



# IMPACT ASSESSMENT REPORT

## THEMATIC AREA: HEALTHCARE

Hindalco Industries Ltd.



# CONTENTS

<b>Abbreviations</b>	<b>01</b>
<b>Chapter 2   Executive Summary</b>	<b>02 - 10</b>
Project Background	02
Project Details	03
Project Activities	03 - 05
Study Locations	05 - 06
Overall Spending Across Interventions/Programs	07
Spending Across Interventions/Programs	08 - 09
Overall Achievements Across Interventions/Programs	09 - 10
Key Output	11 - 21
Key Impact	11 - 21
<b>Chapter 3   OECD Framework</b>	<b>22 - 26</b>
<b>Chapter 4   Introduction</b>	<b>27 - 30</b>
Background & Need of the Program	27
Objectives of the Program	28
About Hindalco Industries Limited	30
<b>Chapter 5   Research Methodology</b>	<b>31 - 36</b>
Objectives of the Study	31
Research Methodology	31
Application of Quantitative Techniques	32
Application of Qualitative Techniques	32
Sampling Framework	32
Ensuring triangulation	32
Data Quality Control and Analysis	32 - 34
Standardised Framework for Evaluation	35
Key Stakeholders	35
Upholding Research Ethics	36
<b>Chapter 6   Key Study Findings and Impacts</b>	<b>37 - 143</b>
Curative Health Care Program	37 - 58
Health Infrastructure	59 - 81
Preventive Health Care	82 - 121
Reproductive and Child Health	122 - 143
<b>Chapter 7   The Way Forward</b>	<b>144 - 148</b>
<b>Chapter 8   Conclusion</b>	<b>149</b>

## 01. ABBREVIATIONS

<b>ASHA</b>	Accredited Social Health Activist
<b>CSR</b>	Corporate Social Responsibility
<b>DOT</b>	Directly Observed Treatment
<b>FGD</b>	Focus Group Discussion
<b>FY</b>	Financial Year
<b>NTEP</b>	National Tuberculosis Elimination Program
<b>OPD</b>	Outpatient Department
<b>PHC</b>	Primary Health Centre
<b>PTG</b>	Particularly Vulnerable Tribal Groups
<b>SC/ST</b>	Scheduled Castes/Scheduled Tribes
<b>SDGs</b>	Sustainable Development Goals
<b>TB</b>	Tuberculosis

## 02. EXECUTIVE SUMMARY

### PROJECT BACKGROUND

Healthcare is one of the primary focus areas of Hindalco Industries Limited. To ensure access to quality healthcare services for the underprivileged and improve health standards in the communities surrounding its operational units, the company undertakes a wide range of CSR projects and programs. These initiatives encompass Preventive Healthcare, Curative Healthcare Programs, Reproductive and Child Health Services, Quality and Support Programs, and Health Infrastructure Development.

Hindalco's healthcare initiatives are meticulously structured to deliver accessible and effective medical services to underserved communities within its operational regions. At the core of these efforts is a network of company-operated hospitals, dispensaries, and clinics providing specialized and general health services to populations primarily engaged in agriculture and informal labor. These facilities, along with regular health camps and mobile health units, ensure continuous and comprehensive healthcare delivery, significantly improving local health outcomes.

Complementing curative efforts, Hindalco's preventive healthcare initiatives strategically enhance public health in rural and operational areas with limited medical access. These programs encompass health check-up camps, mobile health vans, robust immunization drives, and the distribution of essential supplies like masks and sanitizers. Integrated with health and hygiene education and sanitation improvements, these initiatives address communicable diseases, chronic conditions, and dental health, fostering improved health practices and outcomes.

The infrastructure initiative further bolsters community well-being by improving water quality, healthcare facilities, and sanitation. This multifaceted project includes installing Reverse Osmosis (RO) plants, renovating medical centers, and building sanitation systems to ensure clean water supply, reduce disease, and enhance public health infrastructure. These efforts have significantly improved health outcomes, water accessibility, and community satisfaction.

Hindalco's Reproductive Health Program integrates services such as family planning, neonatal, and postnatal care to improve reproductive health in under-resourced areas. Drawing insights from its successful Nutritional Programme for Mother and Child, the program aligns with local health systems to empower individuals to make informed decisions, fostering sustainable health practices and improved community health metrics.



## 02. EXECUTIVE SUMMARY

### PROJECT DETAILS



#### Implementation year

FY 2021-22



#### Total Beneficiaries

76,255



#### Assessment Year

FY 2024-25



#### Spending (Hindalco Industries Ltd.)

₹6,87,10,000



#### Implemented By

Hindalco Industries Ltd.



#### SDG Goals

3 GOOD HEALTH AND WELL-BEING



5 GENDER EQUALITY



6 CLEAN WATER AND SANITATION



10 REDUCED INEQUALITIES



17 PARTNERSHIPS FOR THE GOALS



### PROJECT ACTIVITIES

#### Curative Health Care Program



Operated company-managed hospitals, dispensaries, and clinics across regions like Renukoot, Muri, Samri, Belagavi, and Lohardaga, delivering specialised and general health services to underserved communities.



Provided high-quality, affordable medical care that was highly valued by the community, as evidenced by patient testimonials praising the gynaecology services, affordable treatment, and reasonable waiting times.



Managed outpatient departments (OPDs) in places like Lohardaga, where hospitals provided basic medical services without hospitalisation facilities, referring cases needing further treatment to other institutions.



Launched health awareness initiatives, such as free eye check-up camps and sickle cell anaemia awareness activities in schools and mining areas, significantly contributing to the reduction in disease prevalence.



Implemented rural medical camps in Renukoot with mobile health vans to enhance accessibility for remote populations, offering free medicines and consultations three times a week.



Supported government health initiatives in Belagavi by supplementing a government dispensary with essential infrastructure and participating in immunisation programs to extend public health outreach.

## Health Infrastructure



Established and maintained Reverse Osmosis plants across various regions to improve the quality and accessibility of drinking water.



Deployed water tankers and installed pipelines to provide a continuous and reliable supply of clean drinking water directly to households and community access points.



Operated responsive ambulance services and conducted health camps offering medical check-ups and free medicines to enhance healthcare accessibility for critical cases, pregnant women, newborns, lactating mothers, and the general patient population.



Upgraded and maintained buildings and facilities at Primary Health Centres (PHCs) and Community Health Centres (CHCs), including the modernisation of electrical and plumbing systems, to ensure the delivery of high-quality medical care.



Constructed community toilet doors and bathrooms to enhance public sanitation.



Constructed individual toilets for households without adequate facilities, promoting privacy and hygiene.



Advocated for proper waste disposal and regular maintenance of sanitation facilities.

## Preventive Health Care



Organised preventive health check-up camps across seven villages targeting communicable diseases like Dengue and Malaria, as well as Dental health and the Common Cold.



Provided essential health services to address health concerns and enhance disease prevention awareness.



Conducted a specialised workshop aimed at addressing reproductive and menstrual health concerns among adolescent females.



Implemented a robust health initiative in Belagavi with vaccination support, regular health checks, and sanitation awareness.



Addressed rural health needs in Samri by setting up school-based and rural medical camps to provide necessary health screenings and treatments.



Provided essential health supplies such as masks, sanitisers, and soaps with high distribution and usage rates during the COVID-19 pandemic.



Conducted a Health and Hygiene Awareness Program to promote handwashing and the use of traditional hygiene methods.



Provided the Mobile Health Van (MHU) to improve healthcare access in rural communities of Mahan and Renukoot, treating a range of diseases and offering regular health services.



Identified and addressed key community health issues through the MHU, including non-communicable diseases and communicable diseases like skin infections and respiratory illnesses.



Coordinated with the government to mobilise funds for different projects.

## Reproductive and Child Health



Provided balanced diets and essential nutritional supplements to pregnant women, lactating mothers, and children, significantly enhancing nutritional outcomes.



Implemented regular health check-ups and monitoring to ensure effective health management and early intervention for vulnerable populations.



Conducted extensive awareness campaigns on reproductive health and family planning, improving community knowledge and engagement.



Upgraded health service facilities such as Anganwadi centres are improving the delivery and accessibility of health services.



Worked in conjunction with government initiatives, amplifying the reach and impact of health programs through strategic partnerships.



Adapted nutritional programmes for mother and child to align with local cultural practices, increasing community acceptance and participation.



Enhanced the capabilities of local health workers, including ASHA workers, to deliver better health services.



Fostered strong community ties through participative health programs and activities, building trust and cooperation.



Delivered high-impact nutrition through the direct provision of food supplements and iron-folic acid tablets.



Tackled issues such as limited healthcare access and cultural barriers, adopting strategies to maintain program momentum and effectiveness.

## STUDY LOCATIONS



### Curative Health Care Program

Units	District(s)	State
Renukoot	Sonbhadra	Uttar Pradesh
Renusagar		
Muri	Ranchi	Jharkhand
Lohardaga		
Mahan	Singrauli	Madhya Pradesh
Samri	Balarampur	Chhattisgarh
Belagavi	Belagavi	Karnataka



## Health Infrastructure

Units	District(s)	State
Renukoot	Sonbhadra	Uttar Pradesh
Renusagar		
Muri	Ranchi	Jharkhand
Lohardaga		
Mahan	Singrauli	Madhya Pradesh
Samri	Balarampur	Chhattisgarh
Belagavi	Belagavi	Karnataka



## Preventive Health Care

Units	District(s)	State
Renukoot	Sonbhadra	Uttar Pradesh
Renusagar		
Muri	Ranchi	Jharkhand
Lohardaga		
Mahan	Singrauli	Madhya Pradesh
Samri	Balarampur	Chhattisgarh
Belagavi	Belagavi	Karnataka



## Reproductive and Child Health

Units	District(s)	State
Renukoot	Sonbhadra	Uttar Pradesh
Renusagar		
Lohardaga	Ranchi	Jharkhand
Mahan	Singrauli	Madhya Pradesh
Samri	Balarampur	Chhattisgarh

## OVERALL SPENDING ACROSS INTERVENTIONS/PROGRAMS



### Curative Health Care Program

Spending for Curative Healthcare	Amount (in lakhs)	% of Amount
Total Hindalco's Spending	221.95	63.4
Total Mobilisation from Govt. NGOs & Beneficiaries	118.88	34.0
Other Contribution (NGO & Others)	1	0.3
Beneficiaries' Contribution	8.11	2.3
<b>Grand Total</b>	<b>349.94</b>	<b>100.0</b>



### Health Infrastructure

Spending for Health Infrastructure	Amount (in lakhs)	% of Amount
Total Hindalco's Spending	126.04	8.9
Govt. Fund Mobilisation	1251.74	88.7
Other Contribution (NGO & Others)	30.75	2.2
Beneficiaries' Contribution	2.24	0.2
<b>Grand Total</b>	<b>1410.77</b>	<b>100.0</b>



### Preventive Health Care

Spending for Preventive Healthcare	Amount (in lakhs)	% of Amount
Total Hindalco's Spending	192.46	57.0
Govt. Fund Mobilisation	137.04	40.6
Other Contribution (NGO & Others)	3.97	1.2
Beneficiaries' Contribution	4.02	1.2
<b>Grand Total</b>	<b>337.49</b>	<b>100.0</b>

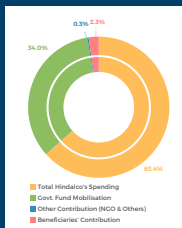


### Reproductive and Child Health

Spending for Reproductive and Child Health	Amount (in lakhs)	% of Amount
Total Hindalco's Spending	146.65	59.9
Govt. Fund Mobilisation	92.9	37.9
Other Contribution (NGO & Others)	3	1.2
Beneficiaries' Contribution	2.42	1.0
<b>Grand Total</b>	<b>244.96</b>	<b>100.0</b>

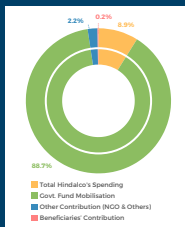
## SPENDING ACROSS INTERVENTIONS/PROGRAMS

### CURATIVE HEALTH CARE PROGRAM



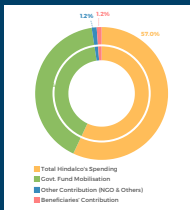
The provided data outlines the funding distribution for curative healthcare initiatives, with Hindalco contributing ₹221.95 lakhs, accounting for the majority (63.4%) of the total expenditure. The remainder (36.6%), or ₹127.99 lakhs, has been sourced through mobilisation from government bodies, NGOs, and direct contributions from beneficiaries. Together, these contributions sum up to a grand total of ₹349.94 lakhs, fully financing the curative healthcare projects and showcasing a collaborative financial effort between a corporate entity and various stakeholders to enhance public health services.

### HEALTH INFRASTRUCTURE



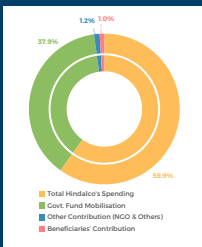
The analysis of the expenditure for health infrastructure reveals that Hindalco's spending contributed 126.04 lakhs (accounting for 8.9% of the total expenditure), while a significant majority (91.1% or 1284.73 lakhs) was mobilised from government sources, NGOs, and beneficiaries. This indicates a substantial leveraging of external funds by Hindalco, demonstrating effective partnership and resource mobilisation strategies to amplify the impact of their investment. The grand total of 1410.77 lakhs emphasises the scale and collaborative nature of the initiative, highlighting both Hindalco's commitment to health infrastructure and the strong support from external stakeholders.

### PREVENTIVE HEALTH CARE



The financial breakdown for preventive healthcare initiatives reveals that Hindalco contributed 192.46 lakhs, representing more than half (57%) of the total funding. Meanwhile, a combination of government bodies, NGOs, and beneficiaries contributed 145.03 lakhs, accounting for nearly half (43%) of the overall expenditure. Together, these sources have amassed a grand total of 337.49 lakhs aimed at bolstering preventive healthcare measures. This distribution highlights a robust collaboration between corporate and public sectors, enhancing the scope and effectiveness of health programs.

## REPRODUCTIVE AND CHILD HEALTH



The expenditure data for the Reproductive and Child Health initiatives shows that Hindalco contributed ₹146.65 lakhs (59.9%) of the total funding, while ₹98.31 lakhs (40.1%) were mobilised from government sources, NGOs, and beneficiaries. The combined total expenditure for these health programs amounted to ₹244.96 lakhs, illustrating a collaborative funding effort to support essential health services in the community.

## OVERALL ACHIEVEMENTS ACROSS INTERVENTIONS/PROGRAMS



### Curative Health Care Program

Intervention List	Population Reached
General Health camps	25,618
Specialised Health Camps	4,605
Eye camps	432
Treatment Camps (Skin, cleft, etc.)	1,123
Homeopathic/Ayurvedic Camps	7,729
Surgical camps	25
Tuberculosis	287
Company operated hospitals/ dispensaries/ clinic	30,512



### Health Infrastructure

Intervention List	Population Reached
Village Community Sanitation (toilets/drainage)	3,261
Individual Toilets	1,439
Drinking water new sources (Handpump/RO/Water Tank/well)	19,531
Drinking water existing sources (operation/maintenance)	1,27,069
Drinking water supply through tanker/pipelines	12,413
Water source purification	1,020
Others (Pls specify): Blood Donation, Ambulance (50), Tricycle, HIV AIDS	4,305



## Preventive Health Care

Intervention List	Population Reached
Immunisation (Children and Pregnant Mothers)	22,829
Pulse Polio Immunisation	99,742
Health Check-up camps	28,992
Ambulance Mobile Dispensary Program/ MHU	12,947
Malaria/Diarrhoea /Control programmes	38,046
Health & Hygiene awareness programmes	21,389
School Health & Dental Camps	1,637
COVID- Patient being supported through various support	89,350



## Reproductive and Child Health

Intervention List	Population Reached
Mother and Child Health care (Ante Natal Care, Pre Natal Care and Neonatal care)	39,501
Adolescent Health care	1,426
Infant and child health (Healthy baby competition)	353
Support to family planning /camps	282
Nutritional programmes for mother/child	18,295



**FOOD PACKET  
DISTRIBUTION TO TB  
PATIENT, LOHARDAGA**



## **KEY OUTPUTS & IMPACT**

**(CURATIVE HEALTH CARE PROGRAM)**

# Key Output

## HINDALCO'S HOSPITALS AND CLINICS



**99.0%**

of the beneficiaries expressed high satisfaction with the service efficiency at Hindalco's hospitals and clinics, and 99% of the patients experienced reasonable waiting times.



**97.6%**

of the patient reported satisfaction for doctors, and 92% of the patients reported satisfaction for doctors.



**88.7%**

of the patients observed cleanliness in the hospital and 89.7% satisfied about seating arrangements.

## GENERAL HEALTH CAMPS



**192**

health camps were being conducted annually across 8 revenue villages and 17 Tolas, serving approximately 7,680 patients each year.

## EYE CAMPS



**88.9%**

of the patients experienced significant benefits, including clean vision, enhanced eyesight, and ability to carry out tasks independently.

# Key Impact

## ENHANCED ACCESS TO HEALTHCARE



Enhancing healthcare access for remote and underserved populations, especially in regions with agricultural and informal labor sectors.

## INCREASED TRUST



Increased trust and reliance on company-operated healthcare facilities among local communities, as reflected in high satisfaction rates.

## BETTER ACCESSIBILITY



Enhanced healthcare access for daily wage laborers and farmers, promoting better community health.

## EFFECTIVE HEALTH EDUCATION



Effective community engagement and health education lead to a noticeable reduction in diseases such as itching and malaria.

## ENHANCED QUALITY OF LIFE



Enhanced quality of life for elderly populations through improved vision and reduced financial burden associated with eye surgeries.

# Key Output

## TUBERCULOSIS SUPPORT PROGRAM



62.9%

of the respondents were being diagnosed at government hospitals, with 32.9% at Hindalco facilities.



57.1%

of the patients adhered to the prescribed six-month treatment regimen, with 65.7% reporting weight gain post-treatment.



Hindalco's TB program enhanced its public health commitment through a collaborative approach with government departments, focusing on weight monitoring, DOTS administration and raising tuberculosis awareness during the distribution of nutritional kits.

# Key Impact

## STRENGTHENED COMMUNITY AWARENESS



Strengthened community awareness and participation in eye health initiatives facilitated by effective communication strategies.

## PRESERVATION OF TRADITIONAL PRACTICES



Preservation and integration of traditional medical practices, promoting holistic wellness and cultural continuity within rural healthcare settings.

## INCREASED TRUST IN TRADITIONAL MEDICINE



The increasing trust in traditional medicine has led to more frequent visits and positive health outcomes within the community. This trust is reinforced by professional Ayurvedic and Homeopathic practices, which are distinguished by their structured treatment approaches and regulated methodologies, ensuring safe and effective treatment protocols for community health.

## COMPREHENSIVE TB CARE



Comprehensive TB care and support, including nutritional assistance, leading to significant health improvements and increased awareness about TB symptoms and prevention.

## IMPROVED EARLY DETECTION OF TB



Strong community participation in TB awareness drives, resulting in improved early detection and timely treatment of TB cases.

## **KEY OUTPUTS & IMPACT**

(HEALTH INFRASTRUCTURE)

# Key Findings

## DRINKING WATER INITIATIVES



**85.3%**

of the respondents reported significant water shortages due to frequent breakdowns before the intervention.



**98.3%**

of the respondents now have consistent access to clean drinking water post-intervention.



**99.0%**

of the respondents indicated that their drinking water outlets function always or sometimes properly, enhancing the overall quality and availability of drinking water through optimised Reverse Osmosis (RO) plant operations.

## HEALTH AND SANITATION INFRASTRUCTURE



**65.7%**

of the respondents are satisfied with treatment facilities at PHCs and CHCs; however, 34.3% found them only moderately adequate.



**42.9%**

of the respondents acknowledged improvements in healthcare infrastructure, though 57.1% viewed these as partial.



**86.0%**

of the participants initially practised open defecation, which significantly reduced post-intervention through the adoption of formal toilet facilities.



Marked improvements in community sanitation and personal hygiene practices were noted.

# Key Impacts

## HEALTH AND SAFETY IMPROVEMENTS



Dramatic decrease in healthcare expenditures on water-related illnesses, with 96% of respondents reporting reduced costs.



Significant improvements in personal hygiene practices, leading to lower incidence of skin and gastrointestinal problems.

## COMMUNITY AND ENVIRONMENTAL BENEFITS



The installation of new drinking water pipelines in Belagavi benefited over 26,000 people, enhancing community water access.



**83.1%**

of the respondents rate their water quality as "good," marking a clear improvement from pre-intervention assessments.

## EDUCATIONAL AND ECONOMIC ADVANCEMENTS



Nearly complete (90.0%) increase in school attendance among girls, reducing previous high rates of absenteeism.



Enhanced participation in income-generating activities by 34.0%, improving economic stability for families.

## MAINTENANCE AND SUSTAINABILITY



Regular maintenance schedules for water facilities and healthcare buildings ensure long-term sustainability and functionality.

## ECONOMIC AND SOCIAL IMPACT



**98.0%**

of the respondents now spend less than Rs 500 on healthcare related to water-borne diseases, a dramatic drop from a more dispersed expenditure range prior.



**90.0%**

increase in school attendance among girls, with a corresponding decrease in absenteeism, attributed to improved water access as previously a lot of time was spent in fetching water.



**82.0%**

of the women reported an increase in rest time and 34% more participation in income-generating activities.

## OPERATIONAL EFFICIENCY AND MAINTENANCE



Maintenance response times improved, with issues typically resolved within 3-4 hours.



Continuous water supply during non-scarcity periods, with significant infrastructure improvements, was observed.

## COMMUNITY FEEDBACK AND SATISFACTION



**98.4%**

of the respondents expressed high levels of satisfaction with the water supply.



**96.2%**

of the respondents are satisfied with the performance of water facilitators.



Strategic investment in sanitation infrastructure, like the construction of low-cost individual toilets, supports long-term health improvements.

## SOCIETAL CHANGES



Awareness campaigns have successfully shifted community behaviours towards better hygiene and sanitation practices.



High community engagement and satisfaction with improved facilities and services reflect a positive reception of the interventions.

# Key Outputs

## HEALTH CHECK-UP CAMP



**97.1%**

of the participants attended the health camps regularly.



**74.3%**

of the female respondents attended the camp for reproductive or menstruation-related issues.



**71.4%**

of the respondents access the health check-up camps due to remoteness of other centres and non-accessibility of the government healthcare services.



**92.8%**

of the respondents reported visiting the health camps for the quality of treatment, as well as for free consultations and medicines.

## HEALTH & HYGIENE AWARENESS PROGRAMMES



Masks (76.3% usage), sanitisers (40.5% usage), and soap (73.5% usage).



Malaria occurrences reduced by 30%, fungal diseases and skin-related issues reduced by 60-65%.

## MOBILE HEALTH VAN IMPACT



Services reached around 1,100-1,200 patients monthly, with 14-15 camps conducted.

## REDUCTION IN MEDICAL EXPENDITURE



Post-intervention reports showed that 82.9% of respondents reported almost no medical costs.

## IMMUNIZATION RATES



**100%**

of the children received various pulse polio vaccinations, and a subsequent majority (62.7%) received various types of injections, including diphtheria, tetanus and whooping cough (pertussis) (DTaP), measles, mumps and rubella (MMR), chickenpox (varicella) and influenza (flu).

# Key Impacts

## REDUCTION IN HEALTH ISSUES



Significant decrease in the prevalence of diseases like dengue, malaria, and diarrhoea following health interventions.

## IMPROVED CHRONIC DISEASE MANAGEMENT



**87.1%**

of chronic conditions like high blood pressure and diabetes were well-managed post-intervention.

## HIGH SATISFACTION RATES



**95.0%**

satisfaction with the timing, doctors, and nursing staff at health camps.

## HIGH ENGAGEMENT IN IMMUNIZATION PROGRAMS



**91.0%**

of the respondents completed COVID-19 vaccination schedules, enhancing community health protection.

## INCREASED HEALTH AND HYGIENE AWARENESS



Enhanced through sanitation awareness campaigns, leading to notable reductions in open defecation, improved hand washing frequency and better personal hygiene practices, including regular brushing.

## SANITARY NAPKIN USAGE INCREASE



Significant rise in sanitary napkin usage among women from 10% to 80-90% due to MHU intervention.

## ENHANCED ACCESS TO HEALTHCARE



Introduction of the Mobile Health Van reduced the need for long-distance travel to health centres.

## COMMUNITY EMPOWERMENT AND EDUCATION



Increased community engagement and empowerment through proactive health initiatives, resulting in improved treatment-seeking behaviour among community members.

## ECONOMIC IMPACT



Reduction in out-of-pocket health expenditures for community members post-intervention.



## **KEY OUTPUTS & IMPACT**

**(REPRODUCTIVE AND CHILD HEALTH)**

# Key Findings

## NUTRITIONAL PROGRAMME FOR MOTHER AND CHILD



**50.0%**

of the respondents relied on ready-to-eat food during pregnancy and lactation.



**38.0%**

of the respondents received take-away rations, indicating a secondary preference for prepared meals.



Beneficiaries reported significant improvements in health, with decreases in anaemia among pregnant women.

## MOTHER AND CHILD HEALTHCARE



**95.0%**

of the pregnancies were registered at Anganwadi centres with on-time ANC registration, which reflected high trust in the program.



**98.6%**

of the mothers had their baby's weight regularly monitored by Anganwadi workers.



**50.4%**

of the deliveries occurred at public health centres and 21.4% at Hindalco's hospital.

# Key Impacts

## NUTRITIONAL PROGRAMME FOR MOTHER AND CHILD



Significant improvements in health with tangible decreases in anaemia among beneficiaries. In Lohardaga, there was a notable 25.0% decrease in cases of anaemia among pregnant and lactating mothers.



Direct nutritional support and health monitoring enhanced the well-being of pregnant women, lactating mothers, and children. In Lohardaga, improved birth weights, reduced infant mortality rates, and a 30.0% reduction in malnourishment were noticed among targeted children.

## MOTHER AND CHILD HEALTHCARE



Early and consistent prenatal care, with 96.4% of the pregnancies registered in the first trimester.



**100%**

adherence to tetanus vaccination among participants and the majority of deliveries occurred at public health centers (50.4%), followed by Hindalco hospital (21.4%).



**60.7%**

of the antenatal care is conducted through Hindalco's facilities, ensuring thorough maternal and infant health monitoring.

## SUPPORT TO FAMILY PLANNING/CAMPS



In Lohardaga, increased access to and utilisation of reproductive health services in the community.



In Renukoot, male involvement in family planning was promoted, particularly through vasectomy, with 100.0% of the participants reporting satisfaction post-procedure.

## ADOLESCENT HEALTH CARE



**72.9%**

of the adolescents reported no previous history of anaemia.



**94.3%**

usage of the sanitary napkins post-intervention, a significant increase from 42.9% before the intervention.



Educational programs on menstrual hygiene were perceived as the most beneficial by 65.7% of the respondents.

## INFANT AND CHILD HEALTH (HEALTHY BABY COMPETITION)



**94.7%**

of the babies participated in the program at least once.



**55.0%**

of the participating children won in the competitions, indicating effective community engagement and involvement.



High community and parental approval reflect significant enhancements in children's development and well-being.

## SUPPORT TO FAMILY PLANNING/CAMPS



Across Lohardaga, Renukoot, and Renusagar, Hindalco's initiatives have notably enhanced the availability and quality of reproductive health services, resulting in better health outcomes and increased community satisfaction with the accessibility of informed healthcare options.



The strategic emphasis on promoting male vasectomy in Renukoot has led to increased male engagement in family planning decisions, contributing to a significant shift in community attitudes towards shared responsibility in reproductive health.

## ADOLESCENT HEALTH CARE



Post-intervention, usage of sanitary napkins rose, which indicated a move towards healthier menstrual practices.



Educational interventions on menstrual hygiene are considered most impactful by adolescents, leading to better health outcomes.

## INFANT AND CHILD HEALTH (HEALTHY BABY COMPETITION)



**Developmental benefits:** Enhanced learning enthusiasm, better hygiene, and improved health practices among young children.

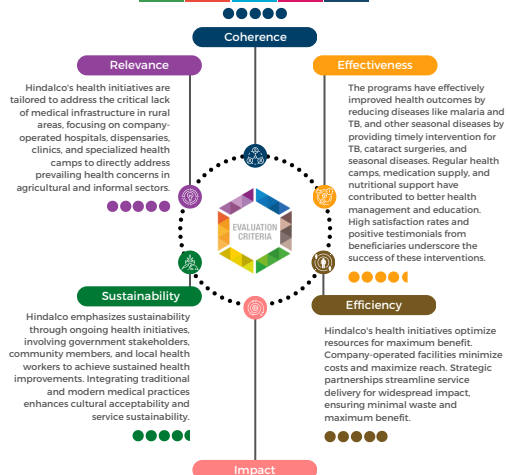


**Community engagement:** Strong community and parental approval reflecting significant enhancements in children's overall development and well-being due to structured support

## **03. OECD FRAMEWORK**

## 03.1. CURATIVE HEALTH CARE PROGRAM

The program's design demonstrates a strong coherence between its objectives and activities. The initiative was aligned with the following SDGs:



Relevance



Coherence



Effectiveness



Efficiency



Impact

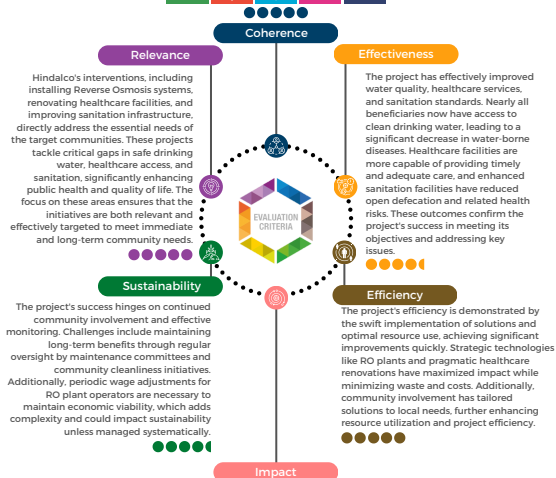


Sustainability

## 03.2 HEALTH INFRASTRUCTURE

The coherence of the project initiatives is evident in the alignment of various interventions with overarching public health goals and community well-being.

