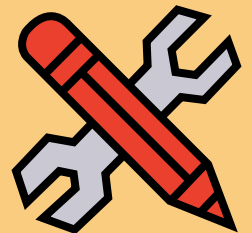
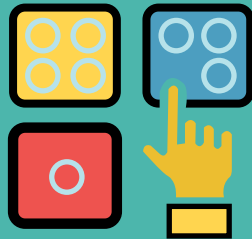
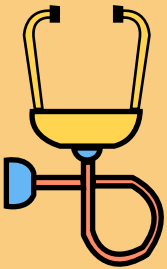
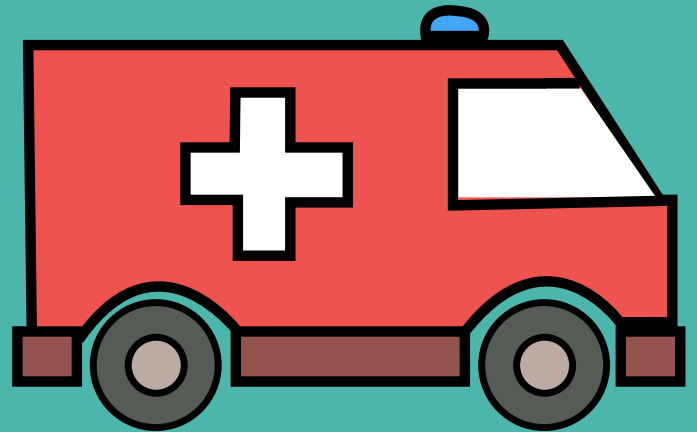
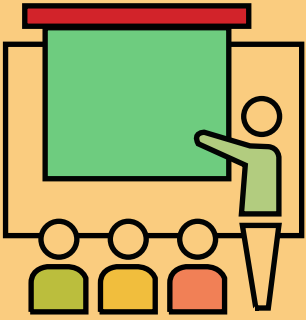


IMPACT ASSESSMENT CSR PROGRAMME DELHI INTERNATIONAL AIRPORT LIMITED

2024-25



Prepared By



BIMTECH
BIRLA INSTITUTE
OF MANAGEMENT TECHNOLOGY

Excellence with Values



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Executive Summary

1. Object of the Impact Assessment Study

DIAL through the GMR Varalakshmi Foundation (GMRVF), the Corporate Social Responsibility arm of GMR Group supports the communities residing in the vicinity of the airport complex through various initiatives focussing on health & hygiene, livelihood development for women and skilling of youth. DIAL wishes to get an impact assessment study done of its CSR initiatives under implementation. Birla Institute of Management Technology (BIMTECH) was retained to conduct the assessment study.

2. Goal of the Study

Measure through an independent agency the effectiveness of CSR activities and judge the significance of changes brought about by those activities,

3. Objective of the study (as per RFP)

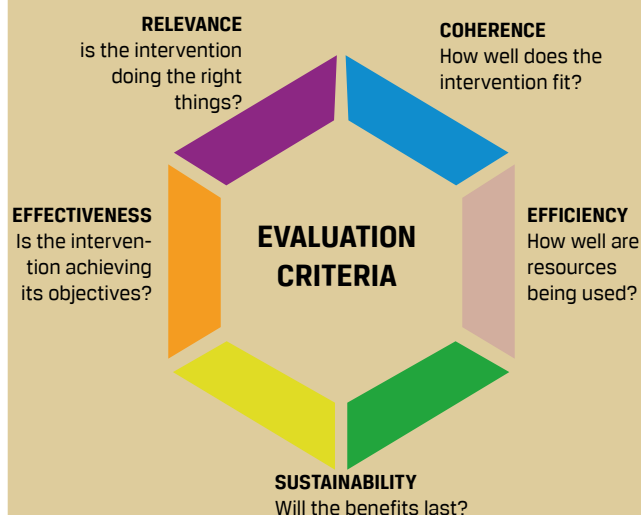
- Assess the effectiveness and efficiency of the initiatives.
- Assess impact of the project interventions on the target groups
- Critically analyze the implementation and management arrangements of the program.
- Map how the project outcomes and its impacts compliment the SDGs
- Evaluate the performance and outcome of the project with reference to project objective and produce comprehensive report including possible way forward.

4. Assessment Framework

The Organization for Economic Cooperation and Development (OECD) criteria for project assessment was adapted for this study. Each project was seen through the lens of the following five criterion.

- **Coherence:** Check was made for (i) Internal Coherence: addresses the synergies of the intervention with the CSR policy and the priority sub sectors. (ii) External Coherence: considers the consistency of the intervention with similar programs by the state or central government.
- **Relevance:** Does the intervention respond to the felt needs/priorities of the intended beneficiaries.

Fig 1: The Impact Assessment Framework



- **Effectiveness** The extent to which an intervention is achieving or has achieved its objectives.
- **Efficiency:** The focus was on economic and process efficiency in terms of leverage, improved implementation and delivery methods.
- **Sustainability:** Explores the question as to whether the initiative has the institutional capacities needed for the likelihood of net benefits continuing over the medium and long term.

5. Methodology

The Organization for Economic Cooperation and Development (OECD) criteria for project assessment was adapted for this study (Fig 1). The assessment team used a bouquet of techniques to elicit information and evidence to enable it to make a judgment on how an individual initiative has performed, which include (i) Semi Structured Interviews, (ii) Case Studies, (iii) Observation, (iv) Focus Group Discussion and (v) Secondary Data (where available). Based on the evidence and information, the team rated each project as high/medium/low for each element in the

Summary of Findings

Project	Implementation	Coherence	Relevance	Effectiveness	Efficiency	Sustainability	Overall
A. HEALTH							
Mobile Healthcare Unit	HELPAGE	5	5	4.9	4.5	5	4.92
B. EDUCATION PROJECTS							
After school tuition classes	GMR Varalakshmi Foundation (GMRVF)	5	5	4	4.3	5	4.74
Remedial classes				4.4	4.7		
Special Education (SAMARTH Center)				4.2	3.9		
C. LIVELIHOOD							
SMILE (Supporting Marginalized Individuals through Livelihoods & Empowerment)	GMR Varalakshmi Foundation (GMRVF)	5	5	5	4.5	5	4.9
GMR Varalakshmi Centre for Empowerment & Livelihoods (GMRV CEL) - Delhi							

framework (coherence, relevance, effectiveness, efficiency, impact, and sustainability). To keep the biases at bay, a senior team member reviewed the field team assessment and the impressions triangulated. The scoring for each criteria was done as per the following scale

Rating Scale

Score	Category
0-2	Low
2-4	Moderate
4-5	High

6. Project-wise Summary of Findings

6.1 Mobile Healthcare Unit

At an aggregate level, the MHU project has performed very well and enjoys high approval ratings amongst the beneficiaries for the quality of service provided. The MHU has effectively bridged most of the bottlenecks faced by its users in accessing the existing government primary health system. At a disaggregate level, the project gets a full score for **compliance, relevance, and sustainability**. It scores very well for all parameters under **effectiveness**, except that MHU has scope for improving the penetration of health awareness messaging in its catchment. The **efficiency** scores are also high, but fall short in engaging the existing government health system, and there are issues with branding as well.

6.2 After school tuition classes+ Remedial classes

After-school tuition programs (SLS) and remedial classes (MLS) play a crucial role in addressing the issue of inadequate academic outcomes among students from low-income backgrounds. The initiative targets this issue explicitly within the communities it supports, thus achieving high marks in coherence and relevance. The **effectiveness** ratings for the SLS and MLS programs are examined individually in the following sections:

- i. The **effectiveness** score for the SLS program is notably low due to the students' poor performance in English on the assessment test conducted for this study. Additionally, a significant number of students were unable to pass the test in math, science, and English. Nonetheless, there are aspects where the SLS program excels, such as assessment scores in Math and Science being above both state and national averages (NAS test), good board results, and high student retention.
- ii. The **effectiveness** score for the MLS program is comparatively higher; however, concerns persist regarding the relatively low performance in English and Math as opposed to the excellent scores in Hindi. The students have also performed exceptionally well in reading Hindi, which exceeds the global reading standard benchmark. The parents also reported that MLS has helped improve their ward's performance at school. Considering that the MLS classes cater to students with learning difficulties, the results are impressive.

The **efficiency** ratings for the SLS and MLS programs are examined individually in the following sections:

- i. In terms of **efficiency**, the SLS program faced challenges that affected its score, including time constraints in completing the syllabus (particularly English), difficulties in implementing subject-specific teaching methods with a single teacher managing three grades across three subjects, and infrequent homework assignments.
- ii. In the **efficiency** parameters, the MLS program performs better. However, it still loses points due to low homework frequency and no teacher training in remedial education, specifically for handling slow learners.

The program has a high **sustainability** rating because it addresses a recognized need for access to quality education, which is likely to persist in the medium term. Overall, the program is making a committed effort to provide quality tuition and remedial classes for children from low-income families.

6.3 Special Education (SAMARTH Center)

It is indeed credible that SAMARTH is one of the few CSR programs that work towards the welfare of children with disabilities. The SAMARTH project began as a daycare center for children with disabilities and is currently in the process of gradually transitioning into a special school for children. This transition is a work in progress; while significant strides have been made, there are areas where initiative can be further streamlined. The project scores high on **coherence**, as it aligns with Schedule VII, the Sustainable Development Goals, and the national policy of inclusive education. In a similar vein, the project scores well in the **relevance** criteria, given that Government schools do not deliver the complete package of inclusive education services for students with disabilities and poor households, nor do they have the awareness or the ability to afford special education in the private sector. In terms of **effectiveness**, the parents have expressed their satisfaction with the special education provided by the SAMARTH program. The program has effectively linked children with disability with the financial assistance being provided under the Delhi state government scheme. However, the effectiveness score is brought down by the limited vocational skilling and the lack of assistance towards employment opportunities (such as sheltered workshops) for youth above 18 years who attend the SAMARTH classes. Also, there are no formal assessment protocols in place to gauge the progress made by the students attending the SAMARTH classes. In terms of **efficiency**, the program scored relatively poorly due to its inadequate staffing, absence of specialized equipment and resource room, limited infusion of technology, no medical assessment for visually impaired students who might be helped through corrective glasses or surgical intervention, and limited use of sports/ art/ music for emotional, social, and cognitive development. The issue of inadequate staffing is compounded by the challenges in recruiting special educators willing to work in Savda, which is a relatively remote location, given its location on the outskirts of Delhi and inadequate transport infrastructure. The program is **sus-**

tainable because there is no competing quality facility for children with disability in the neighborhood. In summary, the SAMARTH program fulfills a felt need and is a laudable initiative. Improvement of infrastructure, introducing vocational training, and improving the classroom processes will further increase the efficacy of the program.

6.4 SMILE (Supporting Marginalized Individuals through Livelihoods & Empowerment)

The SMILE project has significantly impacted street vendors by improving their livelihood resilience through the provision of vending carts, accessories, working capital, and ongoing support. The project rates highly in terms of coherence, relevance, and effectiveness. Key highlights include effective targeting, an increase in income, and the successful utilization of the SWANidhi scheme. However, it scored lower in terms of efficiency, which reflects the potential for more extensive capacity building, quality concerns with some provided accessories, and opportunities for enhancing the design and quality of the carts to meet the needs of the beneficiaries better. The project is sustainable, as it has clearly demonstrated the ability to considerably boost the income of its beneficiaries in the medium term.

6.5 GMR Varalakshmi Centre for Empowerment & Livelihoods (GMRV CEL) - Delhi

The GMRV-CEL is considered to be one of the finest short-term training institutes for underprivileged youth, a claim corroborated by a 5-star rating by NSDC. The initiative scores high on **coherence** since it conforms with the National Policy on Skill Development and Entrepreneurship, 2015, and Sustainable Development Goals (SDG 1, SDG 4, and SDG 8). The center scores high on **relevance** since it addresses high unemployment amongst youth and their poor employability. In terms of **effectiveness**, the project performed very well except for losing marks for not placing some students in jobs related to the trade they were trained in. The performance under **efficiency** criteria is good except that the center faces a high exodus of trainers, which disrupts the training program, and low admission in specific trades like welding and junior excavator programs. The project appears largely **sustainable** given its strong training programs and excellent infrastructure. The only concern regarding sustainability is that a steady flow of students has to be maintained necessitating proactive effort in expanding the catchment.



INTRODUCTION & METHODOLOGY

Contours of DIAL CSR Program

Delhi International Airport Limited (DIAL) forming part of GMR Group has adopted the CSR Policy which is formulated by the Group. GMR Group's CSR policy is centered on improving the quality of life for communities surrounding their businesses, with a focus on education, health, hygiene, sanitation, and empowerment & livelihoods. They partner with communities through GMR Varalakshmi Foundation (GMRVF) to implement these initiatives. The policy emphasizes deep community engagement and aims to reach the underserved and needy. The CSR initiatives undertaken conform to the following drivers :



Education: Promoting all forms of education, including school, technical, higher, vocational, and adult education, with a special focus on vulnerable and underprivileged groups.



Health, Hygiene, and Sanitation: Improving health and hygiene standards, and promoting sanitation practices within communities.

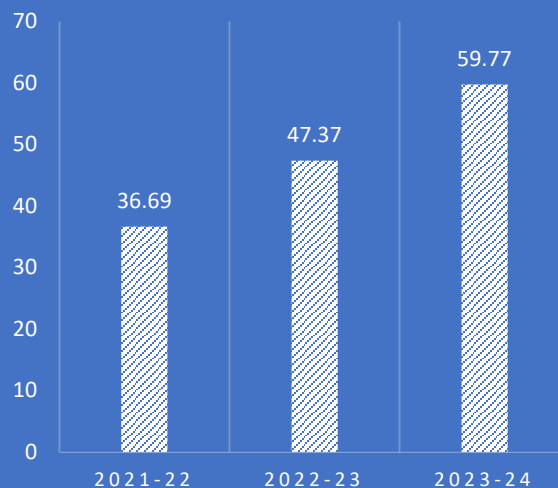


Empowerment and Livelihoods: Creating opportunities for skill development, vocational training, and income generation to enhance livelihoods.



Community Development: Supporting initiatives that contribute to the overall development and well-being of communities..

CSR SPENDING (RS. MILLION)



1. Background

The GMR Group (through its company GMR Airports Limited) is the second largest airport operator in the world. Currently it has seven airports under operation, including two international airports, and two airports are under development. The GMR Airports Limited caters to more than 100 million air travellers annually. Since 2006, Delhi International Airports Limited (a JV of GMR Airports Limited, AAI and Fraport) is managing the Indira Gandhi International Airport at Delhi. The airport spreads across 5,106 acres at Palam, Delhi, and in terms of passengers handled, the largest airport in India. DIAL through the GMR Varalakshmi Foundation (GMRVF), the Corporate Social Responsibility arm of GMR Group supports the communities residing in the vicinity of the airport complex through various initiatives focussing on health & hygiene, livelihood development for women and skilling of youth. DIAL wishes to get an impact assessment study done of its CSR initiatives under implementation.

2. Goal of the Study

Measuring through an independent agency the effectiveness of CSR activities and judge the significance of changes brought about by those activities,

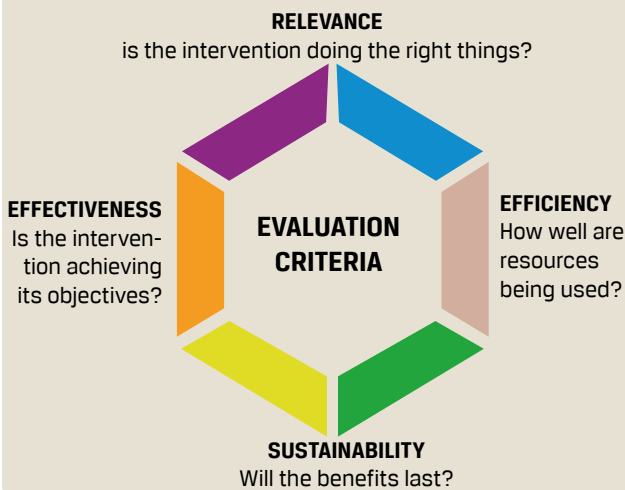
3. Objective of the study (as per RFP)

- Assess the effectiveness, efficiency and sustainability of the initiatives.
- Assess impact of the project interventions on the target groups
- Critically analyze the implementation and management arrangements of the program.
- Map how the project outcomes and its impacts compliment the SDGs
- Evaluate the performance and outcome of the project with reference to project objective and produce comprehensive report including possible way forward.

Table 1 : Projects Assessed

Project	Implementing Agency	Project Objective	Geographic Reach
Mobile Healthcare Units	HELPAGE	Provide primary healthcare to the communities around the Delhi International Airport periphery..	The project is being implemented since 2017-18 and currently serves 45 low income communities across Dwarka and Rangpuri locations in Delhi and in 2024-25 provided more than 50,000 treatments.
Education <ul style="list-style-type: none"> • After School Tuition • Remedial Classes 	GMR Varalakshmi Foundation (GM-RVF)	<p>i. After school tuition (VIII-X) : Students currently enrolled in grade VIII, IX and X provided additional academic reinforcements in English, Math and Science</p> <p>ii. Remedial classes (Level 1 - Equivalent to class I & II , Level 2- equivalent to grade III & IV, Level 3-equivalent to grade V)- Students enrolled from I-VII as per their proficiency. Effort is to bring below grade children to grade level proficiency in numeracy and language skills.</p>	<p><i>After School Tuition</i>: 76 students at Savda Learning Centre</p> <p><i>Remedial classes</i>: 276 students across Savda, Mehramnagar and Rajokari Learning centres</p>
SMILE (Supporting Marginalized Individuals through Livelihoods & Empowerment)	GMR Varalakshmi Foundation (GM-RVF)	Distribution of vending carts to economically marginalized households as a means to generate viable livelihood opportunity	510 carts provided across Savda, Nangloi, Bawana, Mahipalpur, Palam, Bharat Vihar and Sahbad
Special Education (SAMARTH)	GMR Varalakshmi Foundation (GM-RVF)	Special class at Sahbad for children with low vision, hearing impairment, speech issue, and limitations in cognitive, emotional, or behavioral functioning.	31 students Batch 1 : 8 students (mostly 18yrs+ and out of school) Batch 2&3 : 23 students
Centre for Empowerment & Livelihoods, Delhi (CEL-D)	GMR Varalakshmi Foundation (GM-RVF)	GMR Varalakshmi Foundation has established started a vocational training center in Delhi with the purpose of imparting good quality skill training along with life skill inputs and facilitation of suitable placement opportunities.	About 1000 students/year from economically marginal families across 13 trades.

Fig 1: The Impact Assessment Framework



4. Assessment Framework

The Organization for Economic Cooperation and Development (OECD) criteria for project assessment was adapted for this study. Each project was seen through the lens of the following six criterion.

- **Coherence:** The compatibility of the intervention with other interventions in a country, sector or institution. This was further checked for (i) Internal Coherence: addresses the synergies of the intervention with the CSR policy and the priority sub sectors. (ii) External Coherence: considers the consistency of the intervention with similar program by the state or central government.
- **Relevance:** Does the intervention respond to the felt needs/priorities of the CSR catchment. The relevance is context specific to the geography / culture in which the intervention is being implemented.

- **Effectiveness** The extent to which an intervention is achieving or has achieved its objectives. This includes whether an intervention has attained its planned results, the process by which this was done, which factors were decisive in this process and whether there were any unintended effects.
- **Impact:** This criterion captures the "so what?" question of an evaluation. It examines the significance of the intervention and its higher-level results, meaning how much it mattered to those involved.
- **Efficiency:** The assessment focused on economic efficiency in terms of leverage and unit costs of outputs.
- **Sustainability:** Does the initiative have the institutional capacities needed for the likelihood of net benefits continuing over the medium and long term.?

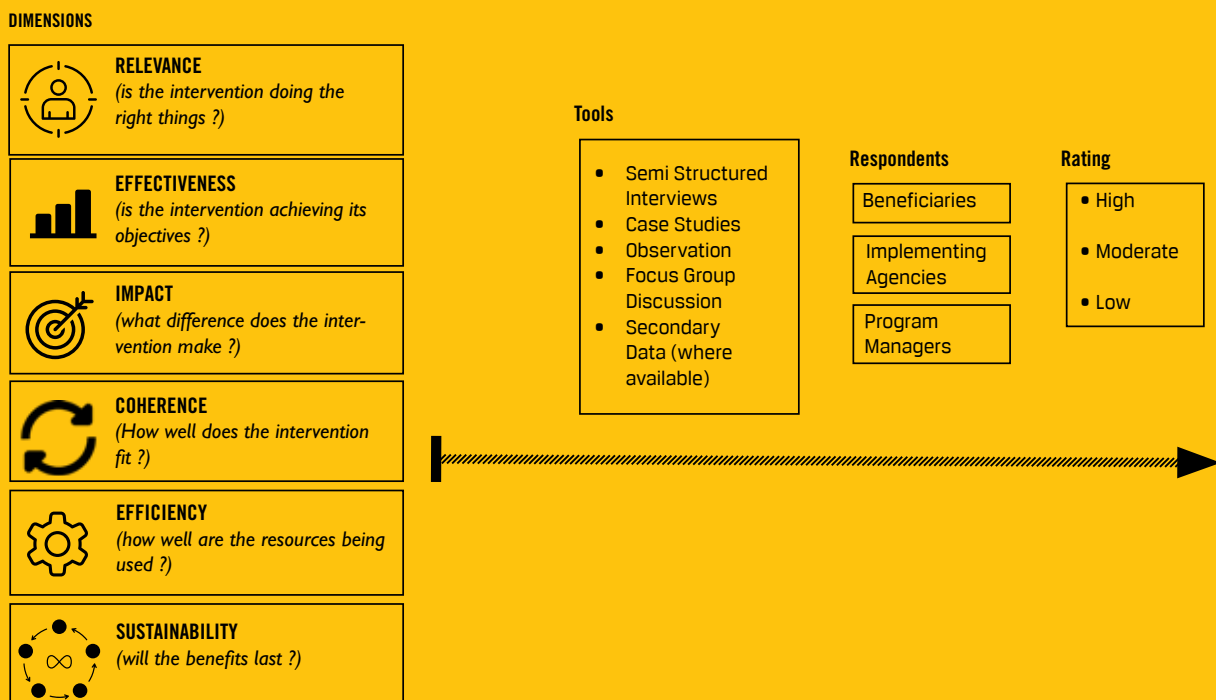
Methodology

The assessment team used a bouquet of techniques to elicit information and evidence to enable it to make a judgment on how an individual initiative has performed, which include (i) Semi Structured Interviews, (ii) Case Studies, (iii) Observation, (iv) Focus Group Discussion and (v) Secondary Data (where available). Based on the evidence and information, the team rated each project as high/medium/low for each element in the framework (coherence, relevance, effectiveness, efficiency, impact and sustainability). To keep the biases at bay, the field team assessment was reviewed by a senior team member and the impressions triangulated.

Rating Scale

Score	Category
0-2	Low
2-4	Moderate
4-5	High

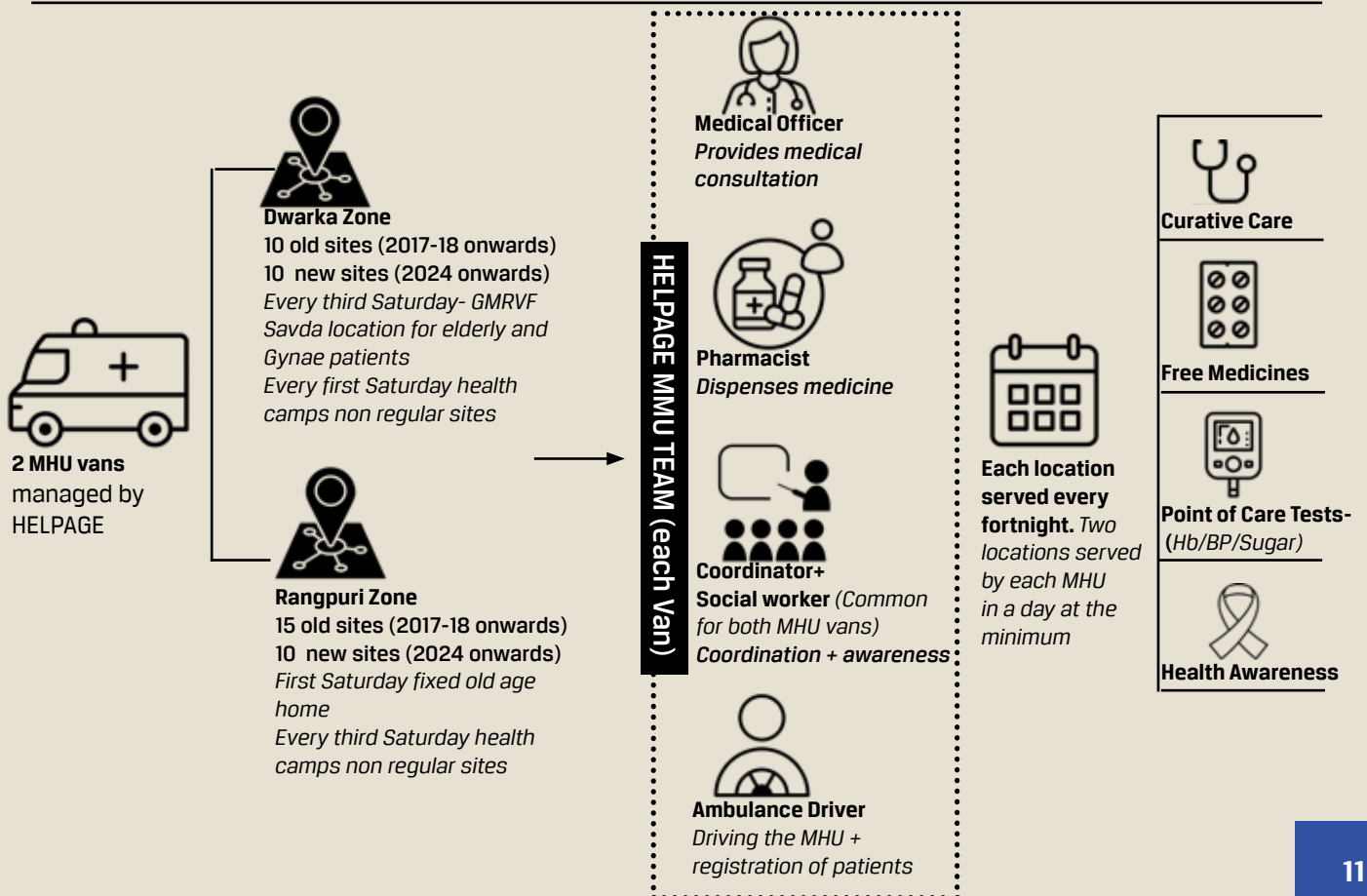
Fig 2 Schematic of methodology proposed for impact assessment





ASSESSMENT

A. Mobile Healthcare Unit (in partnership with HELPAGE)



Summary

At an aggregate level, the MHU project has performed very well and enjoys high approval ratings amongst the beneficiaries for the quality of service provided. The MHU has effectively bridged most of the bottlenecks faced by its users in accessing the existing government primary health system. At a disaggregate level, the project gets a full score for **compliance, relevance, and sustainability**. It scores very well for all parameters under **effectiveness**, except that MHU has scope for improving the penetration of health awareness messaging in its catchment. The **efficiency** scores are also high, but fall short in engaging the existing government health system, and there are issues with branding as well.

Rating of MHU Project

Assessment Criteria	Rating	Score
Coherence	High	5
Relevance	High	5
Effectiveness	High	4.9
Efficiency	High	4.7
Sustainability	High	5
Overall	High	4.92

A. INTRODUCTION

Delhi International Airport Limited (DIAL) operates two Mobile Healthcare Units (MHUs) that provide primary healthcare to the communities around the Delhi International Airport periphery. The project is implemented by GMR Varalaxmi Foundation in collaboration with HELPAGE. The project is being implemented since 2017-18 and currently serves 45 low income communities across Dwarka and Rangpuri locations in Delhi. The MHU serves each community twice a month and targets adults and the elderly with regular treatment to common ailments. The services provided by the MHU include the following:

- » *OPD services*: Treatment of minor and chronic ailments like hypertension, diabetes, ARIs, skin infections, (scabies, abscess), acute gastritis, etc. and symptomatic care for arthritis and myalgias.
- » *Free Medicines*: Each MHU carries a set of 122 essential drugs targeted at ailments which constitute the majority in the burden of diseases in the targeted communities. All the medicines are provided free-of-cost to the patients.
- » *Point of care diagnostics*: Includes Hb test, blood sugar test and BP for patients.
- » *Geriatric care*: Management of common geriatric ailments, counseling, supportive treatment, and pain management.
- » *Referral services*: The referral by the Medical Officer of the MHU to secondary/ tertiary public health facility in the area.

- » *Management of communicable diseases*: Diarrhoea, pneumonia, malaria and tuberculosis and other vector borne, disease- treatment initiation/prompt referral, and follow up medication compliance.
- » *Health awareness*: The MHU team engages the community through health awareness sessions on communicable and non-communicable diseases.

B. METHODOLOGY

The methodology to garner evidence for this study followed a mixed method approach. This approach is a research strategy that combines quantitative and qualitative methods to gain a deeper understanding of a research question. It's a popular method extensively used because it can provide a more comprehensive understanding than using either method alone.

B.1 Primary Survey: An instrument was administered (**Annexure A**) to the beneficiaries of MHU to gauge (i) the economic and social status of the beneficiaries, (ii) how beneficiaries rate the services received from MHU, (iii) out of pocket expenditure in absence of MHU facility, (iv) the reach of health awareness activities and adoption, and (v) suggestions for further improvement

B.2 Focus Group Discussion: Focus group discussion (FGD) is a qualitative data collection method that is used to get more in-depth information about perceptions, attitudes, beliefs, experiences, or insights of beneficiaries which is not possible through structured questionnaires

Factsheet

A. Location

1. Monday to Friday
 - 45 communities in Dwarka and Rangpuri zones, each site visited fortnightly
2. Every third Saturday
 - GMRVF Savda location for elderly and Gynae patients (*Dwarka MHU*)
 - Health camps non regular sites (*Rangpuri MHU*)
3. Every first Saturday
 - Designated old age home (*Rangpuri MHU*)
 - Health camps non regular sites (*Dwarka MHU*)

B. Beneficiaries (2024-25)

	Dwarka	Rangpuri	Total
Treatment Regular sites	27315	22980	50295
Treatment camps	2455	2086	4541
Referral	42	37	79
Awareness Sessions	37	25	62
Home visits	17	0	17
% female patients	62%	66%	64%
Rangpuri patients from all age group Dwarka 12 yr plus age group			

C. Team

Medical Officer | Social worker | Pharmacist | MHU Driver

D. Duration

25 sites (2017-18 onwards)
20 sites (2024 onwards)

E. Budget



Impact in Action | Seven Year Long Association

Zarina, 65 years old, a resident of Shyam Vihar, is among the initial batch of patients who started attending the MHU in its first year of operation, 2017-18. Since then, she has been a regular visitor for her chronic condition of diabetes. She spoke about how the medical consultation from the MHU has helped manage her diabetes and kept her healthy over the last seven years. She had high praise for the MHU doctor and staff and was satisfied with the availability of medicines. She acknowledged that the doctor knows her by her first name and the MHU staff inquire about her well-being if she misses coming to MHU for an extended period. Along with excellent medical consultation, the MHU saves her time, given that it takes a minimum of two hours of waiting time at the government-run dispensary in Dwarka Sector 14, which is about a 15-minute walk from her residence. She has recently developed swelling in her entire body, and the medicine prescribed by MHU has helped improve her condition. Zarina remarked, "I have no hesitation in stating that the MHU has added several years to my life. I will remain eternally grateful. I strictly follow the diet restrictions as recommended since I have to report to the doctor madam every fortnight".

