or its partners?

---

What is/was your monthly income?

---

Do you have any health insurance?

- Yes  
 No

Where you or any of your family member was affected by COVID-19?

- Yes  
 No

If yes, did you do any out of pocket expenditure for their medication?

- Yes  
 No

If yes, how much did you spend?

*(Total amount, approximately)*

---

If not, how did you manage the amount spent on medication?

- Loan from bank  
 Loan from relatives/friends  
 Insurance from government  
 Insurance from IOCL covered  
 Family jointly spent  
 Other

Specify, other

---

Do you know about Karmyogi Swasthaya Beema Yojna by Indian Oil Corporation?

- Yes  
 No

If yes, how did you know about karmyogi Swasthya Bima Yojna?

- Newspaper/ Radio
- From IOCL or its partners
- From relatives and friends
- Other

Please, specify other

---

If yes, are you its beneficiary?

- Yes
- No

If yes, please share the benefits you received through Karmyogi Swasthya Beema Yojna?

---

Are you aware of the government scheme called Rashtriya Swasthya Bima Yojna (RSBY)?

- Yes
- No

If yes, have you enrolled for Rashtriya Swasthya Bima Yojna (RSBY)?

- Yes
- No

Photo of the respondent

[Click here to upload file. \(<5MB\)](#)

Contact number of the respondent?

---



## IOCL\_Cleft Lip Medical Staff KII

Name of the respondent

---

How much does a cleft surgery costs in a private set up?

---

How much does a cleft surgery costs in a government set up?

---

How much does a cleft surgery costs in a Smile Centre?

---

How many surgeries are conducted in a day on an average?

---

What difference does the surgery makes in the life of beneficiaries?

---

How many times a beneficiary has to visit the centre during and after the surgery?

---

In what ways IOCL supports the Centre?

---

Any case study about a beneficiary that you would want to share with us? please share to contact details of the beneficiary?

---

what is the reason for people comint to Mission Smile Centre from far off places in Assam and Meghalaya?

---

Any suggestion or recommendation for IOCL?

---

Photo of the Centre

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Photo of the board of the centre

[Click here to upload file. \(<5MB\)](#)

Photo of the respondent

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## IOCL\_Cleft Surgery (Beneficiary Survey)

Name of the beneficiary

---

Age of the beneficiary  
*write in months if minor*

---

Gender of the beneficiary

- Male
- Female
- Other

Which city do you belong to?

---

Relation with beneficiary

- Self
- Child
- Care taker

Do you or your family has the BPL ration card?

- Yes
- No

You required cleft cared correction or surgery?

- Since birth
- Developed later
- Cause due to an accident

Where was the Cleft surgery conducted?

---

How far is the Cleft surgery centre from your home?  
*write in Kms (Approx)*

---



How did you pay for the surgery?

- Self Paid
- Paid by Indian Oil Corporation Limited (IOCL)
- Did not pay
- Don't know

How did you know about the Cleft surgery?

- Through Newspaper/Social Media
- Through relatives and friends
- Through Hospital
- Through NGO
- Other

Specify other

---

What were the problems faced by patient/ beneficiary before the surgery?

- Faced social stigma
- Difficulty in speaking
- Difficulty in breathing
- Unaesthetic facial appearance
- Difficulty in eating food
- Feeling of Depression and Anxiety

What difference has the surgery made to you/ beneficiary's life?

- Improved life
- No such improvement
- Made it worse

Do you think you would have been able to found the expenses of the surgery if there was no support from IOCL?

- Yes
- No

How satisfied are you with the treatment of the Cleft lip repair/ surgery?

- Highly satisfied
- Satisfied
- Unsatisfied

Rate the following

	Very Good	Good	Average	Poor
Behaviour of the Doctor/ surgeon who conducted surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post treatment care/ follow ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostics facility for tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you face any complication after the cleft lip repair/ surgery?

- Yes  
 No

If yes, what was the complication?