The initiative was aligned with the following SDGs:



The project has had a profound impact on the communities involved. The introduction of clean water sources has directly reduced the incidence of diseases and improved overall health. The enhanced healthcare facilities have increased the community's access to medical services, reducing morbidity and mortality from various conditions. Sanitation improvements have not only elevated hygiene standards but also brought dignity and safety to daily life. Collectively, these changes have contributed to a notable improvement in the quality of life for the beneficiaries.



Relevance



Coherence



Effectiveness



Efficiency



Impact

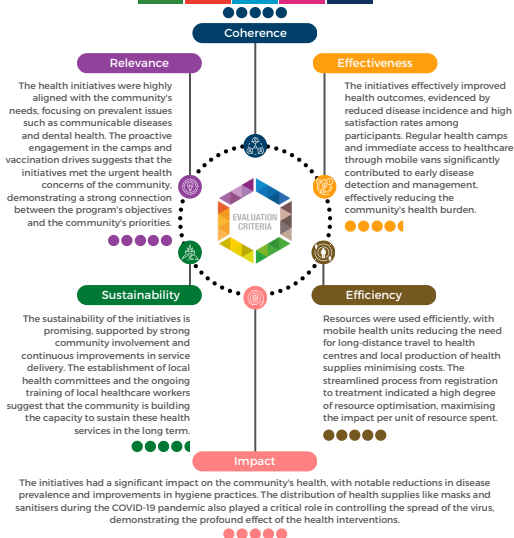


Sustainability

## 03.3 PREVENTIVE HEALTH CARE

The program's design demonstrates a strong coherence between its objectives and activities.

The initiative was aligned with the following SDGs:



Relevance



Coherence



Effectiveness



Efficiency



Impact

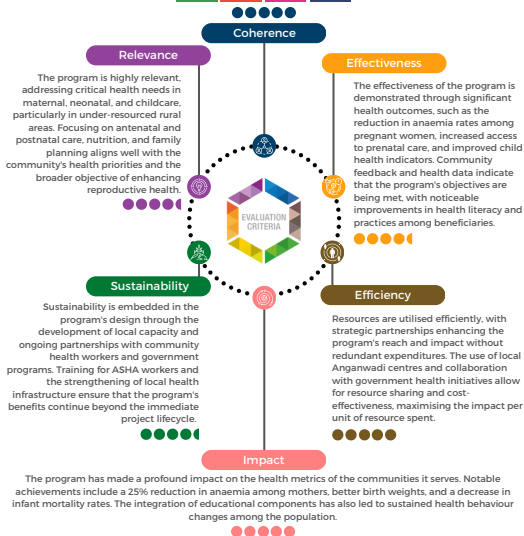


Sustainability

## 03.4 REPRODUCTIVE AND CHILD HEALTH

Hindalco's program exhibits strong coherence, effectively integrating various health initiatives to create a seamless approach to community health.

The initiative was aligned with the following SDGs:



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



## 04. INTRODUCTION



*Hindalco Dispensary at Bimarla mines, Lohardaga*

### BACKGROUND AND NEED OF THE PROGRAM

Hindalco's comprehensive healthcare initiatives across regions like Renukoot, Muri, Samri, Belagavi, and Lohardaga address the healthcare needs of underserved communities, predominantly agricultural and informally employed populations facing economic challenges. These initiatives offer specialized and general health services through rural medical camps, health awareness programs, and company-operated facilities, significantly improving health outcomes. By providing accessible, high-quality care, these programs reduce waiting times and financial burdens, bridging critical healthcare gaps and fostering long-term community well-being.

In regions such as Renukoot, Renuagar, Mahan, Samri, and Belagavi, Hindalco has also focused on sustainable improvements in community infrastructure, targeting water quality, healthcare facilities, and sanitation. Prior to these interventions, residents faced issues like water scarcity, poor sanitation, and inadequate healthcare, adversely impacting their daily lives and health. Initiatives such as installing Reverse Osmosis (RO) plants, renovating healthcare facilities, and building sanitation infrastructure have enhanced living conditions, reduced health risks, and ensured sustainable improvements in community well-being.

Hindalco's health programs also address the pronounced healthcare deficiencies in geographically isolated regions like Belagavi, Samri, Mahan, and Renukoot, where residents often travel long distances for basic medical services. These initiatives bring comprehensive healthcare directly to these communities, addressing preventable diseases and improving overall health standards, especially for low-income agricultural and daily wage laborers.

The Hindalco Reproductive Health Program tackles significant gaps in reproductive, maternal, and child healthcare in underprivileged communities. By integrating targeted healthcare services, educational outreach, and nutritional support with local customs and infrastructure, the program empowers individuals to make informed health decisions. Focused on low-income daily wage laborers, it enhances health outcomes, transforms regional health metrics, and promotes culturally sensitive and sustainable healthcare practices.

## OBJECTIVES OF THE PROGRAM

### CURATIVE HEALTH CARE PROGRAM



To increase healthcare accessibility in underserved rural areas, ensuring that both specialised and general healthcare services are available to agricultural and informally employed populations.



To improve health outcomes by providing a range of medical services, from routine check-ups to specialised treatments, through company-operated facilities and regular health camps.



To enhance community health education and awareness, utilising health camps and workshops to inform populations about disease prevention and health maintenance.



To foster collaborations with government and non-governmental organisations, enhancing the scope and reach of health services through effective public-private partnerships.



To provide comprehensive care and support for chronic conditions and communicable diseases, including specialised programs like the tuberculosis support initiative.



To ensure sustainability of health initiatives by integrating traditional medical practices like Ayurveda and Homeopathy, aligning with the cultural practices of the community.

### HEALTH INFRASTRUCTURE



To ensure safe and functional healthcare facilities to enhance patient care and provider efficiency.



To promote hygiene and prevent water-borne diseases through infrastructure development and educational campaigns.



To increase access to safe and private sanitation facilities, improving overall community health and privacy.



To ensure consistent access to clean and safe drinking water to support health and well-being.



To provide safe and clean drinking water, minimising the risk of water-borne diseases through advanced purification and community education.

### PREVENTIVE HEALTH CARE



To provide comprehensive healthcare services across multiple locations, targeting underserved rural communities.



To enhance public health through structured initiatives such as vaccination drives, health check-up camps, mobile health vans, and sanitation awareness campaigns.



To improve disease prevention and control with a specific focus on communicable diseases like malaria and diarrhoea.



To increase healthcare accessibility and reduce the need for long-distance travel to health centres, particularly through the deployment of Mobile Health Units (MHUs).

## PREVENTIVE HEALTH CARE



To achieve higher immunisation rates among vulnerable populations, particularly children, pregnant women, and nursing mothers



To ensure the sustainability of health improvements through continuous support and monitoring of health interventions.

## REPRODUCTIVE AND CHILD HEALTH



To improve maternal and child health outcomes through regular health check-ups, nutritional guidance, and targeted medical interventions from conception through the postnatal period.



To increase awareness and education on reproductive health, ensuring individuals have the knowledge necessary to make informed health decisions.



To promote family planning and reproductive rights through community-based programs that focus on both education and the provision of medical services.



To integrate culturally sensitive practices into healthcare delivery, ensure that interventions are respectful of and responsive to the cultural beliefs and practices of the community.



To enhance nutritional standards among pregnant women, lactating mothers, and young children by providing direct nutritional support and education on healthy eating practices.



To foster long-term sustainability of health improvements through continuous engagement and partnership with local communities and government programs.



To strengthen local healthcare infrastructure by supporting Anganwadi centers and local health departments with resources and training, enhancing the quality and reach of healthcare services.



**MEETING WITH  
BENEFICIARY AT  
HINDALCO HOSPITAL,  
RENUKOOT**

## CSR VISION

"To actively contribute to the social and economic development of the communities in which we operate and beyond. In sync with the UN SDGs our endeavour is to lift the burden of poverty weighing down the underserved and foster inclusive growth. In doing so, build a better, sustainable way of life for the weaker, marginalized sections of society and enrich lives. Be a force for good."

**Smt. Rajashreeji Birla, Chairperson, Aditya Birla Centre for Community Initiatives and Rural Development**

## ABOUT HINDALCO INDUSTRIES LIMITED

Hindalco Industries Limited, a flagship of the Aditya Birla Group, is a leader in the aluminium and copper industries, committed to enriching lives through dynamic and responsible business practices. Guided by the vision of Mrs. Rajashreeji Birla, Chairperson of the Aditya Birla Centre for Community Initiatives and Rural Development, Hindalco's Corporate Social Responsibility (CSR) mission is to actively contribute to the social and economic development of the communities in which it operates. This mission aligns with the United Nations Sustainable Development Goals, aspiring to improve the quality of life for marginalised communities and enhance the country's human development index.

For over 65 years, Hindalco has been dedicated to uplifting underprivileged communities in India. The Aditya Birla Group's ethos encompasses a deep commitment to engaging with underserved communities, addressing challenges related to quality of life, and making a substantial impact. This commitment extends beyond business interests, focusing on inclusive growth through education, healthcare, sustainable livelihoods, and infrastructure while also tackling various social issues.

## CHAPTER 5

### RESEARCH METHODOLOGY



*Health Camp, Lohardaga*

Hindalco commissioned a study to SoulAce to assess the impact of its healthcare programs implemented during FY 2021-22, which aimed to provide comprehensive healthcare services and improve health outcomes in rural and underserved communities. These programs included vaccination drives, health check-up camps, mobile health van services, and awareness campaigns under its preventive healthcare initiatives. The infrastructure healthcare program focused on improving healthcare facilities, while the reproductive healthcare program emphasized comprehensive antenatal and postnatal care, nutritional support for mothers and children, and family planning and reproductive health awareness. Together, these initiatives addressed critical health needs and contributed to enhancing community well-being.

#### OBJECTIVES OF THE STUDY

The primary objectives of the study were:



To assess the immediate impacts of the programs implemented.



To measure the effectiveness of the program in achieving its intended goals and objectives.



To evaluate the enduring impacts of the programs over time.



To identify strengths and areas for improvement in the program's implementation.

#### RESEARCH METHODOLOGY

The impact assessment study adopted a comprehensive mixed-methods strategy, blending quantitative and qualitative approaches to offer a more intricate understanding of the project's impact. This combination allowed for the acquisition of both numerical data and detailed contextual insights, resulting in a more comprehensive evaluation of the project's outcomes.

## APPLICATION OF QUANTITATIVE TECHNIQUES

In the quantitative aspect, the study utilised structured interviews featuring predetermined response options. Closed-ended surveys included specific questions with multiple-choice or Likert-scale options. This approach facilitated the collection of data that could be quantified and statistically analysed, offering a clear and measurable understanding of the project's impact.



**Stratified random sampling** is a method that involves dividing the population into distinct subgroups and then randomly selecting samples from each subgroup to ensure representative diversity in the study.



**Purposive sampling** is a method in research where specific individuals or groups are deliberately chosen for inclusion in a study based on their unique characteristics or expertise, to provide targeted and specialised insights into the research topic.

## APPLICATION OF QUALITATIVE TECHNIQUES

To ensure accuracy and a diverse participant pool, a mix of semi-structured interviews, open-ended interviews, and Focus Group discussions (FGDs) engaged essential project stakeholders, including healthcare officials, mothers and adolescents, local healthcare facilities, Asha workers, gram panchayat, school teachers, panchayat and community members. These qualitative inputs complemented the quantitative data, providing deeper insights into program effectiveness, significant barriers, challenges, and areas for enhancement.

## SAMPLING FRAMEWORK

In order to ensure a well-rounded representation of the different sub-groups within the target population, the study employed a stratified random sampling technique. Additionally, purposive sampling was utilised to engage key stakeholders in qualitative interactions.

The sampling framework is illustrated below:

### CURATIVE HEALTH CARE PROGRAM

Intervention List	Renukoot	Renusagar	Lohardaga	Samri	Muri	Belagavi	Total
General Health camps	0	20	50	30	0	0	90
Specialised Health Camps	0	0	20	20	0	0	40

## ENSURING TRIANGULATION

The quantitative research findings were cross validated with the insights derived from the qualitative research. The report was structured to reflect this triangulation, enhancing the reliability of the findings.

## DATA QUALITY CONTROL AND ANALYSIS

The study employed a centralised dashboard and an in-house app for real-time data monitoring, ensuring data integrity and enabling prompt corrective actions when needed. Data analysis encompassed descriptive numerical and graphical methods to systematically present and interpret data patterns, extracting key characteristics and trends.

Intervention List	Renukoot	Renusagar	Lohardaga	Samri	Muri	Belagavi	Total
Eye camps	30	0	0	15	10	0	45
Treatment Camps (Skin, cleft, etc.)	0	0	0	0	0	0	0
Cleft camp	0	0	0	0	0	0	0
Homeopathic/Ayurvedic	0	20	0	0	0	0	20
Surgical camps	0	0	30	0	0	0	30
Tuberculosis	30	10	30	0	0	0	70
Company-operated hospitals/ dispensaries/ clinic	120	0	70	100	0	10	300
Grand Total							605

## HEALTH INFRASTRUCTURE

Intervention List	Renukoot	Renusagar	Mahan-Singrauli	Lohardaga	Samri	Belagavi	Total
Buildings and Civil structures (new)	0	0	0	0	0	0	0
Buildings and Civil structures (renovation and maintenance)	0	0	0	70	0	0	70
Village Community Sanitation (toilets/drainage)	0	0	0	100	0	0	100
Individual Toilets	0	0	0	0	0	0	0
Drinking water new sources (Handpump/RO/Water Tank/well)	20	30	0	0	0	0	50
Drinking water existing sources (operation/ maintenance)	150	20	0	70	30	30	300
Drinking water supply through tanker/pipelines	0	10	50	70	0	0	130
Water source purification	0	0	0	0	0	0	0
Others (Blood Donation, Ambulance (50), Tricycle, HIV AIDS)	0	0	0	10	0	0	10
Grand Total							660



## Preventive Health Care

Intervention List	Renukoot	Renusagar	Mahan-Singrauli	Lohardaga	Samri	Muri	Belagavi	Total
Immunisation	20	20	0	15	20	0	10	85
Pulse Polio Immunisation	0	10	0	20	0	15	10	55
Health Check-up camps	10	0	10	0	15	15	20	70
Ambulance Mobile Dispensary Program/ MHU	50	0	20	0	0	0	0	70
Malaria/Diarrhoea/Control programmes (Only Stakeholder)	0	20	10	20	20	0	0	70
Health & Hygiene awareness programmes	0	20	10	10	20	0	0	60
School Health & Dental Camps	0	10	0	0	0	0	0	10
COVID- Patient families	20	15	20	30	0	0	0	85
<b>Grand Total</b>								<b>505</b>

## Reproductive and Child Health

Intervention List	Renukoot	Renusagar	Lohardaga	Samri	Total
Mother and Child Health care (Ante Natal Care, Pre Natal-Care and Neonatal care)	20	100	20	35	175
Adolescent Health care	0	0	40	30	70
Infant and child health (Healthy baby competition)	0	0	20	0	20
Support to family planning /camps	10	15	10	10	46
Nutritional programmes for mother/child	20	10	20	0	50
<b>Grand Total</b>					<b>360</b>



**TRAINING GIVEN TO ASHA WORKER ON HEALTH ISSUES, LOHARDAGA**



## STANDARDISED FRAMEWORK FOR EVALUATION

The research study applied the OECD-DAC framework for evaluation, ensuring alignment with globally accepted standards and norms. This framework offered a strong and uniform method to evaluate the project's impact, bolstering the credibility and pertinence of the research findings.



## KEY STAKEHOLDERS



Healthcare officials



Mothers and Adolescents



Local healthcare facilities & officials



Asha workers



Gram Panchayat



School teachers



Panchayat and community members

## DESIGN SNAPSHOT



### Name of the project

Impact Assessment Study of Healthcare Program



### Research design used

Descriptive and Interpretive research design



### Sampling technique

Purposive and Stratified Random Sampling



### Sample size

Curative Health Care Program: 605  
Health Infrastructure: 660  
Reproductive and Child Health: 360  
Preventive Health Care: 505



### Qualitative method used

Testimonials and Focus Group Discussion



**INTERACTION WITH BENEFICIARIES, RENUAGAR**

## UPHOLDING RESEARCH ETHICS

The impact assessment study upheld a robust framework of research ethics principles throughout its process.



### INFORMED CONSENT

Participants made informed decisions after understanding the study goals, risks, and benefits.



### CONFIDENTIALITY

Participant information was guarded securely, establishing a foundation of trust.



### DATA SECURITY AND ANONYMITY

Rigorous measures ensured participant data remained private and untraceable.



### NON-MALEFICENCE

Participant well-being was safeguarded, with no harm caused by the research.



### INTEGRITY

Research maintained high credibility through sincere and transparent practices.



### JUSTICE

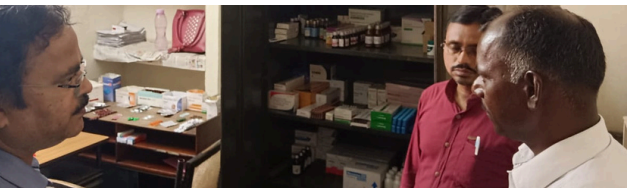
Equitable treatment prevailed, free from biases or stereotypes, promoting fairness.



## CHAPTER 6

### KEY FINDINGS: CURATIVE HEALTH CARE PROGRAM

Hindalco's curative programs across various locations have made significant impacts on community health by addressing both general and specific medical needs through company-operated hospitals, dispensaries, and clinics. These facilities have been pivotal in offering specialised and general medical services, significantly improving accessibility to quality healthcare for underprivileged communities.



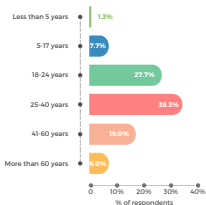
*Company-operated Dispensary at Renuagar*

#### A. Company-operated hospitals/dispensaries/clinics

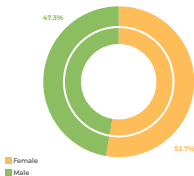
Hindalco's company-operated hospitals, dispensaries, and clinics are essential in providing accessible healthcare to underserved communities across regions like Renukoot, Muri, Samri, Belagavi, and Lohardaga. These facilities offer specialised and general health services, ensuring that vital medical care is available to predominantly agricultural and informally employed populations, thereby significantly improving local health outcomes.

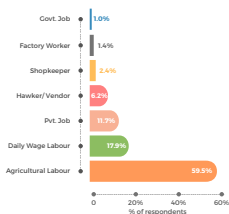
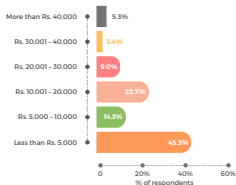
#### DEMOGRAPHIC PROFILE

**CHART 1: PATIENT'S AGE-GROUP WISE DISTRIBUTION**

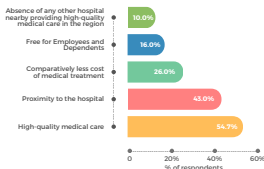
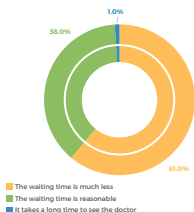


**CHART 2: GENDER-WISE DISTRIBUTION**



**CHART 3: OCCUPATION-BASED DISTRIBUTION****CHART 4: INCOME-BASED DISTRIBUTION**

The survey data portrays a concentration of middle-aged to young adult respondents, with the largest group being those aged 25-40 years (38.3%), followed by young adults aged 18-24 years (27.7%). Gender distribution shows a slight female majority (52.7%). Most respondents are involved in agriculture (59.5%) and informal labour sectors, indicating a community largely supported by non-formal economic activities. Income levels are predominantly low, with less than half (45.3%) earning less than ₹ 5,000 per month, highlighting economic challenges within the community.

**PROGRAM INTERVENTION****CHART 5: REASON FOR CHOOSING THE HINDALCO REFERRAL CENTRE/HOSPITAL FOR TREATMENT****CHART 6: OPINION ON THE WAITING TIME AT THE HOSPITAL**

The survey results indicate that the predominant reason respondents prefer Hindalco Referral Centre/Hospital is the quality of medical care (54.7%), underscoring the facility's reputation for excellence. The hospital's location is also a significant factor, with nearly half (43%) of respondents choosing it for its proximity. Cost considerations play a role for more than a quarter of the respondents (26%) of the participants, followed by free treatment available to employees (16%) and lack of other quality hospitals (10%) as a reason for their choice. Regarding service efficiency, almost all the respondents (99%) are either satisfied with shorter-than-expected waiting times or find them reasonable. This reflected that the hospital's operational management is effective to minimise wait times and enhance patient experience.

## COMPANY-OPERATED INITIATIVES IN RENUKOOT, MURI, SAMRI, BELAGAVI AND LOHARDAGA

### 1. RENUKOOT



**Health services:** Renukoot features specialised units for orthopaedics, gynaecology, and general surgery. Free medicine and consultation services are offered extensively.



**Rural medical camps:** The region conducted rural medical camps three times a week in 2021-2022, supplemented by mobile health vans that provided free medicines and consultations, enhancing accessibility for remote population.

### 2. MURI



**Coverage:** Covered 7 villages, providing free medicines and consultations by general physicians.



**Specialisation:** There are no specialised medical units in Muri that focus primarily on general health services.

### 3. SAMRI



**Health facilities:** Samri is equipped with 3 units and pathological labs that facilitate normal health check-up.



**Services during COVID:** During the COVID pandemic, only common diseases were treated, and both medicines and doctor consultation fees were free.

### 4. BELAGAVI



**Collaboration with Government:** No Hindalco-owned hospital in Belagavi; the support is extended to a government dispensary by providing infrastructure such as beds and medicines.



**Immunisation:** Hindalco supported the government's immunisation program, aiding in public health outreach.

### 5. LOHARDAGA



**Company-operated facilities:** The Hindalco Hospital in Lohardaga operates as an Outpatient Department (OPD) only, with no admission facilities. Patients needing hospitalisation are referred elsewhere.



**Local dispensaries:** Hindalco operates 10 dispensaries in the Lohardaga and Gumla mining area, primarily for employees, their families, and local villagers. These offer basic medical services, including health check-ups, treatment for common illnesses, and referral services.



**Health awareness initiatives:** Notably, Hindalco has conducted free eye check-up camps in schools and mining areas, alongside awareness activities about sickle cell anaemia, which have contributed to a reduction in cases in the mining area.

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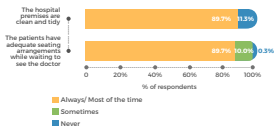
The hospital offers high-quality medical care, which is very important because there are no other hospitals nearby that provide such good services. The cost of medical treatment here is also comparatively less, making it affordable for people like me. Whenever I need general medicine, I can rely on Hindalco Hospital. The doctors and staff are very professional and caring. The hospital has made a big difference in our community by providing excellent healthcare services.

- Sumit Nagesiya, Hawker/ Vendor, Saraidih, Samri

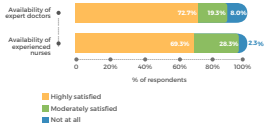
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## SATISFACTION AND PERCEPTION ABOUT THE PROGRAM

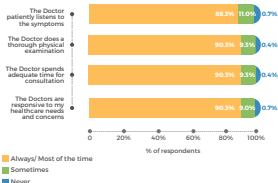
**CHART 7: SATISFACTION LEVEL OF BENEFICIARIES CONCERNING VARIOUS FACILITIES RELATED TO HOSPITAL INFRASTRUCTURE**



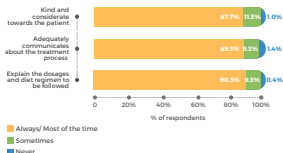
**CHART 8: SATISFACTION LEVEL OF BENEFICIARIES RELATED TO AVAILABILITY OF DOCTOR & NURSE**



**CHART 9: SATISFACTION LEVEL OF BENEFICIARIES CONCERNING VARIOUS FACILITIES AND SERVICES OFFERED BY THE DOCTORS**



**CHART 10: SATISFACTION LEVEL OF BENEFICIARIES CONCERNING VARIOUS FACILITIES AND SERVICES OFFERED BY THE NURSING STAFF**



“

I am grateful for the gynaecology services provided by Hindalco Hospital. The medical treatment here is much more affordable compared to other private hospitals in the region, and the care I receive is of high quality. Despite the lower cost, the attention given by the doctors and staff is excellent. One of the best aspects is the reasonable waiting time, which is crucial for someone with a busy and demanding job like mine, helping to avoid wage loss due to long hospital visits.

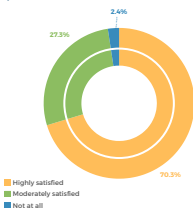
- Sheela Devi, Agricultural labour, Sagobandh, Renukoot

”

**CHART 11: SATISFACTION LEVEL OF BENEFICIARIES CONCERNING VARIOUS SERVICES RELATED TO QUEUE MANAGEMENT, EMERGENCY CARE, PHARMACY, DIAGNOSTIC & PATHOLOGICAL TESTING FACILITIES**



**CHART 12: CLEANLINESS OF WARDS (INPATIENT ADMISSION)**



The survey at Hindalco Referral Centre/Hospital revealed a high degree of satisfaction across various aspects of medical and facility services. Infrastructure satisfaction, including cleanliness (88.7%) and seating arrangements (89.7%), reflected a well-maintained hospital environment. Furthermore, an overwhelming majority were satisfied with the availability of expert doctors (92%) and experienced nurses (97.6%). The majority of respondents reported positive experiences with doctors' performances, including patience (99.3%), thoroughness (99.7%) and responsiveness (99.3%).

Similarly, satisfaction with the nursing staff is also strong, with a substantial majority feeling positive about the kindness (99.01%), communication (98.6%), and care explanations provided (99.6%).

The survey also showed satisfaction among respondents with key services at the hospital, including emergency care (96.4%), pharmacy services (91%), queue management (91%), diagnostic services (89.7%) and pathological testing (81.7%). Additionally, almost all the respondents (97.6%) are satisfied with the cleanliness standards of the wards for inpatient admissions at the hospital. Overall, the majority of patients are satisfied with the facilities and services, underscoring the hospital's effective management and quality of care.

“

The hospital in Lohardaga has an Outpatient Department (OPD) where we can visit for consultations and treatment. Hindalco also operates dispensaries in the Lohardaga and Gumla mining areas. These dispensaries are very helpful for me, my family, and other local villagers. The dispensaries provide basic medical facilities, including general health check-ups, treatment for common illnesses, and dispensing of medications. The doctors and medical staff appointed by Hindalco are very caring and professional. For employees and their dependents, the consultations and medications are free, which is a great relief for us. The medical support we receive from Hindalco has made a big difference in our lives.

- Sarwan Oraon, Agricultural labourer,  
Sherendag, Lohardaga

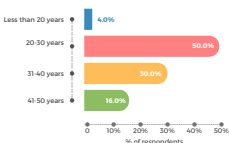
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## B. General Health Camps

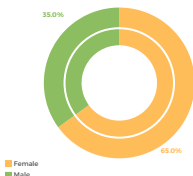
Hindalco's General Health Camps provide critical healthcare services to underserved communities, focusing on delivering free medical consultations and treatments for common and chronic conditions. Regularly scheduled across various locations, these camps significantly improve healthcare accessibility for populations predominantly engaged in daily wage labour and farming, enhancing community health and wellness through both treatment and education.

### DEMOGRAPHIC PROFILE

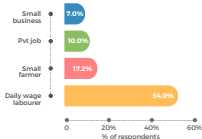
**CHART 13: AGE-GROUP WISE DISTRIBUTION**



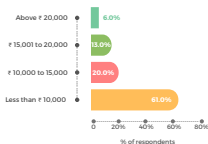
**CHART 14: GENDER-WISE DISTRIBUTION OF RESPONDENTS**



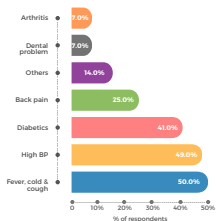
**CHART 15: PRIMARY OCCUPATION OF THE FAMILY**



**CHART 16: MONTHLY FAMILY INCOME**



**CHART 17: DISEASE FROM WHICH THE RESPONDENT OR THEIR FAMILY MEMBERS ARE SUFFERING**



The survey, primarily involving female respondents (65%), revealed that half (50%) of the respondents were aged 20-30. More than half of the respondents (54%) were engaged as daily wage labourers, and a significant majority (61%) had a monthly family income under ₹10,000. Health issues were prevalent, with half of the respondents (50%) reporting fever, cold, and cough, followed by high blood pressure (49%) and diabetes (41%).



“

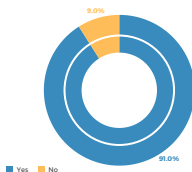
The health camp is very close to my home, just within 1 kilometre. I visit it once a month because other health centres are far away. The camp helps me a lot, especially since I often have a fever, cold, and cough. The doctors and staff at the camp are very caring and provide free consultations and medicines.

- Nirmala Devi, Small farmer, Renusagar

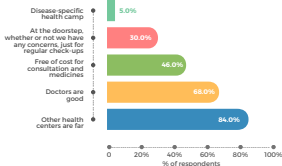
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## PROGRAM INTERVENTION

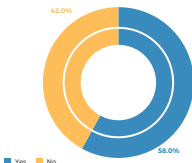
**CHART 18: WHETHER REGULARLY VISIT THE CAMP WHENEVER IT IS BEING CONDUCTED**



**CHART 19: REASONS FOR VISITING THE CAMP INSTEAD OF OTHER HEALTH CENTRES OR ALONGSIDE OTHER HEALTH CENTRES**



**CHART 20: WHETHER ANY OF THE GIRLS/FEMALES ATTENDED THE CAMP FOR REPRODUCTIVE/MENSTRUATION ISSUES**



The survey highlighted a strong commitment to the camp, as a substantial majority (91%) attended regularly, which underscored its importance and relevance. Key factors for choosing the camp over other health centres included the remoteness of other centres (84%), quality of doctors (68%), free consultations and medicines (46%) and convenient doorstep health services (30%). Additionally, more than half of female respondents (58%) attended the camp for reproductive or menstruation-related issues.