Impact in Action | Community Volunteer: Always A Helping Hand



Vidya Devi, 60 years old, a resident of Shyam Vihar, was the first person the MHU team had met when they started operations at Shyam Vihar, a low-income community in the Dwarka area. Vidya Devi then welcomed the team with a cup of tea, a practice she has continued over the last seven years on every MHU visit to her locality. Despite her setback of losing a son and daughter-in-law, Vidya Devi is always present during the MHU OPD, managing the patient crowd, offering kind words, and inquiring about regular patients who might miss an OPD session. She seeks treatment for her high blood pressure at the MHU, and was all praise for the quality of service. Over the years, Shyam Vihar has become economically better off; however, the available state-run primary health infrastructure has not kept pace. The community needs the services of MHU and Vidya Devi through her pro bono volunteering, which helps ensure that MHU delivers a quality patient experience

or other similar methodologies. FGD was held with beneficiaries at sample locations. In addition detailed interview was conducted with the MOs at the said locations.

B.3 Case Studies : Gives a human face to the mechanisms and impact associated with the intervention.

C. SAMPLE

It is estimated that in a year approximately 4500 OPD treatment episodes per month are conducted at the two MHU vans collectively. Given that the vans visit a community twice a month and about 80% of the patients are repeat chronic patients, its estimated that about 2700 unique individuals are served per month. The sample size was selected for 6% margin of error and 90% confidence level. The sample distribution is given below

Community	Zone	Sample
Shyam Vihar	Dwarka	30
Bharat Vihar	Dwarka	33
Kakrola	Dwarka	27
Mahavir Enclave	Dwarka	31
Inder Camp	Rangpuri	30
Old Age Home (Sahani Foundation)	Rangpuri	5
Nala Camp	Rangpuri	25
Total		181

D. Assessment

The impact assessment of the MHU project has been done as per the DAC criteria as explained in chapter 1 of this document.

D.1 COHERENCE

RATING : HIGH

I. External Coherence

- i. **Conforms with Schedule VII:** The initiative conforms which sub-section VII.1 of Schedule VII of the Companies Act 2013. This states (i) *Activities which may be included by companies in their Corporate Social Responsibility Policies Activities relating to eradicating hunger, poverty and malnutrition, promoting health care including preventive health care and sanitation including contribution to the Swachh Bharat Kosh set-up by the Central Government for the promotion of sanitation and making available safe drinking water*.
- ii. **Conforms with Sustainable Development Goal:** The initiative conforms to SDG Goal 3 which enjoins signatory nations to *ensure healthy lives and promote well-being for all at all ages*.
- iii. **MHU is part of national strategy of providing access to primary health care to under-served and vulnerable populations:** The 'Operational Guidelines for Mobile Medical Units', issued by the National Health Mission states that *'one major initiative under the NRHM is the operationalization of Mobile Medical Units (MMUs) to provide a range of health care services for populations living in remote, inaccessible, unserved and underserved areas*

1 <https://www.nhm.gov.in/index1.php?lang=1&level=2&sublink-id=1221&lid=188>

mainly with the objective of taking healthcare service delivery to the doorsteps of these populations. With the launch of NUHM, the MMUs services are also intended to cater to the urban poor and vulnerable population and provide fixed services in areas where there is no infrastructure'.

II. Internal Coherence

The project is in concurrence with the 'Health, Hygiene and Sanitation' driver of the GMR CSR² Policy.

D.2 RELEVANCE

RATING : HIGH

I. Significant service gaps in the existing state run primary health infrastructure:

The beneficiaries of MHU were asked during the primary survey their reason for not visiting government health facility in their vicinity. Majority of the respondents reported high waiting time which can stretch up to 120 minutes. The next reason cited was the distance (55% of the respondents) to the health facility and the attendant cost of transportation. Poor quality of medical consultation at government health facility was cited as a reason for non preference by about 29% of the respondents while non availability of medicines was cited as a reason for not frequenting the government health facility by 13% of the respondents.

Reason for non preference of government health facilities by beneficiaries of the MHU	
Reason for preferring MHU	% of respondents
Distance	47%
Medicine not available	13%
High Waiting time	55%
Quality of medical consultation	29%
Source: : Primary Survey 2025	

The findings on the barriers to healthcare in low income localities of Delhi is corroborated by available literature. For instance Vohra and Thakur (2022)³ found that while Mohalla Clinics have improved access to healthcare in urban slums of Delhi, significant dissatisfaction remains regarding infrastructure, drug supply, adequate laboratory investigations, water supply, sanitation of the toilets, overall management system etc.

D.3 EFFECTIVENESS

RATING : HIGH

I. MHU provides primary healthcare access to the socially and economically marginalised:

The MHU service is primarily targeted towards improving access to healthcare, especially for socially and economically marginalized populations. Such populations generally experience worse health outcomes and encounter more obstacles when accessing health services, which underscores the MHU's need to engage with these communities. The data from the field work indicates that the project overwhelmingly serve such at-risk populations

2 https://www.gmrgroup.in/pdf/GHWL_CSR_Policy.pdf

3 Vohra, R., & Thakur, H. (2022). A study on the availability and accessibility of healthcare services provided at Mohalla clinics by the slum residents of Delhi. International Journal of Community Medicine and Public Health, 9(6), 2501. <https://doi.org/10.18203/2394-6040.ijc-mph20221526>



Impact in Action | Too Many Steps To Climb

Omwati and Savitri are sister-in-laws and regularly visit the MHU OPD at Kakrala, Dwarka. Ailing with complaints of high blood pressure and diabetes, they expressed their satisfaction with the services received at the MHU. When asked why they do not visit the nearby government dispensary, they reported that the OPD is located on the first floor, and they find it difficult to climb the stairs. The MHU OPD location near the community temple was cited to be ideal, with trees for shade and benches to sit. They recalled a health awareness camp that MHU organised in the temple hall.

Impact in Action | Early Initiation of Care



Shyamlal, 60 years old, runs his tailoring establishment at Bharat Vihar. About four years back, Shyamlal had started to feel dizzy and tired and had dismissed it as symptoms of work pressure and avoided taking any medical advice. Seeing the MHU parked at a street behind his residence, on the spur of the moment, he decided to get himself checked. The tests revealed that he had high blood pressure, which required immediate attention. He was prescribed medicines and diet control. The symptom gradually disappeared, and for the last four years, Shyamlal has been a regular at the MHU. Remarking on his experience, Shyamlal said, *"I have complete faith in the ability of the MHU doctor and the medicines prescribed. Such is my trust, I feel uncomfortable if I take any medicine other than that provided at MHU, which sometimes becomes necessary when I am out of station."* He further remarked, *"When the ambulance is parked in the vicinity of your house, it is a reminder of getting BP checked. The health ambulance has induced discipline in me about my health."*

- (i) SC/ST and OBC communities, (ii) Below poverty line households, and (iii) recent migrants. Historically, these groups have been isolated from conventional healthcare facilities and need medical care assistance.

1.A A high percentage of beneficiaries of MHU come from socially marginalised communities: Of the total beneficiaries surveyed 54% belong to SC, ST, and OBC communities. There is overwhelming evidence^{4,5} that such communities face barriers to healthcare, which emanate from poverty, low education level, and discrimination.

Caste	% of respondents
General	17%
OBC	24%
SC	28%
ST	2%
Did not report	29%

Source : Primary Survey 2025

1.B An overwhelming number of patients at MHU belong to economically marginal households: Primary survey asked the respondents on the type of ration card held by them which is an indicator of their economic status. At an aggregate level, 45% of the households visiting the MHU reported holding ration cards provided to BPL households. A large number of respondents from Rangpuri zone reported not having any ration card.

BPL	45%
APL	19%
No Card	25%
No response	2%
Did not report	29%

Source : Primary Survey 2025

Of the two zones where MMU operates, communities in Rangpuri are amongst the poorest served under the project. Locations like Israel camp, Bangali Colony, Nala camp, Kabar basti etc. slum clusters comprise mostly of rag pickers who live in abysmal housing condition and at subsistence economic level, a number of them being neo-migrants. A significant number of household are women led who mostly work as house helps in neighbouring middle/high income localities. In contrast the beneficiary households in Dwarka zone are relatively better off with significant employment in the formal sector.

2. MHU helps achieve significant savings in travel costs for some beneficiaries: About 67% of the respondents reported that travel to an alternate health facility costs nothing, given that the same (mostly government dispensary/Mohalla clinic) are within walking distance. However, 33% of the respondents reported that they would incur out of pocket expenditure for traveling to an alternate

health facility. This can add up to a substantial amount since majority of the MHU beneficiaries suffer from chronic ailments necessitating multiple trips. Also patients opting a tertiary care facility as an alternate healthcare facility tend to spend more than those citing their preference as the neighbouring dispensary.

Tpt cost range (per trip in Rs.)	% of respondents
None	67%
0-20	5%
20-50	13%
50-100	9%
100+	6%

Source : Primary Survey 2025

3. MHU has reduced waiting time for medical consultation: Longer wait times at primary care clinics can affect patient care and patient's willingness to seek healthcare services. Not only does this disrupt the continuity of treatment and care, but it also negatively impacts patient outcomes. While there is no benchmark in the Indian context on acceptable waiting time for patients without compromising patient satisfaction, overseas studies show that patients are less likely to be dissatisfied if their waiting time is within 30 minutes⁶. At least 52% of the respondents reported that the waiting time at the alternate primary health care facility could be higher than 30 minutes. In contrast, the waiting time at the MHU OPD at its peak load is around 10-15 minutes, with only 4% of the sampled respondents reporting wait time of more than 30 mins.

Waiting time interval	Waiting time alternate health facility (% of respondents)	Waiting time MHU (% of respondents)
0-10 min	36%	59%
10-15 min	4%	28%
15-30 min	8%	8%
30-45 min	1%	5%
45-60 min	12%	-
60-90 min	13%	-
90-120 min	17%	-
120 min +	9%	-

Source : Primary Survey 2025

4. MHU helps save time and drudgery while seeking primary healthcare for some beneficiaries: Travel time to primary health care can vary depending on the mode of transportation, the distance, and where the patient lives. Evidence shows that patients are less likely to be dissatisfied if their waiting time is within 30 minutes. Overseas studies have shown that patients are willing to wait an average of between 30 and 45 minutes to see a doctor.

4 Ahmed, S., & Mahapatro, S. (2023). Inequality in healthcare access at the intersection of caste and gender. Contemporary Voice of Dalit, 15(1 suppl), S75-S85. <https://doi.org/10.1177/2455328x221142692>

5 Barik D, Thorat A. Issues of Unequal Access to Public Health in India. Front Public Health. 2015 Oct 27;3:245. doi: 10.3389/fpubh.2015.00245. PMID: 26579507; PMCID: PMC4621381.



Impact in Action | Home Visit Brings Patient Back From The Brink

Kusum Rai, a resident of Shyam Vihar, suffered from acute complications from diabetes, which impaired her ability to walk and made her bedridden. The MHU doctor, upon learning about Kusum's condition, personally visited her residence for a checkup and provided a medical consultation. Medicines were provided, and a referral was made to Safdurjung Hospital for specialist consultation. The MHU doctor made about five home visits subsequently for regular checkups. The crisis is now over, and Kusum is under a routine diabetes management regimen, as advised by the MHU. She is now able to walk and has been able to proceed independently with her daily activities. Kusum lives with her daughter and has a meager household income, lacking a support system. Without the intervention of the MHU and the home visit of the MHU doctor, things could have taken a worse turn.



Photo caption (L to R) Ranjit Dutta, Bidyut Chowdhury, Ashok Sharma- residents of Ashok Swahney Foundation old age home

Impact in Action | Supporting Healthcare at Institutions

MHU provides on-site medical examination to the residents at the Ashok Swahney Old Age Home at Rangpuri Pahari, with an average age of over 65 years. Services typically include comprehensive geriatric assessments, management of chronic diseases, preventive care, rehabilitation, and health education. Ranjit Dutta, one of the residents, highlighted the advantage of the MHU service, remarking, "Regular visit by the MHU facilitates better communication and continuity of care, which elderly patients highly value." Supplementing this contention, Bidyut Chowdhury, one of the eldest residents, stated that, "Regular checkups lead to early detection and management of health issues, reducing the need for emergency care and hospitalizations." The residents also expressed a greater sense of security and comfort with the MHU service, as medical consultations are provided in a familiar environment. It was also stated that MHU makes healthcare affordable, given free consultation and medicines. It was also reported that there are no chemist shops in the immediate vicinity, and the provision of medicines through the MHU reduces the drudgery of having to travel long distances to procure medicines. Stating the need for additional tests, Ashok Sharma, a resident, noted, "We are delighted with the medical consultation; however, only a limited tests are done at MHU, requiring the residents to be dependent on outside agencies for tests, which can be expensive". Furthermore, some inmates noted that certain specialized medications for geriatric care are not available at the MHU.



Long travel times can act as a barrier to access. While most of the MHU beneficiaries reported alternate primary health facility (mostly government run health facilities) to be within half an hour of reach, about 20% of the respondents reported that they would require 30 minutes or more to reach their preferred alternate healthcare facility which in most cases is a government dispensary or a tertiary hospital.

Distribution of beneficiary response by travel time to alternate health facility	
Travel time interval	Travel time to alternate health facility (% of respondents)
0-10 min	37%
10-15 min	29%
15-30 min	15%
30-45 min	7%
45-60 min	4%
60-90 min	3%
90-120 min	6%

Source: : Primary Survey 2025

5. MHU provides significant advantage over traditional brick and mortar health facility for basic primary health care:

The respondents during primary survey were requested to list the reasons for preferring MHU as their primary healthcare provider. The top four reasons cited by the majority of the respondents was (i) Convenience of getting healthcare at the doorstep (96%), (ii) Free & regular availability of medicines (99%), (iii) Free and good quality medical consultation (97%), and (iv) saving of time (94%). The alternate primary health facilities (especially in the government run) are plagued with high waiting time, non

availability of medicines, and subpar medical consultation in some instances (refer section D.2 for more details).

Response of the beneficiaries on reason for seeking health-care from MHU	
Reason for visiting MHU	Travel time to alternate health facility (% of respondents)
Convenience of getting health-care at doorstep	96%
Free and regular availability of medicines	99%
Free consultation	97%
Good Quality of medical consultation	97%
Mobility issues prevents from seeking healthcare elsewhere	12%
No one at home to take to brick mortar health facility	18%
Saves time	94%

Source: : Primary Survey 2025

It may also be mentioned that about 12% of the respondents cited mobility issues emanating from their medical condition making it a challenge to access regular primary care located at a distance, this is important since a large clientele of MHU program are the elderly (40%). Similarly about 18% of the respondents (mostly elderly) reported they have no one to accompany them to a distant primary care facility. The MHU being located close to the patient helps such patients transcend these bottlenecks.



Impact in Action | Single Women Household

Rekha Mullick migrated to Nala Camp from Darbhanga, Bihar after marriage. She lost her husband, a daily wage construction labourer, a couple of years back to a brain tumour. Her son and his family live separately and have severed all connections with Rekha. Rekha manages her household all alone without any support system. Rekha works at a doctor's clinic. She is a regular visitor to the MHU for ailments like gastric problems, fever, and weakness. She finds the MHU both convenient and affordable. Free medical consultations and medicines lead to significant savings for her meager livelihood. Highlighting this, Rekha remarked, "A visit to a qualified private practitioner would have cost me around Rs. 500-700 plus the cost of medicines. Had MHU not been there, I would have visited a quack who charges around Rs. 300 along with medicines."

Impact in Action | Destitute and Homeless

Rekha Devi is currently homeless and stays at a temple at Mahipalpur and makes her livelihood through begging. She has neither a ration card nor an Adhaar card and thus is unable to access the government primary health facilities. She is entirely dependent on MHU for primary health care, including her chronic condition of diabetes. On the services received from MHU, she remarked, "I might be a beggar, but I am treated with dignity at MHU. The doctor gives me a patient hearing, and the required medicines are provided. The ambulance is a lifesaver for me." Rekha has no idea that GMRVF/DIAL supports the MHU and thinks it is a government service. MHU serves a significant number of people who have fallen through the cracks and live on the margins.



Impact in Action | MHU Provides Access to Primary Healthcare

Rehan, a regular at the MHU, noted that Mohalla Clinic services having significantly eroded and the government hospital OPD being severely overcrowded, the MHU is an excellent alternative for primary healthcare. Rehan visits the MHU regularly to collect her Thyroid medicine and also consults for minor ailments. She strongly advocated for the initiation of diagnostic services, as these are often unavailable or time-consuming in government-run institutions. Most patients are forced to access private diagnostic facilities, which are expensive.



Distribution of MHU beneficiaries by age	
Caste	% of respondents
0-1 year (Infant)	0%
1-10 yrs (Child)	1%
10-19 yrs (Adolescent)	1%
19-36 yrs (Young adult)	11%
36-60 yrs (Adult)	45%
60+ Elderly	42%
Source: : Primary Survey 2025	

6. High approbation by the beneficiaries on the quality of service provided by the MHU: There is high level of satisfaction expressed by the MHU beneficiaries with the services provided. This emanates from

- Highly experienced doctors:** The doctors manning the MHUs have around 25-30 years of experience in various clinical settings. They bring this professional expertise to the MHU OPD.
- Long tenure of personnel:** There is very low attrition rate of personnel, this translates to most of the regular patients being known on first name basis. Also the medical history of the patient is known to the personnel, resulting in good quality treatment and interpersonal communication.
- Regular visits:** The MHU has built a reputation of being regular at each community site and thus is considered a reliable source of primary health care.
- Efficient inventory management:** Stock outs of medicines is rare and is indicative of robust inventory management.
- Sensitivity towards the patient:** The medical officer is not only a provider of health service but also a sympathetic ear. MOs reported that patients many a times discuss their personal or family issues while seeking medical consultation.

Satisfaction with MHU Service					
	Ex-tremely Satisfied	Satis-fied	Neutral	Slightly satis-fied	Not satis-fied
MO has been able to correctly diagnose the ailment	13%	63%	12%	0%	3%
Adequate consultation time given by MO (doctor)	4%	79%	14%	2%	2%
Adequate privacy provided during consultation	5%	74%	20%	1%	1%
Adequate explanation is provided about sickness/treatment/medical test	6%	73%	19%	2%	1%
Behavior of Doctor/MHU Staff is good	27%	68%	3%	2%	0%

Explanation about the dosage and timing of medicine provided	16%	70%	9%	4%	1%
Waiting time	31%	68%	1%		1%
Quality of medicine provided is adequate	30%	67%	1%	1%	1%
Quantity of medicine provided is adequate	31%	66%	1%	1%	1%
Source: : Primary Survey 2025					

7. Home visits by doctors unique for MHU program: One unique element of the MHU program is home visits made by doctors to provide checkup to extremely sick or immobile patients. In 2024-25, seventeen such home visits were done.

8. Possibility of increasing penetration of health awareness: About 60% of the respondents were reported having attended an health awareness session. Health awareness sessions are generally conducted at the MHU venue with health messages being provided to the patients who come for the MHU OPD consultation. Message on prevention of communicable diseases, chronic health condition, nutrition and hygiene is provided. In 2023-24 sixty two awareness sessions were conducted.

Response of the beneficiaries on reason for seeking health-care from MHU	
Awareness domain	% of respondents
Attended health awareness session organized by MHU in last one year	59%
Remember topics/message provided at the awareness session	55% (of the respondents who attended an awareness session)
Adopted any health message	45% (of the respondents who attended an awareness session)
Source: : Primary Survey 2025	

Since awareness sessions are conducted during MHU OPD, the patients who are regular at the MHU are covered. However, the population at large remain outside the catchment of the health awareness sessions.

9. Provide linkages with government schemes & programmes for elderly :The MHU project team has started to organise Ayushman Bharat camps for the elderly under the initiative of the Government of Delhi. About 70 elders have been enrolled for issuance of the Ayushman Bharat cards. In coming months it was reported that the initiative would be intensified.

10. Early initiation of care: Many beneficiaries reported that MHU aids in starting medical treatment or supportive care much earlier than is achieved through traditional clinics. This tends to optimize outcomes by addressing a health concern early on.



D.4 EFFICIENCY

RATING : HIGH

1. High average caseload at OPD clinics, but not uniform across all sites: The average patient load per MHU OPD clinic is 48 which is higher compared to national average of per doctor OPD case load at PHC which stands at around 32 patients.

Case Load at MHU OPD		
Zone	Patient/OPD	Std Dev
Dwarka Zone	40	17.7
Rangpuri Zone	58	23.84
Total	48	22.8

Source : MHU Service Statistics

However the caseload is not uniform across all MHU sites, leading to sub optimal use of MHU resources. The newer sites (2024 batch) are particularly low in footfalls

and would require significant outreach. Some of the MHU locations which have below average patient load is given in table below. These sites are challenging given the poor health seeking behaviour of the communities in most cases and would require a more intense outreach.

MHU sites with below average footfall		
Zone	MHU Site	Avg Footfall
Rangpuri (avg footfall 40 patients/OPD)	Bagdola	8
	Singhi Basti	12
	Masjid Camp	14
	Bengali Colony	28
	Ruchi Vihar	32
	Kuli Camp	33
	Nala Camp	38

Dwarka	Samalkha	31
	Sahbad Moham-madpur	32
	BSS Camp + Shani Baazar	33
	Bamdoli	39
	Gola Dairy	40
	Shyam Vihar	44
Source: : Primary Survey 2025 Average MHU footfall is 48 patients/OPD		

2. Regularity of visits: The hallmark of project is the regularity of visits per a scheduled timetable. This translates to patients being assured of medical consultation and medicines, especially those with chronic conditions. All the patients surveyed reported that MHUs are regular and punctual.

3. Good use of technology: The project has recently introduced IT to manage the OPD consultation (e-prescription), dispensing medicines, tracking outreach, and key performance indicators. MOs and MHU personnel have custom software loaded in their mobile phones which helps automate the MHU processes.

4. Limited engagement with existing government healthcare system: Currently MHU has no regular connect with the existing government healthcare system. Interaction at the operational level with ASHA, Anganwadi worker and MO of local dispensary/Mohalla clinic is limited. Engagement of ASHA for mobilisation and outreach in communities with low engagement with MHU or those who display poor health seeking behaviour may be considered. MHU can also engage with the NCD screening camps which is part of NHRM mandate to state run primary healthcare institutions (a detailed discussion is provided in the suggestion section).

5. A streamlined medicine and consumable inventory system : The beneficiaries cited ready availability, high quality, and free medicines as a strong attribute of MHUs. Stock-outs were reported to be rare.

6. Adequate consultation time given: Despite the high footfall at MHU OPD, the MO ensures that each patient gets at least 5-6 minutes of consultation time. While routine chronic patients require less time with the doctor, new patients are given sufficient time for a thorough discussion of their concerns, medical history, and necessary examinations while still maintaining a manageable schedule for the MHU.

7. Good rapport with community: The program has been able to build a good rapport with the community which helps resolve the logistics issues on site like parking of MHU, rest room for personnel, managing patients load on site, acceptability, mobilisation etc. The community rapport however varies with MHU site location with newer locations requiring more intense engagement.

8. Regular reporting to GMR: The project sends weekly report to GMRVF on key performance indicators including (i) New Registration, (ii) Disease pattern, (iii) Agewise disease report, and (iv) Treatments provided location wise.

In addition a yearly report is also provided highlighting the status of program implementation.

9. Branding can be improved: In most cases the respondent are not aware that GMRVF/DIAL is providing the MHU service. Many people think that the MHU van comes from Indira Gandhi hospital, a large government owned tertiary health care facility.

D.5 SUSTAINABILITY

RATING : HIGH

1. Continued commitment of GMRVF / DIAL: GMRVF/DIAL has supported the MHU initiative since 2017-18. Given that MHU is supplementing the gaps in the public primary care health system it continues to be relevant for the communities it serves. High satisfaction ratings from the beneficiaries further reinforces the need and quality of service being provided. Other than relevance, the continuity of the MHU service depends on the business projections of DIAL and thereby the financial resources available to the project. The ratings for 2024 provided by Skytrax⁷, CRISIL⁸ and Fitch⁹ allude to a stable business environment for DIAL in the medium term

2. HELPAGE has extensive expertise in managing mobile healthcare units: HelpAge is the implementation partner of the MHU program. HelpAge India operates Asia's largest mobile healthcare network for the elderly, with 170 Mobile Healthcare Units (MHUs) serving 2747 community locations across 23 states, providing over 3 million treatments¹⁰. The experience and expertise can be expected to ensure that the DIAL MHU program delivers consistent quality primary healthcare and innovate in systems, processes and technology drawing from its vast reservoir of MHU implementation experience nationally.

3. Upgrading government dispensaries to Arogya Mandirs will not make MHU irrelevant : Under the Ayushman Bharat scheme the Government of Delhi is trying to deliver a comprehensive range of services spanning preventive, promotive, curative, rehabilitative, and palliative care, including free essential drugs and diagnostic services closer to the target population especially the economically marginalised. . The question is, with comprehensive healthcare reaching in close proximity to the community through Arogya Mandirs will MHU lose its relevance? It is felt that MHU, with its unique competence and resources, will remain topical in the communities it serves. While government is making significant effort to bring primary healthcare within easy reach there remain some significant bottlenecks which the MHU is able to transcend.

Reason for non preference of government health facilities by beneficiaries of the MHU	
Reason for preferring MHU	% of respondents
Distance	47%

⁷ Skytrax has awarded Delhi Airport a 4-Star Airport for its facilities, comfort, cleanliness, shopping, food & beverages, staff service, and security/immigration.

⁸ CRISIL AA-/Stable- Crisil reaffirmed its rating on DIAL's long-term bank facilities, citing the airport's strong market position, ring-fenced structure, moderate debt servicing, and healthy financial flexibility.

⁹ Fitch Ratings upgraded DIAL's Long-Term IDR to BB+ with a Stable Outlook.

¹⁰ <https://www.helpageindia.org/our-work/healthcare/primary-health-care>

Medicine not available	13%
High Waiting time	55%
Quality of medical consultation	29%
Source: : Primary Survey 2025	

Discussion during field visits with MHU patients revealed that government primary healthcare system in many instances is not within easy geographical reach, are plagued with lack of availability of medicines, have high waiting time for OPD consultations and there remains scope for improvement in the quality of medical consultation. It was reported that government primary healthcare centers do not give medicines to patients without Adhaar card, which leaves out neo-migrants who do not have the said document. Further with a gradually aging population with many having mobility issues, a door step healthcare delivery system through MHU will become an increasingly favoured mode for primary health consultation.

E. OVERALL RATING

RATING : HIGH

At an aggregate level, the MHU project has performed very well and enjoys high approval ratings amongst the beneficiaries for the quality of service provided. The MHU has effectively bridged most of the bottlenecks faced by its users in accessing the existing government primary health system. At a disaggregate level, the project gets a full score for **compliance, relevance, and sustainability**. It scores very well for all parameters under **effectiveness**, except that MHU has scope for improving the penetration of health awareness messaging in its catchment. The **efficiency** scores are also high, but fall short in engaging the existing government health system, and there are issues with branding as well.

F. SUGGESTIONS

1. Provide diagnostic services: One persistent demand from the beneficiaries was the need for diagnostic services. Currently, only a limited number of point-of-care tests (Hb and glucose) are available. Currently MHU has to direct the patients to a government facility where in many instances the recommended diagnostic tests are not available. It is recommended that the project considers Point-of-care (POC) testing (POCT) which are simple or non-invasive diagnostic tests that are conducted near the patients, eliminating the need to send samples to a central lab or tertiary hospital for analysis. POCT would significantly enhance the ability of MHU for quicker diagnoses and faster initiation of appropriate treatment. It will also save significant time and cost for the patient towards getting a diagnostic test from a private facility. The POCT to be made available at the MHU may be decided based on the disease profile of patients seeking primary care from MHU. It may also be mentioned that as per the Operational Guidelines for Mobile Medical units¹¹ issued by Ministry of Health and Family Welfare, Government of India recommends point of care diagnostics and includes 'Blood

¹¹ Operational Guidelines of Mobile Medical Units, Ministry of Health and Family Welfare, Govt, 2015

glucose, pregnancy testing, urine microscopy, albumin and sugar, Hb, Height/Weight, vision testing, RDT, and collect sputum samples'.

2. Increase outreach in collaboration with ASHA: The MHU program is designed for quality curative care. However, health education and extension which supplements the MHU objectives has scope for improvement especially in extremely poor communities (rag pickers, neo-migrants etc) most of which are located in the Rangpuri zone. The extension reach of the MHU can be increased through collaboration with the ASHA who works at the household level in low income communities and slums. This collaboration can help in

- i. **Mobilising patients** at locations where the footfall at the MHU is low
- ii. **Help MHU organize IEC sessions** in the community through mohalla/gali meetings
- iii. If equipped and trained, **ASHA can assist in testing of patients for Hb, blood sugar, and BP** at the household level and refer suspect cases to MHU for confirmatory tests and specialist medical consultation. Currently the ASHA has not been provided with POCT equipment and has to request potential individual at risk of anemia /diabetes/ BP to government dispensary for testing, which many of the individuals do not conform given the transaction cost involved.
- iv. ASHA can help in **organising Non Communicable Disease screening camps (NCD)** which is being actively promoted by National Urban Health Mission.
- v. ASHA can help **followup with referrals** made by MHU. This is particularly important since a significant number of patients donot followup on referrals.
- vi. ASHA can **followup with regular patients to MHU** in case they miss their visits. Currently this function is being done by the MHU driver

3. Increase reach of awareness sessions with the community: Currently the awareness sessions are held at the MHU and is generally attended by the MHU patients. The approach restricts the percolation of health messages within the population at large all of whom do not visit the MHU. It is suggested that mohalla/gully corner meetings be organised where health messages can be provided to people beyond those who visit the MHU. The suggested approach would require intensive mobilization and may be adopted at MHU sites with extremely poor health seeking behaviour. The suggestion of utilizing the services of ASHA (as detailed in the S.No 2 of this section) may prove helpful in mobilization for the IEC sessions.

4. Improve branding: Majority of the beneficiaries are not aware that the GMRVF/DIAL is supporting the MHU initiative. It is felt that initiative be taken to increase visibility of GMRVF/DIAL amongst the beneficiaries. Some steps (not exhaustive) may include (i) the DIAL and GMRVF branding on the MHU van be in Hindi which most people are conversant with, (ii) Have mention of DIAL/GMRVF on the patient card, and (iii) during the awareness sessions it may be mentioned that the MHU programme is supported by DIAL/GMRVF.

5. Specialized health camps for ENT/Eye/ Dental:

Diagnosis of common ailments of the eye, ear and teeth through specialized camps can be considered given that about 40% of the patient are elderly requiring such care. Appropriate referrals be made to tertiary care hospitals for followup care.

6. Promote Yoga protocol for the elderly: Government of India, through the Ministry of AYUSH and the Morarji Desai National Institute of Yoga (MDNIY), has developed specialized 45 minute yoga protocols for the elderly population to promote health, flexibility, and well-being while ensuring safety and accessibility. As part of preventive healthcare this protocol may be promoted in the MHU catchment amongst the elderly through training and awareness. This however cannot be done through the existing staffing at MHU and will require a specialised agency to work in conjunction with the MHU. This will not only help in promoting health amongst the elderly but also conform with the mandate of the government in promoting yoga.