---

Did you or your family underwent an educational program for post-operative care after the surgery?

- Yes  
 No

Do you have any health insurance?

- Yes  
 No

Have you ever heard of a scheme called Rashtriya Swasthya Bima Yojna (RSBY)?

- Yes  
 No

What improvement would you suggest to make the experience better for beneficiaries?

---

Contact number of the beneficiary

---

Photo of the beneficiary

Click here to upload file. (<5MB)

**KII TOOLS: THE DEVELOPMENT OF THE CENTRE FOR CULTURE**

<b>Introduction:</b>
a. Name and Contact details of the respondent
b. Nature of engagement with the project
<b>Infrastructure Details</b>
a. What specific features and facilities does the building offer?
b. In your opinion, how well does the building cater to the needs of the community? Whether any consultations were done and in what manner?
<b>Facilities Offered</b>
a. Can you provide insights into the available amenities and services within the building?
b. How flexible are the spaces within the building to accommodate different types of events?
c. Are there any suggestions for additional facilities or improvements?
<b>Intended &amp; Actual Users</b>
a. Who are the primary target users for the multipurpose building, as envisioned by this CSR project?
b. How well do you think the building caters to the needs of local cultural groups and underprivileged
c. Are there any specific initiatives to engage and encourage the participation of the intended users?
d. Can you share insights into the diversity of users that have utilized the building for events so far
e. What feedback or experiences have you gathered from the actual users of the multipurpose building?
f. Are there any challenges or success stories related to the building's usage that you would like to
<b>Local Impact Generated</b>
a. How do you anticipate the multipurpose building contributing to the enrichment of local culture?
b. Have there been any noticeable positive impacts on the community
c. Are there potential challenges or concerns regarding the impact on local culture that should be add
<b>General Feedback and Suggestions</b>
a. Overall, how would you rate the success of the project in meeting its CSR objectives?
b. Do you have any additional comments, suggestions, or concerns regarding the project

## SURVEY FORM: PROCUREMENT OF AMBULANCES FOR TRANSPORTATION OF COVID-19 PATIENTS IN MUMBAI

**XLS\_ambulance**

Name of the respondent

---

Gender of the patient

- Male  
 Female

Age of the patient

---

What kind of case was it?

- Emergency case  
 Regular checkup  
 Don't know/ can't say

Nature of disease

- COVID-19  
 COVID-19 related  
 Non COVID-19  
 Don't know or can't say

Where did you come to know about Ambulance Service run by Chaitanya Trust

---

How many times did you avail transport service from Chaitanya Trust Ambulance service to go to hospital or return?

---

Before getting through Chaitanya Trust Ambulance service how many times did you attempt to get ambulance service

---

Describe your experience

---

Were you charged with a fees for transportation in Chaitanya Trust ambulance?

- Yes  
 No  
 Don't remember/ can't say

Describe the amount/ nature of fees charged

---





Were adequate COVID-19 protocols followed during your travel (for example did attendants/driver wear a mask)

- Yes
- No
- Don't remember/ Can't Say

Was there a para-medical staff available in the ambulance? (if yes, describe)

- Yes
- No
- Don't remember/ Can't Say

Describe para medical staff available in the ambulance

---

Was there adequate emergency equipment available in the ambulance?

- Yes
- No
- Don't remember/ Can't Say

What equipment did you need that was not available

---

How would you rate the staff of the ambulance

How would you rate timeliness of the ambulance service

How would you rate the overall quality of ambulance service

In addition to transport service, do you remember any incident where the ambulance staff assisted you in meeting with the emergency

---

How have you interacted with the respondent

- In-person
- telephonic

Will you be willing to meet with us in person

- Yes
- No
- Don't remember/ Can't say

**Geo Location**

Latitude (x.y°)

---

Longitude (x.y°)

---

Altitude (m)

---

Accuracy (m)