**HEALTH CAMP, MAHAN**

## THE QUALITATIVE STUDY DATA GATHERED ABOUT THE HEALTH CAMPS IN THE AREA PROVIDES INSIGHTS INTO THE FREQUENCY, ACCESSIBILITY, AND TYPES OF SERVICES PROVIDED, AS WELL AS PUBLIC ENGAGEMENT WITH THESE SERVICES

### 1. FREQUENCY OF HEALTH CAMPS



Health camps are conducted monthly by majority of the respondents, followed by every 15 days. This distribution suggests a moderate regularity in health services availability, with a slight preference for monthly operations.

### 2. ATTENDANCE CONSISTENCY



Most of the respondents regularly visit the camps when conducted, that indicated strong community engagement and reliance on the services offered by these camps.

### 3. AVAILABILITY OF FEMALE DOCTORS



Female doctors are consistently present during gynaecology camps. This points to a moderate level of gender-specific care availability, which is crucial for addressing women's health issues.

### 3. SERVICES PROVIDED



The majority of respondents received consultation and medicine, which reflected the primary focus of these camps on basic medical care and treatment.



Referral facilities were available to the attendees, which suggested some level of integration with broader healthcare services.



Awareness programs for other non-communicable diseases were provided to the respondents, indicating an extension of services beyond immediate medical care.

### 5. COST-EFFECTIVENESS



All services provided at the camps are free of cost, offering significant financial relief to attendees. If respondents sought these services outside of the camps, the average cost incurred would be Rs. 720, with a range from Rs. 500 to Rs. 1000. This comparison underscores the camps' role in reducing healthcare expenses for the community.

### HEALTH CAMP IN RENUASAGAR

**Health camps on a fixed schedule:** In Renuasagar, regular health camps are organised on a fixed schedule, serving approximately 70 patients per session. These camps include registration, proper counselling, and distribution of free medicines, ensuring that the rural population receives consistent healthcare services.

### HEALTH CAMP IN SAMRI

**Health check-up camps in schools and villages:** The initiative in Samri focuses on organising health check-up camps in government schools and rural villages for the year 2021-2022. These camps target common diseases and aim to improve the general health of the community by providing accessible medical attention.

“

I do not go often, but when I do, it is always a great help. The doctors are very good, and the best part is that the consultation and medicines are free of cost. This makes a big difference for someone like me. I usually go to the camp for regular check-ups, even if I don't have any specific concerns. It is reassuring to know that help is right at our doorstep. The doctors help me with frequent headaches and other common issues like pain, fever, cold, and cough. The gynaecology camp is also very helpful, and I make sure to visit during that time. The health camps have made it much easier for me to take care of my health without having to travel far.

- Parwati, Daily wage labourer, Samri

”

## HINDALCO HEALTH INITIATIVE IN LOHARDAGA

In Lohardaga, Hindalco has established a comprehensive health camp. The camps are designed to provide free medical services to underprivileged communities, focusing on general health check-ups and raising health awareness.

### HEALTH CAMP DETAILS



**Type of camp:** Free health camps.



**Coverage:** A total of 192 health camps are conducted annually across 8 revenue villages and 17 Tolas, with each camp held every 15 days, specifically in mining villages.



**Services:** The camps offer general health check-ups, including BP, sugar testing, and treatment for common ailments such as fever, cold, cough, and back pain.

Additionally, specialised services like ambulance services for critical cases are available.



**Patient attendance:** Each camp serves approximately 40-50 patients, totalling around 7680 patients so far under the project.

### SOCIO-ECONOMIC BACKGROUND



The primary beneficiaries are farmers and those with daily wage labour backgrounds belonging to the SC/ST/PTG population segments. These groups are typically underserved in healthcare, making these camps critical for their well-being.

### OPERATIONAL DETAILS



**Team structure:** The team at each camp includes one doctor, one ANM (Auxiliary Nurse Midwife), and one pharmacist.



**Disease trends:** Commonly observed diseases are seasonal, including fever, itching, cold, and cough.



**Challenges and solutions:** The camps initially faced challenges such as delayed fund disbursement and logistical issues in remote locations. Current challenges include arranging diagnostic facilities and maintaining ambulances. Recommendations for improvement include digital patient records, first aid for fractures, and enhanced pathology services for accurate diagnoses.

## STAKEHOLDER ENGAGEMENT



**Engagement with ANMs:** At each location, two ANMs are engaged to assist with the camps, ensuring a smooth operation.



**Government collaboration:** The camps incorporate only government stakeholders, which helps in maintaining the regulation and quality of healthcare provided.

## IMPACT AND IMPROVEMENTS



**Behavioural changes:** There has been a noticeable reduction in diseases like itching and malaria attributed to improved hygiene practices and community awareness.



**Recommendations:** To enhance the effectiveness of the camps, implementing a digital entry system for patient records, establishing a pathology service, and ensuring the availability of first aid for emergencies are recommended.

The Hindalco health camps in Lohardaga are a vital resource for the local communities, significantly contributing to improving general health and addressing specific medical needs. By continuing to refine their approach and addressing the logistical challenges, these camps can further enhance their impact on the community's health outcomes.

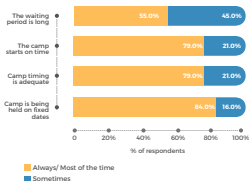
“

I have been part of the health camps organised by Hindalco in various villages. Our health camps provide free check-ups and general medicines for the people. We also offer ambulance services for specialised diseases. We conduct 24 health camps annually at one location, totalling 192 camps across eight revenue villages and 17 tolas. Each camp sees an average of 50 to 60 patients, primarily from farmer and daily wage labourer backgrounds, belonging to SC/ST/PTG populations. Our camps focus on general health check-ups, covering BP, sugar, fever, cold, cough, and back pain, along with health awareness sessions. We have noticed significant improvements in the community's health, particularly a reduction in itching problems and malaria cases due to increased awareness about hygiene and cleanliness. Despite challenges like delayed fund disbursement and lengthy procurement processes, our dedicated team, including a doctor, ANM, and pharmacist, ensures that the camps run smoothly. We also engage two ANMs at each location to support our efforts. Maintaining patient details and medication records helps us track disease trends, which are often seasonal. We work closely with government stakeholders to ensure the success of our health camps. Through direct outreach programs and collaboration with NGOs, we effectively reach the maximum number of underprivileged patients.

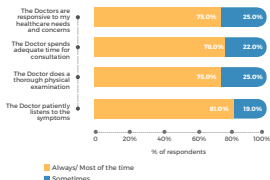
- Dr. P.P. Sinha, Medical Officer, Lohardaga

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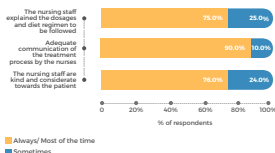
**CHART 21: SATISFACTION LEVEL OF BENEFICIARIES CONCERNING THE TIMING & WAITING PERIOD AT HEALTH CAMP**



**CHART 22: SATISFACTION LEVEL OF BENEFICIARIES CONCERNING SERVICES BY DOCTORS OF HEALTH CAMP**



**CHART 23: SATISFACTION LEVEL OF BENEFICIARIES CONCERNING SERVICES BY NURSING STAFFS OF HEALTH CAMP**



Although nearly half of the respondents (45%) sometimes had to go through longer waiting periods, an overwhelming majority were pleased with the camp's punctuality (79%) and fixed dates for the camp (84%). The study revealed high satisfaction with the doctors at the health camp. A significant majority felt doctors conducted thorough physical examinations (75%), were satisfied with the doctors' responsiveness to their healthcare needs (75%) and believed adequate time was spent during consultations (78%). The survey also showed high contentment with the nursing staff, as the majority found them kind and considerate (76%) and felt adequately informed about the treatment process (90%). The majority (75%) were satisfied with the explanation of dosages and diet regimens. This data underscores strong overall satisfaction with the health camp's services and scheduling despite some concerns about waiting times.



## C. Eye Camp

Hindalco's Eye Camps are critical initiatives aimed at addressing eye health in underserved communities, particularly focusing on elderly populations heavily dependent on agriculture. These camps are strategically located to provide essential eye health services, including screenings, cataract surgeries, and referrals to specialised care facilities. By offering these services free of charge, Hindalco significantly alleviates the financial burden on these communities, improving quality of life through enhanced vision care.

### DEMOGRAPHIC PROFILE

CHART 24: AGE-GROUP

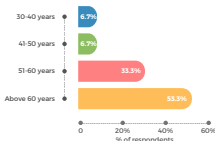


CHART 27: MONTHLY FAMILY INCOME

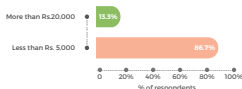


CHART 25: GENDER

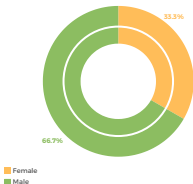


CHART 28: PRESENT EMPLOYMENT STATUS OF THE BENEFICIARY

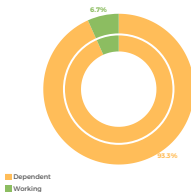
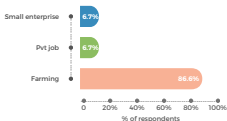


CHART 26: FAMILY OCCUPATION



The survey analysis revealed a demographic heavily skewed towards the elderly, with a majority (53.3%) over 60 years and a significant representation (33.3%) from those aged 51-60 years, showing a concentration in older age groups. A notable gender imbalance exists, with males (66.7%) substantially outnumbering females (33.3%). Occupation-wise, farming dominates as the primary livelihood for the majority (86.6%), indicating a deep reliance on agriculture. The income distribution reflects severe financial constraints, with the vast majority (86.7%) earning below Rs. 5000 monthly and being highly dependent on external support (93.3%).

This underscores the challenges in achieving financial independence, highlighting the need for targeted economic and social interventions to support this vulnerable and predominantly low-income elderly population.

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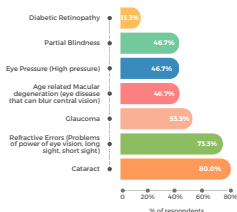
The doctors from the district hospital came to the Hindalco hospital for the camp. They checked my eyes and screened for any issues. The staff was very kind and professional. After the screening, they found that I needed surgery. They referred me to the government hospital for further treatment. This eye camp made it possible for me to get the help I needed.

- Sukku Ram, Daily Wage Labour, Samri

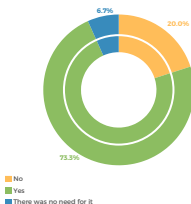
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## PROGRAM INTERVENTION

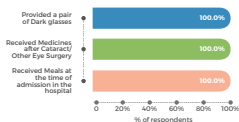
**CHART 29: TYPE OF VISION PROBLEM THE RESPONDENTS WERE DIAGNOSED WITH**



**CHART 30: WHETHER REFERRED TO ANY OTHER EYE CLINIC/HOSPITAL FOR FURTHER TREATMENT**

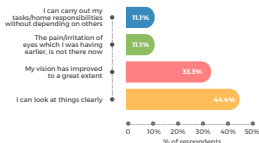


**CHART 31: SERVICES RECEIVED FOR CATARACT SURGERY**



**EYE CAMP BENEFICIARY, RENUKOOT**

**CHART 32: PRESENT CONDITION OF THE RESPONDENTS AFTER GETTING THE SPECTACLES**



The survey data shows a high prevalence of vision issues among respondents, with cataracts (80%) and refractive errors (73.3%) emerging as the most common problems, followed by eye pressure issues (46.7%) and partial blindness (46.7%). A considerable majority (73.3%) of those affected required referral to specialised eye care facilities, reflecting either the complexity of their conditions or initial treatment limitations. Notably, every respondent treated for cataracts received comprehensive care, suggesting effective post-operative support in the hospital setting. Among those fitted with spectacles, all of them experienced significant benefits, including clean vision (44.4%), enhanced eyesight (33.3%), relief from eye pain (11.1%) and ability to carry out tasks independently (11.1%), which demonstrated that the spectacles improved vision clarity and reduced discomfort for the respondents.

## THE EYE CARE INITIATIVE SIGNIFICANTLY EASED THE FINANCIAL BURDEN ON PATIENTS REQUIRING CATARACT SURGERY AND FOLLOW-UP TREATMENTS. THE CAMPS PROVIDED ESSENTIAL SERVICES, DIFFERING SLIGHTLY BETWEEN LOCATIONS IN TERMS OF SURGICAL FACILITIES



**Cost of medication:** Beneficiaries received medications worth an average of Rs. 4567, with costs ranging from Rs. 1500 to Rs. 6000 at no charge. This alleviation of medical expenses was crucial for patients who otherwise face financial constraints.



**Surgical services:** In Samri, cataract surgeries were conducted at the District Hospital. In contrast, patients from Renukoot underwent surgery at the Hindalco Eye Hospital, which was supported by the funding agency. This strategic placement of services ensured that all respondents accessed high-quality surgical care appropriate to their geographic location.



**Post-surgical care:** Following surgery, all respondents received complimentary medicines during camp-based follow-ups, ensuring they could continue their recovery without the added stress of medical expenses.



**COMPANY OPERATED DISPENSARY, RENUKOOT**





**Financial impact:** The provision of free surgeries and follow-up medications at these camps significantly reduced the economic strain on individuals who otherwise might have incurred substantial costs. The initiative highlights a pivotal step toward not only addressing immediate health needs but also enhancing the overall well-being of the community by removing financial barriers to essential health services.

The eye camps exemplify a successful collaborative effort between local hospitals and funding agencies, offering a model of effective and accessible healthcare that could be replicated in other medical fields.

“

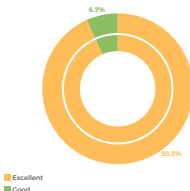
I attended the Hindalco Eye Camp three years ago after hearing about it from a field worker. The staff at Hindalco Hospital treated us with great care, providing free cataract surgery and post-operative medicines. The surgery was a blessing; it allowed me to see clearly again and perform my daily activities without any trouble. I couldn't have afforded this treatment on my own. I am immensely grateful to Hindalco for this help.

- Kalawati Devi, 55 years old, Renukoot

”

## SATISFACTION AND PERCEPTION ABOUT THE PROGRAM

**CHART 33: RATING OF THE CAMP IN TERMS OF THE BENEFITS RECEIVED**



Feedback on the camp was overwhelmingly positive, as an overwhelming majority (93.3%) rated the benefits as excellent. This high level of satisfaction indicated that the camp was perceived as highly effective in delivering its intended benefits, which reflected a strong consensus on the quality of care and services provided.

## EYE HEALTH INITIATIVES BY HINDALCO IN SAMRI AND RENUKOOT

### 1. SAMRI INITIATIVE



#### Doctor visits and eye screenings:

Doctors from the district hospital made visits to the Hindalco hospital in Samri, where they conducted only eye screenings. Patients requiring surgery were referred to government hospitals for further treatment. This initiative highlights Hindalco's commitment to leveraging local healthcare infrastructure to ensure patients receive the necessary specialised care.

## 2. RENUKOOT INITIATIVE

**Eye camp and surgical support :**

In Renukoot, Hindalco played a significant role in facilitating eye health services, which included eye screening, cataract surgery, and referral services.

**Execution and support:**

The cataract surgeries were conducted at the Hindalco hospital. Both surgeries and medicines were provided free of cost, alleviating financial burdens for the beneficiaries.

**Beneficiary demographics:**

Most of the surgery recipients, including individuals like Kalawati Devi, Madina Begum, Sona Devi, Lakhmuna Devi and Phulmatiya Devi, were women who lacked formal education and earned less than Rs. 10,000 per month. They primarily depended on their families for support and came from labouring or small business backgrounds.

**Community awareness and outreach:**

The beneficiaries mostly learned about the eye camp through community outreach or field workers from Hindalco's CSR initiatives, underlining the effectiveness of Hindalco's beneficiary mobilisation strategies

**Additional support:**

The beneficiaries appreciated the comprehensive care package, which included transport for distant patients, complimentary meals during hospital stays, free post-operative medicines, and dark glasses to aid recovery.

**Impact and feedback:**

The free cataract surgeries provided significant relief and improved quality of life, allowing beneficiaries to perform daily tasks with ease. The overall experience and impact of the camp were rated as excellent by the beneficiaries.

“

When I was diagnosed with cataracts at the Hindalco Eye Camp, I was worried about the costs and the procedure. But Hindalco ensured everything was taken care of—from the surgery itself to the meals and even transportation since I live far from the city. The staff were kind and attentive during my stay at the hospital. Thanks to them, I can now see the world clearly again. This camp has truly reduced my financial burden and restored my vision.

- Madina Begum, 60 years old, Renukoot

”

## D. Homeopathic and Ayurvedic Camps

The integration of traditional medical practices such as Homeopathy and Ayurveda in the regions of Renusagar and Renukoot offers a unique glimpse into the adaptation of ancient health systems in modern rural healthcare settings. These practices are deeply rooted in the cultural fabric of India and provide essential, holistic care to the local populations, emphasising both preventative measures and curative treatments.

### HOMEOPATHIC AND AYURVEDIC SET-UP IN RENUSAGAR

The Renusagar area operates a homoeopathic and Ayurvedic set-up that caters to the health needs of residents from nearby villages, including Garbandha, Parasi, Antara, Kakari, and Basi. The set-up is strategically located within 6-8 kilometres of these villages, making it accessible for the majority of the rural population in this region. This proximity is crucial as it provides timely and essential medical care in a region where such resources are sparse. The set-up offers treatments that align with the principles of both homoeopathy and Ayurveda, focusing on holistic wellness and prevention over cure.

### AYURVEDIC SET-UP IN RENUSAGAR

Led by Dr. Indrajit Mishra, the Ayurvedic clinic in Renusagar is pivotal in treating a variety of ailments with herbal medicines. Dr. Mishra, available six days a week, specialises in the treatment of several major diseases, leveraging the principles of Ayurveda to offer relief and promote wellness among patients. The primary ailments treated at the centre include:

- Gastrointestinal issues
- Arthritis
- Asthma, particularly during the onset of winter and summer
- Skin diseases, including allergies and fungal infections
- Seasonal and viral fevers
- Common cold and cough

The minimal patient fee of Rs. 20, supported by Hindalco's contributions for medicines, emphasises affordability and accessibility.

### RENUKOOT HOMEOPATHIC CLINIC

The Renukoot Homeopathic Clinic, primarily a private entity, received significant support from Hindalco during the COVID-19 period through the provision of necessary medical supplies. This support not only helped sustain the clinic's operations but also highlighted the effectiveness of public-private partnerships in healthcare. Hindalco contributed by supporting the clinic with necessary medical supplies, including homoeopathic medicines. This collaboration highlights the community-centric approach of Hindalco during the pandemic and underscores the importance of public-private partnerships in enhancing healthcare accessibility and efficacy during emergencies.

The integration of traditional and alternative medicine practices like homoeopathy and Ayurveda in Renusagar and Renukoot represents a vital component of the local healthcare infrastructure. These practices are not only culturally resonant with the local population but also provide a complementary approach to the more conventional medical treatments, often with a focus on sustainability and minimal side effects.

## PROGRAM IMPACT AND COMMUNITY PERCEPTION

The local communities' reliance on these traditional systems, especially during the COVID-19 pandemic, has showcased a model of resilience and adaptability. Hindalco's long-standing initiative has cultivated deep trust and reliance among the locals, evidenced by positive feedback and frequent visits from community families.

The Homeopathic and Ayurvedic programs in Renusagar and Renukoot highlight the enduring value of traditional medicine within rural Indian healthcare. These programs not only meet immediate health needs but also strengthen community trust in traditional practices. The continued support from organisations like Hindalco ensures these healthcare models remain sustainable, enhancing overall community health and preserving the cultural heritage of traditional medicine. This study underscores the significant role that Homeopathy and Ayurveda play in maintaining health and wellness through holistic approaches in the communities of Renusagar and Renukoot.

“

Ramesh and his family frequently visit the Ayurvedic centre in Renusagar, which is conveniently located just 2 kilometres from their village. This centre is led by Dr. Indrajit Mishra, whose long-standing presence in the community has built significant trust among the locals, including Ramesh's family. Ramesh's family prefer this centre for its effective treatments and the quality of the Ayurvedic medicines provided, especially for common ailments like fevers and fungal infections. Ramesh's continued satisfaction with the treatments underscores the centre's role in providing accessible and reliable healthcare, aligning with the holistic wellness approaches you value in community health initiatives.

Ramesh, villager

”



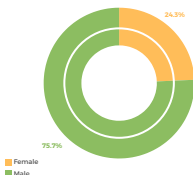
**MEDICAL HEALTH CAMP AT SCHOOL, LOHARDAGA**

## E.Tuberculosis Patient Support

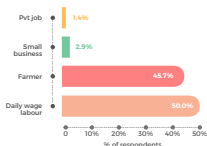
Hindalco's Tuberculosis Patient Support program is a comprehensive initiative aimed at combating TB through dedicated treatment and awareness efforts across different regions. This program focuses on providing diagnostic services, nutritional support, and continuous care to predominantly male patients who are daily wage labourers or farmers, addressing the socio-economic challenges they face. The initiative reflects a strong commitment to improving public health and reducing the prevalence of tuberculosis in vulnerable communities.

### DEMOGRAPHIC PROFILE

**CHART 34: GENDER-BASED DISTRIBUTION**



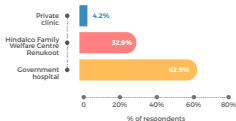
**CHART 35: OCCUPATION BASED DISTRIBUTION**



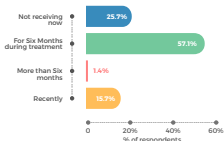
The survey reveals a substantial majority of males (75.7%), while occupational-wise, the economic landscape is dominated by daily wage labourers (50%) and farmers (45.7%), indicating a reliance on labour-intensive sectors with minimal economic diversification.

### PROGRAM INTERVENTION

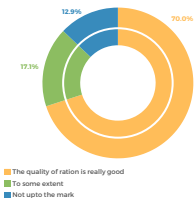
**CHART 36: PLACE OF DIAGNOSIS**

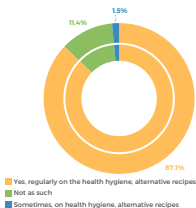


**CHART 37: DURATION OF RECEIVING THE KIT**



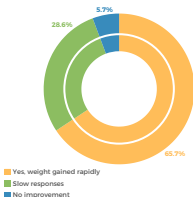
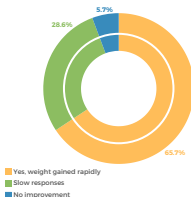
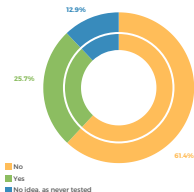
**CHART 38: QUALITY OF KIT**



**CHART 39: COUNSELLING SUPPORT**

The survey highlights a strong reliance on public healthcare, with a majority (62.9%) diagnosed at government hospitals, while the Hindalco Family Welfare Centre Renukoot was the second most common diagnosis location (32.9%). Treatment kit usage aligns with prescribed durations, with more than half (57.1%) using it for the recommended six months. Quality assessments of the kit were positive (87.1%). Regular counselling during the distribution of nutrition kits from Hindalco was received by a substantial majority (87.1%), which suggested comprehensive support and effective integration of health education with nutritional assistance.

## PROGRAM IMPACT

**CHART 40: WHETHER THE PATIENT'S WEIGHT HAS GAINED IN A GRADUAL MANNER****CHART 41: WHETHER THE PATIENT'S WEIGHT HAS GAINED IN A GRADUAL MANNER****CHART 42: WHETHER ANY FAMILY MEMBER HAS DEVELOPED TB SYMPTOMS AFTER CONTRACTING IT FROM THE PATIENT**

The majority of participants experienced rapid weight gain (65.7%), with others reporting slower progress (28.6%). The program also effectively fostered behavioural changes through heightened awareness about the transmission of tuberculosis, helping to prevent the spread among the community. Tuberculosis symptoms were not observed in a significant portion of families (61.4%), though some reported symptoms (25.7%) and uncertainty due to lack of testing (12.9%), indicating the need for better diagnostic access.

## THE QUALITATIVE STUDY PROVIDES AN OVERVIEW OF HEALTH INITIATIVES BY HINDALCO IN RENUKOOT, RENUSAGAR, LOHARDAGA AND SAMRI.

### 1. RENUKOOT INITIATIVE



**Supplemental nutritious food distribution:** In Renukoot, Hindalco has focused on providing supplemental nutritious food specifically to poor patients. The initiative strictly monitors the treatment processes to ensure efficacy and proper care.



**Hindalco TB/DOT Centre:** The treatment of tuberculosis (TB) at the Hindalco TB/DOT Centre involves thorough monitoring and support, with the ASHA worker playing a crucial role in administering DOT (Directly Observed Treatment) doses. The entire TB program is supported by Hindalco's infrastructure.

### 2. RENUSAGAR INITIATIVE



**Government partnership program:** Hindalco has partnered with the government in Renusagar to combat TB. This collaboration has enabled the provision of supplemental nutritious food to TB patients over a sustained period of six months, ensuring that patients receive the necessary nutrition to support their recovery alongside medical treatment.

### 3. LOHARDAGA INITIATIVE



**TB awareness drive:** In Lohardaga, Hindalco organised a TB awareness drive attended by 1230 individuals. The drive aimed to educate vulnerable communities about TB symptoms and the importance of early detection through the 4S screening (weight loss, night sweats, current cough, fever).



**Nutritional and continuing support:** Participants diagnosed with symptoms are encouraged to undergo further testing at NTEP centres. Hindalco supports diagnosed patients by providing RAGI LADDO and other nutritious food items and has committed to the ongoing adoption of TB patients for continued care and support.

### 4. SAMRI INITIATIVE



**Ration distribution and health checks:** During ration distribution programs, health checks such as weight measurements are conducted to monitor the health status of the community, further supporting the TB care initiatives.

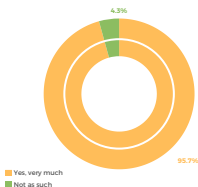
“

After losing my father, who worked at Hindalco, life became unexpectedly challenging. In 2021, I started experiencing severe coughing, which led to my diagnosis of tuberculosis. The treatment journey was not easy, but Hindalco's TB/DOT Centre in Renukoot provided me with immense support. They treated me and supplied a nutrition kit containing Jaggery, Roasted Grams, Protein Powder, and Sattu for six months. This nutritional support played a vital role in my recovery. Today, I feel much healthier and am deeply grateful to Hindalco for giving me a new lease on life.

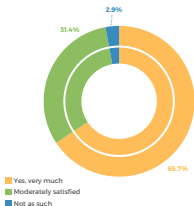
- Vikram Pandey, 13 years old, Renukoot

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**CHART 43: WHETHER THE AWARENESS AND SELF-PREAUCION OF THE FAMILY MEMBER HAS IMPROVED WHILE DEALING WITH THE PATIENTS**



**CHART 44: WHETHER SATISFIED WITH THE ENTIRE PROGRAM**



Awareness programs were highly effective, significantly improving knowledge for most (95.7%). Program satisfaction was high overall, with most respondents feeling very satisfied (65.7%) and others moderately so (31.4%), pointing to a generally positive reception.

“

My journey with tuberculosis began with unexplained weight loss and a persistent cough while I was in Varanasi. After a diagnosis at a private hospital, I was referred to Hindalco's TB/DOT Centre for further treatment. Here, I received monthly nutrition kits along with my medications, which significantly helped in my recovery. Inspired by my experience, I have decided to ensure all my family members get tested for TB to prevent any possible spread of the disease. I am incredibly thankful to Hindalco for their support and for standing by me during my toughest times. Their efforts have not only helped me recover but also motivated me to advocate for TB awareness and testing in my community.

- Bhaiya Singh, 19 years old, Renukoot

”



**RAGI LADDOO DISTRIBUTION TO TB PATIENTS, LOHARDAGA**



## KEY STUDY FINDINGS AND IMPACTS: HEALTH INFRASTRUCTURE

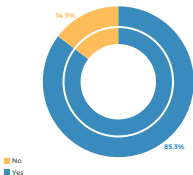
The findings encompass the effectiveness of the various interventions supported by Hindalco, such as the installation of Reverse Osmosis plants, renovation of healthcare facilities and the introduction of sanitation infrastructure, assessing their impact on community health, hygiene, and overall quality of life in the target communities.

### Drinking Water Existing Sources (Operation/ Maintenance)

The initiative emphasises the importance of regular maintenance, operational efficiency, and swift response to breakdowns, addressing historical challenges associated with water supply systems. By optimising the functionality of current sources like Reverse Osmosis (RO) plants, hand pumps, and water pipelines, the initiative aims to enhance the overall quality and availability of drinking water. These efforts are crucial for preventing water shortages, reducing health risks associated with poor water quality, and ensuring that water infrastructure remains robust and effective in serving the needs of the community.

#### 1. PRE-INTERVENTION STATUS

CHART 1: SHORTAGE OF DRINKING WATER BEFORE INTERVENTION



Before the intervention aimed at improving water access, a significant portion of respondents (85.3%) experienced shortages of drinking water due to frequent outlet breakdowns. This data illustrates a widespread challenge with water availability that the intervention sought to address, highlighting the need for reliable water infrastructure.



**DRINKING WATER UNIT, RENUKOOT**

“

“Before Hindalco's intervention, we often faced issues with the drinking water supply due to frequent breakdowns, and the maintenance was poor. Now, the situation has improved significantly. The drinking water outlet functions properly, and we receive clean, clear water regularly. The maintenance has been much better, and we no longer worry about water shortages.”

- Bhavani Malai, Belagavi

”

## 2. PROJECT IMPACT

CHART 2: REGULAR POTABLE WATER

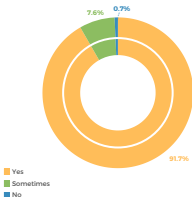
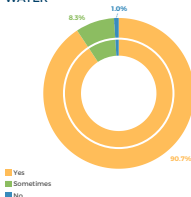


CHART 3: FUNCTIONAL DRINKING WATER



The study reveals that nearly all the respondents (98.3%) have consistent access to clean drinking water. Subsequently, nearly everyone (99%) indicated that their drinking water outlets function always or sometimes properly.

This study evaluates the effectiveness and outcomes of drinking water initiatives, focusing particularly on the operation and impact of Reverse Osmosis (RO) plants across various regions, including Renukoot, Renusagar, Mahan, Samri, and Belagavi. The findings are based on first-hand interactions with plant operators and water beneficiaries, coupled with an analysis of the broader water infrastructure and community feedback.