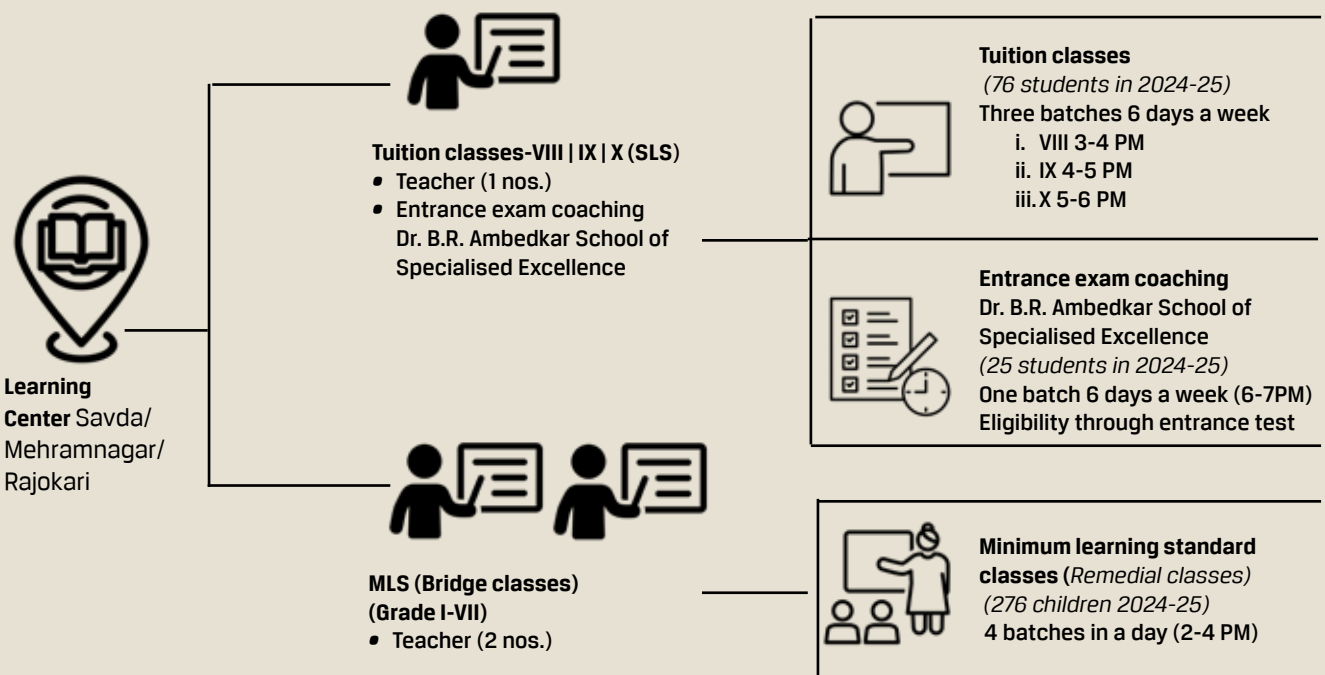
Computation of the rating of MHU project

Criterion	Performance Indicator	Weightage	Score (out of 5)	Weighted score	Weighted Average & Rating	Refn in report
A. COHERENCE	External Coherence	0.5	5	2.5	5 [HIGH]	D.1.1
	Internal Coherence	0.5	5	2.5		D.1.2
B. RELEVANCE	Significant service gaps in the existing state run primary health infrastructure	1	5	5	5 [HIGH]	D.2.2
C. EFFECTIVENESS	MHU provides primary healthcare access to the socially and economically marginalised	0.1	5	0.5	4.9 [HIGH]	D.3.1
	MHU helps achieve significant savings in travel costs for some beneficiaries	0.1	5	0.5		D.3.2
	MHU has reduced waiting time for medical consultation	0.1	5	0.5		D.3.3
	MHU helps save time and drudgery while seeking primary healthcare for some beneficiaries	0.1	5	0.5		D.4.4
	MHU provides significant advantage over traditional brick and mortar health facility for basic primary health care	0.1	5	0.5		D.4.5
	High approbation by the beneficiaries on the quality of service provided by the MHU	0.2	5	1		D.4.6
	Home visits by doctors unique for MHU program	0.1	5	0.5		D.4.7
	Possibility of increasing penetration of health awareness	0.1	4	0.4		D.4.8
	Provide linkages with government schemes & programmes for elderly	0.5	5	0.25		D.4.9
	Early initiation of care	0.5	5	0.25		
D. EFFICIENCY	High average caseload at OPD clinics, but not uniform across all sites	0.15	5	0.75	4.7 [HIGH]	D.5.1
	Regularity of visits	0.15	5	0.75		D.5.2
	Good use of technology	0.1	5	0.5		D.5.3
	Limited engagement with existing government healthcare system	0.1	4	0.4		D.5.4
	A streamlined medicine and consumable inventory system	0.1	5	0.5		D.5.5
	Adequate consultation time given	0.1	5	0.5		D.5.6
	Good rapport with community	0.1	5	0.5		D.5.7
	Regular reporting to GMR	0.1	5	0.5		D.5.8
	Branding can be improved	0.1	3	0.3		D.5.9
E. SUSTAINABILITY	Continued commitment of GMRVF / DIAL	0.4	5	2	5 [HIGH]	D.6.1
	HELPAGE has extensive expertise in managing mobile healthcare units	0.4	5	2		D.6.2
	Upgrading government dispensaries to Arogya Mandirs will not make MHU irrelevant	0.2	5	1		D.6.3
OVERALL					4.92 [HIGH]	



ASSESSMENT

A. Education Project



Summary

After-school tuition programs (SLS) and remedial classes (MLS) play a crucial role in addressing the issue of inadequate academic outcomes among students from low-income backgrounds. The initiative targets this issue explicitly within the communities it supports, thus achieving high marks in coherence and relevance. The **effectiveness** ratings for the SLS and MLS programs are examined individually in the following sections:

- i. The **effectiveness** score for the SLS program is notably low due to the students' poor performance in English on the assessment test conducted for this study. Additionally, a significant number of students were unable to pass the test in math, science, and English. Nonetheless, there are aspects where the SLS program excels, such as assessment scores in Math and Science being above both state and national averages (NAS test), good board results, and high student retention.
- ii. The **effectiveness** score for the MLS program is comparatively higher; however, concerns persist regarding the relatively low performance in English and Math as opposed to the excellent scores in Hindi. The students have also performed exceptionally well in reading Hindi, which exceeds the global reading standard benchmark. The parents also reported that MLS has helped improve their ward's performance at school. Considering that the MLS classes cater to students with learning difficulties, the results are impressive.

The **efficiency** ratings for the SLS and MLS programs are examined individually in the following sections:

- i. In terms of **efficiency**, the SLS program faced challenges that affected its score, including time constraints in completing the syllabus (particularly English), difficulties in implementing subject-specific teaching methods with a single teacher managing three grades across three subjects, and infrequent homework assignments.
- ii. In the **efficiency** parameters, the MLS program performs better. However, it still loses points due to low homework frequency and no teacher training in remedial education, specifically for handling slow learners.

The program has a high **sustainability** rating because it addresses a recognized need for access to quality education, which is likely to persist in the medium term. Overall, the program is making a committed effort to provide quality tuition and remedial classes for children from low-income families.

Rating of Education Project

Assessment Criteria	Rating	Score	
Coherence	High	5	
Relevance	High	5	
Effectiveness- SLS	High	4	4.2
Effectiveness- MLS	High	4.4	
Efficiency- SLS	High	4.3	4.5
Efficiency- MLS	High	4.7	
Sustainability	High	5	5
Overall	High	4.74	

A. INTRODUCTION

Delhi International Airport Limited (DIAL) operates after school classes in Savda, Mehramnagar and Rajokari locations. The same pertain to

- i. **After school tuition (VIII-X)** : Students currently enrolled in grade VIII, IX and X
- ii. **Remedial classes** (Level 1 - Equivalent to class I & II , Level 2- equivalent to class III & IV, Level 3-equivalent to standard V)- Students enrolled from I-VII as per their proficiency

- iii. **Coaching for admission to Dr. B.R. Ambedkar School of Specialised Excellence-** started in 2024-25 as weekend classes and for 2025-26 converted to regular classes with batch selected after a proficiency test conducted across the students in three government schools at Savda studying in class VIII.

The classes are held six days a week with each class held for one hour. The classes are conducted by three teachers (2 for remedial classes and one for after school tuition and

Factsheet

A. Location

1. Monday to Saturday -at Savda, Mehramnagar and Rajokari

B. Budget

B. Beneficiaries (2024-25)

	Savda (2017-18)	Mehramnagar (2024-24)	Rajokari
Year of starting	2017-18	2024-25	2024-25
Remedial classes (No. of students)- MLS			
Level 1 (grade level I-II)*	53		
Level 2 (grade level II-III)	45		
Level 3 (grade level V-V)	81		
Total	179		
After school tuition (No. of students) - SLS			
Class VIII syllabus	27		
Class IX syllabus	11		
Class X syllabus	18		
Total	56		
Note : In 2025-26 the Level 1 pertains to students studying in I and II only			

Ambedkar school entrance test). The admission is done on first come first serve basis followed by a test to gauge the proficiency of the student which acts as a baseline and also helps slot student at appropriate level wrt remedial classes.

B. METHODOLOGY

The assessment was done at the Savda learning centre for (i) after school tuition classes(SLS) and (ii) remedial classes (MLS). The methodology to garner evidence for this study followed a mixed method approach and included:

B.1 Learning Outcome Test: Learning outcome test were administered to a sample of students to gauge whether students have achieved the intended knowledge, skills, and abilities outlined in the learning objectives. The following learning outcome tests were administered:

Program	Sampled	Test Source / Remarks
After school tuition (SLS)	Students studying in class IX batch of SLS	Question paper of the National Achievement Survey (NAS) for class VIII conducted in year 2017 by NCERT was administered to the sampled students.
Remedial classes (MLS)	Students studying in level 3 (grade V level) of MLS	Test Instrument I- Test paper by NIOS for neo- learners equivalent to grade III-IV
		Test Instrument II - model question paper for grade III-IV by SCERT-Delhi
<i>Two instruments were used for MLS so as to increase the variety of questions</i>		

B.2 Focus Group Discussion: Focus group discussion (FGD) was held with parents (12 nos.) of the students studying in after school tuition and remedial classes. The FGD focused on the experience with the classes, the impact in the performance of their wards, and issues which need to be addressed.

C. SAMPLE

All students available in the sampled classes were administered the learning outcome instruments

Community	Student	Sample
After school tuition (SLS)	Class IX	11
Remedial classes (MLS)	Level 3	20

D. Assessment

The impact assessment of the education project has been done as per the DAC criteria as explained in chapter 1 of this document.

D.1 COHERENCE

RATING : HIGH

I. External Coherence

- i. **Conforms with Schedule VII:** The initiative conforms which sub-section VII.3 of Schedule VII of the Companies Act 2013. This states (i) (Activities which may

be included by companies in their Corporate Social Responsibility Policies Activities relating to):– **supporting education initiatives, especially for children, women, and marginalized communities, as well as vocational training programs to enhance livelihood opportunities.**

- ii. **Conforms with Sustainable Development Goal:**

The initiative conforms to **SDG Goal 4** which enjoins signatory nations to 'Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all'.

- iii. **The project conforms with the mandate of the New Education Policy 2020** which includes

- » **Equity and Inclusion:** NEP 2020 strives to provide equitable and inclusive education to all students, regardless of their background or location.
- » **Foundational Literacy and Numeracy:** A key focus of NEP 2020 is on building strong foundational skills in reading, writing, speaking, counting, arithmetic, and mathematical thinking, particularly in the early years.

II. Internal Coherence

The project is in concurrence with the 'Education' driver of the GMR CSR¹ Policy.

D.2 RELEVANCE

RATING : HIGH

I. National Achievement Survey indicates that Delhi has poor learning outcomes scores in all subjects across all grades as compared to national average: Delhi's performance in NAS 2017 declined compared to its 2015 results across key subjects and grade levels. According to the NAS 2017 analyses:

- i. Delhi was among the ten lowest-performing states/UTs in NAS 2017, indicating a relative decline in its standing compared to other regions.
- ii. Average scores for Delhi in core subjects (such as language, mathematics, science, and social science) dropped or remained below the national average in 2017, as compared to 2015. For example, in Class VIII, Delhi's mean score was 241, below the national mean of 250, and the trend was similar in other subjects.
- iii. The overall trend for Delhi mirrored the national pattern of declining learning outcomes between 2015 and 2017, but Delhi's relative position worsened, placing it among the bottom performers nationally.
- iv. In summary, Delhi's NAS 2017 scores showed a decline compared to 2015, both in absolute achievement and in its ranking among states and UTs. This under performance was evident across subjects and grade levels assessed.

2. Parents indicated that teaching at government schools needs reinforcement: During focus group discussion with parents it was reported that teaching at government

¹ Support for promotion of education of all kinds (school education, technical, higher, vocational and adult education), to all ages and in various forms, with a focus on vulnerable and under-privileged (https://www.gmrgroup.in/pdf/GHWL_CSR_Policy.pdf)

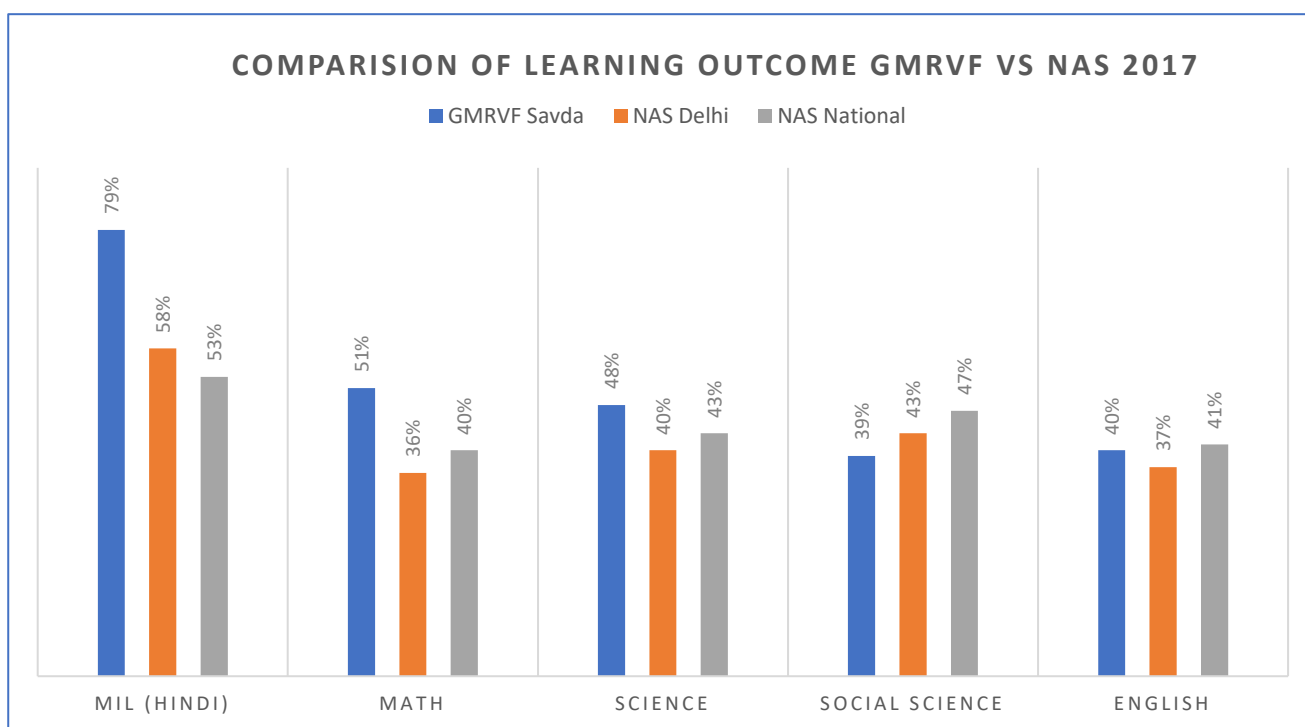
Tab 3: Scores obtained by sampled class IX students at Savda learning centre in the NAS 2017 based test and its comparison with NAS 2017 aggregate scores

Subject	Savda Survey (*)		Equivalent Grade	National Achievement Survey (NAS)-2017 (#)	
	Average Test Score	Score Range		Delhi Average	National Average
Hindi	79%	48%-100%	B1	58%	53%
Math	51%	25%-92%	C1	36%	40%
Science	48%	28%- 84%	C2	40%	43%
Social Science	39%	20%-72%	D1	43%	47%
English	40%	20% - 72%	D1	37% (&)	41% (&)
Total (without English)	54%	37%-87%	C1		
Total (including English)	51%	30%-86%	C1		

Source: * Learning Outcome Survey 2025 | # NAS report, NCERT

Note: NAS 2017 reports scaled scores and does not provide absolute scores, for purposes of comparison. The percentage correct answer in the NAS17 test was approximated from the scaled scores based on NAS 2015/2017 technical note . The percentage correct scores reported in this table are rough estimates.

(&) In NAS 2017, English test was not taken for Class VIII students, the English scores for class X students conducted by NAS is provided for rough comparison.



schools where majority of the students study leaves much to be desired across all grade levels.

3. Low literacy of parents: Parents during discussion stated their limited ability to guide and supervise the education of their wards at home. High parental illiteracy, especially among mothers, leads to children receiving little academic support at home².

4. Home environment not conducive: A combination of physical, social, and economic factors makes home environment in low income settlements not conducive to education. This includes: (i) Overcrowding and Lack of Space (ii) Overcrowding and Lack of Space (iii) Cultural and social factors amongst others.

² This is corroborated by research studies, for instance it is reported that in Delhi slums only about 33% of children in these communities receive any help with studies from family members, and just 23% receive help from mothers (refn: Learning achievement of slum children in Delhi, National Institute of Education Planning and Administration, 2003)

D.3 EFFECTIVENESS

RATING : HIGH

A. EFFECTIVENESS- SLS [AFTER SCHOOL TUITION (VIII | IX | X)]

The effectiveness of After School Tuition was assessed based on the performance of IX class students in the learning outcome test administered based on NAS 17 question paper for class VIII students.

A.1 SLS : Results in Math and Science above state and national average: The performance (the number of questions answered correctly) of GMRVF students in the study assessment test for math (51%) and science(48%) for which coaching is provided was better than Delhi state (Math-36% and Science-40%) and national average (Math-40% and Science-43%).

Tab 4: Distribution of marks obtained by After School Tuition at Savda learning center students by proficiency				
	'0-35% (Failed)	'36-50% (Adequate)	'51-75% (Good)	Above 75% (V. Good)
Hindi				
NAS Delhi(#)	10%	18%	54%	2%
NAS National(#)	11%	20%	64%	5%
GMRVF survey(*)	0%	9%	27%	64%
Math				
NAS Delhi(#)	51%	38%	11%	0%
NAS National(#)	35%	49%	16%	0%
GMRVF survey(*)	18%	36%	27%	18%
Science				
NAS Delhi(#)	40%	42%	17%	1%
NAS National(#)	33%	45%	20%	2%
GMRVF survey(*)	27%	45%	19%	18%
Social Science				
NAS Delhi(#)	27%	40%	28%	4%
NAS National(#)	20%	51%	27%	2%
GMRVF survey(*)	45%	18%	18%	18%
English(8)				
NAS Delhi(#)	47%	42%	12%	0%
NAS National(#)	24%	61%	15%	0%
GMRVF survey(*)	36%	18%	27%	18%

Source: * Learning Outcome Survey 2025 | # NAS report, NCERT
 Note: NAS 2017 reports scaled scores and does not provide absolute scores, For purposes of comparison the the percentage correct answer in the NAS17 test was approximated from the scaled scores based on NAS 2015/2017 technical note . The percentage correct scores reported in this table are rough estimates.
 (8) In NAS 2017, English test was not taken for Class VIII students, the English scores for class X students conducted by NAS is provided for rough comparison.

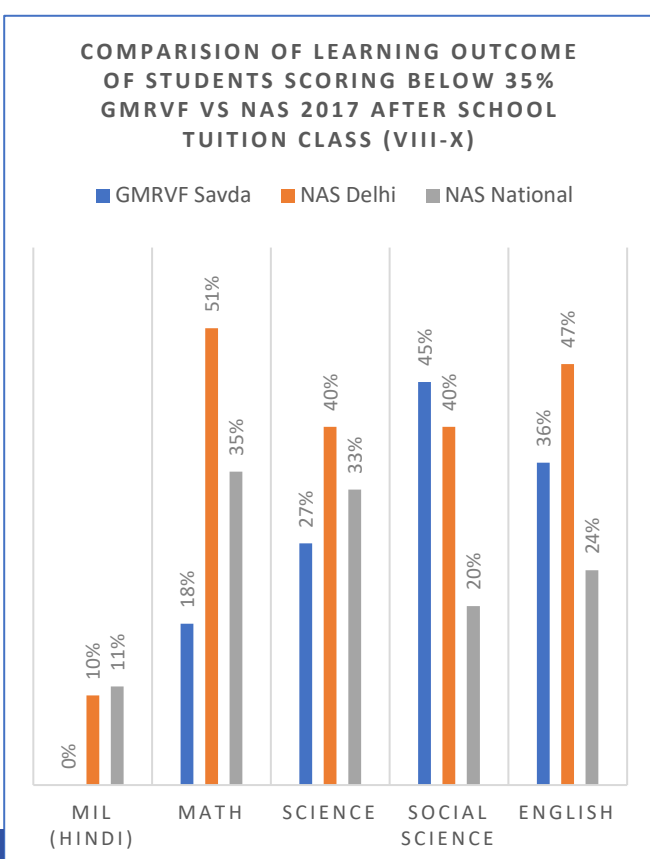
A.2 SLS: Results for English show no significant difference from the national and state average: The performance of the sampled students in English(40%) which is one of the subjects in which coaching is provided at Savda learning center, does not show much improvement compared with Delhi state (37%) and national scores (40%). This is primarily because relatively more emphasis is given to science and math with emphasis on completing the syllabus which eats into the time provided for English classes.

A.3. SLS: Performance in social science poor- There is a case for including social science as one of the subjects in which coaching is provided: The performance of the sampled students in social science (39%) is poorer than the state and national average. Social science currently is not part of the subjects taught under the after school tuition by GMRVF and may be considered for inclusion.

A.4. SLS : High variability in scores of students attending GMRVF tuition classes- significant failure rate in assessment test: The difference between the highest scorer and the lowest scorer is extremely high with a variation of 67% in math, 56% in science and 52% in English. The scores on the lower range are in the vicinity of 20-25%. The students with poor academic accomplishment would require more hand-holding. Having said that it may also be mentioned that there are some exceptional students as well with score in high 80% and upper 90% in science and math respectively. **About 18% students in math, 27% students in science, 45% in social science and 36% in English failed** (passing score below 35%) the administered test at the SAVDA learning center.

A.5. SLS : Significant savings for parents in tuition fee: During FGD the parents reported that GMR tuition classes leads to significant savings, In Savda private group tuition on an average can cost around Rs 500/ month for junior classes and goes up to Rs. 1000/month for senior classes.

A.6 SLS : Class X board result has been good: The class X result of the Savda learning center has been better than the Delhi state average. It is indeed credible that 6% of the students from Savda Learning centre scored above 75% of marks.



Tab 5: Performance of class X SLS students in board exam 2024		
Aggregate marks	Result in X board exam (2024)	
	Savda Learning centre	Delhi state
Less than 50%	1%	35%
50%-60%	28%	36%
60%-75%	61%	23%
75%-90%	6%	6%
90-95%	0	0.001%
95%+	0	0.0005%

Source : GMRVF | [https://edustud.nic.in/edu/resultanalysis/2023 24/10/ ResultAnalysis X 2024.pdf](https://edustud.nic.in/edu/resultanalysis/2023%2024/10/ResultAnalysis%20X%2024.pdf)

The reader would be curious about the variation in the NAS test and board exam result, with board results being overwhelmingly better than the NAS result. **This contradiction has been noted at the state and national level as well.**

Education experts³ believe that the discrepancy between class X board exam results and the National Achievement Survey (NAS) results for Class X students arise because state boards are lenient in marking, potentially inflating scores, while NAS aims to provide a more standardized assessment. This report also gives more weight to the evidence on learning outcomes gleaned from the NAS test in scoring the initiative and for making recommendations on the way forward.

A.7 SLS : Class capacity not filled: The tuition class capacity for each grade is 25-30 students. However, the data below indicates the students attending the classes is much below capacity in class IX and X.

Number of students enrolled in 'After school tuition' classes(SLS)-2024-25	
Class	No. of students
Class VIII	27
Class IX	11
Class X syllabus	18

B. EFFECTIVENESS: REMEDIAL CLASSES

The effectiveness of Remedial Classes was assessed based on the performance of Level III students in the learning outcome test administered based on NIOS and SCERT- Delhi model paper for neo learners and class III-IV students respectively.

B.1 MLS: Ability of MLS students in writing and reading in Hindi is excellent: The students test performance in writing and reading in Hindi has been excellent. The performance is comparable with the ASER test on FLN conducted by Pratham. The performance of the GMRVF students is even more credible given that the reading test administered was of a much higher level than the ASER test instrument.

Tab 6: Performance of MLS students writing/reading in Hindi			
Test	GMRVF MLS class survey	State with best performance in ASER	
		Class V	Class VIII
Reading in vernacular	84%	66% (Punjab)	87% (Himachal)
Writing in vernacular	73%	No written test in vernacular	

Source: Primary survey 2025 | ASER report 2024
 Note: The standard of reading test administered under this assessment test was of significantly higher standard than ASER

B.2 MLS : Performance of MLS students in Math and English is relatively poor The performance of MLS students in Arithmetic and English is significantly below that achieved for Hindi. On an average the students could score 53% in Arithmetic and 41% in English.

Tab 7: Performance of MLS students in Arithmetic and English			
Test	GMRVF MLS class survey	State with best performance in ASER	
		Class V	Class VIII
Arithmetic	52%	50% (Punjab)	62% (Punjab)
English	41%	No test in English	

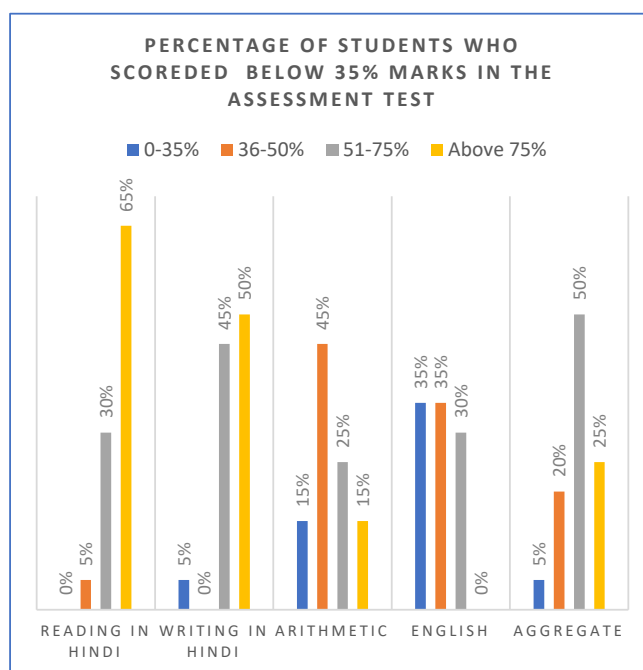
Source: Primary survey 2025 | ASER report 2024
 Note: The standard of arithmetic test administered under this assessment test was of significantly higher standard than ASER

B.3 MLS : High variability of MLS student performance in English and Math

At the aggregate level only 5% of the sampled students failed to secure the passing benchmark (>35%), However, at the disaggregate level poor performance was seen in Arithmetic and English with fail percentage being around 15% and 35% respectively.

Tab 8: Performance of MLS students in Assessment test				
	'0-35% (Failed)	'36-50% (Adequate)	'51-75% (Good)	Above 75% (V. Good)
Reading in Hindi	0%	5%	30%	65%
Writing in Hindi	5%	0%	45%	50%
Arithmetic (*)	15%	45%	25%	15%
English	35%	35%	30%	0%
Aggregate score	5%	20%	50%	25%

Source: Primary survey 2025
 (*) includes data interpretation



B.4 MLS : Students displayed good reading speed : The MLS students were administered a reading test , wherein the sampled students were asked to read a passage in Hindi. . The reading speed (words/minute)

³ <https://economictimes.indiatimes.com/news/india/government-assessment-reveals-discrepancy-in-board-exam-results-short-age-of-seats-in-key-educational-streams/articleshow/100556389.cms?from=mdr>

of all the sampled students was above the minimum global reading standard of 55 words/minute. The reading test performance of the MLS students was much better than the reading speeds recorded for grade III students conducted by NCERT in their study on Oral Reading Fluency.

Tab 9: Comparison of performance of MLS students in reading Hindi text compared to Oral Reading Fluency Survey conducted by NCERT

Proficiency	Benchmark (words/minute)	% students meeting standard	
		(FLN Survey 2022-NCERT)	MLS class (reading test)
Below Global Minimum Proficiency	0-16	19%	0%
Partially meets Global Minimum Proficiency	17-34	35%	0%
Meets Global minimum proficiency	35-54	23%	0%
Exceeds Global minimum standard	55+	23%	100%

Source: Primary Survey 2024 | FLM 2022- National Report on Benchmark for Oral Reading Fluency, NCERT (grade III)

B.5 MLS: MLS classes help improve performance at school: The parents in most cases opined that MLS classes have led to improvement in the performance of their wards at school.

D.4 EFFICIENCY **RATING : HIGH**

1. SLS + MLS : Regularity of classes: During the FGD the parents reported that the classes are held regularly without any notable disruptions. It was reported by the managers/teachers of the Savda learning centre that replacement teachers are provided when the regular teacher is on leave or is assigned additional work like accompanying students to exam centre etc. .

2. SLS + MLS : Monthly assessments done: The project undertakes at the minimum one monthly assessment of the students to track progress. For MLS classes the grade Level proficiency test is conducted every six months for promotion to the next level.

3. SLS + MLS : PTM every month To keep the parents apprised PTM is held every month and the performance of the monthly assessments discussed. The teacher also apprises the parents on their wards' progress, attendance and areas of concern. The parents expressed satisfaction with their interaction with the teacher(s) at the PTM meetings.

4. SLS + MLS : Classes equipped with smart boards: The smart board helps teacher to use audio visual aids to provide a better learning experience.

5. SLS + MLS : Frequency of giving homework reported to be low: The parents during FGD reported that the frequency of giving homework needs to be more frequent so that the students do adequate self study.

6. SLS : Time constrain in finishing the syllabus: For the tuition classes (SLS), it becomes difficult to complete the syllabus of all three subjects namely Mathematics, English and Science, over six hours duration per week. The teacher has to juggle with the three subjects given the limited time of the classes and has to prioritize some subjects over the other and mostly STEM gets priority over English.

7. SLS : Implementation of subject specific teaching methods a challenge at the After School Tuition (SLS) classes: It is generally seen⁴ that the students who spent more time in class solving practice problems on their own and taking quizzes and tests tended to have higher scores in math. It was just the opposite in English class. Teachers who allocated more class time to discussions and group work ended up with higher scorers in that subject. While most effective use of class time depend on the subject, having a single teacher for Science, Math and English coupled with limited class time makes adopting subject-wise teaching methodology difficult.

8. SLS + MLS: Follows a first come-first serve admission strategy- No bias in admission: The After School Tuition (SLS) admission process is not biased towards admitting student with high academic proficiency, rather students with a varied academic ability are admitted. A large number of students who have studied in MLS classes seek admission to SLS class comprising about 50% of the SLS class strength, the rest are new students.

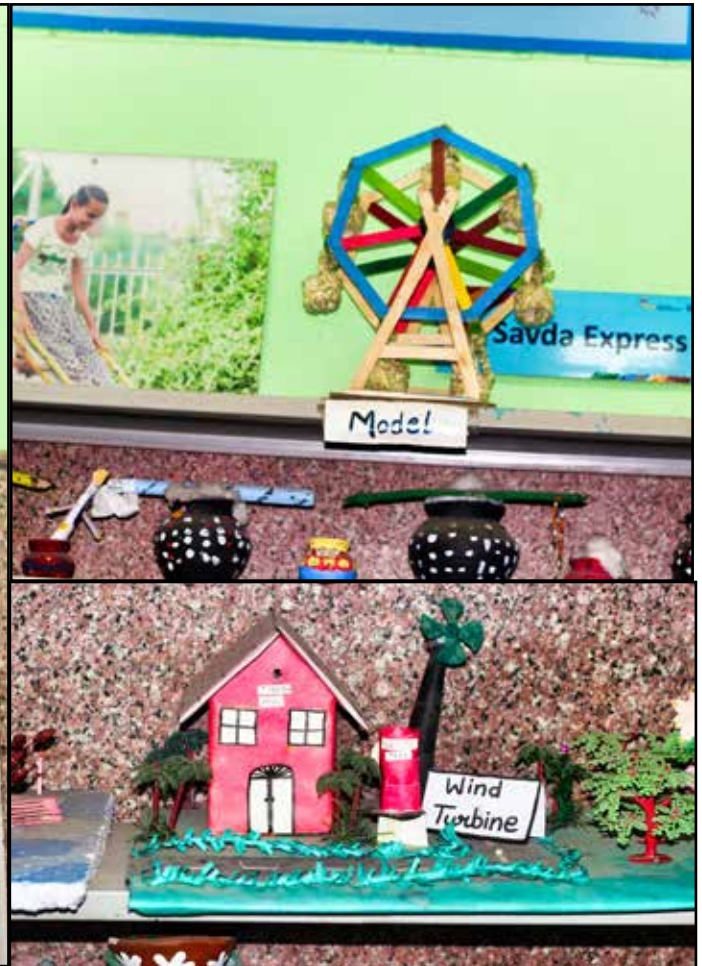
9. MLS : No teacher training : The teachers conducting the MLS classes have had a long tenure spanning 5-6 years, however they have not received any training especially in handling slow learners. The teachers indicated need for such a reinforcement.