---



Please provide your address for us to visit

---

## IA\_Vadodra

### BASIC DETAILS

Researcher ID\_REVISIED

Vishal

Dhananjay

Uday

Viral

Manish

Researcher\_05

Village Name

Fajalpur (38)

Nandwesari (67)

Anagadh (119)

Koyali (86)

Rampura (30)

Karachiya (57)

Record your current location

Latitude (x.y°)

Longitude (x.y°)

Altitude (m)

Accuracy (m)



Distance of respondent's household from nearest IOCL refinery water station point (meters)

Name of the water station/point that respondent uses

*The names that we have assigned for study purposes*

Name of the household head

Highest education of the household head

Illiterate never went to school

Literate never went to school

Below primary (5th)

Primary (5th)

Middle (8th)

Secondary (10th)

Higher Secondary (12th)

Diploma/certificate

Graduate & Above

**RESPONDENT DETAILS**

Is respondent Household Head

- Yes  
 No

Name of the respondent

---

Gender of the respondent

- Male  Female  
 Other/ Do not want to identify

Age of the respondent

---

Marital Status of the respondent

- Married  Unmarried  Widow  
 Divorced  Widower

Highest education of the household head

- Illiterate never went to school  Literate never went to school  Below primary (5th)  
 Primary (5th)  Middle (8th)  Secondary (10th)  
 Higher Secondary (12th)  Diploma/certificate  Graduate & Above

Number of TOTAL family members

*Both male and female*

---

Number of Children aged 6 years or less

*Both male and female*

---

Number of family members between 6-18 years old

*Both male and female*

---

Number of adult family members between 18-59 in respondent family

*Both male and female*

---

Number of family members above 60 years age

*Both male and female*

---

Number of disabled family members (if applicable)

*Both male and female*

---

### Primary source of Household income

- |   |  |  |
|---|--|--|
| <input type="radio"/> IOCL contractual            | <input type="radio"/> IOCL Permanent   | <input type="radio"/> Private Job_others     |
| <input type="radio"/> Government Job_others       | <input type="radio"/> Farming on owned land  | <input type="radio"/> Farming on rented land |
| <input type="radio"/> Livestock/cattle            | <input type="radio"/> Agricultural Labour  | <input type="radio"/> Unskilled Labour       |
| <input type="radio"/> Business/ Shopkeeper        | <input type="radio"/> Freelance : Skilled Labourer like electrician, Mason, Plumber etc. |  |
| <input type="radio"/> Retired from Government Job | <input type="radio"/> Other  |  |

### Describe others

---

### Monthly income from primary source (Amount)

- |                                      |                                   |                                       |
|--------------------------------------|-----------------------------------|---------------------------------------|
| <input type="radio"/> Less than 5000 | <input type="radio"/> 5001-10000  | <input type="radio"/> 10001-20000     |
| <input type="radio"/> 20001-30000    | <input type="radio"/> 30001-50000 | <input type="radio"/> More than 50000 |

### Monthly income from other source if any (Amount)

*Write 0 if no other source*

---

### Religion of the Household

- Hindu
- Muslim
- Sikh
- Christian

### Social Category

- SC
- ST
- OBC
- General

### Ration Card Type

- APL
- BPL
- OPH
- AAY
- None

### QUALITY OF LIFE

Does your family own the house you live in?

- Yes  No
- Don't Know/Maybe/Some/Few (as applicable)  Live on Rent



What type of house do you live in?

- Pucca                                       Semi-Pucca  
 Kutcha

Which of the following assets does your family own?

- LPG Gas Connection                       TV     Mobile  
 Computer/Laptop/Tablet                 Refrigerator                                 Motor bike  
 Bicycle     Four wheeler

Does your house have toilet?