## KEY FINDINGS



### COMMUNITY FEEDBACK

- Beneficiaries in Kataundhi Village reported historical health issues linked to poor water quality, including cholera and joint pain. The introduction of RO water significantly mitigated these health concerns, although water accessibility issues persist during power outages and summer months when water levels decrease.
- In Chacha Colony, Renukoot, the local perception of government-supplied water is poor due to contamination with sand and algae. Residents prefer RO water, which they believe is cleaner, though concerns about the maintenance and functionality of the RO plant facilities were noted.



### OPERATIONAL INSIGHTS

- RO plant operators in Renukoot report operational training and swift maintenance responses, with issues typically resolved within 3-4 hours. Despite this, certain areas like Manbasa Village experienced significant downtime due to motor repairs, which highlighted inconsistencies in maintenance efficacy across different locations.



### INFRASTRUCTURE NEEDS AND RECOMMENDATIONS

- In several regions, the infrastructure is either outdated or insufficiently maintained. Recommendations include the installation of new hand pumps in Kataundhi Village and the replacement of faulty taps in the RO water station to prevent water wastage.

- The RO plant in Manbasa Village experienced extended downtime due to delayed motor repairs, which suggested a need for a more reliable maintenance schedule and possibly additional training for maintenance personnel to handle urgent repairs more effectively.



#### ECONOMIC AND SOCIAL IMPACT

The implementation of RO plants and other water facilities has generally led to an improved quality of life, with a significant decrease in water-borne diseases and related healthcare costs. However, economic challenges remain, particularly concerning the wages of RO plant operators, suggesting a need for review and adjustment to ensure sustainability and morale.



#### LONG-TERM DEVELOPMENTS

Continuous efforts by Hindalco in installing hand pumps and water ATMs, as seen in Samri and Mahan, show a long-term commitment to improving water accessibility. In Belagavi, the installation of new drinking water pipelines has benefited over 26,000 people, demonstrating substantial community impact.

While there has been notable progress in improving drinking water supply and quality through the installation and maintenance of RO plants and other water infrastructures, the findings include enhancing maintenance responsiveness, expanding infrastructure to ensure consistent water supply during shortages and addressing economic aspects related to the compensation of operational staff.



"We get clean and clear water regularly, and the outlets are functioning well. Before this, we often faced shortages due to frequent breakdowns, but things have greatly improved, and we no longer have to worry about our drinking water."

- Akanksha, Renusagar



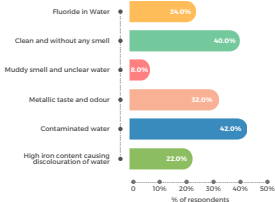
**WATER TANK, LOHARDAGA**

## Drinking Water New Sources (Handpump/RO/Water Tank/well)

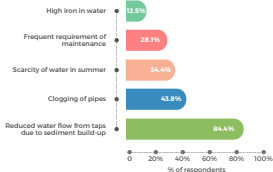
The initiative is a comprehensive approach aimed at transforming the availability and quality of drinking water in underserved communities through the integration of diverse water sources such as hand pumps, reverse osmosis (RO) systems, water tanks, and wells. By significantly enhancing the infrastructure for water provision, this program addresses critical issues of water scarcity and contamination that have historically impacted the health and daily lives of these communities.

### 1. PRE-INTERVENTION STATUS

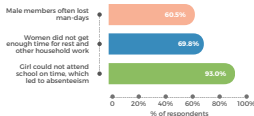
**CHART 4: QUALITY OF DRINKING WATER**



**CHART 5: DIFFICULTIES RELATED TO WATER SUPPLY**



**CHART 6: CHALLENGES FACED**



Before the installation of the RO system, respondents reported various issues with their drinking water quality, as nearly half of the respondents (42.0%) noted contamination and around one-third (32.0%) experienced a metallic taste and odour, followed by fluoride presence (24.0%) and high iron content causing discoloration (22.0%). Challenges with community water taps or handpumps included reduced water flow from sediment buildup (84.4%), pipe clogging (43.8%), and water scarcity during summer (34.4%). The frequent need for maintenance and high iron content further exacerbated the difficulties. Moreover, the time spent fetching water significantly impacted daily life, as a subsequent majority of girls faced school absenteeism (93.0%), women lacked time for rest and household chores (69.8%), and male members lost workdays (60.5%).



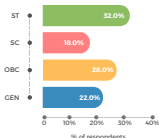
"Before Hindalco installed the RO water plant, we had to rely on surface water from rivers and ponds, which was not always clean. We often spent hours collecting water, and this affected our daily lives, especially for the women and girls in our family. Since the RO plant was installed, we have had access to clean, safe drinking water all day. The girls can now attend school on time, and we face fewer health issues. It has made our lives so much better."

- Sona Bachay, Rantola, Renukoot

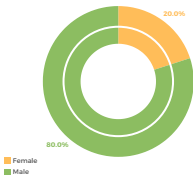


## 2. DEMOGRAPHIC PROFILE

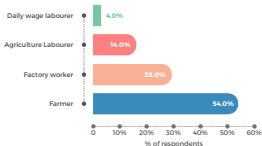
### CHART 7: STATUS OF BENEFICIARY



### CHART 8: GENDER



### CHART 9: OCCUPATION



### CHART 10: INCOME



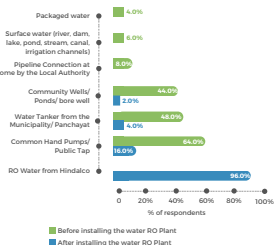
The data analysis revealed a diverse social composition among respondents, with Scheduled Tribes (ST) and Other Backward Classes (OBC) constituting the majority (at 32.0% and 28.0% respectively), followed by Scheduled Castes (SC) and the General category. There is a pronounced gender imbalance with male (80.0%) and female (20.0%) participants. Occupationally, more than half (54.0%) are farmers, reflecting a strong agricultural base, with the remainder engaged in factory work, agricultural labour, and daily wage jobs. Economically, nearly half of the families (40.0%) earn below Rs. 3000 per month, which highlights a significant low-income demographic within the community.



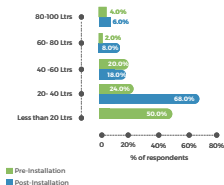
## HANDPUMP, MAHAN

### 3. PROGRAM INTERVENTION

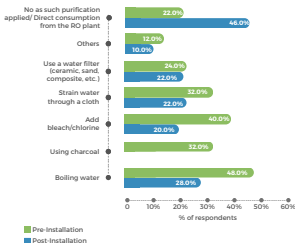
**CHART 11: SOURCE OF POTABLE DRINKING WATER**



**CHART 12: AMOUNT OF WATER RECEIVED EACH DAY**



**CHART 13: WATER PURIFICATION METHODS**



The installation of the RO plant by Hindalco marked a significant transformation in water access and quality for the community. Initially, a majority of respondents relied on common hand pumps (64.0%), water tankers (48.0%), and community wells or bore wells (44.0%) for their water needs. Post-installation, an impressive majority of respondents (96.0%) switched to using RO water, dramatically reducing the use of hand pumps (16.0%) and tankers and wells (4.0% and 2.0%, respectively). This shift also led to notable improvements in water availability, with daily water access significantly increasing for the majority of the community. Additionally, the reliance on traditional water purification methods like boiling, using charcoal, or adding bleach saw a considerable decrease as direct consumption from the RO plant rose (46%), which demonstrated the plant's effectiveness in providing safer and more convenient water access.

This field survey assesses the usage patterns, reliability, and maintenance responsiveness of the Reverse Osmosis (RO) plant and pipeline water supply systems based on recent feedback from community members.



#### RO PLANT USAGE AND ACCESSIBILITY

- **Frequency of visits:** The majority of respondents visit the RO plant daily, indicating a high reliance on this source for their daily water needs. A smaller group visits the plant as per individual needs, suggesting varied consumption patterns among the community.
- **Cost and access:** Access to RO water is free, which significantly enhances its attractiveness and utility among the community members.



#### PIPELINE WATER SUPPLY FREQUENCY

- **Supply frequency:** A significant number of households receive water from the pipeline twice daily, which caters adequately to their needs. A smaller segment enjoys a continuous 24-hour supply, ensuring constant access to water. Only a very few households receive water weekly, which may indicate localised issues or constraints in water distribution infrastructure.



#### TECHNICAL ISSUES AND MAINTENANCE RESPONSE (RO PLANT)

- **Maintenance efficiency:** Technical issues at the RO plant are predominantly resolved within a couple of days, though some cases are addressed within a few hours. This suggests a generally effective but occasionally delayed maintenance response, which might affect water availability in the short term.



#### TECHNICAL ISSUES AND MAINTENANCE RESPONSE (PIPELINE)

- **Maintenance efficiency:** Similar to the RO plant, technical issues in the pipeline system are usually resolved within a couple of days, with a significant number of cases being addressed within a few hours. However, half of the instances require a longer duration to resolve, indicating potential areas for improvement in maintenance efficiency and response times.

The daily dependency on the RO plant for water reflects its critical role in the community's water supply chain. The free access to RO water is a significant benefit, enhancing its utilisation among community members.

“

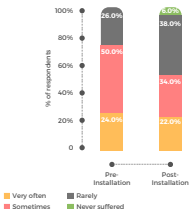
“With the RO water plant provided by Hindalco, our community's access to clean water has greatly improved. Before, we had to fetch water from the river, and it took a lot of time. Now, we get clean water within minutes, and it is always available. This has reduced illnesses in our family and allowed us to focus on other important tasks, like education and work. We are really grateful for this support.”

- Parvati, Rantola, Renukoot

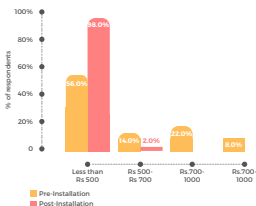
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## 4. IMPACT OF THE PROGRAM

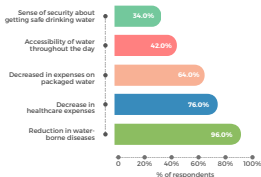
**CHART 14: FREQUENCY OF SEEKING MEDICAL ATTENTION**



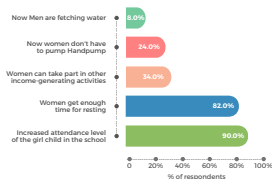
**CHART 15: EXPENDITURE ON WATER BORNE DISEASES**



**CHART 16: IMPACT ON HEALTH AND SAFETY**



**CHART 17: BENEFITS OF RO WATER**



The installation of the RO plant has significantly impacted the community's health and economic status concerning water-borne diseases. Before the RO installation, a substantial number of respondents frequently sought medical attention for water-related illnesses, with only a quarter (26.0%) doing so rarely and none reporting zero instances. Post-installation, there is a noticeable shift: the frequency of seeking medical care often slightly decreased, while those rarely needing medical attention rose (to 38.0%), and some (6.0%) now never suffer from these diseases. Moreover, there was a drop in healthcare expenditures related to water-borne diseases, with nearly all (98.0%) now spending less than Rs 500, compared to a more dispersed expenditure range prior. Additional benefits reported include an almost complete (96.0%) reduction in disease incidence, significant decreases in healthcare (76.0%), packaged water expenses (64.0%) and improved water accessibility (42.0%). Furthermore, there were societal impacts such as increased school attendance among girls (90.0%) as they went to fetch water for long hours, more rest time for women (82.0%) and increased participation by engaging in agricultural activity by assisting their husbands (34.0%), which reflected the broad socio-economic improvements facilitated by the RO plant installation.



The field study synthesises data on the implications of water scarcity on personal hygiene, health, and economic expenses related to water consumption in a community before and after interventions aimed at improving water access and quality, particularly through the installation of water purification systems.

## A. ECONOMIC IMPACT

The intervention has significantly reduced the average expenditure on packaged drinking water from Rs. 463 to Rs. 80, highlighting the effectiveness of the initiative in providing an affordable and sustainable solution for accessing safe drinking water.

## B. CHALLENGES DUE TO WATER SCARCITY (PRE-INTERVENTION)

Prior to the intervention, the community faced several challenges due to water scarcity that severely disrupted daily hygiene practices:



### Personal hygiene:

A majority of respondents were unable to maintain proper personal cleaning routines.



### Laundry:

Many respondents faced challenges in washing clothes regularly.



### Handwashing:

A significant number of community members could not practice regular hand washing, impacting general health.



### Utensil cleaning:

Several respondents reported difficulties in properly cleaning utensils, affecting food hygiene.

## C. IMPROVEMENTS IN HYGIENE PRACTICES (POST-INTERVENTION)

Following the intervention, there were marked improvements in hygiene practices due to better water availability:



### Personal hygiene:

Many respondents reported enhanced personal cleaning and hygiene.



### Soap Usage:

There was an increase in the use of soap.



### Handwashing:

More respondents noted an increase in handwashing practices.



### Laundry and utensil washing:

There was a noticeable improvement in the frequency of washing clothes and utensils, with a reduction in the use of drinking water for these activities.

## D. HEALTH IMPACT

Health issues related to the use of contaminated water saw significant reductions:



### Skin and gastrointestinal problems:

Many respondents previously suffered from dry and itchy skin, with a few reporting gastrointestinal issues.



### Severe conditions:

Although less common, reports of vomiting, fever, and typhoid underscored the severity of health risks associated with contaminated water.



### Digestive and respiratory issues:

Stomach aches and throat infections were common among the respondents.

The qualitative analysis reveals that the intervention not only alleviated economic burdens associated with purchasing safe drinking water but also led to significant improvements in hygiene practices and health outcomes. The community experienced substantial enhancements in personal hygiene and a reduction in water-related health issues, leading to a better overall quality of life. Continued efforts to maintain and expand these improvements will be crucial for sustaining the health and economic benefits observed.

“

"Before the RO water plant installation by Hindalco, we relied on common hand pumps and public taps for drinking water, which was often contaminated. Now, with the RO water from Hindalco and water tankers from the municipality, we have clean and safe drinking water. It has greatly reduced our water-borne diseases and healthcare expenses, and we have enough water for all our needs."

- Sonu Pandey, Garbandha, Renusagar

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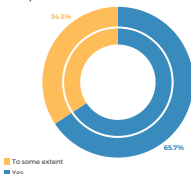
**BOREWELL, MAHAN**

## Buildings and Civil Structures (Renovation and Maintenance)

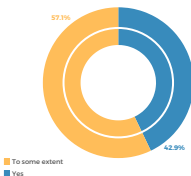
The program focuses on the systematic upkeep of buildings and facilities at Primary Health Centres (PHCs) and Community Health Centres (CHCs). This initiative aims to create a safer and more efficient environment for both patients and healthcare providers. The strategic renovations include updating electrical and plumbing systems, refurbishing patient, and operational areas, and maintaining cleanliness and hygiene standards, all of which are essential for delivering high-quality medical care and improving patient outcomes.

### 1. PROGRAM INTERVENTION

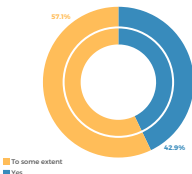
**CHART 18: TREATMENT FACILITY IN PHC/CHC**



**CHART 19: PATHOLOGY TEST IN PHC/CHC**



**CHART 20: IMPROVED SERVICES**



The survey on healthcare services at Primary Health Centres (PHCs) and Community Health Centres (CHCs) revealed mixed perceptions among respondents. While the majority (65.7%) were satisfied with the treatment facilities, about one-third (34.3%) felt these facilities were only moderately adequate. Pathology test facilities, crucial for comprehensive healthcare, were deemed satisfactory by nearly half (42.9%) of the respondents, with the rest (57.1%) reporting limited availability. Additionally, although nearly half (42.9%) acknowledged improvements in the overall infrastructure of these health centres, the majority (57.1%) viewed these enhancements as only partial. This feedback indicates some progress in healthcare infrastructure and services but underscores the ongoing need for substantial improvements to fully address community health needs.

The primary objective of these initiatives is to ensure that healthcare facilities remain safe and fully functional to support effective healthcare delivery. This involves routine maintenance, necessary renovations, and upgrades to critical infrastructure systems.

## ACTIVITIES



### MAINTENANCE AND REPAIR OF EXISTING BUILDINGS

Regular maintenance schedules are rigorously followed to address any wear and tear, ensuring that all healthcare facilities are in optimal condition to serve patient needs.



### UPGRADATION OF ELECTRICAL AND PLUMBING SYSTEMS

Upgrading these essential systems is critical to ensure that healthcare operations are not disrupted and that facilities meet the current standards for medical care. Improved electrical systems ensure reliable power for medical equipment, while upgraded plumbing is crucial to maintaining hygiene and sanitation.



### SUPPORT FOR EQUIPMENT AND MACHINERY

In Samri, the hospital has received substantial support in upgrading critical medical equipment, including new X-ray machines and water purifiers. These enhancements are vital for improving diagnostic accuracy and ensuring access to clean drinking water within the facility.



### RENOVATION OF HOSPITAL FACILITIES

Significant efforts have been made to renovate essential areas within the hospital:

- **Toilet facilities:** The toilets have been renovated to improve hygiene and sanitation, critical areas that impact both patient safety and comfort.
- **Garden maintenance:** The hospital garden has been maintained as part of efforts to provide a therapeutic and pleasing environment for patients and staff, aiding in recovery and well-being.
- **Tile work:** Renovation of tile work throughout the hospital has been undertaken to ensure cleanliness and to maintain a sterile environment, which is crucial for preventing hospital-acquired infections.

## IMPACT



### IMPROVED HEALTHCARE SERVICE DELIVERY

The upgrades and renovations of healthcare facilities directly contribute to more efficient and effective service delivery. Ensuring that buildings are structurally sound, and systems function properly allows healthcare providers to perform their duties without interruptions.



### ENHANCED PATIENT SAFETY AND COMFORT

By maintaining and renovating healthcare facilities, the project ensures that the environment is safe and comfortable for patients. Upgraded facilities reduce the risk of accidents and infections, while improved comfort can significantly enhance a patient's experience and satisfaction during their hospital stay.

The maintenance and renovation of building and civil structures in healthcare settings are crucial for ensuring that the infrastructure supports safe and effective medical care. Continued commitment to these activities is essential to maintain high standards of care and adapt to evolving healthcare needs.



"The support from Hindalco in Samri has made a big difference in our hospital. With the new X-ray machine and water purifiers, we have access to X-ray tests and get clean water during our visits. The renovated toilets and improved garden also make the hospital a much more comfortable place."

- Mithlesh Kumar, Samri

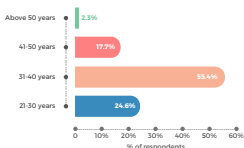


## Drinking Water Supply through Tanker/Pipelines

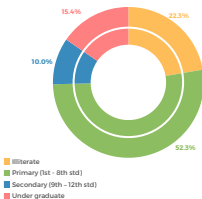
The Drinking Water Supply initiative focuses on the deployment of water tankers and the installation of pipelines to ensure a continuous and reliable supply of clean drinking water directly to households and community access points. By significantly reducing the need for residents to travel long distances for water, this initiative contributes to better health outcomes by providing safe, potable water.

### 1. DEMOGRAPHIC PROFILE

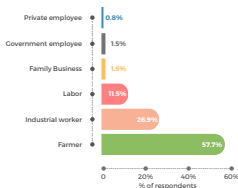
**CHART 21: AGE-GROUP OF BENEFICIARY**



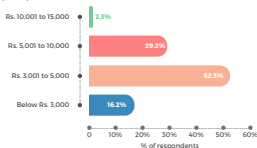
**CHART 22: EDUCATION-WISE DISTRIBUTION OF RESPONDENTS**



**CHART 23: OCCUPATION**



**CHART 24: MONTHLY FAMILY INCOME (INR)**



The survey results reveal a demographic predominantly composed of individuals in their prime working years, with more than half (55.4%) aged between 31 and 40 years. Educational levels are generally low, with over half (52.3%) having only primary education and a significant section (22.3%) being illiterate. Occupation-wise, the majority (57.7%) are farmers, underscoring a strong agricultural base, with industrial workers and labourers forming smaller segments. The majority of families fall into the lower to middle-income bracket, with more than half (52.3%) earning Rs. 3001-5000 monthly. This profile highlights a community primarily engaged in agriculture, with limited formal education and predominantly lower to middle economic status.



**WATER TANK, RENUKOOT**

## 2. PROGRAM INTERVENTION

CHART 25: SOURCE OF WATER SUPPLY

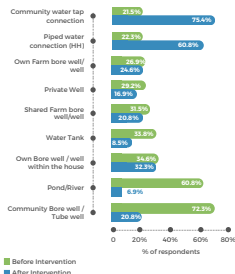
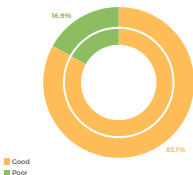


CHART 26: QUALITY OF WATER IN THE WELL



The intervention significantly improved community access to water, as evidenced by a shift from traditional sources like community bore wells and ponds, which were used by the majority (72.3% and 60.8% of respondents, respectively). Post-intervention, three-fourths of the respondents (75.4%) accessed water via community tap connections and had piped water connections (60.8%). The use of sources like bore wells and ponds markedly decreased. This enhancement in water infrastructure has led to a significant majority of the respondents (83.1%) rating their water quality as "good.". The intervention has clearly been successful in upgrading both the reliability and quality of the community's water supply.

“

"Thanks to Hindalco's intervention, we now have regular access to clean drinking water in our village. The water outlet is functioning smoothly, and we have not faced any shortages since the installation. The quality of the water is clear and safe for drinking, which has made a big difference in our daily lives. We are really grateful for the improvements Hindalco has brought to our community."

- Birjesh, Renukoot

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## 3. PROGRAM IMPACT

CHART 27: DISTANCE TRAVELLED TO GET WATER

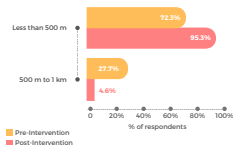


CHART 28: TIME SPENT TO FETCH WATER EVERY DAY

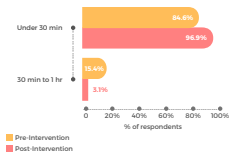
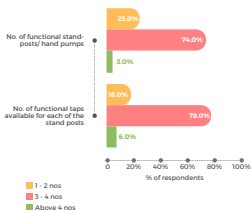


CHART 29: FUNCTIONAL STAND POSTS



The intervention substantially improved water accessibility and efficiency in the community. Before the intervention, a significant portion of respondents travelled substantial distances and spent considerable time fetching water. Post-intervention data showed a decrease in both the distance travelled and time spent collecting water, with nearly all the respondents now travelling less than 500 meters (95.4%) and spending less than 30 minutes on this task (96.9%). Functional water access points also increased, indicating enhanced distribution and functionality of water infrastructure.

“

“Before Hindalco's intervention, we often faced issues with drinking water due to frequent breakdowns of the water outlets. The water we used to get was cloudy and not always safe. However, since the improvements, we have now received clean and regular potable water, and the outlets are functioning well. This has made a big difference in our daily lives, ensuring that we have safe water for our family.”

- Fuldev Oraon, Lohardaga

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CHART 30: RECEIVING SUFFICIENT WATER

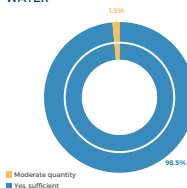


CHART 31: BOILING WATER FOR DRINKING

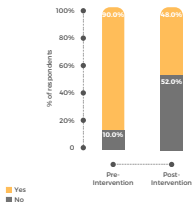
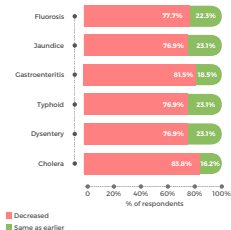
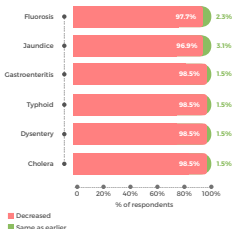


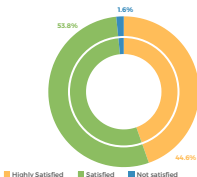
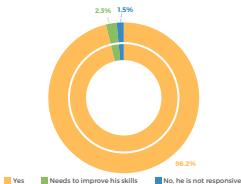
CHART 32: IMPACT ON HEALTH FOR ADULTS



**CHART 33: IMPACT ON HEALTH FOR CHILDREN**

The intervention improved water sufficiency, as nearly all (98.5%) reported that they received enough water for their daily needs. The intervention also effectively reduced the necessity to boil water, as nearly half (48.0%) continued the practice, which indicated increased confidence in water quality. Health outcomes also saw remarkable improvements: a majority of adults reported reductions in water-borne diseases such as cholera, dysentery, typhoid, jaundice, gastroenteritis, and fluorosis. The impact was even more significant among children, as nearly all respondents observed decreased incidences of these diseases. This comprehensive improvement in water accessibility, sufficiency, and quality has notably enhanced public health and highlighted the critical role of intervention in mitigating water-related health risks.

## 4. PERCEPTION AND SATISFACTION ABOUT THE PROGRAM

**CHART 34: SATISFACTION WITH WATER AVAILABILITY****CHART 35: SATISFACTION WITH THE WATER FACILITATOR'S ROLE**

The post-intervention data demonstrated significant satisfaction with the water supply and facilitator management among community members. A remarkable majority (98.4%) reported satisfaction with water supply availability. Additionally, the water facilitator received high approval, as the majority (96.2%) expressed satisfaction with their performance.

“

Before the RO plant was installed, we faced many health issues like cholera, stomach aches, throat problems, and joint pain due to the poor quality of water from hand pumps. During the summer, the water level would drop, making it even harder to get clean water. Men in the village had to travel by bike to the RO plant to bring back safe water. We also spent a lot on medicines, around 200-500 rupees each time someone got sick, which happened every 1-3 months. Now, with the RO plant, our health has improved, and we no longer worry about clean drinking water.”

- Gautam Patel, Kataundhi, Renukoot

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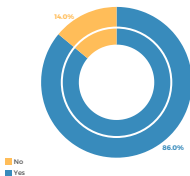


## Village Community Sanitation (Toilets/Drainage)

The Village Community Sanitation initiative prioritises the construction of community toilets, the provision of individual sanitation facilities and the implementation of comprehensive waste management systems. By focusing on infrastructure development and community education, the program aims to significantly reduce open defecation, enhance personal hygiene, and improve public health outcomes.

### 1. PRE-INTERVENTION STATUS

**CHART 36: OPEN DEFECACTION BEFORE INTERVENTION**



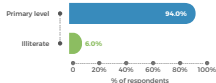
Prior to the construction of community toilets, a substantial majority (86%) had relied on open defecation, pointing to a prevalent unsanitary practice among the population. This overwhelming majority highlighted a significant shift in sanitation practices, as the construction of community toilets led to a marked transition from open defecation to the use of formal toilet facilities.

### 2. DEMOGRAPHIC PROFILE

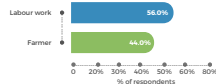
**CHART 37: GENDER-WISE DISTRIBUTION OF RESPONDENTS**



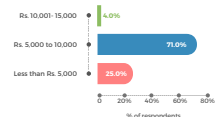
**CHART 38: EDUCATION QUALIFICATION OF THE RESPONDENT**



**CHART 39: OCCUPATION**



**CHART 40: MONTHLY INCOME**



The survey revealed a significant gender disparity, with the majority (85.0%) male and the rest (15.0%) female respondents. Educationally, a vast majority (94.0%) had only primary education. Occupation-wise, more than half (56.0%) were engaged in labour work and the rest (44.0%) in farming, indicating predominance in labour-intensive roles typically associated with lower wages. Economically, most respondents (71.0%) fell into the middle-income bracket, earning Rs. 5,000 to Rs. 10,000 monthly.

### 3. PROGRAM INTERVENTION

CHART 41: TOILET AT HOUSE

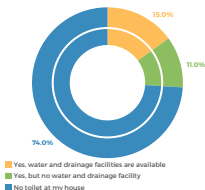
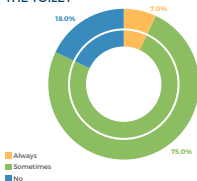


CHART 42: AVAILABILITY OF WATER IN THE TOILET



The survey revealed critical deficiencies in sanitation infrastructure, with the majority (74.0%) of respondents lacking a toilet in their homes. Among those with toilets, only a section (15.0%) had adequate water and drainage facilities, while the rest (11.0%) had toilets but suffered from inadequate water and drainage provisions. Additionally, water reliability in these toilets was mostly inconsistent, as reported by the majority (75.0%), and around one-fifth of the respondents (18.0%) had no water availability at all. Only a small fraction (7.0%) enjoyed a constant water supply.

This study provides an analysis of the initiatives focused on improving sanitation through the provision and enhancement of individual toilets in the regions of Renusagar and Belagavi. These efforts are part of broader sanitation projects aimed at promoting public health and hygiene.

#### RENUSAGAR INITIATIVES



##### PROVISION OF DOORS FOR GOVERNMENT-MADE TOILETS

Hindalco has contributed to the government's efforts by providing doors for toilets, an essential component that enhances privacy and security for users, thus encouraging their usage.



##### MONITORING AND AWARENESS CAMPAIGNS

Regular monitoring ensures the maintained functionality of these facilities while awareness campaigns educate the community on the importance of using and maintaining personal toilets.

The installation of doors and the ongoing awareness efforts have significantly increased the usage of existing sanitation facilities. By ensuring that toilets are both private and secure, the interventions have led to a marked improvement in community sanitation practices.

#### BELAGAVI INITIATIVES



##### CONSTRUCTION OF LOW-COST INDIVIDUAL TOILETS

In an effort to directly impact family health and sanitation, Hindalco has constructed low-cost individual toilets in two villages, supporting a total of 60 families. This infrastructure development is crucial for improving living conditions and providing dignified sanitation solutions.

The construction of individual toilets has directly benefited 60 families, providing them with access to convenient and private sanitation. This has not only enhanced the dignity of individuals but also contributed to a decrease in open defecation and related health risks.

The initiatives in Renusagar and Belagavi represent a holistic approach to improving sanitation through both infrastructural enhancements and community engagement. These efforts collectively contribute to improved health outcomes and demonstrate the effectiveness of targeted sanitation interventions.