10. MLS: Model making activity in MLS classes is positive: MLS - level 3 students are encouraged to make simple models and the same is displayed. Such activities add to the learning process.

D.5 SUSTAINABILITY **RATING : HIGH**

1. Need for tuition(SLS) and Remedial Classes (MLS) will continue till government schools do not deliver quality education: The students coming to GMRVF classes at Savda are from government schools. The need for tuition and remedial classes will continue till the schools donot deliver the desired learning outcomes for the students. Delhi government schools continue to underperform, as per the Niti Aayog's School Quality Education Index⁵, Delhi ranks 18th amongst all states and UTs with a composite score of 48.96%, with Chandigarh topping the list with a

⁴ Simon Burgess, Shenila Rawal, Eric S. Taylor, 'Teachers' use of class time and student achievement, Economics of Education Review Volume 94, June 2023, 102405
⁵ https://www.niti.gov.in/sites/default/files/2019-09/seqi_document_0.pdf



score of 82.9%. A turnaround in improving school quality at scale in Delhi will take time and given that context it is expected that in the short and the medium term the MLS and SLS classes will remain relevant.

2. Increasing aspiration: There is a rising demand for quality school education in poor communities due to increased aspirations and will fuel the demand for MLS and tuition classes. This is true for the community in Savda as well, with the parents participating in FGD desired that their children make a career in professional vocations like medicine, engineering, teaching, law enforcement, administrative service etc. Communities in urban slums and resettlement communities increasingly view education as a critical means to secure better livelihoods, upward mobility, and social respect. Parental aspirations—especially those of mothers—are strongly linked to children's educational attainment and learning outcomes, with higher aspirations correlating to higher grades and better test scores in local languages, English, and mathematics⁶.

E. OVERALL RATING

RATING : HIGH

After-school tuition programs (SLS) and remedial classes (MLS) play a crucial role in addressing the issue of inadequate academic outcomes among students from low-income backgrounds. The initiative targets this

⁶ Serneels, P., & Dercon, S. (2020, October 16). *Aspirations, poverty and education: evidence from India*. Blavatnik School of Government. <https://www.bsg.ox.ac.uk/research/publications/aspirations-poverty-and-education-evidence-india>

issue explicitly within the communities it supports, thus achieving high marks in coherence and relevance. The **effectiveness** ratings for the SLS and MLS programs are examined individually in the following sections:

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The **efficiency** ratings for the SLS and MLS programs are examined individually in the following sections:

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English), difficulties in implementing subject-specific teaching methods with a single teacher managing three grades across three subjects, and infrequent homework assignments.

- ii. In the **efficiency** parameters, the MLS program performs better. However, it still loses points due to low homework frequency and no teacher training in remedial education, specifically for handling slow learners.

The program has a high **sustainability** rating because it addresses a recognized need for access to quality education, which is likely to persist in the medium term. Overall, the program is making a committed effort to provide quality tuition and remedial classes for children from low-income families.

F. SUGGESTIONS

1. SLS: Separate teacher for teaching language subject:

The instructional strategy for language(English) is completely different compared to STEM (Science and Math). The main differences is highlighted in the table below:

Tab 9: The teaching methodology for language and STEM		
Aspect	Language Teaching Methods	STEM Teaching Methods
Approach	Communicative Language Teaching (CLT), Task-Based, Grammar-Translation, Direct Method, Total Physical Response	Project-Based Learning, Inquiry-Based Learning, Hands-On Experiments, Flipped Classroom, Design Thinking
Classroom Focus	Real-life communication, interaction, fluency, vocabulary, grammar, and cultural context	Problem-solving, experimentation, critical thinking, collaboration, and real-world applications
Teacher Role	Facilitator of communication, provides feedback, models language use	Guide and mentor, supports exploration, scaffolds learning, encourages teamwork
Assessment	Oral and written proficiency, comprehension, interactive tasks	Project outcomes, presentations, practical demonstrations, problem-solving ability

Source: Simon Burgess, Shenila Rawal, Eric S. Taylor, Teachers' use of class time and student achievement, Economics of Education Review Volume 94, June 2023, 102405

Currently for After School Tuition(SLS) classes one teacher teaches all the three subjects namely English, Math, Science for all the three classes (VIII, X and X). Having a separate teacher for English may be considered. This becomes even more pertinent given that the student performance in English in the Learning Assessment Test was poor.

2. SLS: Increase instructional time: The six hour per week classes for After School Tuition (SLS) classes made it challenging to cover the syllabus of all the three subjects

(Math, English & Science). Increasing instructional time may be considered. This will however require restructuring the limited available infrastructure at the learning centre.

3. SLS : Availability of facility for practicing prescribed science experiments: As discussed previously the learning centre currently does not have facility for students (After School Tuition) to practice science experiments. These experiments which are prescribed by CBSE are essential for understanding core concepts in Physics, Chemistry, and Biology, and are assessed in board practical examinations. The project may consider procuring science kits recommended by NCERT. The NCERT science experiment kits are designed to support hands-on, learner-centered activities aligned with the curriculum for Classes VI–X. These kits serve as portable laboratories and include a wide range of apparatus, chemicals, and manuals for conducting experiments and activities prescribed in NCERT textbooks and CBSE practicals. This will also be a differentiator of the Savda tuition program from private tuitions available in the vicinity.

4. SLS : Negotiate with government schools in Savda to introduce science stream : The After School tuition (SLS) class has high focus on Math and Science, however all the three senior secondary schools in Savda do not offer science stream in senior secondary level. The girls school doesn't have a commerce stream as well. Resultantly all the students are forced to take the arts stream. This is especially an obstacle for girls who are not allowed to travel to distant schools where science stream is available. The SLS teacher estimated that given a choice about 10-15% of the After School Tuition (SLS) students will opt for science if given a choice. GMRVF may negotiate with the government school authorities to ensure that at least one school in Savda offers a science stream at senior secondary level.

5. SLS: Certain topics under each subject would require reinforcement: The results of tests administered to students revealed that certain areas in the syllabus required more stress in the classroom. This includes topics in biology and physics in science, angles, ration and inverses in math, and medieval history in social science. The **table 10** lists out topic-wise performance of SLS students in the assessment test.

6. SLS : Career counselling: It was reported that there is a significant dropout after class X. The After School Classes (SLS) may consider organising career counselling sessions to apprise students of the various streams (including vocational) they can pursue. Such sessions can also be organised at the government schools at SAVDA students in secondary classes.

7. SLS : Need for including social science tuition classes: The social science scores of the students (SLS classes) in the assessment test was extremely poor. There is a case for including social science in the subjects taught. This would however call for more teaching resources and instructional time.

8. MLS : Teacher training for remedial education: Currently there is no provision for MLS teacher to upgrade their skills, techniques, tools and understanding, necessary to help students especially slow learners overcome their

challenges. Short term training for the MLS teachers may be considered. A number of options (both in-person and online) are available for child remedial teacher training,

9. MLS: Encourage Activity Based Learning in MLS

classes: Introduce Activity Based Learning in MLS classes: Activity-based learning (ABL) is highly effective for remedial classes^{7 8}. Multiple studies confirm that ABL—where students learn through hands-on activities, guided practice, and real-world problem solving—significantly improves academic achievement, engagement, and retention among slow learners and those needing remedial support. According to the NEP, the schools will have to include application based and activity based learning. A good resource which may be consulted is 'Activity Based Learning and Innovative Teaching Aids by Dr.Hemali P Josh' and is available on Amazon.

10. SLS + MLS : Issuance of Report Cards: Currently the performance of students in assessment test is not transcribed onto a report card. An individual student report card is essential for tracking progress, guiding improvement, fostering communication among teachers, parents, and students, and supporting each student's academic and personal development. The program may also consider having the report card data in digital format so as to enable the program managers monitor each individual student performance through a dashboard.

11. SLS + MLS: Establishing a library: Currently there is no library for students either for MLS or SLS batches. Reading is an essential part of mastering language skills. Age and grade specific books at the library will reinforce language skills being taught in the classroom. In most of the households from where the students come there is a dearth of reading material.

12. SLS + MLS : Weekly tests should not be discretionary: Research consistently shows that students who take weekly quizzes or tests perform better academically than those who do not⁹. Frequent testing helps students process and retain information more deeply, as material is reviewed and recalled regularly rather than crammed before major exams. Currently monthly assessments are done to track student progress and weekly tests are at the discretion of the teacher. It is suggested that weekly tests may be made a part of the program design in both After School Tuition (SLS) and Remedial classes (MLS).

13. SLS + MLS : Increase frequency of homework: During FGD with parents it was reported that the frequency of homework given to students was low. The norms laid out by the National Curriculum framework (NCF)-2005 for giving homework to school students may be followed:

- i. **Primary:** No homework up to Class II and a maximum of two hours a week from Classes III-V.

- ii. **Middle School** (from Classes VI-VIII): A maximum of one hour a day (about five to six hours a week).
- iii. **Secondary and Higher Secondary:** A maximum of two hours a day (about 10 to 12 hours a week).

14. SLS + MLS : Teaching life skills: The parents during FGD suggested that more stress on life skills like communication, respect, empathy, grooming, mental math etc may be stressed. While this significantly broadens the scope of the SLS and MLS classes and thereby requirement of infrastructure, time and teaching resources, the same may be considered at least for the MLS students.

15. Include other competitive exams within ambit of coaching for competitive scholarship and admission exams: Currently the Savda learning center provides entrance exam coaching for Dr. B.R. Ambedkar School of Specialised Excellence. The project may also consider including National Means and Merit Scholarship (NMMS) and class V entrance test for Jawahar Navodaya Vidyalaya.

7 Amuthavalli, & Sivakumar, Dr. (2014). Impact of activity based learning on learning science at primary level. In Dept. of Education, Alagappa university, Karaikudi & Alagappa University, Karaikudi, Shanlax International Journal of Education (pp. 60-62) [Journal-article]. <https://www.shanlaxjournals.in/pdf/EDN/V2N2/EDN V2 N2 009.pdf>

8 An evaluation of the pedagogy, impact on learning outcomes, political economy of adaptation and subsequent scale-up of the programme in Tamil Nadu, India UKAID https://assets.publishing.service.gov.uk/media/58db967940f0b606e7000057/Report_4.pdf

9 Gholami, V., & Moghaddam, M. M. (2013). The effect of weekly quizzes on students' final achievement score. *International Journal of Modern Education and Computer Science*, 5(1), 36-41. <https://doi.org/10.5815/ijmecs.2013.01.05>

Tab 10.A Question-wise performance of students in science test			
Subject	Topic	Q No. Refn	Marks Obtained
Science	Friction	SQ2	91%
Science	Environment/Pollution	SQ10	91%
Science	Environment	SQ22	91%
Science	Environment	SQ5	82%
Science	Speed	SQ3	64%
Science	Electrode	SQ11	64%
Science	Air Permeability	SQ21	64%
Science	Environment	SQ25	64%
Science	Environment/Pollution	SQ8	55%
Science	Heat Conductivity	SQ13	55%
Science	Microorganism	SQ14	55%
Science	Environment	SQ4	45%
Science	Neutralization	SQ6	45%
Science	Gravity	SQ15	45%
Science	Rate of change	SQ18	45%
Science	Chromosomes	SQ24	45%
Science	Type of force	SQ1	36%
Science	Pressure/Force (Physics)	SQ17	36%
Science	Magnetism (Physics)	SQ12	27%
Science	Electromagnetism (Physics)	SQ16	27%
Science	Environment/ Water Conservation	SQ19	27%
Science	Human Embryonic Development (Biology)	SQ23	27%
Science	Unicellular organism (Biology)	SQ7	18%
Science	Vegetative propagation (Biology)	SQ9	0%
Science	Chemical Reaction	SQ20	0%

Tab 10.B Question-wise performance of students in math test			
Subject	Topic	Q. No. Refn	Marks Obtained
Math	Properties of addition / subtraction	MQ6	91%
Math	Angle/Triangle	MQ2	82%
Math	Interpret bar graph	MQ4	82%
Math	Rational number between two given rational numbers	MQ17	73%
Math	Discount	MQ9	64%
Math	Ratio	MQ11	64%
Math	Exponential operation	MQ3	55%
Math	Property of quadrilaterals	MQ5	55%
Math	Percentage	MQ12	55%
Math	Angle/Triangle	MQ13	55%
Math	Area/Perimeter rectangular object	MQ14	55%
Math	Averages	MQ15	55%
Math	Division and multiplication of fractions	MQ8	45%
Math	Profit/Loss	MQ10	45%
Math	Divisibility rule	MQ18	45%
Math	Property of quadrilateral	MQ21	45%
Math	Angle/Triangle	MQ22	45%
Math	Area of rectangular object	MQ24	45%
Math	Square Root	MQ1	36%
Math	Property of quadrilateral	MQ20	36%
Math	Ratio/Inverses	MQ19	27%
Math	Angle/Triangle	MQ23	27%
Math	Averages	MQ25	27%
Math	Associative / Commutative property	MQ16	9%

Tab 10.C Question-wise performance of students in social science test			
Subject	Topic	Q No. Refn	Marks Obtained
Social Science	Disaster	SS2	82%
Social Science	Medieval History	SS12	73%
Social Science	Political Science	SS14	73%
Social Science	Modern History	SS3	64%
Social Science	Environment Science	SS7	64%
Social Science	Geography	SS17	64%
Social Science	Geography	SS6	55%
Social Science	Political Science	SS10	45%
Social Science	Geography	SS16	45%
Social Science	Political Science	SS21	45%
Social Science	Political Science	SS24	45%
Social Science	Geography	SS4	36%
Social Science	Modern History	SS8	36%
Social Science	Economics	SS15	36%
Social Science	Geography	SS22	27%
Social Science	Economics	SS25	27%

contd....			
Social Science	Geography	SS1	18%
Social Science	Political Science	SS5	18%
Social Science	Political Science	SS9	18%
Social Science	Economics	SS11	18%
Social Science	Medieval History	SS13	18%
Social Science	Modern History	SS18	18%
Social Science	Modern History	SS19	18%
Social Science	Political Science	SS20	18%
Social Science	Medieval History	SS23	9%

Computation of the rating of education (SLS/MLS) project

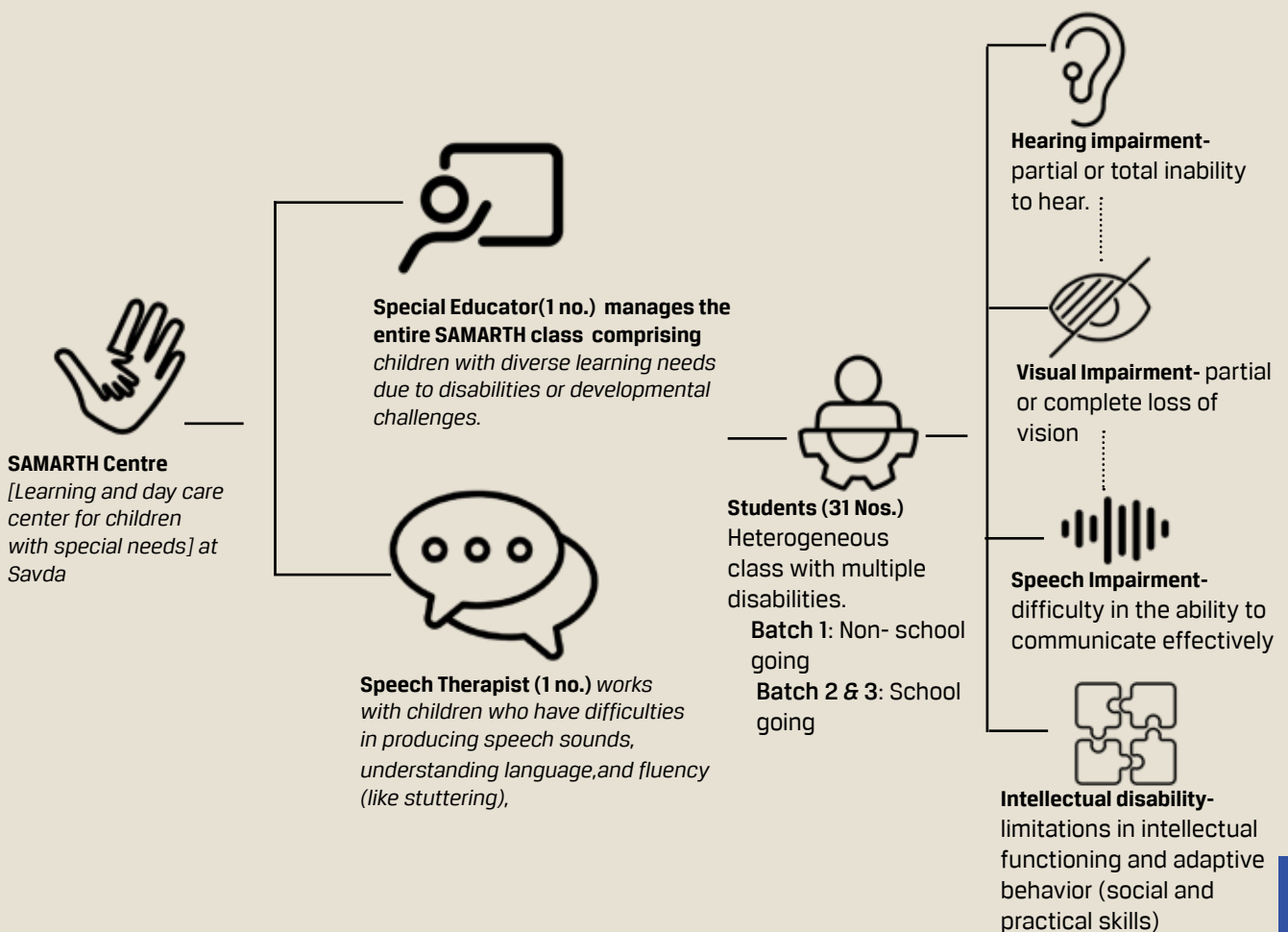
Criterion	Performance Indicator	Weightage	Score (out of 5)	Weighted score	Weighted Average & Rating	Refn in report
A. COHERENCE	External Coherence	0.5	5	2.5	5 [HIGH]	D.1.1
	Internal Coherence	0.5	5	2.5		D.1.2
B. RELEVANCE	Below par NAS scores	0.40	5	2	5 [HIGH]	D.2.1
	Teaching at government schools needs reinforcement	0.40	5	2		D.2.2
	Low literacy of parents	0.10	5	0.5		D.2.3
	Home environment not conducive	0.10	5	0.5		D.2.4
C.1 EFFECTIVENESS - After school tuition (SLS)	Results in Math and Science above state and national average	0.2	5	1	4 [HIGH]	D.3.A.1
	Results for English show no significant difference from the national and state average	0.2	3	0.6		D.3.A.2
	Performance in social science poor- There is a case for including social science	0	0	0		D.3.A.3 (social science not part of SLS syllabus, hence not scored)
	High variability in scores of students attending GMRVF tuition classes- significant failure rate in assessment test	0.2	2	0.4		D.3.A.4
	Significant savings for parents in pvt tuition fee	0.1	5	0.5		D.3.A.5
	Class X board result has been good	0.1	5	0.5		D.3.A.6
	Class capacity not filled	0.2	5	1		D.3.A.7
C.2. EFFECTIVENESS - Remedial classes (MLS)	Ability of MLS students in writing and reading in Hindi is excellent	0.3	5	1.5	4.4 [HIGH]	D.3.B.1
	Performance of MLS students in Math and English is relatively poor	0.3	3	0.90		D.3.B.2/ D.3.B.3
	Students displayed good reading speed - above global standards	0.2	5	1		D.3.B.4
	MLS classes help improve performance at school	0.2	5	1		D.3.B.5
D.1 EFFICIENCY After school tuition (SLS)	Regularity of classes	0.2	5	1	4.30 [HIGH]	D.4.1
	Monthly assessments done	0.1	5	0.5		D.4.2
	PTM every month	0.15	5	0.75		D.4.3
	Classes equipped with smart boards	0.15	5	0.75		D.4.4
	Frequency of giving homework reported to be low	0.15	3	0.45		D.4.5
	Time constrain in finishing the syllabus	0.1	3	0.3		D.4.6
	Implementation of subject specific teaching methods a challenge	0.1	3	0.3		D.4.7
	No bias in admission	0.05	5	0.25		D.4.8

Computation of the rating of education (SLS/MLS) project

Criterion	Performance Indicator	Weightage	Score (out of 5)	Weighted score	Weighted Average & Rating	Refn in report
D.2 EFFICIENCY - Remedial classes (MLS)	Regularity of classes	0.2	5	1	4.7 [HIGH]	D.4.1
	Monthly assessments done	0.1	5	0.5		D.4.2
	PTM every month	0.1	5	0.5		D.4.3
	Classes equipped with smart boards	0.15	5	0.75		D.4.4
	Frequency of giving homework reported to be low	0.15	4	0.6		D.4.5
	No bias in admission	0.05	5	0.25		D.4.8
	No teacher training	0.15	4	0.6		D.4.9
	Model making activity in MLS classes is a positive	0.1	5	0.5		D.4.10
E. SUSTAINABILITY	Need for tuition(SLS) and MLS will continue till government schools do not deliver quality education	0.5	5	2.5	5 [HIGH]	D.5.1
	Increasing aspiration will fuel demand	0.5	5	2.5		D.5.2
OVERALL					4.74 [HIGH]	



A. SAMARTH



Summary

It is indeed credible that SAMARTH is one of the few CSR programs that work towards the welfare of children with disabilities. The SAMARTH project began as a daycare center for children with disabilities and is currently in the process of gradually transitioning into a special school for children. This transition is a work in progress; while significant strides have been made, there are areas where initiative can be further streamlined. The project scores high on **coherence**, as it aligns with Schedule VII, the Sustainable Development Goals, and the national policy of inclusive education. In a similar vein, the project scores well in the **relevance** criteria, given that Government schools do not deliver the complete package of inclusive education services for students with disabilities and poor households, nor do they have the awareness or the ability to afford special education in the private sector. In terms of **effectiveness**, the parents have expressed their satisfaction with the special education provided by the SAMARTH program. The program has effectively linked children with disability with the financial assistance being provided under the Delhi state government scheme. However, the effectiveness score is brought down by the limited vocational skilling and the lack of assistance towards employment opportunities (such as sheltered workshops) for youth above 18 years who attend the SAMARTH classes. Also, there are no formal assessment protocols in place to gauge the progress made by the students attending the SAMARTH classes. In terms of **efficiency**, the program scored relatively poorly due to its inadequate staffing, absence of specialized equipment and resource room, limited infusion of technology, no medical assessment for visually impaired students who might be helped through corrective glasses or surgical intervention, and limited use of sports/ art/ music for emotional, social, and cognitive development. The issue of inadequate staffing is compounded by the challenges in recruiting special educators willing to work in Savda, which is a relatively remote location, given its location on the outskirts of Delhi and inadequate transport infrastructure. The program is **sustainable** because there is no competing quality facility for children with disability in the neighborhood. In summary, the SAMARTH program fulfills a felt need and is a laudable initiative. Improvement of infrastructure, introducing vocational training, and improving the classroom processes will further increase the efficacy of the program.

Rating of SMILE Project

Assessment Criteria	Rating	Score
Coherence	High	5
Relevance	High	5
Effectiveness	High	4.2
Efficiency	Medium	3.9
Sustainability	High	5
Overall	High	4.62

A. INTRODUCTION

In realization that regular tuition classes and remedial classes run at the SAVDA learning centre leaves out a significant group of children who have special needs given the physical and mental disabilities they face. It is to fill this gap that SAMARTH classes were started which currently caters to 31 students with disabilities which range across speech, hearing, visual and mental issues. While evidence overwhelmingly shows that children with disabilities can aspire to a wide range of goals, dreams, and future achievements, just like their peers, they require assistive reinforcements which include

academic, physical, emotional and technological to help such students transcend their disabilities. The SAMARTH centre at Savda caters to 31 students with special needs. The students are divided across three batches, with first batch catering to 8 out of school students, most of whom are above 18 years old. Batch 2 & 3 comprise students who go to school and also attend the SAMARTH classes at the Savda learning centre. Each batch attends classes spanning 1.5 hours each. The classes are managed by a special educator and an assistant. Both these personnel are full time staff. The SAMARTH classes are assisted by a speech therapist who provides one-on-one therapy sessions to 12 students who have speech related issues. In addition students with hearing issues are provided hearing aid. Nutritious food is provided to the students during SAMARTH classes. Pickup and drop facility is also provided.

Factsheet

A. Location : Savda

B. Number of beneficiaries : 31

C. Benefit provided

- **Special education:** Instruction and support provided to students with disabilities to meet their unique learning needs.
- **Assistive Technology:** Cochlear implant for students with hearing issues
- **Nutritious food:** Students are provided a meal
- **Transport:** To and from transport is provided to the students through a dedicated e-rickshaw.

E. Budget

B. METHODOLOGY

B.1 Focus Group Discussion: Focus group discussion (FGD) was held with the parents of the students to ascertain the perceived benefits, challenges and suggestions.

C. ASSESSMENT

The impact assessment of the SAMARTH project has been done as per the DAC criteria as explained in chapter 1 of this document.

D.1 COHERENCE

RATING : HIGH

I. External Coherence

- i. **Conforms with Schedule VII:** The initiative conforms which sub-section VII.ii which allows for CSR investment in education including special education.
- ii. **Conforms with Sustainable Development Goals:** The 2030 Agenda for Sustainable Development, which includes the SDGs, recognizes disability as a cross-cutting issue and includes 11 specific references to disability throughout its framework. "Leave No One Behind" Principle is central to the SDGs and means that all people, including those with disabilities, should benefit from development efforts. Specifically, Sustainable Development Goal 4 (SDG 4) aims to ensure inclusive and equitable quality education for all.
- iii. **Conformance with National Policy:** India's policies on education for disabled individuals focus on inclusive education, ensuring access to free and appropriate education in integrated or special schools. Key legislation includes the Persons with Disabilities Act, 1995 (now subsumed under the RPwD Act, 2016), and the Right to Education Act, 2009, which mandate education for all children, including those with disabilities, up to a certain age. These policies aim to provide equal opportunities and promote the full participation of disabled individuals in society.

II. Internal Coherence

The project is in concurrence with the 'Education' driver of the GMR CSR¹ Policy.

D.2 RELEVANCE

RATING : HIGH

Children with disabilities from poor families need help due to a complex mix of poverty, lack of support, stigma, and inaccessible services that affect nearly every aspect of their lives.

1. Government schools do not deliver the full package of inclusive education services for students with disability: The parents who attended the FGD for this study acknowledged that the government schools are making efforts to include provision for inclusive education provisions including functional curricula, and infrastructural improvements, aiming to comply with national disability rights and education policies. Nonetheless, critical gaps remain in adequate staffing of special educators, fully accessible infrastructure, comprehensive and widespread curricular adaptations, and consistent availability of therapeutic and support services. Parents reported that increasingly the special classes at government schools were being treated as remedial classes for slow learners and not exclusively for students with disabilities, thereby diluting the effort for making schools inclusive for children with disabilities. The SAMARTH classes provide the reinforcement and helps negate some of the gaps at schools.

¹ https://www.gmrgroup.in/pdf/GHWL_CSR_Policy.pdf

2. High degree of dependency and isolation in children with disability from poor communities: In the absence of proper care, infrastructure, or awareness in low income localities, children with disabilities become even more dependent on family members or neighbors. This restricts their participation in education, social activities, and even basic care, reducing their chances for independence and full development

3. Lack of awareness and stigma about mental disabilities: There is widespread ignorance about disabilities such as autism or cerebral palsy. Many families do not know what support or therapies are available, and social stigma leads to isolation or shame, preventing families from seeking help.

4. High incidence of disability in children from poorer communities: Studies² show that disability prevalence is about 55% higher in the poorest wealth quintile compared to the most affluent, indicating a strong correlation between poverty and disability. People from poor households have higher risks of disabilities due to factors linked to poor health, recurrent diseases, malnutrition, and inadequate healthcare access

D.3 EFFECTIVENESS

RATING : HIGH

I. Raised dignity in home through linkage with

government financial entitlements: One of the biggest achievement of the SMARTH project has been the linking of the students to the "Financial Assistance for Persons with Special Needs" scheme in Delhi which provides a monthly sum of Rs. 2,500 to eligible individuals with disabilities, including children. This scheme is administered by the Government of NCT of Delhi. SMARTH program has a dedicated staff to ensure that all the documentation is properly done (including Unique Disability ID card), so that the child gets access to the government financial support. The attitude of the households towards their child with disabilities has changed given that he/she is now an earning member of the family.

2. Limited option for engagement of students beyond 18 years: Currently there are eight students who are aged 18 years and above. The program does not have provision for providing vocational training, skill development and employment (sheltered workshops) for students with disabilities who may not be able to work in the general or competitive job market due to the nature or severity of their disabilities.

3. Assistive equipment has been provided: The program provides hearing aid to the students who have hearing issues. Since 2017, the project has provided hearing aid to 8 students. Currently there are two children needing hearing aid, and the project is in the process of providing the same.

4. High appreciation from parents : The parents reported high satisfaction on the services provided at SAMARTH classes:

² Pattnaik, Shweta, et al., Prevalence, pattern and determinants of disabilities in India: Insights from NFHS-5 (2019–21), Front Public Health. 2023 Feb 27;11:1036499. doi: 10.3389/fpubh.2023.1036499



- Private sector special education not affordable:** Fees can range substantially, typically from Rs. 40,000 to Rs. 2,40,000 per year, depending on facilities and additional supports (e.g., therapy, transportation, activities). Parents appreciated that SAMARTH classes are free given that all the students come from very poor economic backgrounds.
- Gaps in special education in government schools bridged at SAMARTH classes:** Delhi government, under the Samagra Shiksha scheme, has a dedicated component for Inclusive Education for Children with Special Needs (CWSN). While it is indeed credible that Delhi state has provided facilities and teaching resources in regular schools for children with special needs, parents reported that the effort leaves much to be desired.
- Children enthusiastic:** It was reported that children are enthusiastic in attending the SAMARTH classes. The same enthusiasm was however not seen in students in attending regular school.

5. No formal mechanism to measure progress of students:

No formal assessments are done at SAMARTH classes to track the academic and life skill outcomes of students. Assessment provides valuable data to personalize learning, helps monitor progress over time on metrics of performance, and ensures students with disability receive the specific accommodations and supports they need to thrive academically and socially. It also ensures students with disabilities participate in assessments that grant them equitable educational opportunities and prevent

exclusion, which is linked to poorer educational and life outcomes. Overall, assessing progress helps maximize a student's potential by tailoring interventions to their evolving abilities and challenges.

D.4 EFFICIENCY

RATING : HIGH

1. Ensuring regular attendance: SMARTH program provides pick and drop facility for all the students. Given that these students need assistance for travel, the eRickshaw facility provided for the students ensures that the parents are not burdened to transport the students to the SMARTH centre. This ensures regular attendance.

2. Specialized teachers made available: SMARTH centre is managed by a trained special educator. Facility for speech therapy is provided by a trained therapist (part time) and currently twelve children are receiving speech therapy.