- Yes: with running water                       Yes: without running water                       Yes: Shared toilet  
 No we do not have it                               Non-functional (any reason)

Does the area around your house have adequate arrangement for street light (at night)

- Yes     No  
 Not Applicable

What kind of road connects your house to primary school

- Pucca / metttled / allweather road               Kharanja Road  
 Kaccha/ No road

### **WATER ACCESS (BEFORE IOCL WATER POINT)**

Before IOCL/Refinery piped drinking water scheme what was your source if drinking water

- Piped water supply/ Water station                       Handpump  
 Pond/ Lake/ River                                       Free Water tanker  
 Purchase water from dealers/shops/water tanker

Who supplied this water source?

*Write 'self', if the water source is owned by the household*

---

Did you encounter any issues in obtaining adequate drinking water from this source  
*focus on medical issues such as diarrhoea/dysentery/stomach ache*

- Yes     No  
 Not Applicable

Describe the issues faced in details

---

why did you switch to IOCL/Refinery drinking water source

*Give reasons such as convenience, to reduce risk of disease, better taste (DON'T WRITE BETTER/PROPER WATER)*

---



Do you continue to use this old water source for drinking

- Yes
- No
- Sometimes/when water point non functional

**WATER ACCESS (PRESENT)**

Since which month and year has this drinking water source been functional (IOCL water point)

*Write month, followed by year*

---

How often does this water point stop working?

---

What do you do when this water point stop working?

---

For what purpose is water obtained from IOCL/Refinery currently being used

*Multiple selection possible*

- Drinking
- Cooking Food
- Toilet use
- Handwashing/Bathing
- Livestock purpose (if applicable)
- Others

Describe other uses in detail

---

Are you able to obtain sufficient quantity from IOCL Refinery water point?

- Yes
- No
- Not Applicable

Describe in detail, why not:

---

Is quality of water obtained from IOCL Refinery water point to your satisfaction?

- Yes
- No
- Not Applicable

Describe in detail, why not:

---

Frequency of delivery of water through IOCL/Refinery Source

- Daily\_one time
- Daily\_two time
- Daily\_all time
- gap of 1 day
- gap of 2 day
- gap of 3 day
- Once a week

Is delivery of water at the same time/ time slot every time

- Yes  No  
 Not Applicable

Hours of delivery  
*write number of hours*

---

Time taken to obtain water each day (minutes)

---

Number of times your family member go to get water (daily)

---

Who goes to get water from water point?

---

How does family member go to get water?  
*eg. bike and matka, walking and matka*

---

Is a fee charged for obtaining water

- Yes  No  
 Not Applicable

Describe how fee is charged, average water bill/month and mode of payment

---

Level of satisfaction with the water obtained (including taste, smell and appearance )

- Not satisfied  Somewhat satisfied  
 Very happy

Do you treat water before consumption/drinking

- Yes  No  
 Not Applicable

Describe how the treatment is done

---

Level of satisfaction with the infrastructure material

- Not satisfied  Somewhat satisfied  
 Very happy



Level of satisfaction with surrounding area for cleanliness

- Not satisfied
- Somewhat satisfied
- Very happy

Describe in details reasons for low level of satisfaction

---

Are you aware who is responsible for maintaining the quality and quantity of drinking water supply?

- Yes
- No
- Not Applicable

In addition to IOCL/refinery water is there other source of water used for ANY PURPOSE

- Yes
- No
- Not applicable

What is this additional source of household water

---

For what purpose is water used from additional source

---

**Health Status**

Which of the following water borne disease are you aware of?

- None
- Cholera
- Typhoid
- Gastritis
- Diarrhoea
- Viral Hepatitis

According to you which disease are your family in danger of?

- None
- Cholera
- Typhoid
- Gastritis
- Diarrhoea
- Viral Hepatitis



How important do you consider improving water quality to protect from disease such as these

- Is important
- Somewhat important
- No opinion
- Not important
- Not important at all
- Not applicable

Is the last three months how much medical expenditure did you incur on yourself/family?

---

Describe the disease on which this expenditure was incurred

---

Any other remarks

Please describe any interesting/ unique observation

---

Mobile number of respondent

---

Click picture of beneficiary/ or of surrounding area

[Click here to upload file. \(<5MB\)](#)



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