“

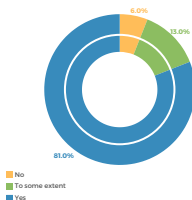
\* Earlier, we used these spaces as storerooms, but the doors provided by Hindalco for our government-built toilets have really improved our privacy and comfort. The awareness campaigns they organise also help us understand the importance of using these facilities properly.\*

- Basant Lal, Renusagar

”

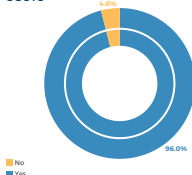
## 4. IMPACT OF THE PROGRAM

CHART 43: REDUCED ILLNESSES



illnesses such as diarrhoea, skin diseases, and abdominal pain, likely due to advancements in sanitation or healthcare access. Additionally, nearly all (96.0%) noted a decrease in treatment costs, which highlighted a widespread reduction in healthcare expenses. This reflects successful efforts in cost management and improved healthcare accessibility, which contributed positively to overall public health.

CHART 44: REDUCED TREATMENT COSTS



The survey revealed significant health improvements among respondents, with the majority (81.0%) experiencing a decrease in



**PUBLIC TOILET  
CONSTRUCTED BY HINDALCO  
AT BARGAWAN, MAHAN**

The core objective of this initiative is to elevate hygiene standards and reduce health risks associated with inadequate sanitation facilities, thus fostering a healthier community environment.

## ACTIVITIES



### CONSTRUCTION OF COMMUNITY TOILETS AND BATHROOMS

Central to the initiative is the construction of accessible community toilets and bathrooms, which are designed to provide sanitary facilities to those who may not have such amenities in their homes.



### INSTALLATION OF WASTE MANAGEMENT SYSTEMS

Implementing proper waste management systems is crucial for maintaining cleanliness and reducing environmental contamination, which in turn minimises the spread of diseases.



### AWARENESS CAMPAIGNS ON SANITATION AND HYGIENE PRACTICES

Education plays a pivotal role in changing behaviours. Through targeted awareness campaigns, the community is educated about the importance of good hygiene practices, proper toilet use, and effective waste disposal.

## IMPACT



### REDUCED INCIDENCE OF WATER-BORNE DISEASES

By improving sanitation infrastructure and enhancing awareness about hygiene, there has been a noticeable reduction in the incidence of diseases caused by water contamination, such as cholera and dysentery.



### IMPROVED COMMUNITY HYGIENE AND SANITATION

The availability of community toilets and effective waste management systems has significantly improved overall community hygiene. These facilities help in keeping the environment clean and reduce the risk of disease proliferation.

The village community sanitation initiatives have successfully impacted public health by reducing disease incidence and improving sanitation and hygiene standards across the community.

“

“Thanks to Hindalco, we now have low-cost toilets in our village. This has made a big difference for our family and many others. Having our own toilet has improved hygiene and made daily life easier for everyone.”

- Peraji Patil, Belagavi

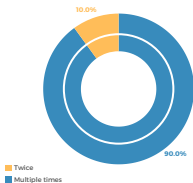
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## Other Programs

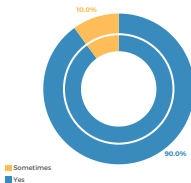
The Hindalco Ambulance Service initiative represents a critical component of healthcare infrastructure, focusing on providing timely and efficient emergency medical transport. This program, tailored to address the urgent healthcare needs of critical cases, pregnant women, newborns, lactating mothers, and the general patient population, seeks to ensure that residents in these rural areas have swift access to medical facilities. The initiative not only includes the operation of responsive ambulance services but also supports health camps that offer essential medical check-ups and distribute free medicines, thereby enhancing the overall accessibility and effectiveness of healthcare in the community.

### 1. PROGRAM INTERVENTION

**CHART 45: FREQUENCY OF AVAILING AMBULANCE SERVICE**



**CHART 46: AVAILING OF TIME AMBULANCE**



The survey on ambulance service usage indicated a high dependency on emergency transport, as the majority (90.0%) utilised the service multiple times, which reflected its crucial role in managing recurrent or severe health issues within the community. Additionally, the punctuality of the ambulance service was highly regarded, as a subsequent majority (90.0%) reported timely responses, which underscored a strong satisfaction rate. Overall, the data emphasises the ambulance service's integral role in providing effective and timely emergency care to the community.



**AMBULANCE,  
LOHARDAGA**

The survey examines the effectiveness of the ambulance services implemented in Renukoot and Mahan, aimed at enhancing healthcare accessibility for critical cases, pregnant women, newborns, lactating mothers, and the general patient population.

## RENUKOOT INITIATIVES



### ENHANCED AMBULANCE SERVICE

In Renukoot, the enhanced ambulance service provides quick transportation for seriously ill patients to hospitals where comprehensive medical care, including doctors and proper facilities, is available.



### HEALTH CAMPS

Regularly organised health camps in villages offer proper check-ups and tests conducted by medical professionals. These camps also include the distribution of free medicines, increasing the community's access to healthcare.

The availability of better ambulance services has significantly decreased the time it takes for serious patients to receive medical care, potentially saving lives and improving outcomes. The health camps complement these efforts by ensuring ongoing medical support and preventative care, thereby enhancing overall community health.

## MAHAN INITIATIVES



### RESPONSIVE AMBULANCE SERVICE

The ambulance service in Mahan is particularly noted for its efficiency and rapid response times. With ambulances reaching patients in approximately 15 to 20 minutes following a call. This service is crucial for providing timely medical interventions to patients in rural areas.

The commitment to quick and efficient ambulance services ensures that vulnerable groups such as pregnant women, newborn babies, and lactating mothers receive prompt medical attention. This readiness and accessibility likely contribute to better health outcomes and patient satisfaction.

The ambulance services in Renukoot and Mahan have improved healthcare accessibility, especially for those in urgent need. These programs exemplify effective emergency medical responses in rural settings, highlighting the importance of quick access to healthcare facilities.



"I have been working as an ambulance driver for 4 years, and we have a team of 6 people, including 2 full-time and 4 part-time staff. During the pandemic, I worked 12-hour shifts, and now my schedule is 8 hours a day. We receive emergency calls mainly through ASHA workers and mostly take patients to Hindalco's Hospital, especially for childbirth cases. On average, I cater to 3 patients per day. One of the main challenges we face is the maintenance of the ambulance, which now requires major repairs. My helper and I also handle all the necessary legal processes for the ambulance, such as check-ups and other services. Despite the challenges, I'm proud to be part of this program, helping people in urgent need."

- Pawan, Ambulance Driver, Mahan



In Belagavi, concerted efforts have been made to enhance HIV/AIDS awareness and support blood donation through collaborative initiatives with various organisations.

## HIV/AIDS AWARENESS AND SCREENING



### TARGET GROUP

Truckers were specifically targeted for awareness campaigns, acknowledging their high-risk status for HIV/AIDS due to lifestyle factors associated with their profession.



### ORGANISERS

The Family Planning Association of India and the Transport Corporation of India played pivotal roles in these campaigns.



### ACTIVITIES AND OUTCOMES

A total of 629 truckers were screened for HIV (Human Immunodeficiency Virus) and other STIs (Sexually Transmitted Infections). The screening was part of broader health awareness camps that aimed to educate this vulnerable group about HIV prevention and treatment.



### SPECIAL HEALTH CAMPS

Additionally, a specialised health camp was organised for the transgender community in collaboration with the Humanity Foundation. This camp treated 134 individuals, focusing on general health and HIV/AIDS awareness, highlighting the inclusive approach of the health initiatives.

## BLOOD DONATION CAMPAIGN



### COLLABORATION

The blood donation camp was organised in collaboration with the District Blood Bank, emphasising community involvement and the importance of voluntary blood donation.



### RESULTS

The camp successfully collected 109 units of blood from voluntary donors. This contribution is crucial in bolstering local medical facilities' blood supplies, which are essential for emergency and surgical needs.

These initiatives in Belagavi demonstrate a robust response to public health needs, specifically addressing HIV/AIDS awareness among high-risk populations and supporting critical medical infrastructure through blood donation. The success of these programs is a testament to the power of community and organisational collaboration in addressing healthcare challenges.

## KEY STUDY FINDINGS AND IMPACTS: PREVENTIVE HEALTH CARE

This comprehensive report provides an in-depth analysis of various health initiatives led by Hindalco, from preventive health check-ups focusing on communicable diseases and dental health to extensive public health campaigns, immunisation drives and the innovative use of mobile health vans to reach remote areas. The report captures detailed demographic profiles highlighting the predominant involvement of young, low-income agricultural workers and their families in these programs. The findings from these initiatives indicate significant improvements in health outcomes and high satisfaction rates among participants and also outline the ongoing challenges and the need for continuous support and improvement in healthcare delivery in rural settings.

### HEALTH CHECK-UP CAMP

Preventive health check-up camps, targeting communicable diseases such as Dengue and Malaria, alongside Dental Health and the Common Cold, were successfully organised across seven villages. These initiatives provided essential health services to the villagers, effectively addressing pressing health concerns and enhancing awareness about disease prevention. The primary goal of these camps was to mitigate the spread and impact of these prevalent health issues through early diagnosis and comprehensive preventive care, ensuring the well-being of the community.

### DEMOGRAPHIC PROFILE

CHART 1: AGE BASED DISTRIBUTION

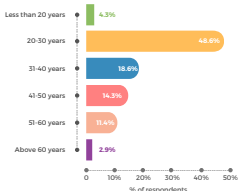


CHART 3: OCCUPATION BASED DISTRIBUTION

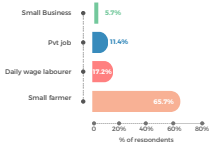


CHART 2: GENDER BASED DISTRIBUTION

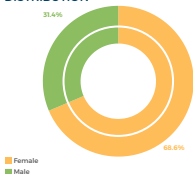
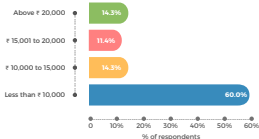
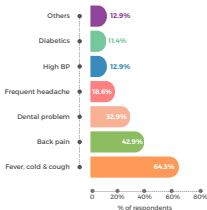


CHART 4: INCOME BASED DISTRIBUTION

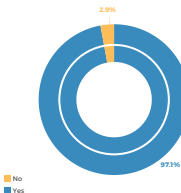
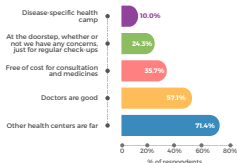
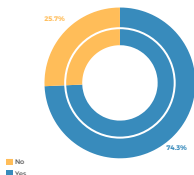




**CHART 5: DISEASES IMPACTING RESPONDENTS' FAMILY**

The survey, primarily involving female respondents (68.6%), revealed that nearly half (48.6%) of the respondents were aged 20-30, and the majority of them (65.7%) were engaged in small-scale farming. A significant majority (60%) had a monthly family income under ₹10,000. Health issues were prevalent, with the majority (64.3%) reporting fever, cold, and cough, followed by back pain (42.9%) and dental issues (32.9%). The data highlights a young, predominantly female agricultural community with low income and common respiratory and musculoskeletal health problems.

## PROGRAM INTERVENTION

**CHART 6: VISITING THE CAMP REGULARLY****CHART 7: REASONS FOR VISITING THE CAMP****CHART 8: ATTENDANCE IN THE CAMP OWING TO REPRODUCTIVE ISSUES**

The survey highlighted a strong commitment to the camp, as nearly everybody (97.1%) attended regularly, which underscored its importance and relevance. Key factors for choosing the camp over other health centres included the remoteness of other centres (71.4%), quality of doctors (57.1%), free consultations and medicines (35.7%), and convenient doorstep health services (24.3%). Additionally, almost three-fourths (74.3%) of female respondents attended the camp for reproductive or menstruation-related issues. Overall, the survey emphasised the camp's success in attracting and maintaining high engagement due to its location, quality of care and specific health services.

## HEALTH CHECK-UP AND PUBLIC HEALTH INITIATIVES IN BELAGAVI AND SAMRI

### BELAGAVI OVERVIEW

In Belagavi, a series of comprehensive health initiatives were conducted during the 2021-2022 period, focusing on enhancing community health through various targeted programs:



#### VACCINATION SUPPORT

The Hindalco community hall served as a central hub for vaccination, providing crucial support for both doses of the COVID-19 vaccine. A total of 3,851 individuals benefited from this initiative, ensuring widespread immunisation coverage within the community.



#### SANITATION AWARENESS CAMPS

To complement the health services, sanitation awareness camps were also held. These camps focused on educating the community about proper hygiene practices, aiming to prevent the spread of diseases through enhanced community awareness and behaviour change.



#### REGULAR HEALTH CHECK-UP CAMPS

Ongoing health check-up camps were organised to monitor and manage common diseases. These camps played a pivotal role in early detection and treatment, contributing significantly to maintaining public health.



#### HEALTH CHECK-UPS THROUGH PHCS

Primary Health Centers (PHCs) actively participated in the health drive, providing check-ups to 1,960 beneficiaries. These centres were instrumental in delivering healthcare services to the underserved areas of Belagavi.

### SAMRI OVERVIEW

In Samri, health check-up camps for the 2021-2022 period were strategically organized in government schools and rural villages to address health issues prevalent among the rural populace:



#### SCHOOL-BASED HEALTH CAMPS

Health check-up camps organised in government schools targeted young populations, ensuring that students received necessary health screenings and treatments for common diseases. This proactive approach in schools helped in fostering a healthy environment for children to learn and grow.



#### RURAL MEDICAL CAMPS

Extending healthcare services to the more remote and inaccessible areas, rural medical camps were set up in various villages across Samri. These camps were crucial in providing medical services to populations that are typically underserved, bringing essential health services directly to their doorsteps.

The health initiatives in Belagavi and Samri during the 2021-2022 period demonstrated a robust commitment to improving public health through structured and comprehensive programs. By focusing on vaccination, regular health screenings, sanitation awareness, and extending services to rural and school settings, these regions have made significant strides in enhancing the health and well-being of their communities.



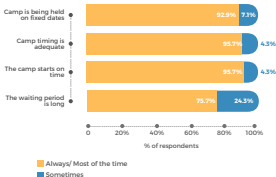
**- RAMDAYAL, SMALL FARMER, SAMRI**

"I am a small farmer with a monthly income of less than ₹10,000. I regularly attend the health check-up camps organised by Hindalco, which are held every 15 days at a location within 1 km of my residence. The camps have been incredibly beneficial for me and my family. The doctors and staff are always attentive and conduct thorough physical examinations. They spend adequate time consulting with each patient and are very responsive to our healthcare needs. The nursing staff are kind and considerate, and they clearly explain the treatment process and any necessary medication dosages and diet regimens. The camp premises are always clean and tidy, and the seating arrangements are comfortable while waiting to see the doctor. The camp operates on fixed dates, starts on time, and the timing is adequate. We receive all the necessary medicines for free, which otherwise would have cost us around ₹300-500 per visit at private clinics. These health check-up camps have significantly improved our awareness of health and hygiene, and we are now better equipped to manage chronic diseases like high blood pressure and diabetes. I am very satisfied with the services provided, and these camps are a great support to our community, ensuring we stay healthy and informed."

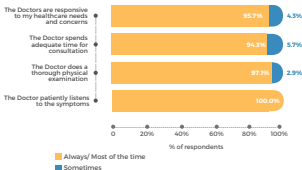


## SATISFACTION AND PERCEPTION OF THE PROGRAM

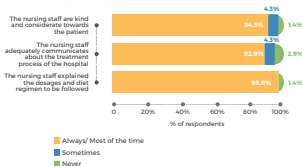
**CHART 9: SATISFACTION WITH TIMING & WAITING PERIOD**



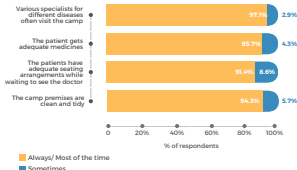
**CHART 10: SATISFACTION WITH DOCTORS**



**CHART 11: SATISFACTION WITH NURSING STAFF**



**CHART 12: SATISFACTION WITH CAMP FACILITIES**



Although a little more than three-fourths of the respondents (75.7%) sometimes had to go through longer waiting periods, an overwhelming majority were pleased with the camp's punctuality (95.7%) and fixed dates for the camp (92.9%). The study revealed high satisfaction with the doctors at the health camp. All respondents reported that doctors consistently or mostly listened to their symptoms patiently. A significant majority felt doctors conducted thorough physical examinations (97.1%), were satisfied with the doctors' responsiveness to their healthcare needs (95.7%) and believed adequate time was spent during consultations (94.3%). The survey also showed high contentment with the nursing staff, as the majority found them kind and considerate (94.3%) and felt adequately informed about the treatment process (92.9%). Nearly all respondents (98.6%) were satisfied with the explanation of dosages and diet regimens. Feedback on various camp facilities was overwhelmingly positive, as the majority noted that doctors listened to symptoms (97.1%) patiently and felt consultation time was adequate (91.4%). This data underscores strong overall satisfaction with the health camp's services and scheduling despite some concerns about waiting times.

## TRANSFORMING RURAL HEALTHCARE: THE IMPACT OF HINDALCO'S HEALTH CHECK-UP CAMPS

In rural regions where healthcare services are often limited or inaccessible, the establishment of health check-up camps by Hindalco provides a comprehensive healthcare service that includes registration, consultation, examination, and the distribution of free medicines, all at one location. Interviews with patients who visited the camp, healthcare providers, and the local community revealed a high level of satisfaction due to the accessibility of the services provided. The camps are strategically located in areas that lack medical facilities, greatly reducing travel time and expense for rural residents. The process from registration to consultation and receiving medication is streamlined to take just 30 minutes, making it feasible for working individuals to attend without significant time away from their jobs.



### HEALTH IMPACT

A critical health issue identified is the excess chloride in local water sources, leading to calcium deficiency. This condition makes the population, particularly the elderly, vulnerable to bone fractures and other related health issues. The camps address this directly by providing free calcium supplements and other necessary treatments. Medical personnel at the camps also focus on educating the community about the importance of nutrition and preventive healthcare to mitigate these risks.



### COMMUNITY RESPONSE AND ENGAGEMENT

The response from the community has been overwhelmingly positive. Free access to healthcare professionals and necessary medications has led to increased healthcare engagement among community members. Reports from the follow-up visits show improvement in the overall health metrics of the patients, particularly in the areas affected by calcium deficiency.



### CHALLENGES

Despite the successes, there are challenges, such as ensuring a consistent supply of quality medicines and managing the high demand for services during the camp days. Some participants also expressed a need for more frequent health camps to address ongoing and varying health issues.

The initiative significantly alleviates the healthcare deprivation experienced by rural communities and sets a commendable example of corporate responsibility in healthcare. Continuous improvement in service delivery and frequency of camps, along with sustained community education, will be essential for the long-term success of this initiative.

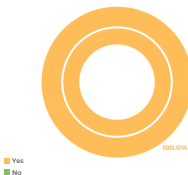
## HEALTH & HYGIENE AWARENESS PROGRAMMES

### PROGRAM INTERVENTION

The program's intervention effectiveness is evident through the distribution and subsequent utilisation rates of health and hygiene products provided by Hindalco. The data collected provides a clear insight into the reach and initial usage of these essential items during the COVID-19 pandemic.

### DISTRIBUTION OF HEALTH SUPPLIES

CHART 13: RESPONDENTS RECEIVED MASK & SANITIZER



#### MASKS AND SANITIZERS:

Achieved a 100% distribution rate among the respondents, indicating that every beneficiary within the program's reach received these crucial health supplies.

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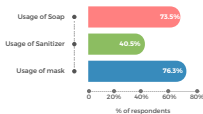
"The masks we received were very useful, and we continued using them until the stock ran out. And it helped us stay safe during the pandemic. We used soap for washing our hands. The soap was easy to use and helped us maintain good hygiene."

- Hansavati Devi, Renusagar

”

### UTILIZATION RATES OF MASKS, SANITIZERS AND SOAP

CHART 14: USAGE OF MASK, SANITIZER & SOAP



The above analysis reveals:



#### MASKS (76.3% USAGE):

High adoption, with some non-use possibly due to discomfort or limited post-distribution availability.



#### SANITIZERS (40.5% USAGE):

Lower usage attributed to economic barriers, limited availability, and cultural preferences for traditional handwashing.



#### SOAP (73.5% USAGE):

Strong preference for soap, supported by its cost-effectiveness, availability, and familiarity.

## PROGRAM IMPACT

The impact of the program on behavioural changes related to health and hygiene practices provides insight into the sustainability of practices post-intervention and the community's adaptive behaviours in response to the health crisis.

### BEHAVIOURAL CHANGES IN HYGIENE PRACTICES



#### MASK USAGE:

Beneficiaries reported consistent use of masks provided during the pandemic until the supplies were exhausted. However, there was a noticeable lack of self-purchase behaviour once the initial stock was depleted, indicating potential economic barriers or a lack of perceived need once the immediate threat seemed to diminish.



#### SANITIZER AND SOAP USAGE:

Although sanitisers were used to some extent, the preference strongly favoured using soap. This choice is indicative of traditional hygiene practices being more ingrained among the community members. The self-purchase of sanitisers was notably negligible, which could point to economic factors or availability issues within these communities.

Hindalco's health and hygiene initiatives across various locations have shown significant initial success in terms of reach and usage of health supplies.

Initiatives across different locations:

### LOHARDAGA

#### SWACHHTA AWARENESS AND SANITATION DRIVES



##### SWACHHTA AWARENESS DRIVE - SWASTHA PAKWARA

A joint initiative with the government, this drive aimed to reduce open defecation by 65%. Despite successful outcomes, challenges persist in the upper mining area segments, primarily due to water scarcity, which hinders toilet usage. Additionally, the initiative successfully reduced open bathing practices and related skin irritation issues by 30-40% across all villages.



##### SWACHHTA DRIVE PARTICIPATION

In the mining areas, around 2,200 individuals engaged in various cleanliness initiatives, demonstrating a broad commitment to enhancing public health and hygiene across the community.



##### HAND WASHING CAMPAIGNS

Engaged 1,360 participants in activities in the mining locations, promoting hand hygiene. The campaign focused on replacing traditional cleaning methods (like ash) with soap and water, significantly improving handwashing practices among students in government schools, where soap usage rates reached 50-60%.

## ENHANCED SANITATION AND DISEASE CONTROL



### SANITATION AND WATERBORNE DISEASE AWARENESS

The program engaged 1,630 participants in activities aimed at combating malaria and other waterborne diseases. Efforts included distributing medicines, conducting timely health assessments to spot fever symptoms, and cleaning drainage systems, which collectively reduced malaria occurrences by 30%. There was also a 60-65% reduction in fungal diseases and other skin-related issues.



### COMMUNITY TOILET DEVELOPMENT

In collaboration with the government, Hindalco helped develop sewerage lines, community toilets, and individual toilets, significantly enhancing sanitation facilities in several villages.



### OPEN DEFECATION FREE CAMPAIGN - 'KHULE MAI SAUCH'

This campaign saw robust participation, with 1,860 individuals attending sessions aimed at discouraging open defecation and promoting the use of sanitation facilities created under the initiative.

## REBUSAGAR



### CONTINUOUS HEALTH AWARENESS SEMINARS

Focused on educating the public about health precautions during the COVID-19 pandemic, with regular distribution of sanitisers, masks, and soap.

## MAHAN



### PUBLIC HEALTH AWARENESS PROGRAMS

Regularly conducted awareness sessions focused on the prevention and management of COVID-19, with consistent distribution of masks, sanitisers, and soaps to mitigate the spread of the virus.

## SAMRI



### HEALTH AND HYGIENE AWARENESS

While the schedule was not fixed, regular activities such as drain cleaning, bleaching powder spreading, and tablet distribution in hand pumps were carried out to maintain hygiene and prevent disease.



“

“Through the awareness camp, we learned the importance of not defecating openly and the benefits of regular bathing. The sessions were very informative and showed us how maintaining proper hygiene can prevent diseases and keep our community clean. We now understand the importance of using toilets and keeping ourselves clean by bathing regularly.”

- Rajendar Das, Bagru, Lohardaga

”

Through these comprehensive efforts across all locations, Hindalco has effectively managed disease control through proactive community engagement. The success of these initiatives is marked by a notable decrease in disease incidence and improved sanitation habits among the community members, demonstrating a strong model for corporate responsibility in enhancing public health standards.



**SWACHTA AWARENESS DRIVE, LOHARDAGA**

## MOBILE HEALTH VAN

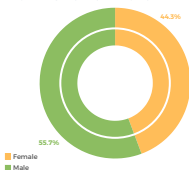
The Mobile Health Van (MHU), supported by Hindalco, serves the rural communities of Mahan and Renukoot, significantly improving access to different healthcare services. Initially, these areas had limited healthcare awareness, with residents relying mainly on traditional remedies. The MHU has shifted this dynamic by providing direct healthcare services and reducing the need for long-distance travel to health centres. The MHU offers a comprehensive range of services, including the treatment of non-communicable diseases like hypertension and diabetes, as well as communicable diseases such as fungal infections, influenza (flu), cough and cold, etc.

## PRE-INTERVENTION STATUS

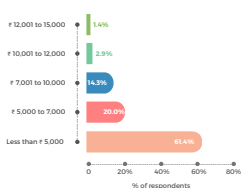
The qualitative survey at Mahan and Renukoot revealed that before the establishment of the Mobile Health Van Unit, the villagers had limited awareness of healthcare practices and primarily relied on traditional remedies. The community dealt with seasonal health issues, including arthritis and fungal infections. Most villagers visited the Primary Health Centre (PHC) Bargawan, located 15-20 km away, or private hospitals and clinics that were similarly distanced. The introduction of the MHU improved access to healthcare, reducing reliance on distant facilities. For Mahan, before the MHU's intervention, community members typically travelled 10-40 km to Community Health Centers (CHC) or relied on home remedies. Hindalco's involvement has significantly reduced health issues and enhanced health and hygiene awareness.

## DEMOGRAPHIC PROFILE

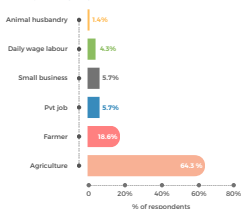
**CHART 15: GENDER-WISE DISTRIBUTION OF RESPONDENTS**



**CHART 17: INCOME BASED DISTRIBUTION**



**CHART 16: OCCUPATION BASED DISTRIBUTION**



The survey revealed a gender skew towards males (55.7%) and emphasised the community's heavy reliance on agriculture, with a majority involved in this sector (64.3%). The income distribution showed that a significant majority earned below ₹5,000 monthly (61.4%), reflecting broader economic challenges and limited employment diversification within the community. This demographic and economic snapshot highlights a community centred on agriculture with predominantly low-income levels.



**- MANMATI, DAILY WAGE LABOUR, MAHAN**

"In my community, we often suffered from diseases like dengue, malaria, and skin issues. Before the mobile health van, we only had a district hospital and a medical store for healthcare. Visiting the district hospital was difficult due to poor infrastructure and lack of staff. Before the mobile health van, I spent about 1500-2000 rupees on medical expenses each month, and I lost about 500 rupees in wages. The Hindalco mobile health unit has made a big difference. They provide health awareness camps and teach us about diseases and healthy habits for prevention. They visit us and offer free consultations, medicines, and tests. I have been dealing with heart problems, back pain, and arthritis for the last 2-3 years. The mobile health van detected these issues, and now I get regular consultations from them. The doctor always examines us properly, and I am very satisfied with their services. The burden of treatment costs has been lifted from me. The mobile health van has been a great help to us, saving us time and money and providing the medical care we need right in our community."



## PROGRAM INTERVENTION

CHART 18: IDENTIFIED COMMUNICABLE DISEASES

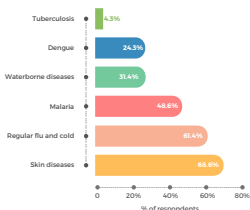


CHART 19: HEALTHCARE ACCESS

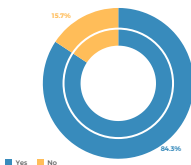
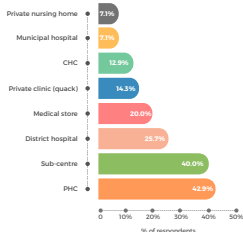


CHART 20: TYPES OF FACILITIES



The survey revealed that skin diseases (68.6%) and flu (61.4%) were the most prevalent communicable conditions among the community. The majority of respondents had access to additional healthcare resources beyond the primary health initiative (84.3%), with Primary Health Centres (PHCs) and sub-centres being the most utilised.



The Mobile Health Unit (MHU), supported by Hindalco, operates in Mahan with a structured team and a clear mission to provide healthcare services in rural areas. The team includes a supervisor, a pharmacist, three medical staff, and a driver, ensuring comprehensive care and operational efficiency. The MHU travels to specific villages according to a predetermined schedule, hosting health camps at local Panchayat Bhawans or schools from 10 AM to 4 PM, covering two villages per day.



### SERVICES PROVIDED

Each health camp sees an attendance of 60-80 patients, with the MHU conducting approximately 14-15 camps monthly, serving around 1,100-1,200 patients. Common health issues addressed include non-communicable diseases like hypertension and diabetes, affecting 15-20% of the population, and arthritis or joint pain in 60% of patients.



### ADDRESSING COMMUNICABLE DISEASES

The MHU also tackles communicable diseases like skin infections and respiratory illnesses. Services provided include consultations and free medication, with a nominal registration fee of three rupees. Fluoride in the water contributes to osteoporosis, dental issues, kidney stones, and skin problems.



### RECORD KEEPING

The MHU maintains records through a patient registration register and a medicine consumption register.



### FEE STRUCTURE

Consultations and medications are free for students, and a minimal charge of Rs 3. is applied for others.



### WOMEN'S HEALTH INITIATIVE

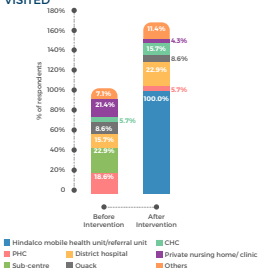
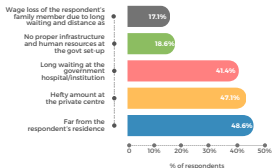
Previously, 70-80% of girls couldn't afford sanitary napkins due to financial constraints. Through awareness campaigns, 90-100% of girls are now using sanitary napkins, showing the positive impact of continuous awareness efforts and access to menstrual products.