3. Managing Multiple disabilities with single special educator is a challenge: Currently the SAMARTH classes has 31 children across a spectrum of disabilities including visual, hearing, speech and mental issues. The entire batch is managed by one special educator who has specialization in Visual Impairment (VI). It was reported that services are required of a child psychologist or therapist specializing in developmental and intellectual disabilities who can provide tailored support for children facing such challenges. **It may be mentioned that recruiting special educators at remote location like Savda, which is in the outskirts of the city and not connected well with a reliable transportation system**

Tab 1: Indicative list of assistive technology used globally for teaching / therapy of children with disabilities

Speech Therapy	
Specialized Speech Therapy Tools & Apps	Speech therapy apps: Interactive games and exercises on tablets or smartphones that target specific speech sounds, language skills, or fluency.
	Placement tools: Devices like Speech Buddies use tactile prompts to train correct tongue placement for challenging sounds.
	Therapeutic tools: Products such as the Z-Vibe, ARK Probe, or TalkTools kits promote oral motor skills and sensory feedback necessary for clear speech
Analytical Software	Programs for analyzing language, voice, and fluency (like signal analysis software or aphasia treatment tools), which help speech-language therapist assess and track progress
Visual Impairment	
Low-Tech Tools	Enlarged text and raised line paper help students with low vision access written materials and practice writing.
	Slate and stylus enables braille writing in a low-tech, portable way.
	Bold markers and contrast-enhanced paper support easier reading and writing for those with residual vision
Digital and High-Tech Tools	Screen readers (software like JAWS or NVDA) provide auditory output for text on computers or tablets, allowing independent access to digital content.
	Screen magnification software (such as ZoomText or built-in operating system magnifiers) enlarges text and images for students with low vision.
	Refreshable braille displays convert text on a screen to braille in real time for students who use braille as their primary reading medium.
	Text-to-speech and speech recognition software support both reading and writing tasks by providing auditory feedback and enabling voice control.
	Word processors with accessible features (high-contrast modes, enlarged fonts) and adaptive keyboards (large print, high-contrast) help with composition and editing.
Classroom and Instructional Technology	Voice-over and gesture-based navigation on tablets or smartphones empower even very young children to access educational content independently.
	Educational apps: Apps designed for children with visual impairment teach skills through audio, tactile, and interactive feedback (e.g., Tap-n-See Now for tracking and color recognition).
	Braille printers and embossers convert digital documents into hard-copy braille
	Tactile art materials, 3D modeling kits, and adaptive music notation (enlarged print, braille music, or audio methods) foster creative skills
Mental Disabilities	
Inclusive Classroom Technology	Visual schedules, pictorial cards, and communication boards support structure and reduce anxiety, especially for children with autism and intellectual disabilities.
	Manipulatives and tangible learning aids provide concrete learning experiences for children who struggle with abstract concepts.
	Speech-to-text and text-to-speech software support students who struggle with reading or writing.
	AI-powered personalized learning tools adapt content and pace, offering scaffolding for different ability levels.
	Interactive whiteboards and adaptive educational games promote participation and engagement for varied learners.
	Learning management systems (LMS) with accessibility features help teachers deliver individualized instruction.



Impact in Action | Being Trained To Be Beauticians

While vocational training is not integrated into the standard curriculum in SAMARTH classes, there are noteworthy exceptions. Ramsha and Aiysha have been enrolled in the SAMARTH classes for the past three years and experience hearing difficulties. Both girls participate in speech therapy sessions organized under the SAMARTH program in addition to their regular class activities. For the last two months, they have been taking beautician classes at the SAVDA learning center for approximately half an hour each day. They have learned how to apply Mehndi and have become quite skilled at it. Acquiring a marketable skill will benefit their future learning prospects. Ayesha and Ramsha demonstrate that, despite a disability, they can quickly learn and excel at a skill. Expanding such vocational training for other SAMARTH students, if implemented, seems to be a promising opportunity.

is a real challenge and needs to be factored in when discussing non-availability of special educators in adequate number and with requisite experience at the SAMARTH center.

4. Scope for infusion of technology: Currently there is very limited use of assistive technology in SMARTH centers. A number of assistive technology (both hi-tech and low tech) is available for children with disabilities (Table 1).

5. Specialized equipment not seen: For children with mental disabilities, especially children with sensory or developmental needs, specialized equipment like therapy balls, swings, scooter boards, balance board, soft play equipment and other sensory gym tools are commonly used to support physical, sensory, and emotional development. No such equipment was seen. It was mentioned that the center has a trampoline but the assessment team did not observe it installed.

6. Medical Assessments not done for visually impaired students: While assessments have been done for hearing and speech impaired students, no medical assessments have been done for students who are visually impaired. It is felt that a medical assessment of such students would reveal possible corrective measures like prescription glasses, or recommended corrective surgeries.

7. Households with children with disabilities provided support through various other CSR programs: Under the SMILE project run by DIAL, a number of households whose children are enrolled under the SAMARTH program have been provided with handcarts. Similarly some of such households have received sewing machines.

8. Scope for increasing the use of music, painting, drama, and sports³ in SAMARTH classes: While some of these tools have been introduced, it was suggested by parents that these may be used more frequently.

D.5 SUSTAINABILITY

RATING : HIGH

1. Limited access to special education for poor households will keep SAMARTH classes in demand :

Children with disabilities from poor families face limited access to special education due to inadequate school infrastructure, scarcity of trained professionals, economic hardships, and uneven policy execution.

2. Need for SAMARTH classes will continue till government schools do not deliver on inclusive education:

Parents were unanimous in their opinion that the infrastructure, teaching resources and the processes put in place in the government schools towards providing equitable educational opportunities for all disabled

³ Children participate in inclusive sports events organised by Umang

children leaves much to be desired. Till this gap continues, the demand for SAMARTH classes will continue.

E. OVERALL RATING

RATING : HIGH

It is indeed credible that SAMARTH is one of the few CSR programs that work towards the welfare of children with disabilities. The SAMARTH project began as a daycare center for children with disabilities and is currently in the process of gradually transitioning into a special school for children. This transition is a work in progress; while significant strides have been made, there are areas where initiative can be further streamlined. The project scores high on **coherence**, as it aligns with Schedule VII, the Sustainable Development Goals, and the national policy of inclusive education. In a similar vein, the project scores well in the **relevance** criteria, given that Government schools do not deliver the complete package of inclusive education services for students with disabilities and poor households, nor do they have the awareness or the ability to afford special education in the private sector. In terms of **effectiveness**, the parents have expressed their satisfaction with the special education provided by the SAMARTH program. The program has effectively linked children with disability with the financial assistance being provided under the Delhi state government scheme. However, the effectiveness score is brought down by the limited vocational skilling and the lack of assistance towards employment opportunities (such as sheltered workshops) for youth above 18 years who attend the SAMARTH classes. Also, there are no formal assessment protocols in place to gauge the progress made by the students attending the SAMARTH classes. In terms of **efficiency**, the program scored relatively poorly due to its inadequate staffing, absence of specialized equipment and resource room, limited infusion of technology, no medical assessment for visually impaired students who might be helped through corrective glasses or surgical intervention, and limited use of sports/ art/ music for emotional, social, and cognitive development. The issue of inadequate staffing is compounded by the challenges in recruiting special educators willing to work in Savda, which is a relatively remote location, given its location on the outskirts of Delhi and inadequate transport infrastructure. The program is **sustainable** because there is no competing quality facility for children with disability in the neighborhood. In summary, the SAMARTH program fulfills a felt need and is a laudable initiative. Improvement of infrastructure, introducing vocational training, and improving the classroom processes will further increase the efficacy of the program.

F. SUGGESTIONS

1. Vocational training: Currently there is no provision under SAMARTH program for vocational training for youth above 18 years, thus limiting their ability to engage in a livelihood. There was a strong emphasis by parents that SAMARTH

program may include vocational training for the students. As on date about 8 students above the age of 18 attend SAMARTH classes. There are many examples of vocational training to youth with disability in India, some of which are listed below

Program	Agency	Trades	Target
Aanchal Special School	NDMC	Paper Craft Woodwork Spiral Binding Tailoring	Intellectual disabilities (IQ 35-40) and (IQ 50-70)
NGO run vocational training for disabled youth			
Handicrafts (basket making, weaving, pottery, block printing), Tailoring and embroidery, Food processing and culinary arts, Retail management and customer service, Gardening and nursery work, Carpentry and woodwork-ing, Electrician and basic appliance repair, Janitorial and facility maintenance			

2. Sheltered workshop: A sheltered workshop is a specialized workplace designed to provide employment and vocational training for people with disabilities—especially those who require significant support, supervision, or adaptations not typically available in competitive job environments. These workshops serve individuals with intellectual, developmental, mental, or physical disabilities, offering structured tasks such as manufacturing, assembly, packaging, recycling, or service jobs. In context of SAMARTH classes, the 18+ year olds (8 individuals) attending the classes are mostly with mental disabilities and might not find work in the job market. The parents also reiterated that **SAMARTH classes may help generate employment for youth with disabilities by having its own supervised small workshop manufacturing simple products like dusters, file-covers etc for which DIAL itself might be a market and the proceeds fund the wages of the youth with disabilities employed at the sheltered workshops.**

Examples of sheltered workshops running in India

Organisation	Product
Navkshiti (Pune, Maharashtra)	Diya making, file creation, and garland making
Chetana Institute for Empowerment of Persons with Intellectual Disability (Bhubaneswar, Odisha)	Shopping bags, napkins, table mats
Four Steps India (Delhi, NCR)	Bakery items, candles and diyas, paper and craft products, stain glass, and lifestyle products.
MBA Foundation (Mumbai, Maharashtra)	Fancy paper bags, torans, and gift items, working in small groups under supervision
Diya Foundation (Bengaluru, Karnataka)	Useful articles and craft sold through exhibitions
Abhilasha Pre-Vocational Centre (Mumbai, Maharashtra)	

3. Individual lesson plan: Currently students do not have individual lesson plans that address the unique needs, strengths, and learning styles of that student. For instance, a lesson plan for a student with a visual impairment might include Braille materials and activities focused on understanding the Braille alphabet, while a lesson for students with intellectual disabilities might use simplified content, visual aids, and repeated practice to enhance understanding. This however will require more teaching resources than is currently available with the SAMARTH program.

4. Art / sports/music therapy: During FGD the parents suggested a structured program for the students to include art/sports/music in the classroom. While to some extent these tools are used, the advice was to make them more pervasive:

- **Art therapy** offers multiple benefits for disabled students, including those with intellectual, developmental, and learning disabilities. It provides a non-verbal, creative means of expression that helps overcome communication difficulties, promotes emotional expression, builds self-esteem, and enhances motor skills like hand-eye coordination.
- **Participation in sports** promotes not just physical health but also emotional, social, and cognitive development.
- **Music therapy** offers a powerful and versatile approach for supporting disabled children, addressing a broad spectrum of emotional, cognitive, physical, and social needs through evidence-based techniques preferably led by certified music therapists.

5. Medical assessments of visually impaired: Parents with visually impaired children reported that SAMARTH program may consider assessment of their children, given that some of them can have their visual issues corrected through prescription glasses or surgical intervention.

6. Infusion of technology: Globally there are a number of technology options available, some of the is listed in table 1. Technology is a powerful enabler for making classrooms more inclusive and accessible for students with disabilities. Various forms of assistive and educational technology support students by removing barriers to learning, personalizing instruction, and fostering independence, participation, and achievement

7. Formal assessments to track progress: Formal assessment of students with disability in the classroom involves the use of standardized, structured tools and procedures to systematically evaluate knowledge, skills, and behavioral abilities. These assessments are critical for identifying students' strengths and challenges, informing individualized support plans, and tracking progress. Common types of formal assessments for students with disability:

- **Standardized Intelligence Tests:** Assess general intellectual ability and cognitive strengths/weaknesses.
- **Academic Achievement Tests:** Measure knowledge and proficiency in subjects like reading, writing, and mathematics.

- **Diagnostic Tests:** Identify specific learning disabilities or cognitive processing challenges.
- **Adaptive Behavior Assessments:** Evaluate everyday functional and social skills (e.g., Adaptive Behavior Assessment System (ABAS), Vineland Adaptive Behavior Scale).
- **Behavior Rating Scales:** Measure social, emotional, or behavioral functioning using structured questionnaires completed by teachers or parents.

8. Mental health therapist: Currently the SAMARTH class has one special educator specialized in Visual Impairment (VI). However, with a significant number of children with mental disabilities in SAMARTH classes, a need for a mental health therapist is acutely felt. A mental health therapist for children with disabilities provides emotional, behavioral, and psychological support specifically tailored to the unique needs of children with intellectual, developmental, or physical disabilities. They help children manage mental health challenges, develop coping skills, improve social functioning, and enhance overall well-being.

9. Resource room: Resource rooms are specialized support spaces designed to provide individualized educational help and therapies to children with disabilities. Such a resource room may be considered at the SAMARTH centre. This will however require additional space, which might be a constraint at the SAVDA centre where the SAMARTH classes are held. NCERT (1987) has recommended essential aids and equipments for resource rooms in schools, the same is summarized below:

A. For Speech and Hearing Impairment:

- Sound discrimination toys (from loud to refined sounds)
- Group and individual hearing aids
- Audiometer with accessories
- Speech trainer and related materials
- Charts and slides on sign language and speech articulation
- Mirrors for speech correction

B. For Visual Impairment:

- Braille alphabets and kits (including abacus, stylus, slate)
- Snellen charts for eye examination
- Mobility aids like canes and blind folders
- Magnifying glasses, reading and writing stands with Braille markers
- Talking books and audio learning materials
- Models and charts on eye mechanism and defects
- Braille typewriters and thermoform machines

C. For Intellectual Disabilities:

- Psychological testing tools and models (e.g., of the brain)
- Charts on intellectual functioning and adaptive behaviour
- Teaching aids addressing developmental levels

D. For Learning Disabilities:

- Assessment tests and correctional toys or games
- Charts on common learning disability areas (perceptual, reading, writing, arithmetic)
- Sand trays and other sensory tools

10. Coaching of parents : The SAMARTH classes are only for 1.5 hours a day. Most of the time the child spends at home. It is therefore imperative that the parents are empowered with knowledge, skills, and resources so they can effectively support their child's development and educational progress.

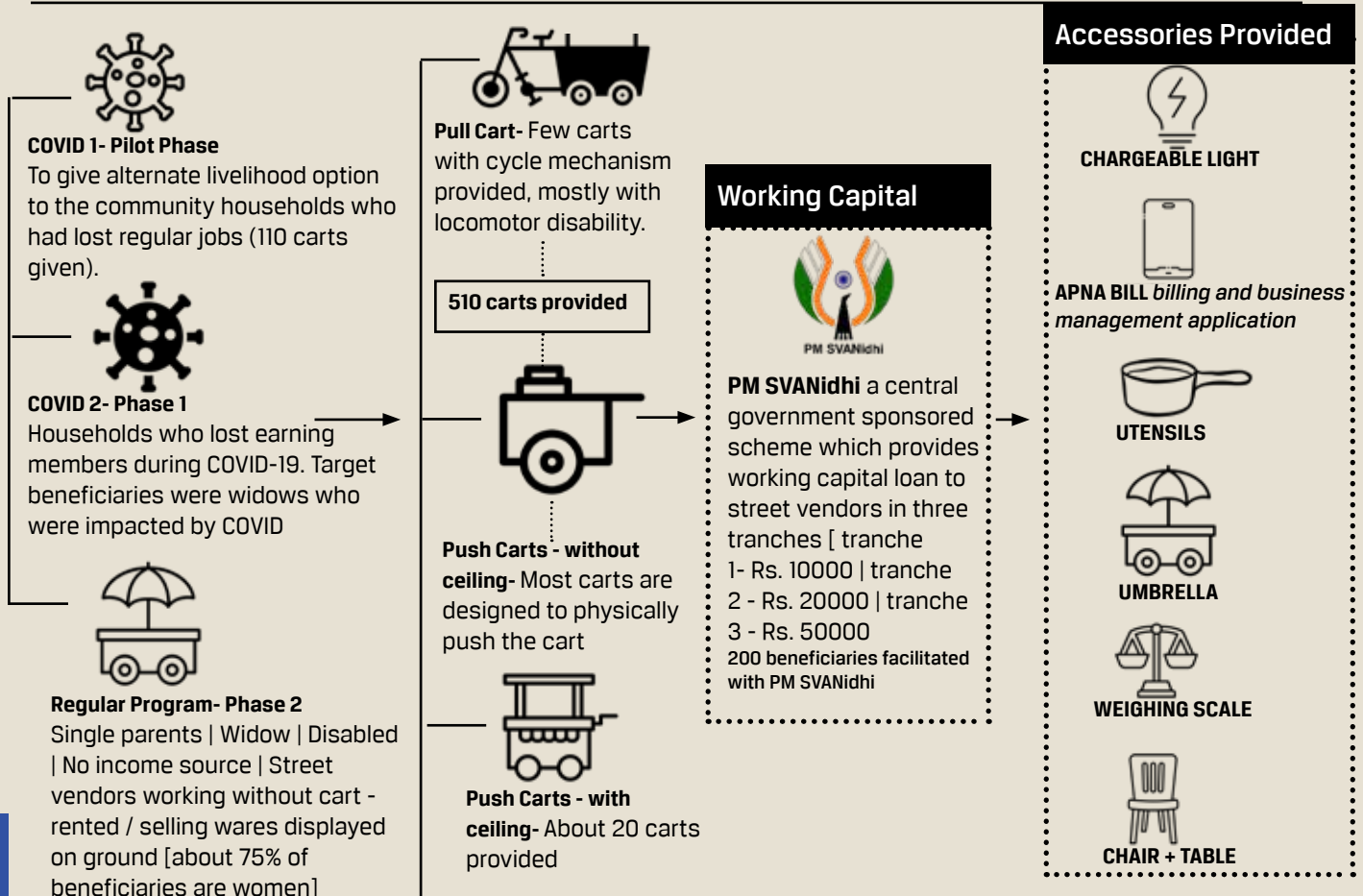
Computation of the rating of SAMARTH project

Criterion	Performance Indicator	Weight	Score (out of 5)	Weighted score	Weighted Average & Rating	Refn in report
A. COHERENCE	External Coherence	0.5	5	2.5	5 [HIGH]	D.1.1
	Internal Coherence	0.5	5	2.5		D.1.2
B. RELEVANCE	Government schools do not deliver the full package of inclusive education services for students with disability	0.4	5	2	5 [HIGH]	D.2.1
	High degree of dependency and isolation in children with disability from poor communities	0.2	5	1		D.2.2
	Lack of awareness and stigma about mental disabilities:	0.2	5	1		D.2.3
	High incidence of disability in children from poorer communities:	0.2	5	1		D.2.4
C. EFFECTIVENESS	Raised dignity in home through linkage with government financial entitlements	0.2	5	1	4.2 [HIGH]	D.3.1
	Limited option for engagement of students beyond 18 years:	0.2	2	0.4		D.3.2
	Assistive equipment has been provided	0.1	5	0.5		D.3.3
	High appreciation from parents	0.4	5	2		D.3.4
	No formal mechanism to measure progress of students	0.1	3	0.3		D.3.5
D. EFFICIENCY	Ensuring regular attendance	0.2	5	1	3.9 [MEDIUM]	D.4.1
	Specialized teachers made available	0.15	5	0.75		D.4.2
	Managing multiple disabilities with single special educator is a challenge	0.2	3	0.6		D.4.3
	Scope for infusion of technology:	0.1	3	0.3		D.4.4
	Specialized equipment not seen	0.1	3	0.3		D.4.5
	Medical Assessments not done for visually impaired students	0.1	3	0.3		D.4.6
	Households with children with disabilities provided support through various other CSR programs	0.05	5	0.25		D.4.7
	Scope for increasing the use of music, painting, drama, and sports in SAMARTH classes	0.1	4	0.4		D.4.8
E. SUSTAINABILITY	Limited access to special education for poor households will keep SAMARTH classes in demand	0.5	5	2.5	5 [HIGH]	D.5.1
	Need for SAMARTH classes will continue till government schools do not deliver on inclusive education:	0.5	5	2.5		D.5.2
OVERALL					4.62 [HIGH]	



ASSESSMENT

A. Supporting Marginalized Individuals through Livelihoods & Empowerment (SMILE)



Summary

The SMILE project has significantly impacted street vendors by improving their livelihood resilience through the provision of vending carts, accessories, working capital, and ongoing support. The project rates highly in terms of coherence, relevance, and effectiveness. Key highlights include effective targeting, an increase in income, and the successful utilization of the SWANidhi scheme. However, it scored lower in terms of efficiency, which reflects the potential for more extensive capacity building, quality concerns with some provided accessories, and opportunities for enhancing the design and quality of the carts to meet the needs of the beneficiaries better. The project is sustainable, as it has clearly demonstrated the ability to considerably boost the income of its beneficiaries in the medium term.

Rating of SMILE Project

Assessment Criteria	Rating	Score
Coherence	High	5
Relevance	High	5
Effectiveness	High	5
Efficiency	High	4.5
Sustainability	High	5
Overall	High	4.9

A. INTRODUCTION

To help households to cope with the aftermath of COVID, **SMILE (Supporting Marginalized Individuals through Livelihoods & Empowerment)** has been initiated on helping restoration of livelihood of most impacted households. As part of the campaign, the beneficiaries are supported with push-pull carts for various income generation activities like selling vegetable, fruits, fast food items, cloths, shoes etc. The project which was initiated as a response to the loss of livelihood of economically marginalised households in the low income communities around the Delhi airport periphery has now been mainstreamed as a regular program. Under the program 510 beneficiaries have been provided push/pull carts along with accessories and linkage with PM SVANidhi program (about 200 beneficiaries) for working capital. In addition the SMILE project regularly monitors the performance of the beneficiaries wrt to e usage of the cart provided towards remunerative livelihood. Providing capacity building of the beneficiaries towards business acumen, hygiene, digital payments women safety, savings etc is also provided. The beneficiaries are largely widows, persons with disabilities, existing vendors with no cart to see their wares and households facing acute economic hardships.

The outreach in the field is done by two coordinators who manage each of the two zones (Narela and Najafgarh zones)

B. METHODOLOGY

The methodology to garner evidence for this study followed a mixed method approach.

B.1 Primary Survey: An instrument was administered to a sample of beneficiaries of SMILE project to gauge how the project has helped (i) provide a stable livelihood option, (ii) increase in income, (iii) satisfaction with cart design, (iv) spending of increased income, (vi) quality of accessories provided, (vii) effectiveness of capacity building, (viii) issues and suggestions. The survey tool is provided in **Annexure**.

B.2 Focus Group Discussion: Focus group discussion (FGD) with some of the sampled beneficiaries to understand the issues and challenges and how the provision of the cart has helped low income households reinforce their coping strategies.

B.3 Case Studies : Gives a human face to the mechanisms and impact associated with the intervention.

Factsheet

A. Location : Savda | Nangloi | Bawana
| Mahipalpur | Palam | Bharat Vihar |
Sahbad

B. Number of beneficiaries : 684

C. Benefit provided

- **Carts**
 - » Pull Carts : Pedal driven (few)
 - » Push Carts : Wheel with platform (majority)
 - » Modified carts : Wheel with platform and roof (few)
- **Accessories (one of the following)**
 - » Rechargeable light
 - » Weighing scale
 - » Utensils
 - » Chairs + Table
 - » Weighing scale
- **Working Capital**
 - » PM SVANidhi

B. Beneficiaries (2024-25)

	No. of beneficiaries
Narela	213
Najafgarh	297
Total	510

C. Field Team

Field Coordinators - 2

D. Duration

Phase 1: 2020

Phase 2: 2021-22

Phase III: 2022 onwards

E. Budget



Impact in Action | Mobility Brings Prosperity

Mr. Sombir, aged 56, lives in O Block, Savda and has been working as a vegetable vendor for the past 20 years. He and his family moved to the Savda resettlement colony in 2015, where he has been selling vegetables door-to-door across four blocks using a broken and covered cart that he owns. The poor condition of the cart made it challenging to push along the narrow, unpaved lanes of the colony, limiting the area he could cover during his rounds, which negatively affected his sales. He received the cart from GMR in 2020, which allowed him to double his income. Now, Mr. Sombir is able to reach a wider area in his door-to-door vending, and the open design of the cart enhances the display of the vegetables, encouraging many customers to make impulse purchases. The PM SWANidhi loan provided through the SMILE program gave him sufficient working capital to expand both the quantity and variety of vegetables available on his cart for customers. Mr. Sombir estimates that his income has doubled since he started using the SMILE cart, and this improvement in his financial situation has resulted in notable changes at home for him and his family. He has been able to afford private tutoring for his daughter, purchase a reverse osmosis water purifier for the house, complete the tiling of his home, and recently acquire a motorcycle. Mr. Sombir attributes his improved economic condition entirely to the SMILE cart. He has requested a sturdy umbrella to protect the vegetables on the cart from sun and rain. Mr. Sombir is a serious and polite gentleman, and this demeanor, combined with the SMILE cart, creates a strong marketing presence on the streets of SAVDA.



Impact in Action | Cart Ownership Provides Incentive For Investment in Upgrade

Mr. Hariom, who is 40 years old and lives in SAVDA, has been operating a chowmein stall for the past two decades. He used to manage his food stall from a rented open cart, which cost him Rs. 300 per month. Mr. Hariom always recognized that to boost sales, the cart needed to be suitably upgraded for selling food items. Since he did not own the cart, he lacked the motivation to invest in those enhancements. However, this changed when the SMILE project provided him with a cart in 2022. Over time, the cart has been improved to include glass shelves, a showcase, aluminum cladding, additional storage space, and a roof. Sales that once reached Rs. 200 a day have now soared to Rs. 500 per day. The upgraded cart appears clean and appealing to customers. Mr. Hariom has also expanded the menu to include pasta. The revenue generated from the cart enables him to support his family of five more effectively. It is often said that having capabilities is important, but being able to showcase those capabilities effectively is even more crucial. The glass case on the revamped cart enables Mr. Hariom to do just that, and it's proving to be beneficial for his finances.

C. SAMPLE

The sample was calculated based on population size (no. of beneficiaries) of 510. The sample size was selected for 10% margin of error and 95% confidence level. The sample distribution is given below

Community	Zone	Beneficiaries Sampled (Nos.)
Bawana		8
Bharat Vihar		7
Mahipalpur		23
Nangloi		9
Palam		6
Sahbad		7
Savda		14
Total		74

D. Assessment

The impact assessment of the SMILE project has been done as per the DAC criteria as explained in chapter 1 of this document.

D.1 COHERENCE

RATING : HIGH

I. External Coherence

- i. **Conforms with Schedule VII:** The initiative conforms with sub-section VII.1 and VII.iii which calls for CSR projects to work towards poverty reduction and women empowerment. The project is focused towards low income households and 75% of the beneficiaries comprise women.
- ii. **Conforms with Sustainable Development Goals:** The initiative conforms to SDG Goal 1 which enjoins signatory nations to 'would end extreme poverty'. The project also conforms with SDG 5 which targets towards "Achieve gender equality and empower all women and girls."
- iii. **Conformance with The National Policy For Urban Street Vendors:** The policy reiterates that an important segment of the urban population, find recognition for their contribution to society and is conceived of as a major initiative for urban poverty alleviation by provision of and support to dignified livelihood.

II. Internal Coherence

The project is in concurrence with the 'Empowerment, Livelihoods and Community Development' driver of the GMR CSR¹ Policy.

D.2 RELEVANCE

RATING : HIGH

I. A significant part of the economy of Delhi comprise street vending: Delhi has around 200,000 street vendors. It is estimated that street vendors constitute approximately 2% of the population of the metropolis². Urban vending is not only a source of employment but provides 'affordable' services to the majority of urban

1 https://www.gmrgroup.in/pdf/GHWL_CSR_Policy.pdf

2 https://prsindia.org/files/bills_acts/bills_parliament/2005/bill82_2006123082_National_Policy_for_Urban_Street_Vendors.pdf

bill82_2006123082_National_Policy_for_Urban_Street_Vendors.pdf

population.

2. Poverty, Unemployment, and Social Exclusion: Chronic poverty and unemployment are central issues in the communities served by the SMILE project. Most of the residents are migrants in search of better opportunities but end up trapped in a cycle of low-wage, insecure jobs. In addition social exclusion, lack of education, limited skills limit access to formal employment and public services, reinforcing marginalization and making it difficult to break out of poverty.

D.3 EFFECTIVENESS

RATING : HIGH

I. Excellent targeting: SMILE serves the socially and economically marginalised:

SMILE project is designed to help the socially and economically marginalised and it has been able to achieve this mandate.

1.a A high percentage of beneficiaries of MHU come from socially marginalised communities:

Of the total beneficiaries surveyed 59% belong to SC, ST, and OBC communities. The general caste households in Delhi slums are significantly less likely to be poor or vulnerable and have better access to resources and stable employment. Backward classes face a disproportionate burden of poverty, exclusion, and limited upward mobility³.

Distribution of SMILE beneficiaries by caste	
Caste	% of respondents
General	41%
OBC	38%
SC	18%
ST	1%
Did not report	29%
Source : Primary Survey 2025	

1.b An overwhelming number of beneficiaries belong to extremely economically marginal households:

Primary survey asked the respondents on the type of ration card held by them which is an indicator of their economic status. At an aggregate level, 53% of the beneficiary households visiting the MHU reported holding ration cards provided to BPL⁴ households.

Distribution of SMILE beneficiaries by economic status	
BPL	53%
APL	28%
No Card (*)	25%
Source : Primary Survey 2025	
(*) Many recent migrants do not hold ration cards	

Among all the locations, BPL beneficiaries were found the highest in Mahipalpur location followed by Bharat Vihar. At an aggregate level reaching out to the most vulnerable is in line with the objective of the SMILE project.

3 Ghose, M. (2022). Extent of poverty and vulnerability within the urban slums of India. In Urban India: Vol. Vol 42 (1) (pp. 126-128). https://niu.in/sites/default/files/2025-07/2022_1_Extent%20of%20Poverty.pdf

4 Households with an aggregate annual income less than Rs. 24,200 are designated BPL



Impact in Action | SMILE Cart A Trusted Comrade

Ms. Geeta, 65, runs a food stall in front of the school near D block, Savda, which she and her husband received in 2020 when her husband, who was employed as a sweet maker and cook, was unable to find any orders from customers. A couple of years ago, her husband passed away, and she is now running the cart on her own, where she sells choley (chickpeas), kulchey (Indian flatbread), and paratha (layered flatbread). Her daughter is married, and Ms. Geeta stays on her own in Savda D Block Colony. The cart has stood steadfast in her struggle during challenging times, including the COVID lockdown when there was no livelihood available, and when her husband died the cart was her only means of earning. Before receiving the cart, she would travel two hours from Savda to Kinari Bazaar in Old Delhi to work as a house help. The travel itself would cost Rs. 3,000 per month. The cart has been profitable, and her income has increased by about 50%. She was high praise for GMRVF and acknowledged the support from the SMILE field staff, who regularly check on her and get apprised of how her food vending business is progressing. Ms Geeta wakes up around 4 am and starts to prepare for the day (like preparing the dough, peeling vegetables, etc.) on the cart parked outside her house under the rechargeable light provided by the SMILE project. Every day at 8 am, without fail, she, along with her cart, can be seen standing at her vending spot, ready to serve the customers. The Rs. 10,000 loan facilitated by the SMILE project under the PM SWANidhi program has helped her procure ingredients in bulk, saving her a significant amount of cost. She requested that her cart be modified to include a ceiling, a glass display case, and a storage box. She remarked with moist eyes that if she were to get a modified cart, she would have it painted with a display board saying 'Dwarka Prasad Food Stall' in memory of her husband.

Impact in Action | SMILE Cart Challenges Disability



Mr. Shiv Kumar, aged 54, experiences a locomotor disability that limits his ability to walk long distances. For the past 17 years, he has been selling toys in Savda using a cycle, which he pedals with one leg. In 2022, he received a cycle-driven pull cart from the SMILE project. This has resulted in a 50% increase in his income. The cart provides more storage space than a regular cycle, enabling Mr. Shiv Kumar to offer a wider variety of toys to his customers. A loan of Rs. 30,000 from the PM SWANidhi scheme, facilitated by the SMILE project, has given him the necessary working capital to purchase more modern and trendy toys that are in demand. He has also expanded his business to include the sale of locks. Mr. Shiv Kumar expressed his appreciation for how the SMILE project considered his locomotor disability and provided

him with a pull cart. While discussing his toy vending business, Mr. Shiv Kumar stated, "The only disability in life is a bad attitude and unwillingness to work hard." The SMILE project has recognized this unique determination and made Mr. Shiv Kumar's efforts a bit easier.

1.c Most of the beneficiaries have low education level which precludes them from many employment sector: Of the total respondents, 47% reported to be not literate and 16% had education of primary level or below.

Distribution of sampled SMILE beneficiaries by education level	
Educational attainment	%age of sampled beneficiaries
Not literate	47%
Below Primary	7%
Primary	9%
Middle	20%
Secondary	11%
Senior Secondary	4%
Data NA	1%
Source: : Primary Survey 2025 (*) Many recent migrants do not hold ration cards	

1.c High coverage of widowed / women headed households: Of the total women respondents 34% beneficiaries are either widow or run single women headed households⁵. Women-headed households in urban slums, including Delhi, are the most vulnerable due to a combination of poor access to services, economic insecurity, social exclusion, and heightened exposure to violence. Addressing their needs requires targeted interventions in infrastructure, livelihood support, and social protection. It may be mentioned that 72% of the total sampled beneficiaries were women.

Marital status of women beneficiaries	
Marital Status	% of sampled women beneficiaries
Widow	32%
Never Married/deserted/separated	2%
Married	64%
Source: : Primary Survey 2025	

1.d. Significant number of beneficiaries have locomotor disabilities: About 13% of the sampled respondents have locomotor disability. The project has consciously targeted such individuals and achieved noteworthy coverage. Such beneficiaries were offered pedal operated carts, given their limited physical mobility.

2. Project has changed status and condition of employment for the beneficiaries

The provisioning of cart under the project has helped the beneficiaries transition to an (i) alternate vocation, (ii) strengthened an existing vocation, and (iii) initiated unemployed into remunerative employment, (iv) supplemented income etc, the same is detailed below:

- » **Vendors with rented cart:** SMILE cart has led to savings on cart rental cost on an average of Rs. 20-40/day.
- » **Vendors with broken carts:** Broken carts limits the geography which mobile vendors can cover. SMILE supported cart has introduced efficiencies and thereby concomitant sales.

- » **Vendors sitting on ground to sell wares:** It was reported that customers prefer to buy from vendors on a cart as compared to one sitting on the ground. Significant improvement in sale was reported by such vendors who now sell from SMILE supported carts.
- » **Informal employment:** Employment as casual labour does not ensure regular employment, vending by such persons using SMILE supported cart has reversed this trend.

Livelihood Status before receiving cart from SMILE Project	
Livelihood status	% of sampled beneficiaries
Vendors with broken/rented cart	33%
Vendors selling wares by sitting on ground/street	21%
Unemployed	10%
Informal employment	31% (*)
Factory worker	4%
Source: : Primary Survey 2025 16% are house helps	

3. SMILE supported cart is a remunerative second source of income: The SMILE cart for some beneficiaries has become a reliable second source of income over and above what is earned from the regular work. About 11% of the beneficiaries do vending as a supplementary vocation

Beneficiaries who have taken up vending as a second source of income	
Primary vocation	% of sampled women beneficiaries
House help (*)	50%
Informal worker (#)	27%
Total	11%
Source: : Primary Survey 2025 (*) of total house help surveyed (#) of total household workers surveyed	

4. Significant Increase in income of beneficiaries after receiving SMILE cart

About 86% of the beneficiaries sampled indicate an increase in income after receiving and operating the SMILE cart. About 27% of the respondents report about 50% increase in income, followed by 26% indicating doubling of income (100% rise). 13% indicated up to two fold increase (200%) and about 18% experienced an increase in income of more than 200%. The factors contributing to this increase include (i) provisioning of working capital under SVANidhi scheme, (ii) transition from sitting on ground to selling from a cart which increased customer footfall, (iii) diversification of items sold, increased mobility enabling vending of wares door to door, providing gainful employment to unemployed (10% of beneficiaries unemployed), and opportunity for a second income for about 11% of the beneficiary households. About 4% of the beneficiaries reported decrease in income. Decrease in income is primarily for those beneficiaries who are unable to continue their primary vocation due to age or health

⁵ Never married, separated or deserted women



Impact in Action | Escape from Jaws of Poverty

Ms. Akleema, who is 42 years old, was awarded a grant from GMRVF in 2018, amounting to Rs. 25000 to purchase a vending cart. Unlike the existing arrangement where GMRVF supplies the cart, the grant she received in 2018 required her to design and build the cart herself. This allowed Ms. Akleema to create a customized cart that suited her specific requirements. Since acquiring the cart, it has become her primary source of income, supporting her family of six children, as her husband has irregular employment and struggles to contribute significantly to household expenses. Before obtaining the cart, Ms. Akleema worked from home, cutting shoe soles, earning a very minimal income. Her earnings have increased threefold, enabling her to finance her daughters' college education and cover her son's school tuition. The family now has sufficient food to eat and is in the process of arranging a marriage for one of her daughters. She expressed her gratitude, stating that GMRVF has been a blessing and has transformed her family's future.



Loss of Cart Has Jeopardized Livelihood

Ms. Parveen Khatun, a 42-year-old resident of Indira Colony, received a cart from SMILE in 2020. Her family of six depended on the earnings from her husband's casual labour work and her own work as a house help. The family had to cut corners to manage expenses. The rent of Rs. 3000/month and the medical expenses of the family were the biggest drains. The cart from which she sold vegetables and eggs would earn her around Rs. 250/day. Recently (four days from the date of this conversation), the thieves broke the lock and stole the cart parked outside her house. Parveen is devastated; the loss of income is hurting. This might lead to taking her children out of tuition classes, which were being funded from Parveen's income, and the family might default on paying rent. The field coordinator plans to shift an idle cart with another beneficiary to Parveen.

Impact in Action | An Impressive Turnaround



Ms. Panchkula, who is 56 years old and lives in Nangloi, received a cart as part of the SMILE project in 2020. During the lockdown due to COVID-19, she and her son depended on their neighbors for food. After losing her husband several years ago, Ms. Panchkula undertook casual labor to support both herself and her son, who faces mental health challenges. She started selling bananas from her cart, initially using

Rs. 1000 in working capital that she borrowed from a family member. At first, she was able to sell about half a crate (approximately six dozen). As her sales began to pick up, she encountered constraints with her working capital. The Rs 10,000 loan she received through the PM SWANidhi scheme, which was facilitated by the SMILE project, marked a pivotal change. She invested the funds in purchasing bananas and a microphone to attract more customers. Presently, she sells five crates of bananas, which has led to a significant boost in her income. She has acquired another cart and even rented a shop to grow her business further. Recently, she bought a refrigerator for her home and made important repairs to her house. The vending cart has enabled Ms. Panchkula to achieve an extraordinary financial turnaround, lifting her from near poverty.

issues and the SMILE cart has provided them with an alternate earning source. Most of such beneficiaries used to work as house helps and now do vending as a full time vocation.

The increase in income of beneficiaries from SMILE cart	
Increase in income	% of sampled beneficiaries
Decrease in income	4%
No increase	10%
0-10%	6%
10%-25%	7%
25%-50%	13%
50%-75%	9%
75%-100%	18%
100%-150%	4%
150%-200%	9%
200%-300%	6%
300% +	12%
Source: : Primary Survey 2025 (* the carts which are not operational or stolen, the income prior to the in-operation of the cart was recorded	

5. High intensity of the use of carts provided under the SMILE project: Of the total beneficiaries surveyed, only 6% reported that their cart is not in use either because its been stolen, or there is requirement for major repairs, or the beneficiary has moved on to another vocation. This is a very low attrition rate. Most of the carts are used for 6-10 hours daily, and about 15% of the carts have a usage rate of more than 10 hours per day.

Hours of usage of SMILE carts	
Hours of use of Cart	% of sampled beneficiaries
Not in use	6%
1-5 hours	20%
6-10 hours	59%
10+ hours	15%
Source: : Primary Survey 2025	

6. High leverage from PM SVANidhi scheme: The PM Street Vendor's AtmaNirbhar Nidhi (PM SVANidhi) scheme is a flagship initiative launched by the Ministry of Housing and Urban Affairs (MoHUA) on June 1, 2020. It aims to provide collateral-free working capital loans to street vendors, enabling them to restart and strengthen their businesses. From last year however the scheme is not operational. The SMILE project has been able to leverage about Rs. 23.4 lakhs for its beneficiaries through the PM SVANidhi scheme.

Amount leveraged from PM SVANidhi Scheme		
Installment	Beneficiaries	Amount
Rs. 10000 (Installment 1)	195	19,50,000
Rs. 20000 (Installments 2)	17	3,40,00
Rs. 50000 (Installment 3)	1	50,000
	213	23,40,000
Source: :SMILE data		

About 41% of the beneficiaries received working capital support facilitated by SMILE project through the SVANidhi scheme. As per the primary survey the beneficiaries who did not receive the working capital support largely depend on personal savings (28%), borrow from relatives (7%), money lender (4%), and NGO/Micro Finance (3%) for working capital. SMILE PROJECT through leveraging PM SVANidhi has bridged a significant gap towards working capital requirement⁶ of the beneficiaries. The access to PM SVANidhi by the SMILE project has also helped them procure a Letter of Recommendation (LoR) which is an essential document which confirm a person's status as a street vendor, enabling him/her to apply for collateral-free working capital loans under the scheme. The LOR is a confirmation that the holder is a street vendor and would help access loans and other government scheme benefits which in future will be available to street vendors.

7. The additional household income from SMILE CART has improved living standard and access basic services

The survey asked the sampled beneficiaries on how they are spending the increased income afforded by the cart supported by SMILE program. The majority of the respondents reported that the increased income is spent on education (31%) of children including tuition, books etc, this is followed by increased spends on better quality and nutritious food (29%). About 28% of the respondents reported increase in savings, and 19% that indicated the extra income has been spent on improving their house primarily on repairs and upkeep. Interestingly 22% of the respondents indicated that the increased income has helped them cope with inflation in daily expenses preventing the household slip in their standard of living. Other expense items include healthcare (15%), buying household assets (7%), loan payment (3%) and invest in vending (1%).

Use of the additional income generated by SMILE supported cart	
Increase in income	% of sampled beneficiaries
Invest in Children Education	31%
Food Security- improve food quality	29%
Increase in savings	28%
Invest in house improvement	19%
Manage the inflation pressure on daily expenses	22%
Expenses on health	15%
Buying household assets	7%
Loan payment	3%
Invest in business	1%
Source: : Primary Survey 2025 15% of the respondents reported no increase in income.	

D.4 EFFICIENCY

RATING : HIGH

1. Scope for increasing the penetration of capacity building:

The survey revealed that about 40% of the respondents reported not having attended any capacity

⁶ It may be mentioned that a significant number of the beneficiaries used part of the PM SVANidhi loan on personal expenses as well.



Impact in Action | Cushioning Economic Shock

Ms. Zarina Khatun, 55, operates a tea stall in Bawana with her daughter, who has dropped out after the X class. During the COVID pandemic, Ms. Zarina lost her job at a cook-stove factory and also suffered the loss of her husband, a tailor, due to the virus. This sudden loss of income led to significant financial strain for her and her two daughters. The cart provided through the SMILE project has played a crucial role in helping the family recover from their crisis. Initially, she started selling vegetables, but soon realized that the high levels of unsold produce were negatively affecting her profits. The loan from the PMSWANidhi scheme, facilitated by the SMILE project, enabled her to shift to selling tea and modify the cart to include a roof. The tea stall operates from 6 am to 9 pm, generating sufficient revenue to cover the monthly rent of Rs. 5,000 and daily living costs. Her daughter has recently found employment, which has offered some financial relief. Zarina expressed that without the cart, the family would likely be homeless and extended her heartfelt gratitude to the SMILE project. She also mentioned that municipal officials frequently threaten to seize the cart and requested assistance in obtaining a vending license.

Impact in Action | Regained Self Esteem



Mr. Uday Kumar Singh, a 50-year-old resident of Qutub Vihar in Palam, previously worked as a security guard. In 2020, while returning home from work, he was seriously injured by a speeding car. After a lengthy hospital stay, he was discharged but left with significant motor disabilities and other health issues that required careful monitoring and the use of assistive devices. Mr. Uday suddenly found himself unemployed, facing substantial medical expenses, and needing to support his family. The financial burden was overwhelming, and it also brought emotional distress; he felt he had let his family down and was now a burden to them. Nevertheless, Mr. Uday managed to regain his footing by starting a vegetable vending business on the steps of a vacant shop in his area. Selling vegetables while squatting on the ground was physically challenging for Mr. Uday due to his health issues, making it difficult for him to sit for long periods, which resulted in low sales. At times, he had to ask friends for money, which greatly affected his pride. In 2023, he received a cart from the SMILE project, leading to improvements in his situation. His wife pushes the cart to the marketplace while he serves the

customers. He operates the vegetable vending business from the cart between 5 PM and 10 PM, earning approximately Rs. 500 per day, which meets the family's basic needs. Most importantly, Mr. Uday's self-esteem has been restored. He proposed that it would be beneficial for individuals with locomotor disabilities to be provided with motorized carts for easier mobility. Furthermore, there has been another reason to celebrate for Mr. Uday; his daughter excelled in her X board examinations and is now pursuing science in her senior secondary education with aspirations of becoming a doctor. He feels that the cart from the SMILE project has brought him luck and well-being in more than one way.

building session or having received any substantive advice from field staff on relevant topics connected to the vending vocation. However, it may be mentioned that it is difficult to organise meetings of the beneficiaries given loss in earning for the day. It was reported that while in initial years of the project the capacity building workshops were frequent but in last 1.5 years such capacity building programs have declined in frequency. The most cited advice received by the beneficiaries was on customer service (32%) followed by hygiene associated with vending(25%), financial services specifically on accessing the PM SVANidhi scheme. The other topics covered under SMILE capacity building with which the beneficiaries were familiar include digital payments(6%), women safety(4%) , personal saving(3%) and about vendor licensing (1%).

Sampled beneficiaries reporting receiving advice on topics related to vending	
Increase in income	% of sampled beneficiaries
Customer service/marketing	32%
Hygiene	25%
Financial Service	21%
Digital Payment	6%
Women safety	4%
Saving	3%
About license	1%

Source: : Primary Survey 2025

2. Rating of the quality of accessories mixed

Along with the cart almost all of the beneficiaries were provided at least one accessory.

- i. **Umbrella** : About 42% of the respondents reported having received an umbrella, of them about 56% are not satisfied with the umbrella provided. The reasons include the umbrella provided is not sturdy and the size is small.
- ii. **Rechargeable light** : Availability of light source is essential for business viability of street vendors, especially when vending during early mornings, evenings, or night hours. About 42% of the sampled beneficiaries received rechargeable light equipment. The satisfaction rate is low, with about 64% of the respondents who received light equipment expressing dissatisfaction with the light equipment provided. The reasons cited include - (a) Battery charge does not hold for 5-6 hours, the duration for which vending is typically done in the late evenings, (b) the illumination was reported not to be bright enough, and (c) some batches of the light equipment have poor built quality and unable to sustain rigours of street vending. Most vendors hire chargeable light which costs Rs. 20-30/day.
- iii. **Apna-billbook App**: It is a free billing and invoicing app designed for small businesses. This mobile based application was introduced to some of the beneficiaries but was found to be complicated to use. The issue is further compounded given that most beneficiaries have very limited education.
- iv. **Weighing Scale**: High level of satisfaction was reported with the weighing scales. The only

suggestion was that the project may consider providing 5/10 kg weights. Mechanical weighing scale was preferred over digital scale which has maintenance issues.

- v. **Chair + Table**: These were provided to some of the beneficiaries engaged in food business. The quality and usefulness was acknowledged by the recipients.

Sampled beneficiaries reporting receiving advice on topics related to vending		
Accessories	% of sampled beneficiaries who received accessory	% satisfied
Rechargeable Light	42%	36%
Apna Bill App	7%	0%
Weighing Machine	30%	95%
Umbrella	48%	44%
Chair + Table Cell	12%	100%

Source: : Primary Survey 2025

3. Good rapport of the field staff with the beneficiaries

It was found at all the locations that the field staff did visit the beneficiaries regularly and were aware not only of the vending business being done by an individual but also their family circumstances and the obstacles they faced. The assessment team also observed a sense of pride in helping some of the poorest in availing a remunerative livelihood. The field staff also ensures high usage rate of the cart by shifting the issued carts from the beneficiaries who have discontinued to potential beneficiaries who would be willing to put the cart to its intended use.

4. Not a one time intervention- continued monitoring and support provided:

It is generally seen that the projects involving distribution of asset(s) is a one time affair. The SMILE project stands out in continued monitoring and maintaining a working relationship with the beneficiaries. This has led to the creation of a 'community of interest' to which future CSR interventions can be easily rolled out. The learning from the regular interaction acts as a feedback loop to further improve the SMILE program.

5. Robust selection criteria: SMILE project has a system in place for onboarding beneficiaries. Applications are invited, the same is vetted through onsite visit to ascertain the applicant financial status, number of dependents, the potential of the street vending trade proposed, and the physical condition of the applicant to carry on the demanding vending vocation. Preference is given to those already doing street vending but do not own a cart. Preference is also given to single parents , widows, disabled and women. The selection criteria has ensured that the attrition rate is very low. The primary survey found that only 4% of the surveyed beneficiaries have discontinued using the cart.

6. Synergy with other DIAL projects : The SMILE project actively encourages other DIAL projects like the MHU project and the Savda learning center to recommend their beneficiaries to the SMILE project. Such synergies have been seen. For instance recently some women on the recommendation of MHU project were provided with vending carts after due need verification.



The broad wheel base carts provided under one batch of SMILE Carts. Beneficiaries recommended similar broad wheel base carts be provided in the future and not the narrow wheel base carts being provided currently. The broad wheel carts are more sturdy and easy to manoeuvre on ill prepared roads.

7. Scope for improvement in design and built quality of the cart: Beneficiaries suggested that there is scope for the cart to be functional which includes:

- i. **Design issues:** A roof on the cart will help shade against sun, rain and dust. It was also suggested that the design of the cart should be as per the trade. For instance food cart should have glass chambers for display of the food items, cloth cart may have hangers, and vegetable cart may have compartments for segregation by vegetable type.
- ii. **Built quality issues:** It was reported that the tyres are prone to getting damaged. It was suggested tyres with larger base be fitted. Also the quality of wood frame of the cart may be upgraded for longer durability. This will bring down the cost of repair and maintenance. A training on how to maintain the cart may also be provided.

D.5 SUSTAINABILITY

RATING : HIGH

1. Significant increase in income of beneficiaries : As discussed earlier, about 86% of the beneficiaries sampled indicate an increase in income after receiving and operating the SMILE cart. About 27% of the respondents report about 50% increase in income, followed by 26% indicating doubling of income (100% rise). 13% indicated up to two fold increase (200%) and about 18% experienced an increase in income of more than 200%. The project is able to generate a steady stream of income for the beneficiaries and positively impacts the quality of life.

E. OVERALL RATING

RATING : HIGH

The SMILE project has significantly impacted street vendors by improving their livelihood resilience through the provision of vending carts, accessories, working capital, and ongoing support. The project rates highly in terms of coherence, relevance, and effectiveness. Key highlights include effective targeting, an increase in income, and the successful utilization of the SWANidhi scheme. However, it scored lower in terms of efficiency, which reflects the potential for more extensive capacity building, quality concerns with some provided accessories, and opportunities for enhancing the design and quality of the carts to meet the needs of the beneficiaries better. The project is sustainable, as it has clearly demonstrated the ability to considerably boost the income of its beneficiaries in the medium term.

F. SUGGESTIONS

1. FSSAI registration: Street food vendors must obtain The Food Safety and Standards Authority of India (FSSAI) basic registration if their turnover is up to 12 lakh per year. Registration serves as legal approval for running a food vending business and helps ensure food safety compliance. Registration is simple, affordable, and typically processed within 7-10 days. Street vendors must also undergo basic food safety training under the FoSTaC (Food Safety Training and Certification) program. It is estimated that around 20% of the beneficiaries under the SMILE program are food vendors.

2. Cart design can be dovetailed to the trade: It was seen on the ground and was reiterated by most of the beneficiaries that the cart provided be designed as per trade. Currently all the beneficiaries receive a simple basic cart. However, for instance the food cart need to be designed to conform to the FSSAI requirements, the cloth cart may have hangers or the vegetable cart may have display shelves. Also there was a persistent demand for ceiling on the cart. It was reported that proper functional design helps improve sale. The SMILE project may take reference from a number of available street vending cart design for Indian context, this includes: (a) The Ministry of Commerce and Industry in collaboration with National Institute of Design shortlisted modern street vending carts⁷, and (b) The Council of Scientific and Industrial Research (CSIR)-Central Food Technological Research Institute (CFTRI), Mysuru, has designed a Smart Food Cart for street food.⁸ Alternatively the SMILE project may consider simple trade specific design features in consultation with the beneficiaries,

3. Cart quality can be upgraded: With reference to the suggestion of the beneficiaries, the following may be considered:

- i. Tyre width:* There was a persistent demand that the tyres of the carts being provided is narrow. One batch of carts provided under the SMILE project had broad base tyres and the same may be considered for future carts. This will help better navigate potholed roads and increase tyre life.
- ii. Wooden frame:* Beneficiaries suggested that the wooden frame be more sturdy.
- iii. Roof on the cart:* There has been a persistent demand from the beneficiaries that the cart should have a roof to protect the wares from sunlight, rain and dust.
- iv. Light:* Light must provide illumination on a single charge for at least 4-5 hours so as to last the average vending hours in the evening.

4. Motor fitted carts for persons with locomotor disabilities: In early years of the project persons with locomotor disabilities were provided with pedal driven pull carts. Currently only push carts are being provided to all beneficiaries irrespective of their disability status. It is suggested that persons with locomotor disability be provided with motor driven carts so that no physical effort is required to move the cart.

5. SHG of vendors: Self help groups for street vendors are critical enablers for financial inclusion, social security, and collective empowerment, helping these marginalized urban workers improve their livelihoods and resilience . Given that working capital availability under PMSWANidhi remains suspended, accessing bank credit through SHG an bridge the capital requirement of the street vendors. SMILE project may consider creating and hand-holding such groups. This will however require significant outreach and breaking of trust issues in the community. Some of Promoting SHGs amongst street vendors is a prevalent practice. Some of the the agencies promoting SHGs of Street Vendors in India include Kudumbashree (Kerala), SEWA (Self Employed Women's Association), NASVI (National Association of Street Vendors of India) amongst others

⁷ <https://www.pib.gov.in/PressReleaseIframePage.aspx?PRID=1704534>

⁸ <https://nuffoodsspectrum.in/2017/03/09/csir-cftri-designs-smart-cart-to-endow-street-food-vendors.html>

6. Strengthen capacity building: In recent years the frequency of training sessions have reduced with field staff concentrating more on linking the beneficiaries with the PM SWANidhi program. The project may consider collaborating with a training partner e.g. NASVI(National Association of Street Vendors of India) or similar organisations, to conduct regular capacity building of the beneficiaries. The initiative may include:

Suggested areas for capacity building of beneficiaries	
Product Quality Improvement	<ul style="list-style-type: none"> Emphasis on upgrading the standards of food and goods sold, applying best practices for quality, hygiene, and presentation Training vendors to identify and bridge gaps in their offerings, often with help from experts in the sector
Business and Digital Skills	<ul style="list-style-type: none"> Financial literacy, digital payments, and e-selling training equip vendors to modernize and expand their customer base. Communication skills and customer service training improve the overall buying experience
Licensing and Formalization	<ul style="list-style-type: none"> Sessions on acquiring licenses (e.g., FSSAI e-cart licenses) and complying with city regulations. Awareness workshops on legal rights, responsibilities, and urban street vending policies
Food Safety & Hygiene	<ul style="list-style-type: none"> Comprehensive modules covering food safety regulations, hygiene protocols, waste disposal, and compliance with local laws
Cart maintenance	<ul style="list-style-type: none"> How to keep the cart in good working condition through regular upkeep
Women safety	<ul style="list-style-type: none"> Building awareness on how to access support systems and report crimes or abuse Teaching personal safety techniques, emergency contact protocols, and bystander intervention
Note: Other than cart maintenance and product quality improvement domains, the rest of the topics have formed part of the SMILE project capacity building in the past.	

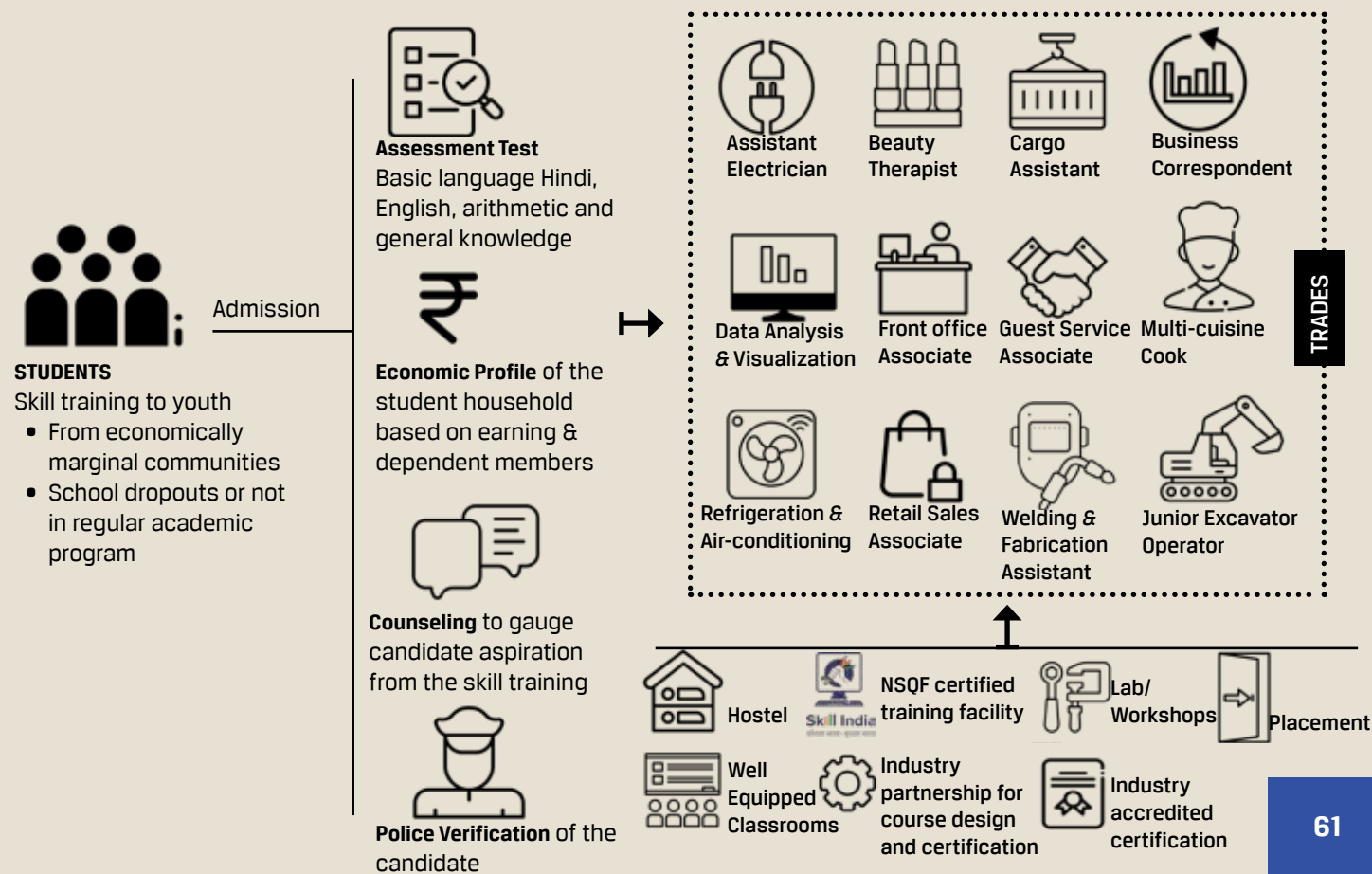
Computation of the rating of SMILE project

Criterion	Performance Indicator	Weight	Score (out of 5)	Weighted score	Weighted Average & Rating	Refn in report
A. COHERENCE	External Coherence	0.5	5	2.5	5 [HIGH]	D.1.1
	Internal Coherence	0.5	5	2.5		D.1.2
B. RELEVANCE	A significant part of the economy of Delhi comprise street vending:	0.5	5	1	5 [HIGH]	D.2.2
	Poverty, Unemployment, and Social Exclusion	0.5	5	1		
C. EFFECTIVE-NESS	1. Excellent targeting: SMILE serves the socially and economically marginalised	0.1	5	0.5	5 [HIGH]	D.3.1
	2. Project has changed status and condition of employment for the beneficiaries	0.1	5	0.5		D.3.2
	3. SMILE supported cart is a remunerative second source of income:	0.1	5	0.5		D.3.3
	4. Significant Increase in income of beneficiaries after receiving SMILE cart	0.3	5	1.5		D.4.4
	5. High intensity of the use of carts provided under the SMILE project	0.1	5	0.5		D.4.5
	6. High leverage from PM SVANidhi scheme	0.2	5	1		D.4.6
	7. The additional household income from SMILE CART has improved living standard and access basic services	0.1	5	0.5		D.4.7
D. EFFICIENCY	1. Scope for increasing the penetration of capacity building:	0.1	3	0.3	4.5 [HIGH]	D.5.1
	2. Rating of the quality of accessories mixed	0.1	4	0.4		D.5.2
	3. Good rapport of the field staff with the beneficiaries	0.2	5	1.0		D.5.3
	Not a one time intervention- continued monitoring and support provided	0.2	5	0.6		D.5.4
	5. Robust selection criteria	0.2	5	1.0		D.5.5
	6. Synergy with other DIAL projects	0.1	5	1.0		D.5.6
	7. Scope for improvement in design and built quality of the cart	0.1	3	0.3		D.5.7
E. SUSTAIN-ABILITY	1. Significant increase in income of beneficiaries	0.4	5	2	5 [HIGH]	D.6.1
OVERALL					4.90 [HIGH]	



ASSESSMENT

A. GMR Varalakshmi Centre for Empowerment & Livelihoods (GMRV CEL) - Delhi



Summary

The GMRV-CEL is considered to be one of the finest short-term training institutes for underprivileged youth, a claim corroborated by a 5-star rating by NSDC. The initiative scores high on **coherence** since it conforms with the National Policy on Skill Development and Entrepreneurship, 2015, and Sustainable Development Goals (SDG 1, SDG 4, and SDG 8). The center scores high on **relevance** since it addresses high unemployment amongst youth and their poor employability. In terms of **effectiveness**, the project performed very well except for losing marks for not placing some students in jobs related to the trade they were trained in. The performance under **efficiency** criteria is good except that the center faces a high exodus of trainers, which disrupts the training program, and low admission in

specific trades like welding and junior excavator programs. The project appears largely **sustainable** given its strong training programs and excellent infrastructure. The only concern regarding sustainability is that a steady flow of students has to be maintained necessitating proactive effort in expanding the catchment.

Rating of SMILE Project

Assessment Criteria	Rating	Score
Coherence	High	5
Relevance	High	5
Effectiveness	High	4.9
Efficiency	High	4.7
Sustainability	High	4.8
Overall	High	4.88

A. INTRODUCTION

GMR Varalakshmi Foundation started a vocational training center in Delhi in October 2009 with the purpose of empowering youth. The focus of the Centre is on imparting good quality skill training along with life skill inputs and facilitation of suitable placement opportunities for the trainees. In 2013, GMRVF setup a State-of-the-Art residential vocational training facility equipped with classrooms, workshops, kitchens and dormitories, library and seminar hall. The centre is located near to IGI Gate No-15; at Shahbad Muhammadpur, Dwarka. The centre is staffed by 26 full time faculty who currently run twelve short term market linked courses (2 – 4 months). Most of these training programs are delivered with Industry partners like Schneider Electric, Voltas, CELEBI, Volvo etc. with about 65% weight on the practical hands on training.

B. METHODOLOGY

The methodology to garner evidence for this study followed a mixed method approach.

B.1 Survey of Current Trainees: Sample of current trainees were administered a questionnaire to gauge their satisfaction with the training and the extent to which their expectations are being met. They were also asked to provide their suggestions to further improve the program. The survey instrument is provided in the **Annexure**.