"I used to spend a significant amount, about 500-1000 rupees, on medical expenses every month. However, with the Hindalco mobile health unit, I now receive all the healthcare services I need right at my doorstep. The van provides a comprehensive range of services, including consultations, medicines, and tests, all free of charge. Additionally, they conduct disease-specific health camps in our community, further enhancing their reach and impact. I have been suffering from arthritis, and the mobile health van detected my condition. I now get regular consultations from them. They visit us weekly, and the doctor always examines us properly. Sometimes, they also guide us about diet as needed. I am very satisfied with the mobile health unit services. It has relieved me of the stress of travelling far for medical care and the financial burden of treatment costs. The mobile health van has truly been a blessing for our community."

- Kamla, Agricultural labour, Karamdand, Renukoot



**CHART 21: HEALTHCARE CENTRE VISITED****CHART 22: CHALLENGES FACED IN ACCESSING HEALTHCARE FACILITY**

Post-intervention, there was a notable shift towards using a mobile health unit (100% from none), alongside a fall in visits to informal healthcare providers or quacks (from 48.6% to 8.6%). The primary barriers to healthcare access were the distance from healthcare centres (48.6%) and high costs at private centres (47.1%), coupled with long waiting times at government facilities (41.4%), pointing to a need for improvements in healthcare accessibility and affordability.

**MOBILE HEALTH VAN, MAHAN**

This field study in Renukoot provided an overview of the operations and services offered by the Mobile Health Unit (MHU), emphasising its impact and logistical arrangements over the years. Through better ambulance service, serious patients get the facility to reach the hospital easily in less time, in which medicines, doctors, proper facilities are available and by organising health camps in every village from time to time, proper check-ups and tests are done in the presence of doctors. Free medicines are also distributed.



### MEDICAL SERVICES

The study highlights significant health concerns within the community, particularly the high incidence of skin diseases. These conditions are primarily attributed to bacterial infections in the water, compounded by issues with sanitation and hygiene. The water in the area has been found to contain excessive levels of fluoride, along with high turbidity and various organic contaminants originating from local raw materials. Additionally, as the community began to utilise the services provided by the Mobile Health Unit supported by Hindalco, the prevalence of unqualified medical practitioners or quacks in the area decreased. The MHU addressed a range of health issues:

### NON-COMMUNICABLE DISEASES

Fever, cough, cold, hypertension, arthritis, anaemia (affecting 50% of women and 10-20% of young girls) and cataracts (affecting 10-20% of the elderly).



### COMMUNICABLE DISEASES

Fungal infections, malaria (2-4 cases monthly during the season), and fluorosis caused by contaminated water.

### FLUOROSIS IMPACTS

Fluorosis in water contributed to arthritis, dental issues, kidney stones, osteoporosis, diarrhoea, mental retardation, and malnutrition.



### EQUIPMENT UTILIZATION

Essential medical equipment available includes BP monitors, sugar check-up tools, and weighing machines, facilitating basic diagnostic and health monitoring services.



### DATA MANAGEMENT

While a formal health card system is not in place, patients are provided receipts that serve as proof of visit and treatment, helping in tracking patient history and treatments. A minimal registration fee of 3 rupees is charged to maintain a nominal cost barrier and support the sustainability of the MHU operations.



### SPECIAL HEALTH SCREENING CAMPS

Specialised screening camps are organised biannually, focusing on prevalent conditions like skin issues, malnutrition, anaemia, and tuberculosis, reflecting targeted interventions based on community health needs.

Although the MHU is not equipped to function as an ambulance, it serves as a crucial healthcare provider in rural areas, offering consistent and essential medical services.

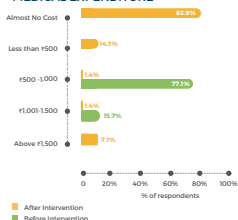
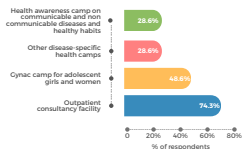
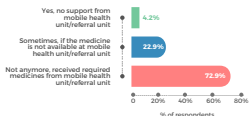
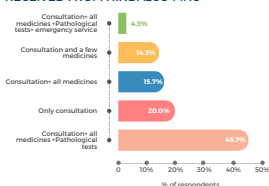
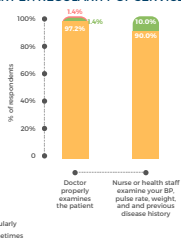


**- RAMESH, SUPERVISOR AT THE MEURPUR CENTRE, RENUKOOT**

"Our mobile health unit operates from 11 AM to 2 PM and is staffed by 4 medical and 5 non-medical personnel. The program is funded by Hindalco and serves an average of 65 patients daily. Before the mobile health unit started, villagers relied on traditional remedies and lacked awareness about proper healthcare. They often spent around 150 rupees on private healthcare services. Common diseases like dengue, malaria, and diarrhoea were prevalent. Now, thanks to the Hindalco mobile health unit, villagers receive free health check-ups, medicines, and awareness training. They no longer have to pay for these services. The unit has significantly reduced the number of diseases in our community and improved healthcare access. The initiative has brought about a positive change in the community. Villagers are now more aware of health and hygiene practices and take proper steps to prevent diseases. Regular health and awareness camps have enhanced overall healthcare facilities. The mobile health unit maintains a register with beneficiary information, ensuring organised and effective service delivery. The presence of this program has been a blessing, bringing essential healthcare services directly to our doorstep and improving the health and well-being of our community."





**CHART 23: AVERAGE MONTHLY MEDICAL EXPENDITURE****CHART 24: TYPES OF SERVICES PROVIDED BY HINDALCO MHU****CHART 25: PURCHASING REGULAR MEDICINE FROM OUTSIDE****CHART 26: TYPES OF SERVICES RECEIVED FROM HINDALCO MHU****CHART 27: REGULARITY OF SERVICES**

Before the intervention, a significant majority of respondents reported medical expenditures between ₹500 and ₹1,000 (77.1%), with expenditures dramatically dropping post-intervention, where the vast majority reported almost no medical costs (82.9%), and no respondents reported spending above ₹1500. The Hindalco Mobile Health Unit program provided comprehensive healthcare services, with outpatient consultancy being the most utilised (74.3%), and a wide array of services addressing everything from gynecological needs (48.6%) to various disease-specific conditions.

The program significantly reduced the necessity for purchasing medicines externally, as most respondents received required medications directly from the unit (72.9%), which highlighted its crucial role in reducing healthcare expenses and enhancing service accessibility. Nearly half of the respondents (45.7%) received comprehensive care, which included consultation, all medicines, and pathological tests.

Others received only consultations (20%), consultations with all necessary medicines (15.7%), consultations with a few medicines (14.3%), and a small group benefited from a full range of services, including emergency care (4.3%). This distribution highlights MHU's crucial role in delivering extensive healthcare services and addressing the varied health needs within the community. Furthermore, regular health service delivery was highly satisfactory, as a significant majority noted consistent examinations by doctors (97.2%) and regular monitoring by nursing staff (90%).



**INTERACTION WITH MHU TEAM AT HINDALCO MAHAN**

The Mobile Health Van Unit at Maghigawa in Mahan was established in 2019 with the support of Hindalco, aiming to provide accessible healthcare services to villagers. The unit was designed to address both communicable and non-communicable diseases and to promote health awareness within the community.



### STAFF AND OPERATION

The Mobile Health Van Unit employed a total of 7 staff members: 4 medical professionals and 3 non-medical personnel. The unit operated daily from 11:00 AM to 2:00 PM. During this period, the team provided health check-ups, distributed free medicines, and conducted awareness training for the villagers. This support from Hindalco facilitated the establishment and ensured that the services provided were free of charge for the villagers.

#### Services and patient statistics:

The Mobile Health Van Unit offered a range of services, including:



These services were provided at no cost to the villagers, eliminating any financial barriers to accessing essential healthcare. On average, the Mobile Health Van Unit catered to approximately 45 patients per day. This translated to a substantial number of villagers receiving medical attention each month.



### IMPACT ON DISEASE PREVALENCE AND HEALTHCARE PRACTICES

Following the initiation of the Mobile Health Van Unit, there was a noticeable reduction in the prevalence of diseases such as dengue, malaria, and diarrhea. The program's focus on health education and early intervention contributed to improved health outcomes. Villagers became more informed about disease prevention and management, leading to a decrease in disease incidence.



### ENHANCEMENT OF HEALTHCARE FACILITIES

The Mobile Health Van Unit significantly enhanced the overall healthcare facilities in the community. The frequent health and awareness camps organised by the unit played a crucial role in improving health standards and ensuring that villagers received timely medical attention.



### CHANGES IN HEALTH AND HYGIENE PRACTICES

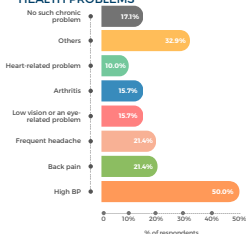
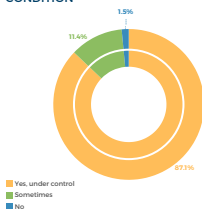
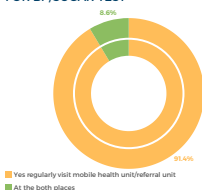
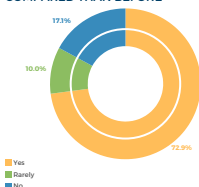
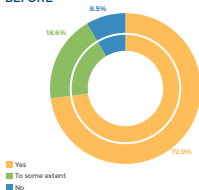
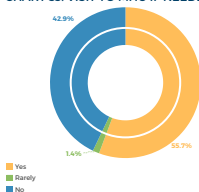
The community's understanding of health issues improved, and villagers began to implement proper health measures as advised by the health professionals.



**- SHIV SHANKAR, DRIVER, ANPARA,  
RENU SAGAR**

"Our mobile health unit operates from 11 AM to 2 PM daily and has been serving the village since 2019. We see around 45-50 patients each day, providing essential services such as health check-ups, free medicines, and awareness training. The program is fully funded by Hindalco and does not require any payment from the villagers. Before this program, many villagers relied on traditional remedies and lacked awareness about diseases. Since the mobile health unit began its work, we have noticed a significant reduction in disease prevalence. The community is now more informed and proactive about health and hygiene. As the driver, I ensure that the van reaches the village on time and is ready to provide care. The register we keep helps track all the beneficiaries, ensuring that no one is left out. The initiative has not only improved healthcare accessibility but also changed the villagers' attitudes towards health."



**CHART 28: PRESENCE OF CHRONIC HEALTH PROBLEMS****CHART 29: IMPROVEMENT IN HEALTH CONDITION****CHART 30: REGULARLY VISITING MHU FOR BP/SUGAR TEST****CHART 31: REGULARITY OF CONSUMPTION OF MEDICINES AS COMPARED THAN BEFORE****CHART 32: APPROACHING MHU THAN BEFORE****CHART 33: VISIT TO MHU IF NEEDED**

The Mobile Health Unit (MHU) significantly impacted chronic health management among respondents, as half of the respondents (50%) reported suffering from high blood pressure, the most prevalent condition.

Other chronic issues such as back pain (21.4%), frequent headaches (21.4%), low vision (15.7%), arthritis (15.7%) and heart-related issues (10%) were also reported. Post-MHU intervention, a vast majority (87.1%) saw their conditions like high blood pressure and diabetes under control, and a smaller percentage (11.4%) experienced occasional improvements. High adherence to scheduled health monitoring was demonstrated by most respondents (91.4%), as they visited the MHU consistently for tests.

The survey highlighted a significant shift toward improved chronic disease management, with a majority (72.9%) now regularly taking medications for their conditions, showing a marked improvement in treatment consistency. However, some respondents still showed less engagement in their medication routines, with a small percentage (10%) taking medications rarely. This data indicates that while overall adherence has improved, challenges remain in ensuring full engagement with regular medication practices. The increased visits to the MHU (72.9%) indicate a proactive approach to managing health issues, with most respondents expressing willingness to return to the MHU if needed (55.7%), though some (42.9%) felt their needs had been sufficiently addressed during initial visits. The survey reflects a notable improvement in chronic disease management and a high level of satisfaction with MHU's services.

## INTERACTION WITH MHU HEALTH PROFESSIONAL OF RENUKOOT



The Mobile Health Unit (MHU) at Mahan, supported by Hindalco CSR, was an initiative aimed at providing accessible healthcare services to remote villages. The unit was equipped to address both communicable and non-communicable health issues, delivering essential medical care, and raising awareness about health and hygiene.



### STAFF AND OPERATION

A Mobile Health Unit was staffed by a dedicated team comprising a general physician, who provided essential medical care, a supervisor overseeing operations, a pharmacist managing medicine distribution, a field coordinator ensuring smooth logistics and coordination, a driver responsible for transporting the unit, and a women attendant supporting various patient care and service delivery tasks. This team worked collaboratively to deliver healthcare services to various locations efficiently. The team operated the MHU from 9:00 AM to 12:00 PM and 2:00 PM to 4:00 PM daily. The unit covered two villages each day, and two different areas of each village were visited at different times. The setup was done at fixed locations such as Panchayat Bhawan and schools, where the team conducted medical camps and provided services.



### PATIENT STATISTICS AND SERVICES PROVIDED

MHU served an average of 50-60 patients daily, amounting to approximately 1,400-1,500 patients each month. The Mobile Health Unit provided the following services:



These services were crucial in making healthcare accessible to villagers who otherwise had to spend between 300-500 INR per visit at private clinics, including the cost of medicines.



### IMPACT AND COMMUNITY RESPONSE

The MHU had a positive impact on the community:

#### INCREASED AWARENESS

Villagers became more aware of health and hygiene practices.



#### DECREASED HEALTH ISSUES

There was a noticeable decrease in health issues due to improved awareness and timely medical intervention.

#### INCREASED SATISFACTION

The provision of free treatment and medicines at their doorstep enhanced community satisfaction.

Villagers began adopting better hygiene practices, including regular brushing, hand washing, preventing waterlogging, and maintaining cleanliness.

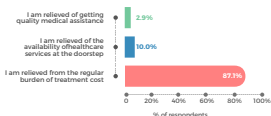


### DOCUMENTATION

The Mobile Health Unit maintained detailed records, including patient profiles and medicine usage logs, to track service delivery and ensure proper management.

## SATISFACTION AND PERCEPTION ABOUT THE PROGRAM

CHART 34: SATISFACTION WITH MHU SERVICES



Satisfaction with the MHU services was high, as a significant majority (87.1%) cited financial relief from regular treatment costs as the primary benefit. In contrast, a smaller section appreciated the convenience of receiving healthcare services at their doorstep (10%) and was particularly relieved by the quality of medical assistance provided (2.9%).



**MHU BENEFICIARY**



Through the provision of free medical services and education, the MHU made significant strides in addressing both communicable and non-communicable diseases. However, several recommendations were made during the study to further improve the MHU's services:



#### TESTING FACILITIES

Testing for sugar levels, malaria, and routine urine and blood tests could be incorporated to ensure timely diagnosis and management of prevalent health conditions.



#### SECONDARY SERVICES

Subsidised sonography and X-ray services could be offered, making critical diagnostic tools more accessible to the community

##### Health camps:

Additional health camps could be conducted every Saturday at Eklayva Tribal Schools and other needy areas to provide essential health services and education to underserved populations. Increased awareness efforts are needed for skin health and fungal infections.



#### FLUORIDE REDUCTION

Fluorosis could be addressed by installing fluoride filters or implementing the Nalgonda technique that helps in the removal of fluoride or defluoridation along with the removal of colour, odour, turbidity, bacteria, and organic contaminants from raw supplies.



#### WOMEN'S HEALTH

Menstrual hygiene awareness and the promotion of sanitary napkin usage among women are crucial to reducing prevalent health issues like leucorrhoea.



"This mobile health van covers two villages with a focus on different areas at different times. Medical camps have been set up at fixed locations like Panchayat Bhawans and schools, and we bring all necessary equipment and medicines with us. This unit provides free check-ups, medicines, and referral services. We see between 50 to 60 patients daily, totalling around 1400 to 1500 patients each month. Our work addresses a range of health issues, including non-communicable conditions like fever, cough, cold, hypertension, arthritis, and anaemia in women and young girls, as well as cataracts in the elderly. We also tackle communicable diseases such as fungal infections and malaria, often exacerbated by a lack of hygiene and water issues. Before our program, villagers faced significant challenges accessing healthcare, often travelling 15-20 km to the nearest PHC or private clinic, with costs ranging from 300-500 rupees per visit. Now, the mobile health unit brings essential medical care right to their doorsteps, which has led to a notable decrease in health issues and increased satisfaction among the community. Our initiative has significantly raised awareness about health and hygiene. People now regularly brush their teeth, wash their hands, and maintain cleanliness. This improved awareness and the availability of free treatment have positively impacted their overall well-being."

- Dr. Rajesh Kumar Tripathi, General Physician, Mahan



## MALARIA/ DIARRHOEA PREVENTION CONTROL

Hindalco has demonstrated a steadfast commitment to enhancing public health through a series of targeted health initiatives across various communities. Recognising the critical need for proactive disease prevention and control, Hindalco has strategically partnered with local governments and panchayats to address prevalent health concerns such as malaria, dengue, and diarrhoea. This report outlines the comprehensive efforts undertaken by Hindalco to mitigate these health risks through preventive measures, community engagement, and direct intervention strategies.

### RENUSAGAR EFFORTS



#### DISEASE PREVENTION MEASURES

The focus was primarily on malaria and diarrhoea, with the government contributing 2000 medicated mosquito nets to support these efforts.



#### HINDALCO'S ROLE

Coordinated with local panchayats to implement anti-larval activities and fogging sessions, additionally supplying 100-200 mosquito nets. Training was provided by Hindalco volunteers, optimising local capabilities in disease prevention.



#### COMMUNITY FEEDBACK

Feedback indicated a notable decline in malaria and diarrhoea cases, underscoring the effectiveness of the interventions.

### SAMRI EFFORTS



#### HEALTH CAMPS

Conducted weekly, these camps served 40-50 patients, offering free medications and consultations to bolster community health.



#### AWARENESS AND MOBILIZATION

Awareness camps were routinely organised after strategic planning with local leaders, significantly enhancing community knowledge and engagement in disease prevention.

### MAHAN EFFORTS



#### FOCUSED INTERVENTION

Hindalco spearheaded awareness campaigns and mosquito net distributions, directly addressing malaria and diarrhoea concerns within the community.

## LOHARDAGA EFFORTS

### Bimaria mines



#### PREVENTIVE CARE MEASURES

Monthly programs were conducted to focus on malaria, dengue, and diarrhoea control.



#### IMPACT

Notable reduction in disease incidence, with malaria cases dropping from 240 to 78 and diarrhoea from 12 to 8.



#### COMMUNITY INVOLVEMENT

Distribution of mosquito nets, ORS, and bleaching powder, with awareness programs conducted to educate the villagers.

### Chagharpat



#### PROGRAM FREQUENCY

Monthly awareness and preventive programs.



#### RESULTS

Reduction in malaria cases from 80 to 34 and diarrhoea from 12 to 8, highlighting the effectiveness of the interventions.



#### GOVERNMENT COLLABORATION

Complementary government initiatives enhancing the program's reach and impact.

“

"The malaria awareness camp organised by Hindalco has made a significant impact on our community. We learned about the causes and prevention of malaria, including the importance of clean surroundings and how mosquitoes spread the disease. The camp also distributed mosquito nets, which have been a tremendous help in protecting our families from bites. Before this camp, many of us were unaware of effective prevention methods. Now, thanks to the detailed information and practical tips provided, we feel more informed and prepared."

- Kamlesh Sharma, Chaghri, Renusagar

”

## GENERAL INSIGHTS AND ACHIEVEMENTS



### GOVERNMENT AND HINDALCO COLLABORATION

The synergy between Hindalco and local health authorities amplified the effectiveness of existing governmental health initiatives, ensuring a broader reach and enhanced impact.



### DIRECT AND TACTICAL INTERVENTIONS

The provision of critical supplies such as mosquito nets, ORS packets, and mosquito control agents was pivotal in mitigating the spread of diseases.



### COMMUNITY RESPONSE AND FEEDBACK

The interventions were well-received across communities, with significant reductions in disease prevalence post-intervention, highlighting the success of Hindalco's health strategies.

This overview not only reflects Hindalco's commitment to community health improvement but also illustrates its strategic approach to collaborating with local authorities to tackle public health challenges effectively.

“

I am very grateful for the Diarrhoea Awareness Camp conducted in our community. The efforts put into cleaning the drainage systems have made a noticeable difference in our surroundings. The team's initiative to put purification tablets in borewells has ensured that we have access to clean and safe drinking water, which is crucial for preventing diarrhoea. The awareness camp was incredibly informative. It helped us understand the importance of hygiene and how to prevent diarrhoea. The practical tips and demonstrations provided were very helpful. Thanks to the camp, we now feel more equipped to take care of our health and prevent diarrhoea in our community.”

- Kanhaiya, Badokhar, Mahan

”



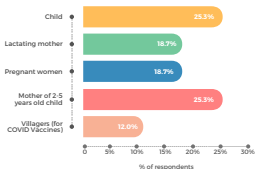
## BLEACHING POWDER DISTRIBUTION BY HINDALCO, LOHARDAGA

## PULSE POLIO IMMUNIZATION

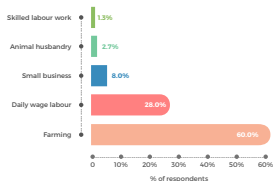
This report delves into the detailed activities undertaken by Hindalco, in collaboration with the government, local health committees and Anganwadi centres, to enhance immunisation coverage among vulnerable populations, particularly focusing on children, pregnant women and nursing mothers. It highlights the program's efforts in facilitating vaccinations against polio, tetanus, and COVID-19, underscoring its commitment to public health and safety during the challenging times of the pandemic.

### DEMOGRAPHIC PROFILE

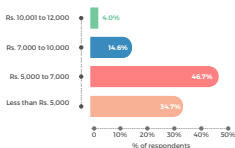
**CHART 35: CATEGORY OF BENEFICIARY**



**CHART 36: OCCUPATION BASED DISTRIBUTION**



**CHART 37: INCOME BASED DISTRIBUTION**



The survey provided insights into immunisation status, occupational distribution, and income levels, with a significant emphasis on maternal and child health. Key respondents included mothers of young children aged 2-5 years and the children themselves, each group forming approximately a quarter (25.3%) of the total participants. This was closely followed by pregnant women and lactating mothers (each 18.7%). In terms of occupation, the majority (60%) were engaged in farming and daily wage labourers made up nearly one-third of the respondents (28%), which highlighted a community primarily reliant on agricultural and labour-intensive activities. Regarding income, nearly half of the participants (46.7%) reported monthly earnings between Rs. 5,000 and Rs. 7,000, followed by one-third of the respondents (34.7%) earning less than Rs. 5,000.

## PROGRAM INTERVENTION

CHART 38: CHILD'S IMMUNIZATION

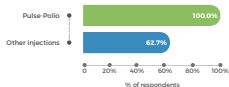
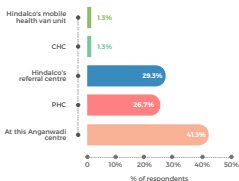


CHART 39: VENUE FOR RECEIVING INJECTIONS



Regarding child immunisation, the data showed that all the respondents (100%) reported that their children were administered Pulse-Polio vaccines. While for a subsequent majority (62.7%), their children received various types of injections, including diphtheria, tetanus and whooping cough (pertussis) (DTaP), measles, mumps and rubella (MMR), chickenpox (varicella) and influenza (flu). Furthermore, regarding children's vaccinations, the primary provider was the Anganwadi centre, serving nearly half of the respondents (41.3%), followed by Hindalco's referral centre for nearly one-third of the respondents (29.3%) and PHC (26.7%). This comprehensive vaccination approach, including both the Pulse-Polio vaccine and other injections, reflected the community's commitment to maintaining high immunisation rates and protecting child health during the pandemic.



**ANM AND ASHA WHILE  
VACCINATING CHILDREN  
AT RENUKOOT**

The qualitative study provides a qualitative overview of Hindalco's involvement in immunisation drives, including Pulse Polio campaigns and other vaccination efforts, in several locations.



#### RENUSAGAR INITIATIVES

Hindalco volunteered in the government's immunisation programs, providing crucial logistic support. This partnership facilitated the effective delivery of both Pulse Polio and other vital immunisations in the area.



#### SAMRI INITIATIVES

In Samri, some of rural villagers are not interested in giving pulse polio to their children, due to their belief systems and superstitions. Here, immunisation awareness was significantly increased through the involvement of local Anganwadi centres. Hindalco contributed by supporting the health officials administering the Pulse Polio vaccine with necessary transportation and meals, ensuring the smooth operation of the vaccination process.



#### BELAGAVI INITIATIVES

In Belagavi, the mobilisation for the Pulse Polio campaign was conducted through both Anganwadi and Balwadi centres, utilising village volunteers. Vaccinations were administered from one taluk hospital and three Primary Health Centers (PHCs). Similar to Samri, Hindalco supported the healthcare workers by providing transportation and meals.



#### LOHARDAGA INITIATIVES

To bolster its healthcare initiatives, Hindalco established a permanent facility at its health camp and dispensary in partnership with the District Health Committee of Lohardaga. This facility was designed to support ongoing healthcare services, including the administration of Pulse Polio and other vaccinations.



#### DOOR-TO-DOOR POLIO CAMPAIGN

Hindalco's ANMs, in collaboration with the District Health Committee ANMs, carried out an effective door-to-door Pulse Polio campaign. This initiative successfully vaccinated 376 children living in the mining area.



#### BROADER CHILD IMMUNIZATION EFFORTS

The vaccination program was extended to include other necessary immunisations for children aged 0-5 years. This expansion ensured comprehensive health coverage and protection for the community's youngest members, underlining Hindalco's commitment to community health and wellness.

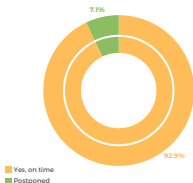
By providing logistical support and collaborating with local health committees and Anganwadi centres, Hindalco has significantly contributed to improving health outcomes among children and vulnerable populations in these communities.



"I am very thankful for the Immunization Awareness Program conducted through our local Anganwadi centre. I was worried about when and how to get my baby vaccinated. The awareness sessions were very helpful and taught us about the benefits of vaccines in protecting our children from diseases. The Anganwadi workers explained the vaccination schedule clearly, so I now know exactly when the doctors will come to vaccinate my child. This has given me peace of mind and confidence in keeping my baby healthy."

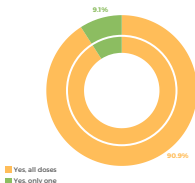
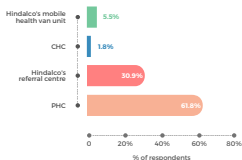
- Uzma A, Mother of 2-5 year-old child, Belagavi



**CHART 40: TETANUS VACCINATION FOR PREGNANT WOMEN**

During the 2021-2022 COVID-19 pandemic, the healthcare system effectively maintained maternal and child healthcare protocols. Among the surveyed pregnant mothers, a significant high section (93%) adhered to their tetanus vaccination schedule, highlighting strong compliance with prenatal care despite the pandemic's challenges.

The Hindalco Health Camp and dispensary, in partnership with the District Health Committee Lohardaga, conducted a focused vaccination program aimed at pregnant and nursing women. This included administering tetanus injections for pregnant women and providing essential vaccinations.

**CHART 41: COVID VACCINATION STATUS FOR ALL****CHART 42: HEALTH CENTER FOR COVID VACCINATION**

The survey data from the past highlighted a high level of compliance with COVID-19 vaccination protocols among respondents, as the majority (91%) received all recommended doses. The data also revealed that the majority (61.8%) received their COVID-19 vaccine at the Primary Health Centre (PHC), making it the most utilised location. Hindalco's referral centre was the second most common site, with one-third (30.9%) getting vaccinated there.



**PULSE POLIO  
IMMUNISATION DRIVE  
AT BELAGAVI**



During the COVID-19 pandemic, Hindalco played a crucial role in the vaccination drive in Lohardaga, conducting COVID-19 vaccinations for 3,478 individuals from nearby villages, including Bagaru, Vimla, Sarindaj, Kuj, Chirodi, Gurudari, Tori, Reri, and Shanti Ashram. During the first vaccination drive, Hindalco facilitated community mobilisation for vaccination, while during the second vaccination, the program got the license of approval from Govt. Health Department to directly procure the vaccinations and administer them to the community through its program team of 8 ANMs. This study outlines the actions taken and the impact of these efforts.



### ESTABLISHMENT OF QUARANTINE FACILITIES

A significant initiative was the creation of a 50-bed quarantine centre at Shanti Ashram, which provided essential isolation facilities for individuals affected by the virus.



### DISTRIBUTION OF PROTECTIVE EQUIPMENT AND SUPPLIES IN THE UNITS STUDIED

Nutritional support: During the pandemic, 700 families received essential food supplies with 700 food kits.

Oxygen support: 25 oxygen jumbo cylinders were provided to the COVID hospital, and 20 oxygen meters were distributed to help manage oxygen levels in patients.

Masks: Hindalco distributed 10,000 masks to villagers to enhance their protection against the virus.

Medication: The company distributed 1,000 medication kits to COVID-positive individuals.



### SANITIZATION EFFORTS

Hindalco undertook extensive sanitisation of the Lohardaga district to reduce the spread of the virus. This initiative included the thorough cleaning and disinfection of public spaces and facilities.

Through vaccination drives, quarantine facilities, distribution of protective equipment, sanitisation, and health camps, Hindalco effectively supported local communities in navigating the challenges posed by the pandemic.

## PERCEPTION AND SATISFACTION ABOUT THE PROGRAM

CHART 43: COLLABORATIVE SUPPORT WITH ASHA

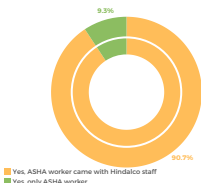


CHART 44: HINDALCO'S SUPPORT

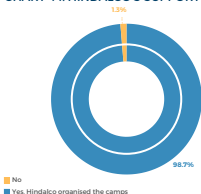
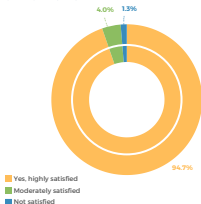


CHART 45: RESPONDENT SATISFACTION



The survey data highlights the significant role of Hindalco and the Anganwadi Centre in supporting tetanus for pregnant mothers and children's immunisation efforts.