Sample of current trainees surveyed			
Trade	Hostel	Day Scholar	Total
Assistant Electrician	7	13	20
Beauty Therapy	4	1	5
Cargo Assistant	8	9	17
Data Entry Operator	3	1	4
Guest Service Associate		1	1
Junior Excavator		2	2
Multi-Cuisine Cook	3	2	5
Refrigeration & AC	8	16	24
Retail Sales Associate		1	1
Welding & Fabrication		3	3
Total	33	49	82

Factsheet

A. Location : GMR Varalakshmi Centre for Empowerment & Livelihoods (GMRV CEL) Shahbad Muhammadpur, Delhi

B. Benefit provided:

- Short term (3 -4 months) skill training
- Soft Skills
- Placement

C. Budget

D. Beneficiaries

Trade	FY 2022-23	FY 2023-24	FY 2024-25
Assistant Electrician	111	94	94
Asst Beauty Therapist	90	53	45
Basic Cargo Management	16	83	83
Business Correspondent	111	97	69
Data Entry operator	208	181	174
Facility Care /Guest Service Assoc.	56	44	67
Front Office Associate	150	90	88
Junior Excavator Operator	24	44	54
Multi cuisine Cook	104	84	63
Refrigeration and Air-conditioning	146	126	109
Retail Sales Associate	55	70	81
Welding & Fabrication Asst.	29	13	36
Total	1100	979	963
% of women	32%	30%	30%

B.2 Survey of Alumni: A telephonic survey of the alumni was conducted from batches 2022-24 to gauge the after training employment status and their views on the placement support and training provided at the GMRV-CEL. The alumni survey instrument is provided in **Annexure**.

Sample of alumni surveyed				
Trade	2022	2023	2024	Total
Assistant Electrician	3	2	3	8
Beauty Therapy	2	3	2	7
Business Correspondent		7	4	11
Cargo Assistant		3	2	5
Data Entry Operator	3	1	4	8
Guest Service Associate	2	3	3	8
Junior Excavator		3	3	6
Multi-Cuisine Cook	1	1	7	9
Refrigeration & AC		8	6	14
Retail Sales Associate	1	2	3	6
Welding & Fabrication	1	3	2	6
Total	13	38	43	94

B.3 Discussion with trainers: In depth interview was conducted with trainers (Assistant Electrician, Front Office Associate, Soft Skills and Computing).

B.4 Discussion with industry partner : Telephonic discussion was done with Schneider Electric to understand how the the technical partners rate the partnership with GMRV-CEL and how the support provided helps provide more efficient and effective skilling of the trainees.

C. Assessment

The impact assessment of the SMILE project has been done as per the DAC criteria as explained in chapter 1 of this document.

C.1 COHERENCE

RATING : HIGH

C.1.1 External Coherence

- i. Conforms with Schedule VII:** The initiative conforms with sub-section VII.ii which calls for CSR projects to work towards employment enhancing vocation skills.
- ii. Conforms with Sustainable Development Goals:** Vocational skills development plays a crucial role in achieving the Sustainable Development Goals (SDGs), particularly in areas like education (SDG 4) , decent work (SDG 8), and poverty reduction (SDG 1). By providing individuals with practical skills relevant to the job market, vocational training enhances their employability, boosts economic growth, and promotes social inclusion.
- iii. Conformance with The National Policy on Skill Development and Entrepreneurship, 2015:** , aims to create a comprehensive framework for skill development across India, aligning with the "Skill India" campaign. It focuses on scaling up skilling initiatives with speed, quality, and sustainability, linking skill development to employability and entrepreneurship. The policy emphasizes a lifelong learning approach and aims to create a skilled workforce that meets the demands of the current and future job markets.

C.1.2. Internal Coherence

The project is in concurrence with the 'Empowerment, Livelihoods and Community Development' driver of the GMR CSR¹ Policy.

C.2 RELEVANCE

RATING : HIGH

C.2.1 High unemployment among youth: India is facing a persistent challenge with youth unemployment, especially among those aged 15–29. As of June 2025², the youth unemployment rate stood at around 15.3% nationally, with sharper distress in urban areas (18.8%) compared to rural areas (13.8%).

C.2.2 Employability concerns: This high joblessness is coupled with concerns about employability, only 42.6% of graduates were found employable in 2024, indicating a significant skills gap despite rising education levels³.

C.3 EFFECTIVENESS

RATING : HIGH

C.3.1 The project has been able to meet its target demographic profile: The project targets youth from socially and economically marginal households, it has been able to achieve the expected beneficiary profile.

C.3.1.A A high percentage of students come from socially marginalised communities: Of the total students surveyed 60% belong to SC, ST, and OBC communities. SC, ST, and OBC youth continue to face entrenched barriers to formal employment, including discrimination, education disparities, and inadequate enforcement of affirmative action. Vulnerable, informal, and poorly paid work remains the norm for a large share of SC, ST, and OBC workers/ youth⁴.

Caste profile of students surveyed	
Caste	% of respondents
General	40%
OBC	35%
SC	22%
ST	2%
Source: : Primary Survey 2025	

C.3.1.B An overwhelming number of students belong to economically marginal households: At an aggregate level 91% of the surveyed students reported their family income to be below Rs. 40000/month. Such households are classified as Economically weaker section (upto Rs. 3 lakh per annum or lower income (upto Rs. 5 lakh per annum)

1 https://www.gmrgroup.in/pdf/GHWL_CSR_Policy.pdf

2 India's unemployment rate stays at 5.6% in June 2025, Economic Times, Jul 15, 2025

3 ibid

4 India Exclusion Report-2019, Rosa Luxemburg Stiftung and Tata Trusts

Distribution of surveyed students by economic status	
HH Income slab	% of sampled students
Below Rs. 5000/month	2%
Rs. 5000-Rs. 10000/month	11%
Rs. 10000-Rs. 15000/month	30%
Rs. 15000-Rs. 25000/month	31%
Rs. 25000-Rs.40000/month	16%
Rs. 40,000-Rs. 60,000/month	4%
Rs. 60000-Rs. 80000/month	4%
Rs. 80000-Rs. 1,00,000/month	1%
Rs. 1,00,000 +/month	0%

Source: : Primary Survey 2025

C.3.1.C Significant number of students come from households with low educational attainment : Of the students sampled, 16% of the fathers had education below primary level while the corresponding figure for the mothers was 56%. Parental education plays a significant role in shaping youth employment outcomes. In summary, parental education influences youth employment indirectly by raising educational levels and aspirations, providing socioeconomic advantages, shaping work attitudes, and offering career support. This intergenerational transmission of human capital significantly affects youth's chances of securing quality employment.

Educational attainment of parents of sampled students enrolled at GMRV-CEL		
Income slab	Father	Mother
Illiterate	15%	54%
Below primary	1%	2%
Primary	2%	9%
Middle	27%	11%
Secondary	26%	17%
Graduate	7%	1%
Post Graduate	2%	

Source: : Primary Survey 2025

C.3.2 Large geographical footprint: Data provided by GMRV-CEL-D reveals that majority of students (60%) come from outside Delhi with UP, Bihar and Haryana contributing significant numbers.

Geographical catchment of students	
Caste	% of respondents
Delhi	40%
UP	25%
Bihar	10%
Haryana	9%
Manipur	5%
Others (*)	11%

(*) Jharkhand, W. Bengal, MP, Rajasthan, Odisha, Uttarakhand
Source: : GMRV-CEL-D 2025

C.3.3 The large number of previously employed youth joining the course for skill enhancement is a testimonial to program quality: About 52% of the students surveyed were employed prior to joining the course with an average salary of Rs. 14000. This translates to a significant opportunity cost for attending the training. This is in contrast to the unemployed youth who have no opportunity cost. This phenomena of already employed youth of joining the training is a testimonial that students see value in the GMRV-CEL training and its future monetization potential.

Status of sampled students prior to enrolling at GMRV-CEL	
Student engagement prior to training	%age
Wage Employment	34%
Help in family business	13%
Self Employed	5%
Preparing for competitive exam	17%
Studying	24%
Unemployed	6%

Source: : Primary Survey 2025

C.3.4 High satisfaction with the overall training quality being imparted: Of the sampled students and alumni sampled more than 95% reported that the overall quality of the training program is of good encompassing faculty, course curriculum, infrastructure, quality of learning environment, teaching process and lab facilities.

Perception of sampled trainees and alumni on quality of training		
Perception	Students (%)	Alumni (%)
Highly Satisfied	24%	29%
Satisfied	66%	65%
Neutral	8%	5%
Unsatisfied	3%	0%

Source: : Primary Survey 2025

C.3.5 High rating of various components of training imparted: The sampled students were asked to rate the individual components of the training program. The ratings are high for all the components of the training program. There are certain components which have returned a small proportion of poor ratings and the same is discussed in the preceding paragraph.

Perception of students on the various components of training				
Facility	Poor	Satisfac-tory	Good	Excellent
Trainers/Faculty	4%	5%	36%	55%
OJT	6%	25%	63%	6%
OJT is not provided in Junior excavator, Beauty therapist, Cargo Assistant, Banking Correspondent, Assistant Electrician courses. It may also be noted that during the primary survey for this study, many courses had not initiated OJT and have been excluded.				
Theory teaching in class	1%	6%	66%	27%
Practical training	11%	10%	42%	36%
Syllabus framed for the course	1%	8%	72%	18%

CASE STUDY 1: GMRV-CEL Program Better than Industrial Training Institute (ITI) Course (Asst. Electrician)



Alok Kumar, 20 years, is resident of Savda, Delhi. His father ran an electronics shop and Alok since childhood has been exposed to electronics and electrical work as he would spend most of his spare time at his father's shop. Unfortunately when Alok was appearing in his X board, he lost his father. This affected his X class board performance and he could not secure admission in the Electrician trade which he aspired for and instead had to settle for Electronic Mechanic trade at ITI. The two years spent at the ITI did not meet the expectations of this young talented youth both in terms of teaching and lab infrastructure. Alok summarised his stint as a student at ITI as *"losing out on two crucial years."* Always aspiring to be an electrician, with an ambition to start his own enterprise, his wish came to fruition when

he enrolled in the Assistant Electrician course at GMRV-CEL, Delhi. For the first time Alok experienced, well equipped classroom sophisticated lab an environment conducive to education, market oriented skill, training in soft skills and relentless focus on getting equipped to face the rigours of the industry. This was indeed a paradigm shift from what Alok has experience at ITI. Citing an example Alok said, *"at ITI they taught us series and parallel wiring, at GMRV-CEL things were taken a step further, we were taught hostel wiring, corridor wiring, staircase wiring etc., an approach going beyond theory."* The personality development classes at GMRV-CEL was another revelation for Alok, Alok acknowledged that his communication skill has improved, he is more proactive while working in teams during lab work and has realised that he has a problem of procrastination which he is working on with inputs from the Personality Development faculty. Alok is confident of getting placed through the GMRV-CEL placement cell based on the experience of the previous batches of the Assistant Electrician course, where almost all the students got placed. Alok is busy preparing for the upcoming Pradhan Mantri Kaushal Vikas Yojana examination, which is a third party certification provided to trainees under the National Skill Development Corporation (NSDC). He feels that an entry level electrician job fetching Rs. 18000-20000 should not be a challenge. Alok made a few suggestions as well which includes (i) Advanced topics like cable jointing be introduced, (ii) OJT be introduced, and (iii) Food at the hostel mess can do with some improvement. One of the biggest eye opener for Alok has been meeting classmates from all across the country and forging friendships spanning from Rajasthan Uttar Pradesh, Haryana, and far off Assam and Manipur, giving him a glimpse of the world beyond Savda colony where Alok was born and brought up. Alok now looks towards stepping into the work life with confidence and dreams of running his own enterprise in the coming years. Alok profusely thanked GMRV-CEL for making him much better prepared in three months which ITI could not achieve in two years.

CASE STUDY 2: A Topper In Search For His Due (Cargo & Logistics)



Mohammad Farman, 24 years, belongs to a farming family and comes from a small village located in the outskirts of Bareilly town. He topped his school in X and XII board and pursued a degree in BSc. at the Bareilly college considered to be an elite institution in the region. He is looked upon as a role model in his village. Being a role model brings in the burden of expectations, and Mohammad's journey to settle in a career is a story to fulfill his potential and stand up to the surmise his village has of him. Mohammad started off by preparing for competitive exam to secure a government job, however a slew of paper leaks dampened his enthusiasm. He also pursued and cleared the The NIELIT 'O' Level computer course but job was hard to come by. With family's

financial burden putting pressure on Mohammad to start earning quickly, the long drawn process of preparing for government jobs was no longer an option. It was then that a relative suggested that Mohammad take admission at GMRV-CEL and he is currently pursuing cargo assistant course. He finds the course to be good, and the facilities excellent, however mid way through the course the trainer has left, and the entire batch is in limbo. Mohammad is no longer sure when the new trainer will join and when their course will complete. There remains uncertainty regarding OJT and placement as well given that the trainer is the key resource in securing placements. There is also a concern that while 8 students have found placement, only two have got placed in the cargo and logistics trade the rest have got jobs as parking attendants at the airport or as cabin crew in a tourist bus run at the airport. Mohammad is a bit worried at the sudden turn of events, however despite his apprehension of landing a job in his trade, he praised the course, the faculty, the infrastructure and the opportunity which GMRV-CEL provided him. He signed off by saying that not every thing is in our hands, God has his ways.

Classroom seating		10%	59%	31%
Classroom lighting/ventilation		10%	49%	41%
Toilets		7%	63%	30%
Drinking water		12%	64%	24%
Library	No library			
Lab Infrastructure		10%	52%	18%
Hostel stay facility		19%	60%	21%
Food	11%	28%	54%	7%
Housekeeping		16%	58%	27%
Discipline		4%	60%	36%

Source: : Primary Survey 2025

A small fraction of the sample indicated a poor rating for certain components of the training program, the reasons for the same is discussed below:

- **Faculty rating poor (4% of sample)** was reported poor for Cargo and Junior excavator courses where the trainers have left mid course
- **OJT reported rated poor (6% of sample)** largely by multi cuisine course students given that food stalls had been set up at Aerocity while training at a live kitchen in an institution would have been preferred
- **Theory teaching in class rated poor (1% of sample)** by trainees in Junior Excavator due to leaving of faculty mid course
- **Poor practical rated poor (11% of the sample)** comprise largely by students of junior excavator and cargo assistant trades due to leaving of faculty.
- **Poor food (11% of the sample)** was reported largely pertaining to less food quantity at breakfast and inconsistent food quality.

However, the majority of the sampled students rated the training components as good or excellent. A similar feedback was received from alumni who have rated both faculty quality and relevance of the course content to market requirement to be of very high order.

Perception of the alumni on the key components of training		
Rating	Faculty	Course Content
Poor	0%	0%
Fair	5%	5%
Good	33%	30%
V.Good	24%	40%
Excellent	38%	24%

Source: : Primary Survey 2025

C.3.6 High Skill Acquisition: The sampled students were asked on how do they perceive their acquisition of both technical and employability skills both of which are provided through trade specific classes and personality development and personality development modules. Almost all the trainees reported that they are better off in terms of technical and employability skills post training. The leaving of faculty mid way through the course (cargo assistant, junior excavator, multi-cuisine) trainers has slightly dented the technical skill ratings.

Perception on skill acquisition of sampled students									
	Pre Training				Post Training				
	Poor	Fair	Good	V. Good	Poor	Fair	Good	V. Good	Excellent
Communication Verbal	21%	65%	10%	4%		6%	52%	40%	2%
Team-work	22%	43%	26%	9%			43%	54%	2%
Problem Solving	21%	57%	14%	9%	5%	16%	34%	45%	
Time Management	36%	43%	25%	2%		2%	36%	62%	
Emotional Intelligence	21%	51%	26%	2%	2%	14%	35%	44%	5%
Conflict Resolution	27%	29%	39%	2%	5%	10%	45%	35%	5%
Technical Skill	78%	22%			7%	10%	30%	44%	9%

Source: : Primary Survey 2025

C.3.7 Placement rates above national average and meets global benchmark:

The overall placement rate under the Short-Term Training (STT) component of PMKVY (in its first three phases- PMKVY 1.0 to 3.0, from 2015 to 2022) stands at about 43%⁵. A 70% placement rate is widely viewed as a "gold standard"⁶ benchmark for education or training programs and GMRV-CEL has consistently returned placement rate around the benchmark.

Placement of students by GMRV-CEL			
Trade	FY 2022-23	FY 2023-24	FY 2024-25
Assistant Electrician	80%	94%	96%
Asst Beauty Therapist (*)	2%	1%	9%
Basic Cargo Management	100%	93%	70%
Business Correspondent	77%	62%	58%
Data Entry operator	89%	85%	63%
Facility /Guest Service Assoc.	98%	79%	70%
Front Office Associate	71%	60%	97%
Junior Excavator Operator	100%	96%	49%
Multi cuisine Cook	93%	97%	88%
Refrigeration and AC	96%	83%	69%
Retail Sales Associate	93%	83%	73%
Welding & Fabrication Asst.	97%	33%	17%
Total	80%	77%	66%

(*) is a self employment course with limited job placement option
 Note: About 5-8% of the students either opt for self employment, higher studies or are not interested in taking up the job and are therefore not offered placement services.
 Source: GMRV-CEL-D 2025

The consistently good placement record is reflected in the response of 83% of the sampled students that they are sure to get employment post training.

⁵ Posted on 22 July 2024 by Press Information Bureau (PIB), Ministry of Skill Development and Entrepreneurship, <https://www.pib.gov.in/Press-ReleasePage.aspx?PRID=2034984>

⁶ Wadia, Leena Chandran, Dabir, Neela, Vocational education first: state of the education report for India 2020; Technical and Vocational Education Training (TVET), UNESCO Office in New Delhi 2020

CASE STUDY 3: An Opportunity To Dream (Beauty Therapist)



Maneka, 29 years, resident of Delhi, always had a dream to work and be financially independent prompted by monetary hardships faced since childhood. Her father is a rickshaw puller and husband a plumber, Despite support from her husband, her limited educational attainments (studied till class VIII), and inadequate financial backing made Maneka unsure on how to get a job or start a vocation on her own. Married at a young age years passed as Maneka got busy with household work, but the wish to do something on her own remained burning. Recently, Maneka would often see two young girls in uniform walking down her lane. On inquiring she was told that they had taken admission at the GMRV-CEL, Delhi in the beauty therapist course. Maneka saw in this an opportunity to nurture her dream of financial independence and accompanied by her husband came down to GMRV-CEL to take admission. The classroom, the infrastructure, the lab and the teaching process was something which Menka had not seen before. Two months in her course, Maneka has taken long strides and is learning the intricacies of beauty care. In the first half of the day they have theory classes and in the afternoon practical classes are held. Explaining how she is satisfied with the training, Maneka said, *"Our instructor is like an elder sister, and teaches us with care and dedication and is always open to clarifying our doubts"*. Some of her batch mates have got placed through GMRV-CEL at the Spa at the airport and are getting 15000-18000 permonth. Maneka however is looking for a job at a beauty parlour. While the beauty therapist course does not have a placement component, she is confident of landing a job at a beauty parolur and expects to get paid around Rs. 8000-10000 to start with. She suggested that a OJT and more stress on English communication would have been a real help. In coming years after gaining requisite experience, she dreams to open a beauty parlour on her own. Once moving rudder less, Maneka today has a fixed goal and a purpose. Most importantly she has regained her self esteem and confidence.

CASE STUDY 4: Coming Back on Track (Refrigeration and Air-conditioning)



Vivek Srivastava, 26, lost both his parents to prolonged illness while pursuing his diploma at ITI Originally from Bihar, Vivek lost his support system back home and shifted to Delhi to stay with his uncle. Despite having an ITI diploma in electrical trade, the need to earn to support himself led him to do a job at a pharmacy shop which earned him around Rs. 10000 per month. Seeing an AC repair shops doing brisk business in Delhi, Vivek wished to open a similar shop, however joining as a trainee at a AC repair shop to learn the ropes of the trade meant no wages, which Vivek could ill afford. Vivek felt that life was passing him by as he looked on as a helpless spectator. On a suggestion from a friend brought him to GMRV-CEL and he enrolled in the Refrigeration and Air-conditioning course. He finds the course to be good and the faculty excellent. The lab is well equipped and he is learning the requisite skills for an entry level job in the industry and would be fine if he gets a Rs. 10000-12000 job at the entry level with lots of opportunity to learn on the job. Going by the experience of the previous batches, he is confident of getting placed through GMRV-CEL. Currently halfway through the course, Vivek looks forward to his OJT which will give him industry exposure. He especially singled out the Personality Development course which has helped him improve his approach towards his work and life. Speaking candidly he said, *"before coming here I was a laath baaj (solving problems through the stick), but the personality development courses has had a profound influence on me, making me more patient and accommodative."* Being a day scholar, he helps his hostler classmates by bringing for them copies, pens and other academic material. He mentioned that he has made friends for a lifetime at GMRV-CEL. He credits the course for giving him direction and a sense of purpose, when the future had appeared rather bleak.

Perception of currently enrolled students in getting a job post training	
Perception	%age
Not sure of getting employed	13%
Self Employed/studies	4%
Sure of getting employed	70%
Very sure of getting employment	13%
Source: : Primary Survey 2025	

C.3.8 The program has kept the student salary expectation within realistic levels : About 74% of the sampled students reported that they expect to get salary on placement as per expectation. The majority of the students expect salaries in the range of Rs. 10000-20000 which is a reasonable ask after a three month skill training program. It may also be mentioned that the program has been able to temper the salary expectation of the trainees at realistic levels which industry is ready to pay entry level candidates. This is consciously done during counseling, induction program and regular advice by the trainers on the industry employment conditions and the prevalent industry salary norm.

Salary expectation of sampled students after placement	
Salary Range Expected	%age
Rs. 10000-15000	44%
Rs. 15000-20000	35%
Rs. 20000-25000	17%
Rs.25000-35000	4%
Source: : Primary Survey 2025	

The candidates are advised to take available campus placements and with experience their salary levels will go up, This is corroborated by the experience of the alumni surveyed.

Salary drawn by sampled alumni (2023 & 24 batch)		
Wage Interval (in Rs.)	At placement	Current salary
0-10000	12%	0%
10000-20000	74%	50%
20000-25000	10%	26%
25000 +	4%	24%
Source: : Primary Survey 2025		

C.3.9 Good quality placement support provided: The students are provided with guidance to identify job opportunities and face placement interviews. This support has been highly rated by the current students

Perception of currently enrolled students on placement support		
Perception	%age	Good+ rating
Career Guidance	93%	80%
Identify Job Opportunity	87%	73%
Resume Assistance	78%	67%
Interview Preparation	76%	70%
Networking	72%	63%
Source: : Primary Survey 2025		

C.3.10 Significant number of students not placed in the same trade in which trained: About 30% of the alumni placed through GMRV were not in the same trade in which trained. While placement in the technical trade is mostly in the same trade in which training provided, it is the non technical trade where for some students there is no congruence between training and placement. There are multiple reasons for this:

- **Ability of student:** There are instances when the student is unable to clear the interview process in the trade requiring them to adjust in an allied trade. For instance students in the computer data entry course are adjusted in tele-calling if there acquisition of software application skills during training is poor. It may be remembered that a large number of students come from very poor school and college system which do not provide basic language, numeracy and subject skills. Rectifying these aberrations completely in three months is a difficult task.
- **Previous Qualification of trainees:** In some cases it is seen that educational qualification of student has bearing on his/her placement prospects. For instance ITI diploma holders get better paid placements in technical trades, similarly graduates are preferred by companies offering data and computer application roles.
- **Availability of jobs in the trade:** The placement is dictated by the availability of jobs which is dependent on market conditions. Placement generally relies on bulk hirings by companies and it can so happen that in certain placement rounds the bulk hiring are below average
- **Preference of candidates:** Some candidates are averse to certain type of job roles. For instance in beauty therapist trade, many girls are averse to take up jobs in a spa and prefer beauty parlour jobs.
- **Weak placement effort:** Trainer plays a key role in placing the students. If the trainer leaves mid course, then the placement suffers. Also there is one placement officer tasked to handle 13 trades, which can at times become overwhelming and constraint development of a large pool of potential employers.

C.3.11 Most of the alumni placed through GMRV-CEL gainfully employed: Feedback from the recent alumni (2023 & 2024 batch) placed through GMRV-CEL reveal that 80% of them remain gainfully employed, a representation that the objective of the project of training youth for employment is being achieved.

Current employment status of alumni who got placed through GMRV-CEL (2023 & 2024 batch)	
Employment status	%
Continue with the job placed through GMRV-CEL	28%
Left first job for another job	46%
Joined family business	4%
Higher study	4%
Married	2%
Not currently employed	12%
Started own work	2%
Source: : Primary Survey 2025	

Of the sampled alumni , 12% are currently unemployed

CASE STUDY 5: An Opportunity To Pursue A Passion (Multi cuisine cook)



Saurav Burman, 26 years, comes from Toofanganj, Cooch Behar district of West Bengal. He is a graduate and his father is a sharecropper. He had tried to join the BSF but failed the medical test. Family economic circumstances brought him and his father to Delhi where they started to work in housekeeping through a contractor. Saurav always had a passion for cooking and wished to make a career out of it. However, economic circumstances was a barrier to pursue his preferred vocation until an acquaintance suggested the GMRV-CEL course. Saurav enrolled in the multi-cuisine cooking course and hopes to start a restaurant one day. He found the course to be interesting and was learning well until one month into the course the faculty suddenly left leading to suspension of the

core skill classes for some time. The lost time has been costly in terms of training since it truncated the time available for practical classes. The recent OJT where they set up a stall for momos and pizza at the Aero City was a good experience. Despite the setback in regularity of classes, Saurav remains hopeful that he will be placed. Saurav mentioned that such a well equipped and managed training institute has been a revelation for him and he feels its a privilege that he got the opportunity to train at GMRV-CEL. He mentioned that having a cake baking oven would be a good addition to the lab and also focus on Chinese and Indian cuisines from different states would be nice to include in the syllabus. Saurav hopes that he gets placed since this is probably his only ticket to pursue cooking as a profession and one day open his own restaurant at Toofanganj , his home town.

CASE STUDY 6: Training Makes Possible Pathway To A More Challenging Work (Refrigeration and AC)



Rahul Kumar Mahato, 21 years, comes from a Gopalganj in Bihar and has done a diploma from ITI in electrical trade. Post completion, Rahul got placed at an automotive light manufacturing facility at Sanand, Gujarat. The job had little to do with his core qualification, as he had to stand at the assembly line sorting out defective light reflectors. The job paid him Rs. 14000/month. Realising that he was not using his core technical skill, Rahul quit and came to Delhi where he started a job at an electric panel making company. AN engineer at the plant suggested that Rahul get enrolled in a technical course at GMRV-CEL to further improve his career prospects. Rahul has taken admission in the Refrigeration and Air-conditioning (RAC) course with the idea of amalgamating his existing electrical skills with RAC so as to offer to customer a wide bouquet of services. Rahul finds the training

facility , faculty and handson practice at GMRV-CEL to be excellent. He is also confident of being placed in an entry level job paying around Rs. 12-15000/month. He also reported that Voltas, who are the technical partner to the course do make visits. While he has no complaints with the training, he suggested that food quantity, especially the breakfast may be increased. Also the campus shop should open regularly. The menace of mosquitoes at the hostel is problematic as well.

CASE STUDY 7: Changing Work Segment Within Same Trade (Assistant Electrician)



Shubham, 19 years, resident of Ambedkar Nagar, Uttar Pradesh, after finishing his Diploma in Electrical trade from ITI joined on contract basis the maintenance crew of a rural sub-station. The work included maintenance of high tension power distribution line, maintaining street lights and checking domestic connection from power mains and transformers. The work involved managing and maintaining critical electricity infrastructure requiring frequent scaling of electricity poles and being on call during extreme weather events. The work involved both skill and handwork. While Shubham enjoyed his work, unfortunately the probability of pay increase and future prospects were dim. While he wished to change his work profile, his work experience did not fit with the private sector industry requirement where salaries were higher. Recommendation from an alumni brought him to

GMRV-CEL where he has taken admission in the Assistant Electrician course. Coming with experience with maintaining extensive electricity infrastructure, Shubham is now discovering the scaled down nuances of the trade including domestic and institutional wiring, starters and motors and functioning and maintenance of electricity panels. Shubham finds the infrastructure and faculty to be excellent and looks forward to being placed with a salary of around Rs. 15000-18000 in a company. Shubham credits GMRV-CEL to enable him to change his career track and launch him into a more secure future.

after having been placed by GMRV-CEL revealed the following reasons for not continuing with the jobs in which they were placed:

- Jobs were offered in small offices, outlets, tele calling , short time contract , and in many cases did not match with training received.
- Students are required to vacate hostel immediately after completion of training , few out station students found it somewhat difficult to manage with the demands of a new job and manage the logistics of staying in Delhi
- Some of the outstation candidates found the salary too low to afford living in Delhi and returned to their home towns and villages and remain jobless.

The survey of the alumni revealed that 62% are satisfied with the quality of placement. Only 21% of the alumni expressed their dissatisfaction with the placement experience.

Sampled alumni opinion about placement	
Rating	%age
Poor	21%
Neutral	16%
Good	40%
V.Good	18%
Excellent	4%
Source: : Primary Survey 2025	

C.3.12 A significant proportion of students and alumni would recommend the GMRV-CEL training program

About 96% of the current students and 81% of the alumni reported that they would recommend the training program to their friends and relatives.

Sampled student/alumni on whether they would recommend the training program		
Response	Students	Alumni
Yes	96%	81%
No	4%	19%
Source: : Primary Survey 2025		

C.4 EFFICIENCY

RATING : HIGH

C.4.1 Majority of the students reported that the duration of training program was adequate: While majority of the students felt that the duration of training was appropriate, about 26% of the students reported that the duration of the program could be longer to help them pace out their learning better.

Adequacy of the duration of training	
Salary Range Expected	%age
Duration adequate	72%
Duration short	26%
Duration long	2%
Source: : Primary Survey 2025	

C.4.2 Maintenance of discipline a hallmark of the program: The students appreciated the strict discipline being enforced at the centre. They acknowledged that discipline

contribute to their academic pursuit, personal development, and future career readiness.

C.4.3 High attrition rate of trainers : The 13 trades available at GMRV-CEL is managed by 18 trainers. The trainers are the kingpin of the entire training program. Trainers not only impart technical skill to the students , they also mentor the students, help them get placed through their network and are the conduit through which the alumni maintains contact with the training centre. Students also take admission attracted by the reputation of the trainer, for instance the trainer (has since left) taking the Junior excavator course runs a hugely popular you tube channel on the excavation trade, which attracted many students to GMRV-CEL. However, the trainers are given short tenure of one year which is renewed annually. They also do not benefit from any employee social security schemes. Good training talent is in short supply and GMRV-CEL may consider taking appropriate steps in retaining the trainer talent.

List of trainers who have recently left		
Trade	Status of trainer	Effect
Cargo	Trainer left mid course	Placement not sure
Multi-cuisine	Trainer left mid course, new trainer appointed	Led to less practical training, down time of about 15-20 days since no trainer
Junior Excavator	No trainer currently	No core classes being held
Refrigeration and AC	Two trainer sanctioned, one left	Impacts training quality
Communication	No English teacher currently	English communication classes have to be truncated

C.4.4 Leverage of CSR programs of various corporates;

The program has been able to successfully leverage financial and technical resources from CSR of various corporates.

Industry partners to the GMRV-CEL	
Trade	Industry partner
Assistant Electrician	Schneider
Refrigeration & AC	Voltas
Cargo Assistant	Çelebi Delhi Cargo
Multi Cuisine	Trvel Food Services
Excavator	Volvo
Front Office	Relaxo
Advanced Computing	Daffle
Welding & Fabrication	Interarch Building

C.4.5 The program has requisite accreditation: The centre has the following accreditations:

- ISO 9001-2015 compliant
- NSDC accreditation for all courses, - has been awarded 5 star rating, with a score of 49 out of maximum 50 marks.

Industry Partner (Schneider Electric) gives very high rating to GMRV-CEL, Delhi



Since 2010, Schneider Electric is the industry partner for the Assistant Electrician program being run by GMRV-CEL. The assessment team had an in-depth discussion with DGM, CSR at Schneider Electric Foundation India(SEFI). Currently Schneider Electric is supporting more than 70 training centres in the electrical domain across the country and the technical support provided to GMRV-CEL is one of the oldest of such partnerships.