With the majority (91.0%) of follow-ups conducted with the aid of both ASHA workers and Hindalco staff, the collaborative approach proved highly effective. Hindalco's active involvement, demonstrated by organising vaccination camps, was confirmed by almost everyone (99.0%), that indicated its critical role to achieve high vaccination coverage. Overall satisfaction with the immunisation services was reflected, as an overwhelming majority (98.7%) expressed high satisfaction. This data underscores the success of the immunisation program and Hindalco's significant contribution to its positive reception and effectiveness.

“

“As a mother of an infant, I learned a lot about the importance of vaccines, especially for protecting my child from diseases like polio. Thanks to the awareness sessions, I understood the benefits of giving my child the Pulse Polio vaccine. The Anganwadi workers clearly explained when the government doctors would come to vaccinate our children. This information made it easy for me to make sure my child received the vaccine on time.”

- Sonal, Mother of 2-5 year old child,  
Renukoot

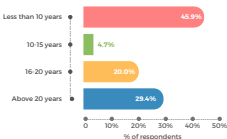
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## SUPPORT DURING COVID-19 PANDEMIC

This report examines the impact of COVID-19 interventions across various demographic segments and geographic locations, providing a comprehensive response strategy—including health campaigns, nutritional support, and economic initiatives adopted to ensure community health and satisfaction. The findings reveal the significant efforts by health authorities and Hindalco to support the communities through this global health crisis.

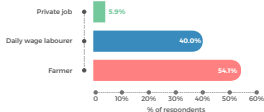
### DEMOGRAPHIC PROFILE

**CHART 46: AGE OF BENEFICIARY**

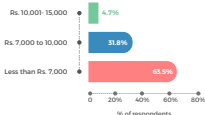


More than half of the patients' parents are either farmers (54.1%) or daily wage labourers (40%). Economically, majority (63.5%) of the families earn less than Rs. 7000 per month, which highlighted a predominantly low-income demographic.

**CHART 47: OCCUPATION BASED DISTRIBUTION**



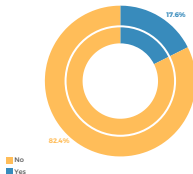
**CHART 48: INCOME BASED DISTRIBUTION**



The data indicates that nearly half of the respondents are young children under 10 years (45.9%), followed by adults above 20 years (29.4%).

### PROGRAM INTERVENTION

**CHART 49: CHALLENGES IN GETTING OXYGEN SUPPORT DURING THE STAY AT THE TIME OF COVID**



During their stay at the hospital during the COVID-19 pandemic, the majority of respondents (82.4%) did not face any challenges in obtaining oxygen support. Despite a few challenges, all patients recovered from COVID-19 due to timely intervention and the availability of adequate oxygen and treatment support at the hospital. Additionally, it was revealed that while the average treatment cost was Rs. 6,860, no payment was required from the patient's side to ensure that financial constraints did not hinder access to necessary medical care.

“

“During the COVID-19 pandemic, we received essential ration kits containing rice, pulses, oil, and other items, which were a great help during such difficult times. The regular distribution of masks and sanitisers also kept us safe. The awareness campaign conducted by Hindalco educated us about health and preventive measures. This support not only helped us manage our daily needs but also made us feel cared for and valued. I am truly grateful for Hindalco's continuous support and the impact it has had on our lives.”

- Shubh Kumar, Farmer, Chandra Shekhr Ajad Nagar, Renukoot

”

The qualitative study provides an overview on COVID-19 response across different locations:

#### Renukoot



##### HEALTH AND EPIDEMIC PREVENTION CAMPAIGNS

During the COVID-19 pandemic, Renukoot implemented extensive health and epidemic prevention campaigns, educating the community about safety and health maintenance during the crisis. Regular distribution of free COVID-19 vaccines, masks, and sanitisers played a central role.



##### NUTRITIONAL AND HYGIENE SUPPORT

The community benefited from monthly distributions of essential food items and hygiene products aimed at sustaining everyday health and cleanliness. These rations included rice, pulses, oil, salt, turmeric, cooked food, and sanitary products.



##### ECONOMIC AND EMPLOYMENT ENHANCEMENT

Initiatives by Hindalco focused on enhancing happiness, employment opportunities, and the overall economic system, reflecting a holistic approach to community support during the pandemic.

#### Renusagar



##### AWARENESS SEMINARS

Continuous awareness seminars were organised in Renusagar to educate the public about effective health protection strategies during the pandemic, ensuring the community remained informed and proactive.



##### SANITATION AND IMMUNITY BUILDING

The regular distribution of sanitisers, masks, and soaps complemented advice on consuming essential nutrients to strengthen immunity, showcasing a comprehensive health management strategy.



### PERSISTENT VACCINATION DRIVES

The community was continuously encouraged to participate in vaccination drives, highlighting the ongoing efforts to achieve widespread immunity and safeguard public health.

#### Mahan



### PUBLIC HEALTH AWARENESS PROGRAMS

Mahan conducted regular public health awareness programs, focusing on pandemic prevention, and maintaining high community health standards during the crisis.



### DISTRIBUTION OF ESSENTIAL SUPPLIES

Systematic distribution of masks, sanitisers, soap, and ration packets ensured that the community adhered to hygiene protocols and that those in need received necessary supplies.



### ENCOURAGEMENT OF IMMUNITY-BOOSTING PRACTICES

The community received continuous advice on the consumption of medicines to enhance immunity, supported by regular health updates and preventive measures.

#### Lohardaga



### TARGETED SUPPORT FOR COVID-AFFECTED FAMILIES

In Lohardaga, specific support was provided to COVID-affected individuals and families, including the distribution of essential food supplies to ensure no one was left vulnerable during the pandemic.



### HEALTH INFRASTRUCTURE AND VACCINATION

A significant aspect of Lohardaga's response was the establishment of a 50-bedroom quarantine centre and the widespread distribution of masks. Additionally, 3478 people were vaccinated, which was crucial in restoring community health and peace.



### SANITIZATION AND HEALTH EDUCATION

The district witnessed extensive sanitisation efforts and health education campaigns, particularly focusing on pregnant and lactating women through health camps and dispensaries, ensuring that vulnerable groups received necessary health information and support.

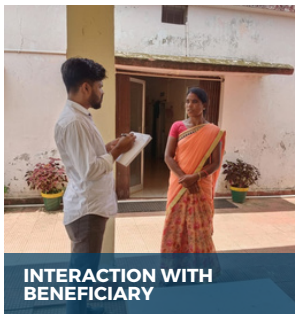
These efforts aimed to enhance economic stability and community well-being in the long term and ensured that the communities remained supported throughout the pandemic.

“

"I was detected Covid positive during the pandemic; I received the necessary treatment and care without any cost to me. The vaccines, along with the medical support and adequate oxygen provided, were crucial in my recovery. The average treatment cost for such care is around 6860 rupees, but I did not have to pay anything. The service provided was excellent, and I am very satisfied with the support I received. Hindalco's efforts ensured that I and many others received the help we needed during such a critical time."

- Sukhdev Bhagat, Daily wage labourer, Hirhi, Lohardaga

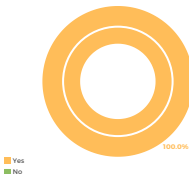
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## INTERACTION WITH BENEFICIARY

## PERCEPTION AND SATISFACTION ABOUT THE PROGRAM

CHART 50: RESPONDENT SATISFACTION



The data indicates that all respondents (100%) were satisfied with the support they received during their hospital stay, which reflected the hospital's success to meet patient needs and ensure adequate care, including oxygen and treatment support.

“

"Hindalco's vaccination program was a tremendous help to our community. They organised vaccination camps efficiently and made sure that everyone had access to the vaccines. The process was smooth and well-organised, and the support from Hindalco made it easy for us to get vaccinated. I felt a great sense of relief knowing that I was protected from the virus and contributing to the safety of my community."

- Pyari Yadav, Saraidih, Samri

”

## DENTAL CHECK-UP CAMP

The qualitative survey revealed that the comprehensive dental check-up camps focussed on dental health and overall cleanliness of the participants and benefitted a substantial number of students.

### PROGRAM INTERVENTION

The initiative made a significant impact by improving dental hygiene among students and raising awareness about personal cleanliness.



#### DENTAL SCREENING AND SUPPLIES

Dental screenings conducted across government primary and junior schools aimed to identify and address dental issues early on. During these screenings, students were provided with essential dental care products, including toothbrushes and toothpaste.



#### DENTAL AND MEDICAL CAMPS

The initiative included the organisation of dental and general medical camps. These camps were instrumental in providing necessary medical attention and fostering awareness about health and hygiene. In addition to routine dental check-ups, the camps facilitated training sessions on special hygiene and cleanliness, particularly targeting female students. This training was designed to instil lifelong hygiene habits.



#### DISTRIBUTION OF DENTAL KITS

During the dental camps, several items were distributed to students. Each child received a toothbrush and toothpaste free of charge, ensuring that they had the necessary tools for maintaining dental health.

#### RECEIPT OF DENTAL KITS BY STUDENTS

100%

Additionally, the children were given steel plates, bags, stationery, sweets, and crackers as part of the annual distribution organised by the group.



#### TRAINING SESSIONS

A one-day training session was additionally conducted focusing on special hygiene and cleanliness. This training aimed to educate students, particularly girls, on best practices for maintaining personal hygiene. The session provided valuable information and practical tips to help students adopt healthier habits.

“

“The dental check-up was very thorough, and I learned a lot about how to take care of my teeth properly. I also received a new toothbrush and toothpaste from Hindalco, which was a nice surprise. The camp helped me understand the importance of brushing my teeth regularly and keeping good oral hygiene.”

- Poonam, Class 8, Makhral, Renusagar

”

In summary, the Renusagar health initiative effectively addressed dental and general health needs through screenings, medical camps, educational training, and the distribution of essential items. The comprehensive approach ensured that students received not only medical care but also the knowledge and tools required for maintaining their health and hygiene.

## KEY STUDY FINDINGS AND IMPACTS: REPRODUCTIVE AND CHILD HEALTH

The Reproductive Health Program by Hindalco is a comprehensive initiative designed to enhance the well-being and health of communities through focused interventions in reproductive care. This program encompasses a range of services, including awareness campaigns, health check-ups and targeted support for family planning. By emphasising education and access to healthcare services, Hindalco aims to empower individuals to make informed decisions regarding their reproductive health, significantly impacting the overall health metrics of the communities it serves. The initiative demonstrates Hindalco's commitment to not only improving health outcomes but also fostering long-term sustainability through proactive community engagement and partnerships with local health departments.

### Nutritional Programme for mother and child

The Nutritional Programme for Mothers and Children, initiated by Hindalco as part of its Corporate Social Responsibility (CSR) efforts, aimed to improve the nutritional and health outcomes of pregnant women, lactating mothers and young children. This initiative focused on providing direct nutritional support, conducting health monitoring, and fostering community engagement to build a foundation of wellness in vulnerable populations. By integrating health services with local customs and community frameworks, Hindalco not only delivered essential services but also strengthened its bond with the community, enhancing the overall effectiveness and sustainability of the program.

## 1. DEMOGRAPHIC PROFILE

CHART 1: PRIMARY FAMILY OCCUPATION

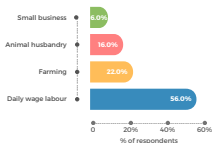
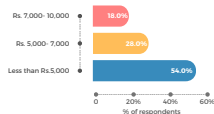


CHART 2: AVERAGE MONTHLY INCOME

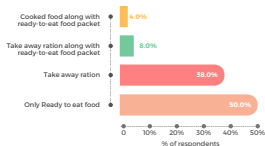


The survey data revealed that the primary occupation for more than half of the respondents (56.0%) was daily wage labour, followed by farming (22.0%) and animal husbandry (16.0%). In terms of income, more than half (54.0%) earn

less than ₹ 5,000 per month, followed by ₹ 5,000 - ₹ 7,000 (28.0%), which highlighted significant economic constraints within the community. This reflected that most community members struggle with low income.

## 2. PROGRAM INTERVENTION

CHART 3: TYPE OF FOOD REGULARLY PROVIDED DURING PREGNANCY AND THE LACTATING PERIOD



The data on food provided during pregnancy and lactation indicated that half of the respondents (50.0%) relied solely on ready-to-eat food, while a significant portion (38.0%) received take-away rations. This distribution revealed a predominant reliance on ready-to-eat food options, with a smaller proportion of respondents incorporating a combination of take-away and cooked food.





## ENHANCING COMMUNITY HEALTH: A REPORT ON HINDALCO LOHARDAGA'S NUTRITIONAL SUPPORT PROGRAM

The Hindalco Lohardaga CSR Nutritional Program aims to enhance the nutritional health of pregnant women, lactating mothers, and children under five years in the Lohardaga district. Initiated in 2018, the program targets marginalised communities, focusing on comprehensive health and nutritional support.



### PROGRAM EXECUTION DURING 2021-2022

Throughout 2021-2022, the program reached over 5,000 beneficiaries across 100 Anganwadi centres, distributing more than 150,000 kg of nutritious food supplements. Regular health check-ups and nutritional monitoring were integral activities, ensuring ongoing assessment and support for the target group.



### SUPPORT TO ANGANWADI CENTRES

The program bolstered 150 Anganwadi centres, aiding in cooked food distribution and enhancing infrastructure for cooking and storage. Anganwadi workers received training on nutrition and health education, strengthening the local capacity for ongoing community health support.



### INTEGRATION WITH GOVERNMENT INITIATIVES

Collaboration with the government's Public Distribution System (PDS) allowed the program to extend its reach, providing additional nutritious food supplements to the beneficiaries, thus amplifying the impact of existing government efforts.



### KEY ACTIVITIES

- **Direct nutrition program:** Delivered energy-rich and protein-rich supplements, including take-home rations and iron-folic acid tablets, coupled with nutrition counselling and education.
- **Community engagement:** Implemented cooking demonstrations using locally sourced ingredients and conducted community awareness campaigns on nutrition and health.



### DISTRIBUTION AND MONITORING

Food supplements were distributed monthly, while health check-ups and monitoring were conducted quarterly, ensuring consistent engagement and evaluation of health outcomes.



### OUTCOME OF THE PROGRAM

- **Nutritional knowledge and practices:** Enhanced understanding and application of nutritional knowledge among beneficiaries.
- **Child development:** Recorded increases in weight and height for children under five.



### CHALLENGES

Despite its successes, the program faced challenges, including limited healthcare access in remote areas and cultural barriers that impede the adoption of new nutritional practices. Sustaining program momentum and community engagement also presented ongoing challenges.

## KEY STAKEHOLDERS



## UPHOLDING RESEARCH ETHICS

The impact assessment study upheld a robust framework of research ethics principles throughout its process.



### INFORMED CONSENT

Participants made informed decisions after understanding the study goals, risks, and benefits.



### CONFIDENTIALITY

Participant information was guarded securely, establishing a foundation of trust.



### DATA SECURITY AND ANONYMITY

Rigorous measures ensured participant data remained private and untraceable.



### NON-MALEFICENCE

Participant well-being was safeguarded, with no harm caused by the research.



### INTEGRITY

Research maintained high credibility through sincere and transparent practices.



### JUSTICE

Equitable treatment prevailed, free from biases or stereotypes, promoting fairness.

## CHAPTER 6

### KEY STUDY FINDINGS AND IMPACTS

The Reproductive Health Program by Hindalco is a comprehensive initiative designed to enhance the well-being and health of communities through focused interventions in reproductive care. This program encompasses a range of services, including awareness campaigns, health check-ups and targeted support for family planning. By emphasising education and access to healthcare services, Hindalco aims to empower individuals to make informed decisions regarding their reproductive health, significantly impacting the overall health metrics of the communities it serves. The initiative demonstrates Hindalco's commitment to not only improving health outcomes but also fostering long-term sustainability through proactive community engagement and partnerships with local health departments.

#### Nutritional Programme for mother and child

The Nutritional Programme for Mothers and Children, initiated by Hindalco as part of its Corporate Social Responsibility (CSR) efforts, aimed to improve the nutritional and health outcomes of pregnant women, lactating mothers and young children. This initiative focused on providing direct nutritional support, conducting health monitoring, and fostering community engagement to build a foundation of wellness in vulnerable populations. By integrating health services with local customs and community frameworks, Hindalco not only delivered essential services but also strengthened its bond with the community, enhancing the overall effectiveness and sustainability of the program.

### 1. DEMOGRAPHIC PROFILE

CHART 1: PRIMARY FAMILY OCCUPATION

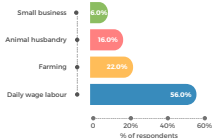
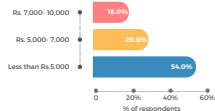


CHART 2: AVERAGE MONTHLY INCOME

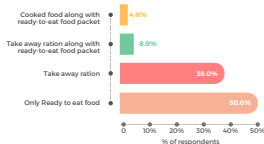


The survey data revealed that the primary occupation for more than half of the respondents (56.0%) was daily wage labour, followed by farming (22.0%) and animal husbandry (16.0%). In terms of income, more than half (54.0%) earn

less than ₹ 5,000 per month, followed by ₹ 5,000 - ₹ 7,000 (28.0%), which highlighted significant economic constraints within the community. This reflected that most community members struggle with low income.

### 2. PROGRAM INTERVENTION

CHART 3: TYPE OF FOOD REGULARLY PROVIDED DURING PREGNANCY AND THE LACTATING PERIOD



The data on food provided during pregnancy and lactation indicated that half of the respondents (50.0%) relied solely on ready-to-eat food, while a significant portion (38.0%) received take-away rations. This distribution revealed a predominant reliance on ready-to-eat food options, with a smaller proportion of respondents incorporating a combination of take-away and cooked food.



## ENHANCING COMMUNITY HEALTH: A REPORT ON HINDALCO LOHARDAGA'S NUTRITIONAL SUPPORT PROGRAM

The Hindalco Lohardaga CSR Nutritional Program aims to enhance the nutritional health of pregnant women, lactating mothers, and children under five years in the Lohardaga district. Initiated in 2018, the program targets marginalised communities, focusing on comprehensive health and nutritional support.



### PROGRAM EXECUTION DURING 2021-2022

Throughout 2021-2022, the program reached over 5,000 beneficiaries across 100 Anganwadi centres, distributing more than 150,000 kg of nutritious food supplements. Regular health check-ups and nutritional monitoring were integral activities, ensuring ongoing assessment and support for the target group.



### SUPPORT TO ANGANWADI CENTRES

The program bolstered 150 Anganwadi centres, aiding in cooked food distribution and enhancing infrastructure for cooking and storage. Anganwadi workers received training on nutrition and health education, strengthening the local capacity for ongoing community health support.



### INTEGRATION WITH GOVERNMENT INITIATIVES

Collaboration with the government's Public Distribution System (PDS) allowed the program to extend its reach, providing additional nutritious food supplements to the beneficiaries, thus amplifying the impact of existing government efforts.



### KEY ACTIVITIES

- **Direct nutrition program:** Delivered energy-rich and protein-rich supplements, including take-home rations and iron-folic acid tablets, coupled with nutrition counselling and education.
- **Community engagement:** Implemented cooking demonstrations using locally sourced ingredients and conducted community awareness campaigns on nutrition and health.



### DISTRIBUTION AND MONITORING

Food supplements were distributed monthly, while health check-ups and monitoring were conducted quarterly, ensuring consistent engagement and evaluation of health outcomes.



### OUTCOME OF THE PROGRAM

- **Nutritional knowledge and practices:** Enhanced understanding and application of nutritional knowledge among beneficiaries.
- **Child development:** Recorded increases in weight and height for children under five.



### CHALLENGES

Despite its successes, the program faced challenges, including limited healthcare access in remote areas and cultural barriers that impede the adoption of new nutritional practices. Sustaining program momentum and community engagement also presented ongoing challenges.



#### BEST PRACTICES AND STRATEGIC RECOMMENDATIONS

- **Community-based approach:** Leveraging community engagement and utilising local health workers for program delivery proved effective.
- **Cultural relevance:** The use of local languages and culturally relevant materials facilitated better community integration and acceptance.
- **Regular monitoring:** Continual assessment and adjustment based on monitoring and evaluation outcomes were key to addressing gaps and enhancing program effectiveness.

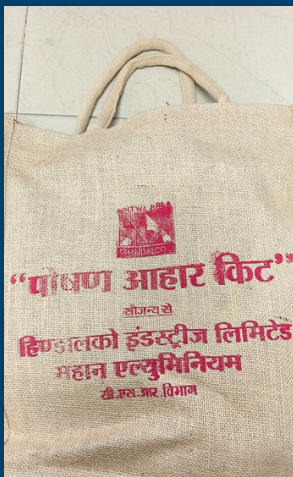
The Hindalco Lohardaga CSR Nutritional Program exemplifies a successful community-focused initiative that collaboratively addresses malnutrition and promotes the health of vulnerable populations in the Lohardaga district. The partnership with local health departments and alignment with government schemes underscore its integrated approach to community health development.

“

I have been working as an Anganwadi worker at Adarsh Anganwadi Kendra Parashi Pshchim for the past 8 years. Since the centre was established in 2012, I have seen many changes, especially after Hindalco's intervention. The food provided to the children and pregnant mothers has also improved. We provide freshly cooked food and biscuits, and each child receives 200 grams of food. We have noticed that the children have become more active and healthier after consuming these meals. For pregnant and lactating mothers, we provide a balanced diet and special kits to address nutritional deficiencies, especially for anaemic mothers. Organising activities like Annaprasan, Godbhorai, and Healthy Baby competitions has become a regular part of our work. Last year, we successfully conducted four Annaprasan and four Godbhorai events. These activities are important for the community and help in promoting the well-being of mothers and children. With Hindalco's support, we now have better access to government funds, which helps us in running the centre more effectively. The ambulance service provided by Hindalco is also very helpful for pregnant mothers, ensuring they reach the hospital on time for deliveries.

- Prathibha Devi, Anganwadi Worker,  
Adarsh Anganwadi Kendra Parashi  
Pshchim, Renusagar

”



NUTRITION KIT, MAHAN

### 3. SATISFACTION AND PERCEPTION ABOUT THE PROGRAM

The satisfaction and perception surrounding Hindalco's nutritional programs across the locations have been positive. Beneficiaries reported significant improvements in health and well-being, with tangible decreases in anaemia, highlighting the effectiveness of the programs. Community members appreciated the culturally sensitive approach and the tangible health benefits provided, fostering a sense of appreciation towards Hindalco's efforts in their communities.



#### NUTRITIONAL SUPPORT INITIATIVES: HINDALCO'S CSR PROGRAMS IN RENUKOOT AND RENUAGAR

Hindalco's CSR efforts in Renukoot focus on the integration of health services with local government programs, specifically supporting the Godbharai program. Key activities include:



##### HEALTH SERVICES

Provision of health check-ups and immunisations for mothers, ensuring maternal health and safety.



##### CULTURAL INTEGRATION

Distribution of coconut sweets during vaccinations, blending health initiatives with local traditions.



##### AWARENESS CAMPAIGNS

Although no food distribution was directly handled by Hindalco, significant efforts were made to enhance nutritional awareness through campaigns run by Anganwadi centers.

In Renuagar, the CSR initiatives extend to both mothers and children, highlighting a more expansive approach:



##### EXTENDED HEALTH SERVICES

Support for both the Godbharai and Annaprashan programs, which include health check-ups and immunisations for mothers and children, showcasing a comprehensive health support system.



##### NUTRITIONAL SUPPORT

Distribution of Dalia packets to children and balanced diet provisions for pregnant mothers, directly addressing nutritional needs based on recommended dietary guidelines.

Hindalco's nutritional support programs in Renukoot and Renuagar demonstrated a robust commitment to improving maternal and child health through tailored CSR initiatives. These programs not only provided essential health services but also integrated local cultural practices, thereby enhancing their effectiveness and sustainability.

“

"My family depends on farming for our livelihood, earning between 5,000 to 7,000 rupees per month. I registered my pregnancy at the Anganwadi centre in my first trimester and have been regularly going for check-ups at Hindalco's referral centre. The Anganwadi worker checks my weight and ensures that I receive all necessary injections on time. I received both tetanus injections at the Anganwadi Centre, and I appreciate the regular check-ups. During my pregnancy and lactating period, I was provided with ready-to-eat food that was both tasty and nutritious. I also received essential items like a mosquito net for my child, and I have been using them as instructed. The Anganwadi centre also organised my Godbhorai celebration, where I received gur, chana, and other useful items. I did use the ambulance service from Hindalco during my delivery, which was very helpful. The Anganwadi centre has also been conducting regular meetings on nutrition, and I now have access to a toilet after its construction, which has improved our living conditions."

- Hemanti Devi, Lactating mother, Chandra Shikhar Azad Ward, Renukoot

”

### Mother and Child Health care (Ante Natal Care, Pre Natal-Care and Neonatal care)

The Mother and Child Health Care program, supported by Hindalco and focusing on Antenatal Care (ANC), Prenatal Care (PNC), and Neonatal Care, is an integral initiative designed to enhance the health and well-being of mothers and their newborns. This comprehensive program ensures early and consistent care, providing essential health checks, nutritional guidance, and necessary interventions from conception through the postnatal period. By collaborating closely with local healthcare providers and community centres, Hindalco aids in delivering targeted health services and educational efforts that aim to improve pregnancy outcomes, reduce complications and promote the long-term health of both mothers and infants.

## 1. DEMOGRAPHIC PROFILE

CHART 4: STATUS OF BENEFICIARY

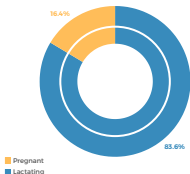
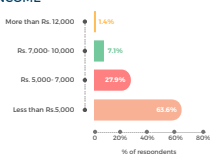


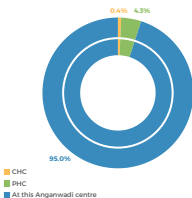
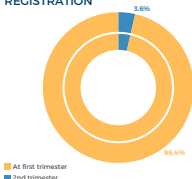
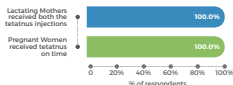
CHART 5: OCCUPATION-BASED DISTRIBUTION



**CHART 6: AVERAGE MONTHLY INCOME**

The survey analysis highlighted that a majority of respondents (83.6%) were lactating, while the rest (16.4%) were pregnant, which underscored the significant demand for postnatal care and prenatal services, respectively. Economic activities among respondents were primarily daily wage labour (50.0%) and farming (37.1%). Income analysis reveals deep financial constraints, with the majority (63.6%) earning below Rs. 5,000 monthly.

## 2. PROGRAM INTERVENTION

**CHART 7: PLACE OF REGISTRATION****CHART 8: TRIMESTER OF REGISTRATION****CHART 9: RECEIVING TETANUS**

The data reveals a strong preference for Anganwadi centres for pregnancy registration, with an overwhelming majority (95.0%) using these facilities, indicating trust and reliance on their services for prenatal care. The majority of pregnancies (96.4%) were registered early, in the first trimester, emphasising proactive prenatal care. The adherence to tetanus vaccination was complete among both pregnant (100.0%) and lactating (100.0%) women, showing effective healthcare implementation.

“

“My family's primary source of income is daily wage work, and we earn between 5,000 to 7,000 rupees per month. I registered my pregnancy at the Anganwadi Centre during my first trimester, and I have been regularly going there for check-ups. The Anganwadi worker checked my weight regularly, and I received my tetanus injections on time at the centre. The food packets provided during my pregnancy and now in the lactating period are tasty, nutritious, and sufficient. My childbirth took place at the PHC, and I was able to use the ambulance service provided by Hindalco, which was very helpful. The Anganwadi centre also organised my Godbhorai celebration and provided me with gur, chana, and other essential items like a mosquito net for my child. I have been using these items as instructed by the Anganwadi workers. The centre has also conducted meetings on nutrition, which have been beneficial. I now have access to a toilet after its construction, which is an improvement in our living conditions. The Anganwadi worker tends to visit mostly during vaccination times, and I think more regular interaction and support would be beneficial for mothers like me. Overall, the Anganwadi centre has provided valuable support.”

- Ankita, Lactating mother, Prashi Pashim, Renusagar

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CHART 10: ANC CHECK-UP

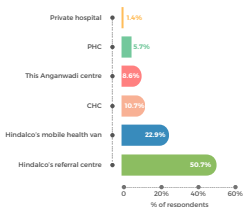


CHART 11: CHECKING BABY'S WEIGHT

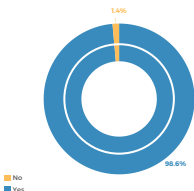
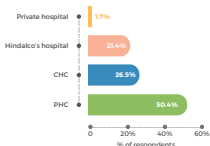


CHART 12: PLACE OF CHILDBIRTH



Notably, the summary reveals a pronounced reliance on Hindalco's health services for antenatal care, with a substantial number of respondents (60.7%) utilising Hindalco's facilities, including referral centres and mobile health vans. Regular weight monitoring by Anganwadi workers was reported by almost all respondents (98.6%), demonstrating their effectiveness in maternal health oversight.

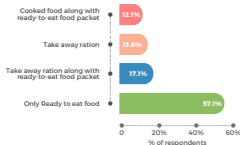
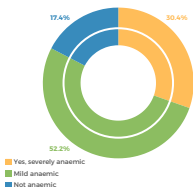
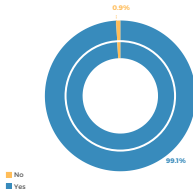
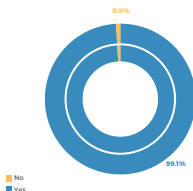
Thanks to the collaborative efforts between Hindalco and government initiatives, institutional deliveries have achieved a 100.0% rate, overcoming significant geographical and cultural challenges. For childbirth, the majority of deliveries occurred at public health centres (50.4%), followed by Hindalco's hospital (21.4%), which indicated a preference for accessible and affordable healthcare options among the surveyed population.

“

"I have been working as an Anganwadi worker at Anganwadi Kendra 2, Chandra Shekar Azad Ward 8, for the past 5 years. The centre was established in 2009. Since Hindalco's intervention, we have also seen improvements in the immunisation rate, which has increased from 65% to 90%. Hindalco's support has allowed us to conduct important programs like Annaprasan, Godbhorai, and Healthy Baby competitions regularly, which was not possible before. We now receive regular government funds with Hindalco's assistance, and the company has also provided direct support for these programs. The centre's timing has become more structured, and we operate from 8 AM to 12 noon. The number of children attending has increased, and their attendance rates have improved. The mothers in our community are now more aware of nutrition and personal hygiene, thanks to repeated interactions and meetings. Overall, Hindalco's intervention has made a positive impact on our centre, and it has also increased my capacity to serve the community better."

- Panna Kumari, Anganwadi Worker,  
Anganwadi Kendra 2, Chandra Shekar Azad  
Ward 8, Renukoot

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**CHART 13: TYPE OF FOOD REGULARLY PROVIDED DURING PREGNANCY****CHART 14: ANAEMIA AMONG PREGNANT MOTHERS****CHART 15: ANNAPRASAN CEREMONY FOR CHILD****CHART 16: ITEMS PROVIDED FOR THE ANNAPRASAN CEREMONY**

During pregnancy and lactation, the majority of women (57.1%) received nutrition-rich, balanced, ready-to-eat food, while others received various combinations of take-away rations and cooked food. Despite the diverse food provisions, there was a significant prevalence of anaemia among pregnant mothers: more than half (52.2%) experienced mild anaemia and nearly one-third (30.4%) suffered from severe anaemia. The Annaprasan program, which celebrates the first rice feeding ceremony for infants, was embraced by almost all (99.1%) lactating mothers, which demonstrated robust cultural engagement and satisfaction with the support from Anganwadi centres. This initiative underscores the importance of equitable acceptance of both male and female children and highlights the need to address critical health issues such as anaemia in maternal care.



## ENHANCING MATERNAL AND CHILD HEALTH: ANC AND PNC PROGRAMS IN SAMRI BY HINDALCO

Samri's Reproductive and Child Health Programs are centred around providing comprehensive Antenatal Care (ANC) and Postnatal Care (PNC), specifically designed to support the health and nutritional needs of mothers and children.



### ANC AND PNC SERVICES

- **Health services:** Each month, approximately 100 women attend the Antenatal Care (ANC) and Postnatal Care (PNC) services at the local centre managed by Hindalco, which reflects the community's trust and reliance on these comprehensive health services. Pregnant mothers receive detailed health check-ups that monitor both the mother's and child's health throughout their pregnancy and post-delivery to proactively address potential health issues.
- **Nutritional support:** Nutritional guidelines are provided to ensure that mothers understand the dietary needs essential for the healthy development of their children. This education is crucial in areas where malnutrition or poor dietary practices may be prevalent.



### GOVERNMENT COLLABORATION

- **Child health programs:** The center, while operated by Hindalco, is part of a broader government initiative to enhance child health services for children aged 0-5 years. This partnership ensures that the programs align with national health goals and leverage government resources and policies effectively.



### BEST PRACTICES AND RECOMMENDATIONS

- **Strong government partnership:** Collaboration with government initiatives is a key strength that should be maintained and enhanced to ensure sustainability and alignment with broader health objectives.
- **Community engagement:** Ongoing community engagement efforts are vital to educate and encourage participation in health programs, ensuring that health behavior changes are community-driven.
- **Continuous improvement and feedback:** Regular monitoring and feedback mechanisms are recommended to assess program effectiveness and make necessary adjustments to meet the community's evolving needs.

The ANC and PNC programs provided by Hindalco in Samri represent a robust model for community health initiatives, successfully integrating maternal and child health services within a supportive and educational framework.



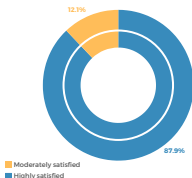
"Significant improvement in the health of pregnant women and newborn mothers has been observed since the ANC/PNC program was launched by Hindalco Lohardaga. Regular check-ups, health counselling and nutrition support have now become a norm, thanks to this initiative. I remember a case where a pregnant woman was diagnosed with anaemia and received timely treatment, which led to a healthy delivery. Another newborn mother was counselled about breastfeeding, and her baby is now thriving. Hindalco Lohardaga's ANC/PNC program has not only improved health outcomes but also built trust and confidence in the community. Women now are able to seek health services, and we have seen a significant increase in institutional deliveries. I am proud to be a part of this program, and I appreciate Hindalco Lohardaga's commitment to the health and well-being of our community."

Geeta Devi, ASHA worker, Hutav, Lohardaga



### 3. SATISFACTION AND PERCEPTION ABOUT THE PROGRAM

CHART 17: SATISFACTION WITH THE SERVICES



The survey revealed a 100.0% satisfaction rate with the services provided by the Anganwadi Centre, which highlights the centre's effective role and positive impact on the community and reflects a complete appreciation for the services offered.

“

"Thanks to Hindalco's timely nutritional intervention, I was able to deliver a healthy baby despite suffering from severe anaemia during my pregnancy. The iron-folic acid tablets provided significantly improved my condition, making a noticeable difference in my health."

- Sujata Kumari, Lactating mother, Lohardaga

”



INTERACTION WITH BENEFICIARIES, RENUSSAGAR

## Support to family planning/camps

The Family Planning/camps project by Hindalco represents a targeted initiative aimed at improving reproductive health across several regions, including Lohardaga, Renukoot, and Renusagar. By focusing on awareness, education and direct medical interventions, Hindalco's project strives to empower individuals with the knowledge and resources needed to make informed decisions regarding their reproductive health. Through these initiatives, Hindalco not only enhances community health but also contributes to the sustainable development of the regions it serves.

### 1. PROGRAM OVERVIEW IN LOHARDAGA

Hindalco's CSR initiative in Lohardaga focuses on enhancing reproductive health awareness and services. The program encompasses a broad range of activities, including menstrual hygiene, family planning, and reproductive rights education.

#### KEY ACTIVITIES

**Awareness programs:**

Regular awareness sessions on crucial reproductive health topics.

**Community engagement:**

Active engagement through events, rallies, and meetings to promote reproductive health awareness.

**Training for ASHAs:**

ASHAs are trained to offer enhanced reproductive health services, improving community access to essential health information and support.

**Collaboration with local health department:**

Partnerships with local health authorities to strengthen the delivery of reproductive health services.

**Counselling services:**

Provides personalised counselling on reproductive health and nutrition, fostering informed decisions among community members.

“

Through Hindalco's CSR initiatives in Lohardaga, I have gained valuable knowledge about family planning, reproductive rights, and menstrual hygiene. The awareness programs and counselling services provided have empowered me to make informed decisions about my health. The training given to ASHAs has also improved the quality of care in our community. Thanks to these efforts, I feel more confident and supported in managing my reproductive health.”

- Sankar Paswan, Lohardaga

”

## 2. PROGRAM OVERVIEW IN RENUKOOT:

In Renukoot, Hindalco has implemented a targeted family planning program that emphasises male involvement, specifically through the promotion of vasectomy, which is a strategic shift from traditional female-focused sterilisation methods.

### KEY ACTIVITIES



#### Vasectomy support:

Provision of operation theatre support and free surgeries, coupled with government-provided medications.



#### Awareness campaigns:

Ongoing initiatives to increase understanding and acceptance of male vasectomy as a viable family planning method



#### Comprehensive support services:

Offers a week of leave, free food, medications, follow-up check-ups, and semen analysis post-procedure.



#### Program execution:

Vasectomy camps are primarily organised in winter months at VRTP Hospital to maximise participation and convenience.

## 3. PROGRAM OVERVIEW IN RENUAGAR:

In Renuagar, Hindalco supports government hospitals by assisting in the selection of beneficiaries for family planning treatments and providing post-operative care, demonstrating a supportive rather than leading role in family planning initiatives.



"Hindalco's CSR program in Renukoot has made a significant difference in my life. The free vasectomy surgery and the support provided by Hindalco, along with medicines from the government, have ensured a smooth and safe procedure. The awareness efforts by Hindalco helped me understand the importance of family planning, and I am grateful for the positive impact it has had on my family's well-being."

- Suyash Singh, Renukoot



Hindalco's diverse family planning initiatives across Lohardaga, Renukoot, and Renuagar illustrate a robust commitment to improving reproductive health through community education, direct medical support, and strategic collaboration with government programs. However, in some regions like Samri, government restrictions limit the scope of direct involvement by corporate initiatives. By adapting strategies to local needs and cultural contexts, Hindalco plays a crucial role in shaping healthier communities.



"I serve as the Program Manager for the Family Planning Project at Renukoot. Mahendra Pal, who works as a lab technician and coordinator, is alongside me. Our program, which began in 2001, was initiated in response to the various challenges faced by the community, such as early marriage, early pregnancy, and the declining number of female vasectomies due to complications women experienced after the procedure. To address these issues, we decided to focus on promoting male vasectomy. We provide a range of services to beneficiaries, including a one-week leave, free food and medications, follow-up check-ups, and repeat semen checks at no cost. We chose vasectomy because of the increased awareness and willingness among men, thanks to our family planning awareness programs. Other family planning methods, like MALA-D and the use of condoms, are also in place, but vasectomy has gained popularity in recent years.

Our program is conducted through vasectomy camps at our VRTP Hospital, mainly during the winter months. On average, we perform 50-60 vasectomies a year, with a maximum of 100-120. Every procedure has been successful, and our team of 8-10 members, including surgeons, OT technicians, nurses, and pharmacists, works diligently to ensure the best outcomes. We provide these services free of cost, and patients are discharged after 5-6 hours of observation post-operation. One of the challenges we face is convincing patients who are hesitant about the procedure. However, through effective counselling, we have seen a significant behavioural change. Initially, men preferred their wives to undergo vasectomy, but now, more men are willing to take this step themselves. This program is fully funded by Hindalco, and patients receive compensation from the government under the NSV program after undergoing the procedure. We are proud to be part of an initiative that has made a positive impact on family planning in our community."

- **Rajesh Singh, Program Manager, Family Planning Project, Renukoot**



## Adolescent Health care

Adolescent healthcare is a crucial focus of public health, particularly for young individuals navigating the complex transition from childhood to adulthood. Hindalco's initiatives in regions like Lohardaga and Samri are centred around enhancing adolescent health through comprehensive programs. These efforts are designed to improve menstrual hygiene, prevent anaemia and boost overall reproductive health. Supported by Hindalco's Corporate Social Responsibility (CSR), these programs combine service delivery, education and community engagement to empower adolescents, fostering their health and development effectively.

### 1. DEMOGRAPHIC PROFILE

CHART 18: AGE OF BENEFICIARY

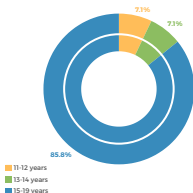
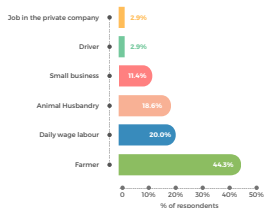


CHART 19: EDUCATION-BASED DISTRIBUTION



CHART 20: OCCUPATION-BASED DISTRIBUTION



The demographic survey reveals a predominantly youthful group, with majority (85.8%) aged between 15 and 19 years. Educational engagement is notably high, with most of the respondents (62.8%) still attending school. The primary family occupation data shows a significant leaning towards agriculture, with nearly half (44.3%) involved in farming, followed by daily wage labour (20.0%).

## 2. PROGRAM INTERVENTION:

CHART 21: SUFFERING FROM ANAEMIA

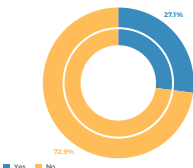


CHART 22: VISITING FOR HEALTH CHECK-UP

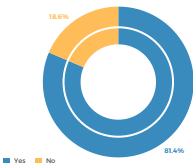
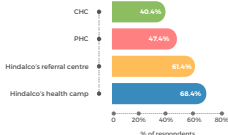


CHART 23: TYPE OF HEALTHCARE CENTRE VISITED FOR REPRODUCTIVE ISSUES



The analysis revealed that the majority (72.9%) had never suffered from anaemia, indicating a majority were unaffected. Regarding reproductive health, most of the respondents (81.4%) sought medical attention from health professionals, showing strong engagement with these services. Furthermore, the analysis demonstrated a preference for Hindalco's health services, with the majority attending their health camp (68.4%) and visiting their referral centre (61.4%). Primary Health Centers and Community Health Centers were also frequented, underscoring the significance of these facilities in providing reproductive health care.



## ADOLESCENT HEALTHCARE INITIATIVES BY HINDALCO: ANALYSIS OF PROGRAMS IN LOHARDAGA, SAMRI AND RENUSAGAR

### A. LOHARDAGA - COMPREHENSIVE ADOLESCENT HEALTHCARE PROGRAM

Hindalco's Corporate Social Responsibility (CSR) initiatives in Lohardaga focus on enhancing the health and well-being of adolescent girls through a multifaceted approach. The program includes the distribution of sanitary napkins, anaemia screening, health camps, and comprehensive support for menstrual hygiene management.



#### SANITARY NAPKIN DISTRIBUTION

- Frequency and access:** Napkins are distributed quarterly, ensuring consistent availability. Vending machines installed in schools facilitate easy access.
- Scope:** Over the 2021-2022 period, more than 150,000 sanitary napkins were distributed, covering over 5,000 adolescent girls across 118 villages.





#### ANAEMIA DETECTION PROGRAM

- **Screening and support:** This program, conducted in partnership with local health departments and ASHA workers, screens adolescent girls for anaemia, providing affected individuals with iron-folic acid tablets and necessary counseling.



#### HEALTH CAMPS AND CLINICS

- **Medical services:** Organised health camps provide gynecological check-ups and counseling, with referrals made to nearby hospitals for further treatment as needed.



#### SUPPORT AND TRAINING FOR ASHA WORKERS

- **Capacity building:** Hindalco's CSR team enhances the capability of ASHA workers by providing training on menstrual hygiene, anaemia detection, and gynaecological health, along with the necessary resources and infrastructure.



#### CURRENT PROJECTS

- **Ongoing initiatives:** Programs focused on menstrual hygiene management, anaemia detection and control, gynaecological health check-ups, and life skills education continue to support and empower adolescent girls.

### B. SAMRI - ADOLESCENT HEALTH AWARENESS AND SUPPORT

In Samri, Hindalco's CSR initiatives are designed to raise awareness and provide essential health services to adolescent girls, with an emphasis on sanitary health and general wellness.



#### AWARENESS AND HEALTH CAMPS

- **Integrated health services:** Awareness camps are conducted, featuring government lady doctors who perform health check-ups, including weight monitoring, to assess and promote general health among adolescents.



#### SANITARY NAPKIN DISTRIBUTION

- **Direct support:** Hindalco ensures that adolescent girls have access to necessary sanitary products, distributing sanitary napkins directly to promote menstrual hygiene and reduce school absenteeism.

### C. RENUSAGAR - INSTALLATION OF SANITARY NAPKIN VENDING MACHINE IN GOVERNMENT SCHOOL

In Renusagar, a significant stride toward improving menstrual health management has been made through the installation of a sanitary napkin vending machine in a local government school. This initiative directly addresses the challenges related to menstrual hygiene by providing female students with easy and discreet access to sanitary products. This development not only promotes better health practices among adolescents but also supports educational continuity by reducing absenteeism during menstrual periods. The installation of the vending machine is a crucial step in fostering a supportive and stigma-free environment, enabling students to manage their menstrual health with dignity and confidence.



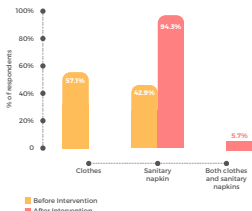
"Thanks to Hindalco's program in Lohardaga, I now have easy access to sanitary napkins through the vending machines at my school. The distribution program has made a big difference in my life, ensuring I never miss school during my period. The health camps have also helped me understand more about my health, and I feel more confident and cared for."

- Sana, School Student, Lohardaga

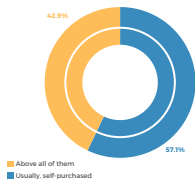


### 3. PROGRAM IMPACT:

**CHART 24: USAGE OF SANITARY PRODUCTS BEFORE AND AFTER INTERVENTION**



**CHART 25: SOURCE OF SANITARY NAPKINS**



The analysis of sanitary product usage showed significant improvements in menstrual hygiene practices after an intervention. Before the intervention, more than half (57.1%) of respondents used clothes for menstrual hygiene, which dropped to 0% afterwards, while the use of sanitary napkins surged (from 42.9% to 94.3%). This shift indicates a substantial move towards more hygienic menstrual practices. Additionally, most respondents (57.1%) personally purchased sanitary napkins, demonstrating a high degree of self-sufficiency in managing menstrual health. However, the rest (42.9%) depended on external sources for these products, with many receiving napkins from Hindalco's project team or obtaining them through Primary Health Centers (PHCs) and ASHA workers.

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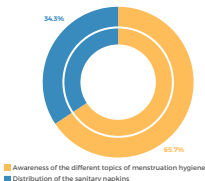
The awareness camp organised by Hindalco in Samri has been very helpful for me. The check-ups by the government lady doctor and the weight check-ups have made me more aware of my health. I'm also grateful for the sanitary napkins provided by Hindalco, which have made managing my periods much easier.”

- Ankita Kumari, School student, Samri

”

### 4. PERCEPTION AND SATISFACTION ABOUT THE PROGRAM

**CHART 26: CONTENT OR INTERVENTION PROGRAM/ ACTIVITY THAT PROVIDED THE BENEFIT**



The data indicates that awareness programs on menstrual hygiene are perceived as more beneficial than the mere distribution of sanitary products, with the majority (65.7%) valuing education as the most impactful intervention, while the rest (34.3%) found the provision of sanitary napkins to be the primary benefit. This underscores the importance of educational initiatives in promoting meaningful health outcomes, highlighting that knowledge dissemination is crucial in enhancing menstrual hygiene practices.

“

"Hindalco's efforts in Lohardaga have greatly improved my health. The anaemia detection program identified my condition early, and the iron-folic acid tablets they provided have helped me feel stronger and more energetic. The support from ASHA workers and the Hindalco team has made a real difference in my life."

- Rashmi, School student, Lohardaga

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### Infant and child health (Healthy baby competition)

The Healthy Baby Competition, part of Hindalco's CSR initiatives in Lohardaga, focuses on enhancing infant and child health through community engagement and education. This program encourages mothers to adopt healthy practices for their children's development and nutrition, aiming to reduce infant mortality and improve overall health. Structured around various age categories and enriched with supportive activities like health check-ups and nutritional counselling, the competition cultivates a proactive approach to childcare among participants, effectively boosting community health standards.

## 1. DEMOGRAPHIC PROFILE

CHART 27: AGE OF BENEFICIARY

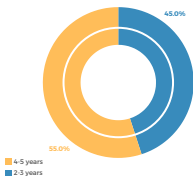


CHART 28: OCCUPATION-BASED DISTRIBUTION



CHART 29: INCOME-BASED DISTRIBUTION



The survey revealed that nearly half (45%) of their children were aged 2-3 years, and the rest (55.0%) were 4-5 years old. The dominant occupation among families was farming (70.0%), with smaller segments in daily wage labour (25.0%). Economically, the majority of the families (80.0%) earned between Rs. 5000 and 7000 monthly, with smaller proportions earning higher incomes.

## 2. PROGRAM INTERVENTION:

CHART 30: FREQUENCY OF PARTICIPATION IN THE PROGRAM

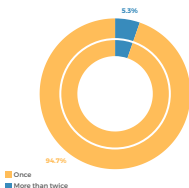
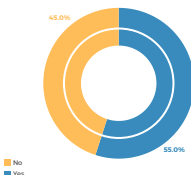


CHART 31: WINNING THE COMPETITION



The survey data shows that a substantial majority (94.7%) of babies participated in the program once. Additionally, more than half of the children (55.0%) have won competitions, which shows a notable degree of success among participants.



### ENHANCING INFANT HEALTH: AN EVALUATION OF THE HEALTHY BABY COMPETITION AT LOHARDAGA ANGANWADI CENTRE

The Healthy Baby Competition, organised by Hindalco's Corporate Social Responsibility (CSR) team at the Anganwadi Centre in Lohardaga, is a strategic initiative designed to promote health awareness and improve infant care practices among mothers. The primary goals of the Healthy Baby Competition were:



To promote healthy practices among mothers to reduce infant mortality rates.



To encourage mothers to proactively manage their babies' health and nutrition.

The competition was segmented into three age categories to cater to different developmental stages:

- Healthiest Baby (0-6 months)
- Healthiest Baby (7-12 months)
- Healthiest Baby (1-2 years)

The criteria for judging the healthiest baby in each category were meticulously chosen to reflect a holistic view of child health:

- Weight and height - Indicators of physical health and development.
- Vaccination status - Reflecting adherence to preventive healthcare.
- Hygiene and cleanliness - Assessment of the child's living conditions.
- Mother's knowledge of nutrition and childcare - Understanding of nutritional needs and childcare practices.

In conjunction with the competition, several supportive activities were conducted:



#### HEALTH CHECK-UPS

Comprehensive health assessments for mothers and infants were provided, identifying any critical health issues.



#### NUTRITION COUNSELLING SESSIONS

These sessions aimed to educate mothers on optimal nutritional practices for themselves and their infants.



#### DEMONSTRATION OF PROPER CHILDCARE PRACTICES

Practical demonstrations were given to teach mothers effective childcare techniques.

The Hindalco Lohardaga CSR team played a pivotal role in organising and supporting the event:

- Organised the entire event and managed logistics.
- Provided prizes for winners and refreshments for all attendees.
- Coordinated health check-ups and arranged for expert counselling sessions.

Anganwadi workers provided positive feedback, noting significant benefits from the event:

- "This competition has encouraged mothers to take better care of their babies' health."
- "The health check-ups and counselling sessions were very informative and helpful."

The Healthy Baby Competition at the Anganwadi Centre in Lohardaga, supported by Hindalco, successfully fostered an environment of health consciousness and proactive childcare among participants. By integrating educational activities with competitive elements, the event effectively motivated mothers to adopt and maintain optimal health practices, contributing to the overall well-being of their infants.



**INTERVIEW OF LACTATING MOTHER ON FAMILY PLANNING AT ANGANWADI, BIMARLA, LOHARDAGA**

## CHAPTER 7

# THE WAY FORWARD: CURATIVE HEALTH CARE PROGRAM



Implementing digital health records and telemedicine services can streamline operations, improve patient record management, and expand access to specialist consultations. This will be particularly beneficial in remote areas, where access to specialised medical care is limited.



Expanding collaborations with government health departments and other non-governmental organisations can help leverage additional resources, share expertise, and extend the reach of health services. This approach can also facilitate the integration of traditional and modern healthcare practices more seamlessly.



Enhancing the training of local health workers, including ASHA workers and nurses, can improve the quality of on-the-ground healthcare delivery. Focused training on disease prevention, nutrition, and basic healthcare can empower these workers to serve their communities more effectively.



Investing in the physical infrastructure of clinics and dispensaries, especially in underserved areas like Muri and Belagavi, can improve the quality of healthcare services. Upgrading facilities with modern medical equipment and ensuring reliable supply chains for medicines are critical steps.



Conducting regular health education sessions on hygiene, nutrition, and disease prevention can lead to better health outcomes. These campaigns should be culturally tailored to address local beliefs and practices, ensuring greater community engagement and behaviour change.



Establishing robust monitoring and evaluation frameworks to assess the effectiveness of each initiative can help identify areas for improvement. This data-driven approach will allow Hindalco to make informed decisions and adapt strategies to meet evolving health needs.



To ensure the long-term sustainability of health programs, Hindalco could consider creating endowment funds or exploring sustainable financing models like micro-insurance schemes that can help subsidise the cost of care for low-income families.



Establishing rigorous follow-up procedures to monitor patient recovery post-treatment helps in early detection of any recurrence, ensuring prompt intervention and reducing the likelihood of complications.

## THE WAY FORWARD: HEALTH INFRASTRUCTURE



It is recommended that ongoing training programs be established for operators of Reverse Osmosis plants and other critical infrastructure to ensure that maintenance is prompt and effective. This approach aims to address the observed inconsistencies in maintenance efficacy and prevent extended downtimes. The training should target not only the designated operators but also involve villagers, particularly through the formation of a Water and Sanitation Committee.



Upgrades to existing hand pumps, the installation of new ones in regions like Kataundhi Village, and the replacement of faulty taps in RO water stations could be undertaken. These upgrades could help prevent water wastage and ensure a more reliable water supply, especially in areas prone to frequent breakdowns and contamination.



Further renovations and upgrades of electrical and plumbing systems in healthcare facilities are advised to meet current medical standards. This includes expanding support for critical medical equipment like X-ray machines and water purifiers to enhance diagnostic accuracy and sanitation.



To enhance the effectiveness of sanitation initiatives, it is suggested that more individual toilets with proper water and drainage facilities be constructed, especially in communities where open defecation is prevalent. This should be complemented with regular monitoring and community education campaigns to promote the usage and maintenance of these facilities.



Reviewing and adjusting the wages of RO plant operators could be considered to ensure their economic sustainability. This adjustment could help maintain high standards of operation and encourage long-term commitment among the staff.



Enhancing the ambulance services with better maintenance of vehicles and quicker response strategies could further improve healthcare accessibility. It is also recommended that the legal and operational processes for ambulance services be streamlined to reduce the administrative burden on staff.



Rainwater harvesting and ground recharge programs are highly recommendable for villages, particularly those surrounding mining areas, to enhance water sustainability and address shortages. Verifying the applicability of these methods involves assessing local conditions, including rainfall patterns, soil types, and the specific needs arising from mining activities.



Including regular monitoring by a Water and Sanitation Committee within community recommendations is crucial. This committee can oversee the establishment of regular feedback mechanisms, allowing community members to report issues and offer suggestions on water and health services.



Periodic sustainability assessments are recommended to evaluate the environmental, economic, and social impacts of the interventions. These assessments could help in refining strategies and ensuring that the benefits of the projects are long-lasting.

## THE WAY FORWARD: PREVENTATIVE HEALTHCARE



The frequency and coverage of health check-up camps could be increased to bi-monthly, ensuring more villages are served, and ongoing health issues are addressed. Specialised services such as ophthalmology, cardiology, and mental health could be introduced to cater to a broader range of health needs.



A consistent supply of quality medicines and hygiene products could be ensured by strengthening supply chain management and establishing partnerships with reliable suppliers. Regular workshops and educational sessions on health and hygiene practices could be conducted, emphasising the continued usage of masks, sanitisers, and soaps.



Mobile Health Van services could be optimised by incorporating advanced diagnostic facilities such as blood tests, X-rays, and ultrasounds. Basic emergency medical equipment and training for staff could be provided to handle urgent health crises.



Water purification projects could be implemented to address environmental health issues like excessive chloride and fluoride in local water sources. The development and maintenance of sanitation infrastructure, including community toilets and proper waste management systems, could continue to prevent waterborne diseases.



## THE WAY FORWARD: REPRODUCTIVE AND CHILD HEALTHCARE



A community health surveillance system could be established to continuously monitor and respond to outbreaks of malaria and diarrhoea. The distribution of mosquito nets and more frequent fogging sessions could be increased, especially during peak seasons for vector-borne diseases.



Immunization and Pulse Polio campaigns could be boosted by utilising mobile units and local health workers for door-to-door vaccination drives. Collaboration with local health committees and Anganwadi centres could be strengthened to streamline immunisation efforts.



Awareness and distribution of sanitary napkins and menstrual hygiene products could be enhanced, along with education on their importance. Regular reproductive health services and education on family planning, prenatal, and postnatal care could be provided to women.



Bi-annual dental camps in schools could ensure continuous monitoring and treatment of dental issues among students. Oral hygiene education could be integrated into the regular school curriculum to emphasize the importance of maintaining dental health from a young age.



Community members could be engaged in planning and implementing health initiatives to ensure programs meet their needs and foster a sense of ownership. Training local health workers and volunteers could sustain health initiatives and provide ongoing support to the community.



It is essential to ensure proper documentation for each activity conducted. This can be streamlined by implementing a dedicated app, which would facilitate efficient tracking, management, and reporting of all activities separately, enhancing the overall process and accountability.



Community members could be more actively involved in the planning and implementation phases of health programs to ensure cultural relevance and increased acceptance of health initiatives.



Ongoing training and upskilling opportunities could be offered to local health workers to ensure high-quality service delivery and adapt to new health challenges.



Stronger ties could be forged with national health systems to ensure seamless service delivery and to leverage broader public health initiatives to enrich local program offerings.



Digital health technologies could be leveraged to expand access to healthcare services, especially in remote areas, through telehealth platforms and mobile health applications.



Regular program evaluations could be implemented to assess effectiveness and incorporate feedback mechanisms for continuous improvement based on community and stakeholder input.



Health programs designed to address the specific needs of both men and women can effectively recognise and mitigate gender disparities in health access and outcomes. These initiatives could include gender-specific health screenings, such as prostate cancer for men and breast cancer for women, alongside targeted health education workshops focusing on prevalent issues like men's mental health and women's reproductive health.



Environmental health considerations could be integrated into programs to address social determinants of health, such as clean water, sanitation, and pollution control.

## CHAPTER 8

# CONCLUSION

Hindalco's healthcare projects significantly improve access to medical services and enhance health outcomes for underserved communities across regions like Renukoot, Muri, Samri, Belagavi, and Lohardaga. Its company-operated clinics and hospitals cater to populations engaged in agriculture and informal labour, addressing diverse healthcare needs through specialised and general care. Infrastructure initiatives, such as installing Reverse Osmosis (RO) plants, upgrading healthcare facilities, and improving sanitation, have tackled critical water scarcity, reduced water-borne diseases, and elevated hygiene standards. Preventive health programs, including check-up camps, immunization drives, mobile health vans, and COVID-19 interventions, have effectively addressed communicable and non-communicable diseases, improved health awareness, and reduced healthcare costs. The Hindalco Reproductive Program, integrated with local customs, combines healthcare provision, nutritional support, and education to improve maternal and child health while fostering sustainable community relationships. These initiatives collectively highlight Hindalco's commitment to public health, community well-being, and sustainable development.