A. Assistance provided to GMRV-CEL :

- **Keep the curriculum in sync with the changing technology trends:** The Assistant Electrician Course at GMRV-CEL is based on the syllabus (REFERENCE ID: CON/Q0602) suggested under the National Skills Qualifications Framework (NSQF) under the aegis of the National Skill Development Corporation (NSDC). Schneider periodically reviews the syllabus and suggests new addition to the syllabus based on industry demand. Some recent such additions include introduction of CCTV wiring and maintenance and application of motor controllers.
- **State of the art lab:** Helped establish specially developed and highly customized state-of-the-art practical labs, students get ample practical exposure to simulating real-life work conditions.
- **Guest lectures:** Schneider runs an employee volunteering program under which employee volunteers give guest lectures to students at GMRV-CEL.
- **Training of Trainers:** GMRV-CEL trainers managing the Assistant Electrician course have been provided a three week training at the Schneider training centre at Bangalore . The training is provided in the areas of (i) Safety & security, (ii) Domestic installation and distribution, (iii) Industrial installation and distribution, (iv) Energy quality and (v) renewable energy
- **Electrician Toolkit:** A starter electrician toolkit (multimeter, tester, tools etc) is provided to the students so that they can use it during training and also do freelance work or be self employed post training.
- **Educational videos:** Students can access educational videos at the Youtube channel maintained by Schneider Electric Foundation India(SEFI).

B. Rating of GMRV-CEL as an Implementation Partner

Mr Prashanth Shetty, DGM, CSR at Schneider Electric Foundation India(SEFI) during his discussion with the assessment team outlined the following while explaining why SEFI considers the GMRV-CEL, Delhi as a model training centre and rates it one of the best centres supported by them.

- Last year , VP, Schneider Electric visited GMRV-CEL, Delhi and was impressed by the facilities and the processes followed at the centre.
- The centre runs like an academic institution with discipline and quality training and hostel infrastructure
- The centre has qualified and skilled trainers
- The Assistant Electrician course supported by SEFI has one of the best placement rates amongst all such centres supported by Schneider.
- The dropout rate from the Assistant Electrician course is very low, especially because aptitude test and proper counseling is done before students are provided admission
- The facilities developed at GMRV-CEL, Delhi is better than many Industrial Training Institutes running in the country

C. Future plans

Schneider is in the process of developing a number of initiatives for further upgrading the electrician courses supported by it. In coming years the training centres supported by SEFI (including GMRV-CEL, Delhi) will be offered the said knowhow and support for roll out. These include:

- Schneider Electric plans to introduce training on a wide range of Low Voltage (LV) and Medium Voltage (MV) equipment and solutions for electrical distribution.
- Specially targeted for girls, Schneider is developing a course on electric equipment maintenance and repair

C.4.6 Certification of students under the Pradhan Mantri Kaushal Vikas Yojana (PMKVY) : Students in all the courses can register for the assessment test conducted by authorized assessment agencies of NSDC and get awarded a government recognized certificate on course completion. It was reported that the students who register for the PMKVY assessment perform exceedingly well in the third party assessment tests.

C.4.7 Going beyond the course curriculum prescribed under the NSQF: The trainers while have to adhere to the course curriculum under the NSQF, have the freedom to add advanced and industry related topics. Some such instances include:

- **Assistant Electrician-** have introduced CCTV maintenance, DOL starters and sensor based automation
- **Refrigeration & AC** - Amalgamated of refrigeration and home technician courses into one, which under the NSQF are two separate course
- **Cargo and logistics:** Initially the course only had air cargo, now logistics has been included.
- **Front Office:** Secretarial practice module has been included
- **Banking correspondent:** Insurance component has been added

Course up-gradation stems from the demand of the students for more advanced topics and also the changing paradigm of the industry

Opinion of sampled students on the adequacy of the course curriculum	
Course curriculum	%age
Course curriculum adequate	32%
Course curriculum needs more advanced topics	68%
Source: : Primary Survey 2025	

Courses which have falling market relevance or demand are closed and resources released for other more relevant courses. For instance recently a course on BPO/ call center being run in collaboration with Tata Business Services was closed.

C.4.8 Students from ITI do their OJT at GMRV-CEL - a testimony of the training quality and infrastructure available: Students from Industrial Training Institutes (ITI) do their OJTs regularly in the Refrigeration & AC and Beauty therapist trades and occasionally in electrician trade. The GMRV-CEL has labs which are better equipped than the ITIs which offer diploma level courses.

C.4.9 Low enrollment in some technical courses: Some of the technical courses for instance welding and excavator has very low admissions despite such courses being in high demand at the ITIs. Reaching out to youth who would be ready to do such physically demanding trades is important. This would require widening the catchment

C.4.10 Liberal in providing requisite equipment/tools: Requisition from trainers for tools and equipments are treated on priority, some such aids which were recently provided and the assessment team is aware of include installation on electric panel for the assistant electrician trade and an indexing table for the front office trade.

C.5 SUSTAINABILITY

RATING : HIGH

C.5.1 Good quality training : The training infrastructure, course curriculum, teaching processes, quality of faculty, well equipped labs, market oriented syllabus, and quality learning environment has been acknowledged by both current students and faculty. This will keep attracting students to the center.

C.5.2 Demonstrated capacity to respond to the demands of the changing training landscape brought about by AI: The central team at GMRF, Hyderabad, is in the process of charting a road map for incorporating AI in training delivery process. The global team at Schneider, industry partner for the Assistant Electrician course, has initiated the process of including AI in the training modules and training simulators and will be made available to GMRV-CEL in the future.

C.5.3. Risk of low admission if catchment not increased: As discussed previously certain trades like welding and excavator has very low attendance . Identifying the right catchment to get interested youth needs to be initiated.

D. OVERALL RATING

RATING : HIGH

The GMRV-CEL is considered to be one of the finest short-term training institutes for underprivileged youth, a claim corroborated by a 5-star rating by NSDC. The initiative scores high on **coherence** since it conforms with the National Policy on Skill Development and Entrepreneurship, 2015, and Sustainable Development Goals (SDG 1, SDG 4, and SDG 8). The center scores high on **relevance** since it addresses high unemployment amongst youth and their poor employability. In terms of **effectiveness**, the project performed very well except for losing marks for not placing some students in jobs related to the trade they were trained in. The performance under **efficiency** criteria is good except that the center faces a high exodus of trainers, which disrupts the training program, and low admission in specific trades like welding and junior excavator programs. The project appears largely **sustainable** given its strong training programs and excellent infrastructure. The only concern regarding sustainability is that a steady flow of students has to be maintained necessitating proactive effort in expanding the catchment.

E. SUGGESTIONS

1. Effort to check the attrition of faculty: Faculty are one of the critical drivers of the training at GMRV-CEL. The high faculty attrition (**Sect C.4.3**) effects training continuity, placement of students, and loss of networks. The program may consider taking steps to retain the trainer pool which may include providing relatively long term contracts from the present annual renewal.

2. More targeted mobilisation will have to be considered for filling up of seats in technical courses: Some of the technical courses for instance welding and excavator sees very low admissions Reaching to youth who would be ready to do such physically demanding trades is would require widening the catchment and the following may be considered:

- **Need more outstation sourcing agencies:** Currently GMRV-CEL has 43 NGO partners to help source youth, out of which 42 are based in Delhi. The only outstation sourcing agency is Likambam Devi Foundation, Manipur. It is imperative that more such outstation NGO partners be on boarded, especially in the aspirational districts where youth unemployment is very high.
- **Increase outreach in districts as per skill mapping for particular trade as per skill mapping published by the NITI Aayog.** For instance maximum number of welders in the country come from Cuttak (Odisha), Muzaffarpur and Katihar (Bihar), Jamui (Bihar), Aurangabad (Bihar), and Malda (West Bengal).

3. Faculty upgradation: Trainers get very limited scope for upgradation of their training and domain skills. The only training they have attended is the Training of Trainers (ToT) mandated under NSQF for GMRV-CEL to get accreditation.

4. Strengthening the placement cell: One placement officer has to handle placement and OJT for 13 trades and can become a bit difficult to do justice to. While trainers play an important role, it is important that placement cell (i) initiates more bulk hiring through corporate partnerships, and propensity for placement of the students in jobs outside the one trained in be lowered.

5. The campus shop be open regularly: Given that hostlers can leave the campus once every fortnight, students depend on the campus shop for their daily needs. However, the shop which is run as part of the GMRV Empower program does not open regularly.

6. English language lab: In non technical courses, effective communication is an important tool of the trade. With most students have very limited language skills, it is imperative that a language lab be established which will help accelerate the acquisition of functional language skills. Language labs combine the strengths of technology and personalized teaching to help learners become fluent communicators, directly impacting their job prospects.

7. Formal mechanisms to improve alumni engagement: Currently alumni engagement is mostly through trainers. Alumni are an important source of potential placement opportunities and student referral. A formal mechanism of regular alumni engagement be considered.

8. Formal student feedback be shared with the trainers: At the end of each course an extensive feedback is taken from the students. This feedback is currently not shared with the trainers thereby they are unable to take corrective measures in training delivery, classroom engagement and other relevant metrics.

9. Grievance box: Many students reported they are apprehensive to air any issues they may face during training. It is suggested that a grievance box be installed for the students to drop their grievances for consideration.

10. Marketing the training center: Most of the students (65%) come to know about the center through word of mouth and alumni referral. To reach out to a larger potential student base, digital marketing may be used more extensively. The following may be considered

- **Website:** GMRV-CEL may consider having an exclusive website where potential students can learn about the institute, the courses offered and the placements. It may also carry testimonials and means to reach out for more information.
- **Corporate film:** A short corporate film be commissioned and the same made available through social media and website
- **Online YouTube Courses:** GMRV-CEL may start its own YouTube channel where faculty may host online courses in their trade. This will help popularise the center and also establish the trainers as experts in their field of expertise. This will in turn attract students to the institute. A case in point is the YouTube channel run by the Junior Excavator course instructor (has since left). Students of the course reported they learnt about GMRV-CEL through the YouTube videos. The faculty will need assistance to make attractive visual content for upload.

Computation of the rating of GMRV-CEL, Delhi project

Criterion	Performance Indicator	Weight	Score (out of 5)	Weighted score	Weighted Average & Rating	Refn in report
A. COHERENCE	External Coherence	0.5	5	2.5	5 [HIGH]	C.1.1
	Internal Coherence	0.5	5	2.5		C.1.2
B. RELEVANCE	High unemployment among youth	0.5	5	1	5 [HIGH]	C.2.1
	Employability concerns	0.5	5	1		C.2.2
C. EFFECTIVENESS	The project has been able to reach its target demographic profile	0.1	5	0.5	4.9 [HIGH]	C.3.1
	Large geographical footprint	0.05	5	0.25		C.3.2.A
	The large number of previously employed youth joining the course for skill enhancement is a testimonial to program quality	0.05	5	0.25		C.3.3
	High satisfaction with the overall training quality being imparted	0.1	5	0.5		C.3.4
	High rating of various components of training imparted	0.1	5	0.5		C.3.5
	High Skill Acquisition	0.1	5	0.5		C.3.6
	Placement rates above national average and meets global benchmark	0.1	5	0.5		C.3.7
	The program has kept the student salary expectation within realistic levels	0.05	5	0.25		C.3.8
	Good quality placement support provided	0.05	5	0.25		C.3.9
	Significant number of students not placed in the same trade in which trained	0.1	4	0.4		C.3.10
	Most of the recent alumni placed through GMRV-CEL remain gainfully employed (over one to two year period)	0.1	5	0.5		C.3.11
	A significant proportion of students and alumni would recommend the GMRV-CEL training program	0.1	5	0.5		C.3.12
D. EFFICIENCY	Majority of the students reported that the duration of training program was adequate	0.1	5	0.5	4.7 [HIGH]	C.4.1
	Maintenance of discipline a hallmark of the program:	0.1	5	0.5		C.4.2
	High attrition rate of trainers	0.1	3	0.3		C.4.3
	Leverage of CSR programs of various corporates	0.1	5	0.5		C.4.4
	The program has requisite accreditation	0.1	5	0.5		C.4.5
	Certification of students under the Pradhan Mantri Kaushal Vikas Yojana (PMKVY)	0.1	5	0.5		C.4.6
	Going beyond the course curriculum prescribed under the NSQF	0.1	5	0.5		C.4.7
	Students from ITI do their OJT at GMRV-CEL - a testimony of the training quality and infrastructure available	0.1	5	0.5		C.4.8
	Low enrollment in some technical courses	0.1	4	0.4		C.4.9
	Liberal in providing requisite equipment/tools	0.1	5	0.5		C.4.10

Computation of the rating of GMRV-CEL, Delhi project

Criterion	Performance Indicator	Weight	Score (out of 5)	Weighted score	Weighted Average & Rating	Refn in report
E. SUSTAIN-ABILITY	Good quality training	0.4	5	2	4.8 [HIGH]	C.5.1
	Demonstrated capacity to respond to the demands of the changing training landscape brought about by A	0.4	5	2		C.5.2
	Risk of low admission if catchment not increased	0.2	4	0.8		C.5.3.
OVERALL					4.88 [HIGH]	

ANNEXURE - 1

HOW THE CSR PROJECTS ARE IN CONSONANCE WITH SUSTAINABLE DEVELOPMENT GOALS

A. Mobile Healthcare Unit

Mobile medical units directly support several Sustainable Development Goals (SDGs), most notably SDG 3 (Good Health and Well-Being), by expanding healthcare access, reducing disparities, and promoting preventive care in underserved and remote regions.

A.1 Impact on SDG 3: Good Health and Well-Being

- i. **Mobile units increase access to essential services** for populations in remote, marginalized, urban slum, and underserved areas, enabling early detection and management of communicable and non-communicable diseases.
- ii. **These units deliver preventive, promotive, and curative services**—including maternal and child health, immunization, diagnostics, and health education—addressing key SDG 3 health targets like universal health coverage, reduction of maternal and child mortality, and control of major diseases.
- iii. **Affordability & Equity:** By minimizing out-of-pocket healthcare costs and travel time, mobile units contribute to healthcare affordability and equity, which reduces health-related financial hardship among vulnerable populations.

A.2 Broader SDG Linkages

Mobile medical units can improve health indicators tied to SDG 1 (No Poverty) and SDG 10 (Reduced Inequalities) by addressing the social determinants of health and bridging geographic and economic gaps in service delivery. They support health system strengthening and community resilience by offering flexible and adaptive responses to public health crises, emergencies, and evolving local needs.

B. Remedial Education

Remedial classes directly contribute to achieving Sustainable Development Goals (SDGs), especially SDG 4, by improving student learning outcomes, promoting educational equity, and encouraging lifelong learning for disadvantaged groups.

B.1 Impact on SDG 4: Quality Education

SDG 4 aims to "ensure inclusive and equitable quality education and promote lifelong learning opportunities for all". Remedial education plays a critical role by addressing gaps in literacy and numeracy among struggling students, helping them catch up academically and reducing overall dropout rates.

B.2 Broader SDG Linkages

- i. Remedial interventions help bridge disparities for girls, children from socio-economically disadvantaged families, and those from rural or marginalised backgrounds, supporting SDG targets for equal access to quality education and reducing learning gaps.
- ii. These classes provide targeted support for students with disabilities and those who are at risk of falling behind, fostering more inclusive school environments and contributing to equity-focused SDG outcomes.

C. Special Education for Children with Disabilities (SAMARTH)

Special education for children with disabilities is directly linked to the Sustainable Development Goals (SDGs), especially SDG 4, which emphasizes inclusive and equitable quality education for all and lifelong learning opportunities.

C.1 Impact on SDG 4: Accessible Education

SDG 4 mandates elimination of disparities in education, ensuring equal access for vulnerable groups, including children with disabilities. Key targets include (i) Elimination of gender and ability-based disparities at all levels of education, and (ii) Expansion of inclusive and accessible educational infrastructure.

C.2 Broader SDG Linkages

Disability inclusion is referenced in other SDGs:

- i. **SDG 3 (Health):** Promotes healthy lives for children with disabilities.
- ii. **SDG 10 (Reducing Inequality):** Calls for reduction of inequalities, including those faced by persons with disabilities.
- iii. **SDG 11 (Sustainable Cities):** Focuses on building accessible environments for all.

D. Supporting Marginalized Individuals through Livelihoods & Empowerment (SMILE)

Supporting street vendors directly contributes to several Sustainable Development Goals (SDGs), especially through poverty alleviation, economic empowerment, improved livelihoods, and urban inclusivity.

D.1 SDGs Linked to Street Vendor Support

- i. **SDG 1 (No Poverty):** Welfare schemes for street vendors, such as affordable credit and livelihood protection, help reduce poverty by enabling self-employment and providing economic resilience against crises like COVID-19.
- ii. **SDG 8 (Decent Work and Economic Growth):** Programmes like PM SVANidhi and capacity-building initiatives promote productive employment, improve working conditions, and offer skill development for street vendors.
- iii. **SDG 9 (Industry, Innovation and Infrastructure):** Structured support mechanisms and improved vending zones foster sustainable micro-enterprises and infrastructure for inclusive urban markets.
- iv. **SDG 10 (Reduced Inequalities):** Targeted programmes acknowledge street vendors' systemic vulnerabilities and work to integrate them into the formal economy, thus reducing inequalities.
- v. **SDG 11 (Sustainable Cities and Communities):** Street vendor support enhances affordable access to goods and promotes vibrant, inclusive, and safe urban spaces.

E. GMR Varalakshmi Centre for Empowerment & Livelihoods (GMRV CEL) – Delhi

Short-term vocational training for youth plays a key role in achieving several Sustainable Development Goals (SDGs), particularly SDG 4 (Quality Education), SDG 8 (Decent Work and Economic Growth), and SDG 10 (Reduced Inequalities). These programs equip disadvantaged youth with workforce-ready skills, improve employability, and foster inclusive growth while reducing dropout rates and supporting sustainable livelihoods.

E.1 SDG Linkages

- i. **SDG 4 (Quality Education):** Short-term vocational training provides practical and industry-relevant education pathways, ensuring equitable and effective skill development for youth who may not thrive in traditional academic settings.
- ii. **SDG 8 (Decent Work & Economic Growth):** By equipping youth with demand-driven skills, these programs facilitate access to decent jobs, enhance productivity, and support economic growth, especially in regions with high youth unemployment.
- iii. **SDG 10 (Reducing Inequalities):** Vocational training targets marginalised groups—such as youth from low-income families, women, and those in slum areas—narrowing gaps in access to education and work opportunities.

ANNEXURE - 2

MHU SURVEY TOOL

Annex 1- MHU Beneficiary Perception Questionnaire

Interviewer Name :

Date :

A. Demographics

A.1 Name of the respondent: _____

A.3 MHU Location : _____

A.2 Age of respondent: _____ yrs

A.4 Gender : _____ M _____ F

A.4 Caste of HH (please tick)

- General
 OBC
 SC
 ST
 Prefer not to say

A.5 Ration card (please tick)

- Pink (AAY)
 Yellow (BPL)
 White (APL)
 Do not know

A.6 Religion (please tick)

- Hindu
 Muslim
 Sikh
 Christian
 Others
 Prefer no to say

A.7 Occupation of Head of HH (pls tick)

- Government employee
 Private employee (wage employee in a private establishment/shop)
 Self Employed skilled labour (self employed plumber carpenter, mason etc)
 Unskilled labour (const labour. house maid etc)
 Business/self employed (shop/ veg vendor/ food cart etc)
 Unemployed
 Pension
 Remmitance/Alms
 Other

A.8 Women headed household

- Yes
 No

A.9 Family structure

- Joint Family (patient staying with children/relatives)
 Nuclear Family (couple or single staying alone or with minor children)

B. Frequency of MHU visits

B.1 What is the frequency of MHU van to your community? (please tick)

- Visit more than once a week
 Visit once a week
 Visit once In a month
 Visit twice In a month
 Donot know

B.2 In last three months can you recollect if the MHU skipped its scheduled visit. (please tick)

- Yes
 No

B.3 Are you satisfied with the frequency of MHU visits (please tick)

- Not at all satisfied
 Slightly Satisfied
 Neutral
 Very Satisfied
 Extremely Satisfied

C. Services Availed at MHU

C.1 Which of the services provided by MHU you have availed of ? (please tick)

- Medical Consultation
 Medicines
 Health Awareness
 Testing
 Hb Blood Sugar BP

C.2 Why do you prefer to visit MHU? (can be multiple)

- Convinience of getting healthcare at doorstep
 Free medicine
 Free consultation
 Good quality of medical consultation
 Alternate healthcare facility is at a distance
 Mobility issues prevents from seeking healthcare elsewhere
 No one at home to take to a brick and mortar health facility
 Saves time
 Other (specify)

D. Ailment for which MHU being visited (ask both D.1 and D.2)

D.1 Have you visited MHU for any infectious disease? (can be multiple)

- ___ **Respiratory Infections:** Common cold, flu (influenza), COVID-19, Respiratory Syncytial Virus (RSV).
- ___ **Gastrointestinal Infections:** Stomach flu (gastroenteritis), Salmonella, E. coli.
- ___ **Skin Infections:** Ringworm, fungal nail infections.
- ___ **Sexually Transmitted Infections:** Chlamydia, gonorrhea, HIV.
- ___ **Other Infectious Diseases:** Strep throat, tuberculosis, malaria, Lyme disease, Dengue
- ___ **Other** (mention) _____

D.2 Have you visited MHU for any Chronic disease? (can be multiple)

- ___ High Blood Pressure
- ___ Arthritis (joint pains)
- ___ Diabetes
- ___ Heart Disease
- ___ Chronic Kidney Disease
- ___ Alzheimer/Dementia
- ___ Epilepsy
- ___ Depression
- ___ Osteoporosis
- ___ Anaemia
- ___ **Other** (mention) _____

D.3 Currently you are visiting MHU for which disease?

E. Satisfaction with curative care services

E.1 Were the prescribed medicines available with the MHU? (please tick) ___ Always ___ Sometimes ___ Never	E.2 What is the waiting time at MHU ___ no waiting ___ 5-10 mins ___ 10-15 mins ___ 15-30 mins ___ 30-45 mins ___ 45 -60 mins ___ 60 mins +	E.3 Any lab test prescribed by MHU had to be taken at a outside facility ___ Yes ___ No E.3.a Where did you get the test done ___ Government facility ___ Pvt Facility	E.4 Were you referred to a higher facility by MHU ___ Yes ___ No
			E.5 If yes, where were you referred ___ Wellness Center ___ Government hospital ___ Private Hospital

E.6 Quality of service	Extremely Satisfied	Satisfied	Neutral	Slightly Satisfied	Not at all satisfied
1. MO (doctor) has been able to correctly diagnose the ailment					
2. Adequate consultation time given by MO (doctor)					
3. Adequate privacy provided during consultation					
4. Adequate explanation is provided about sickness/treatment/medical test					
5. Behavior of Doctor/MHU Staff is good					
6. Explanation about the dosage and timing of medicine provided					
7. Waiting time is not much					
8. Quality of medicine provided is adequate					
8. Quantity of medicine provided is adequate					

Notes

F. Alternate Medical Facility for Curative Care

F.1 Where would you have consulted doctor had MHU not been there (please tick- can be multiple ticks)

- Not sought treatment
- Wellness Centre
- Govt Hospital
- Pvt Practitioner
- Chemist
- Quack
- Traditional Healer
- Other (specify)

F.2 How much would the alternate medical consultation (if MHU was not available) cost (please mention)

- i. Consultation fee : Rs. _____
- ii. Transport cost : Rs. _____
- iii. Travel time: _____ mins
- iv. Waiting time for availing consultation _____ mins

F.3 If you visited a government medical facility free medicines be available.

- Yes, always
- Sometimes
- Never

F.4 Why do you not prefer to go to the nearest government health facility

- Distance
- Medicines not available
- High waiting time
- Poor quality of medical consultation
- Other (specify)

Please name the nearest government health facility appropriate to your ailment

G. Home Visit

G.1 Have you received home visit from MHU

- Yes
- No

G.2 If yes, purpose of home visit

- Follow up
- Medicine Distribution
- Counseling
- Others (specify)

H. Health Awareness (if MHU service availed)

H.1 Did you attend any health awareness session organised by MHU in last one year

- Yes
- No

H.2 If H.1 is yes then

Do you remember the topic(s) of the awareness session (pls tick)

- Yes
- No

If Yes, please state the topics you remember

H.3 If H.2 is yes then

Did you adopt at personal or household level any of the health advice given at the awareness session (pls tick)

- Yes
- No

If Yes, please state the advice from awareness sessions adopted at personal or household level

I. Anyone else from your family visited MHU for consultation in last one year

	Male (nos.)	Female (nos.)	Total (nos.)
Infant (0-1 yr)			
Child (1-10 yr)			
Adoscelent (10-19 yr)			
Young Adult (19-35 yrs)			
Adult (35-60 yrs)			
Elderly (60+)			

J. Suggestions

Please actively probe the respondents for suggestions (indicative) - some of the pertinent areas of enquiry can be (i) camps for hearing and vision issues, (ii) Lab testings , (iii) Testing at MHU, etc. These are just indicative

List all the suggestions of the respondents legibly in long hand below:

**ANNEXURE 3- Education
NAS 2017 question paper
administered to SLS students**

गद्यांश को ध्यानपूर्वक पढ़कर प्रश्नों के उत्तर दीजिए—

दीमक लकड़ी पचाने में बड़ी माहिर होती हैं। ये एक किस्म से सामाजिक कॉकरोच हैं। कॉकरोच इसलिए, क्योंकि ये उनकी प्रजाति से काफी निकट हैं और सामाजिक इसलिए, क्योंकि ये अपने कामों को स्पष्ट रूप से बाँटकर करती हैं। कुछ मज़दूर दीमक होती हैं, कुछ रक्षक और राजा-रानी दीमक होती हैं। इनमें लिंग के आधार पर कोई अंतर नहीं होता। यानी मादा व नर दीमक साथ-साथ काम करते हैं। इनकी हर कॉलोनी में एक रानी दीमक होती है जो 15-30 साल तक ज़िंदा रहती है। यह हर रोज़ 100 तक अंडे देती है। एक घर में कई कॉलोनियाँ हो सकती हैं। कुछ कॉलोनियों में मज़दूर दीमक बगीचा बनाती हैं जहाँ वे फफूँदी उगाती हैं। वे चौबीसों घंटे काम करती हैं।

चूँकि बरसात के मौसम में खाने की कमी होती है, इसलिए ये गर्मियों से ही अपने भोजन का प्रबंध करना शुरू कर देती हैं। वैसे तो दीमक कॉलोनियाँ बनाकर समूह में रहती हैं लेकिन गर्मियों में ये अपनी कॉलोनियाँ छोड़कर हवा में उड़ने लगती हैं। इससे ऐसा लगता है जैसे धुआँ-सा फैला हुआ हो। उड़ने वाली दीमक इधर-उधर भटकने की बजाय अपनी नई कॉलोनियाँ बनाती हैं। हालाँकि सभी दीमक नई कॉलोनियाँ नहीं बना पातीं, इसलिए वे भूखे मेंढकों, छिपकलियों, पक्षियों व चमगादड़ों का शिकार बन जाती हैं।

दीमक पतली-सी दरार से भी घर में घुसकर घर के हिस्से पर धावा बोल सकती हैं और बहुत नुकसान कर सकती हैं। दीमक से होने वाले नुकसान से बचने के लिए कोई बीमा नहीं होता है।

प्र.1 दीमक खाती हैं—

- (क) पत्थर (ख) लकड़ी (ग) लोहा (घ) चमड़ा

प्र.2 गद्यांश के आधार पर कौन-सा कथन सही नहीं है?

- (क) दीमकों में काम का स्पष्ट विभाजन होता है।
(ख) दीमक कॉलोनी बनाकर रहती हैं।
(ग) दीमकों में काम को लेकर नर-मादा में भेद होता है।
(घ) कुछ दीमक रक्षक होती हैं।

प्र.3 कौन-सी दीमक मेंढक, छिपकलियों आदि का शिकार बन जाती हैं?

- (क) जो कॉलोनी में रहती हैं। (ख) जो कॉलोनी नहीं बना पाती हैं।
(ग) जो उड़ नहीं सकती हैं। (घ) जो दीमक मज़दूर होती हैं।

प्र.4 'इनमें लिंग के आधार पर भेद नहीं होता है' का अर्थ है—

- (क) दीमक में नर या मादा नहीं होते हैं। (ख) सभी दीमक एक जैसी होती हैं।
(ग) केवल नर दीमक होती है। (घ) सभी मादा व नर दीमक साथ काम करते हैं।

प्र.5 इस गद्यांश का उद्देश्य यह बताना है कि—

- (क) दीमक कैसे रहती और काम करती हैं। (ख) दीमक से क्या नुकसान होता है।
(ग) दीमक नई कॉलोनी कैसे बनाती हैं। (घ) कौन-से प्राणी दीमक को खा जाते हैं।

प्र.6-10 नीचे दिए गए विज्ञापन को देखें और प्रश्नों के उत्तर दें-

“स्वच्छ भारत मिशन”

जन-जन की हो भागीदारी, स्वच्छ व सुन्दर रेल हमारी

कूड़ेदान का प्रयोग करें। शौचालय का उपयोग करें। थूकदान का प्रयोग करें। पानी की बचत करें।

रेलवे परिसर एवं रेलगाड़ी में गंदगी फैलाने पर रु. 500 तक का जुर्माना हो सकता है।

“खुद वो बदलाव बनिए, जो दुनिया में आप देखना चाहते हैं”
- राष्ट्रपिता महात्मा गांधी

रेलवे परिसर एवं रेलगाड़ी में गन्दगी न फैलायें।
कूड़ा-करकट कूड़ादान में ही डालें तथा
दूसरों को भी ऐसा करने के लिए प्रेरित करें।

पूर्वोत्तर रेलवे
स्वच्छ भारत-स्वस्थ भारत

प्र.6 इस विज्ञापन का मुख्य उद्देश्य क्या है?

- (क) पानी की बचत करने के लिए प्रेरित करना (ख) सफाई के लिए प्रेरित करना
(ग) गांधी जी के बारे में बताना (घ) लोगों से जुर्माना एकत्रित करना

प्र.7 'खुद वो बदलाव बनिए, जो दुनिया में आप देखना चाहते हैं' इस वाक्य का क्या अर्थ है?

- (क) दुनिया में बदलाव देखने के लिए मेहनत कीजिए।
(ख) दुनिया में बदलाव की शुरुआत स्वयं से होती है।
(ग) दुनिया में बदलाव करने से पहले दुनिया देखिए।
(घ) खुद को देखने से दुनिया बदल जाती है।

प्र.8 क्या करने से जुर्माना हो सकता है?

- (क) कूड़ेदान का प्रयोग करने से (ख) थूकदान का प्रयोग करने से
(ग) रेल परिसर में कूड़ा फेंकने से (घ) पानी का नल बंद करने से

प्र.9 एक लड़की ने अपने पिता से कहा- आप केले के छिलके सीट के नीचे मत डालिए। विज्ञापन की कौन-सी बात इस वाक्य पर लागू होती है?

- (क) कूड़ा कूड़ेदान में ही डालें। (ख) थूकदान का प्रयोग करें।
(ग) शौचालय का उपयोग करें। (घ) पानी की बचत करें।

प्र.10 'स्वच्छ भारत मिशन' का उद्देश्य क्या है?

- (क) केवल रेलगाड़ी को साफ-सुथरा रखना। (ख) गाँधीजी के विचारों का प्रचार करना।
(ग) भारत-भर में शौचालय बनाना। (घ) भारत को स्वच्छ बनाना।

गद्यांश को ध्यानपूर्वक पढ़कर प्रश्नों के उत्तर दीजिए—

नीम छोटी, चमकदार हरी पत्तियों वाला एक बड़ा सदाबहार वृक्ष होता है। इसका तना सीधा होता है। इसकी छाल कठोर, खुरदरी और पपड़ीदार होती है। इसमें वसंत ऋतु में छोटे-छोटे सफेद फूल खिलते हैं। यह वृक्ष कभी भी पत्ती रहित नहीं होता क्योंकि इसकी सभी पत्तियाँ एक साथ नहीं गिरती हैं। यह पूरे भारत में पाया जाता है। संस्कृत में नीम का नाम 'अरिष्ठ' है, जिसका अर्थ है 'रोगों से मुक्ति' देने वाला। इसे 'चमत्कारी वृक्ष' के नाम से भी जाना जाता है। नीम के वृक्ष का प्रत्येक हिस्सा दवाइयों बनाने के काम आता है। इसके बीजों से तेल निकाला जाता है जो 'मार्गोसा' तेल कहलाता है। यह तेल कोढ़ और चर्म रोगों के उपचार में काफी प्रभावशाली होता है। इसकी पत्तियों का प्रयोग चेचक के उपचार के लिए किया जाता है। नीम की चाय का प्रयोग अकसर सिरदर्द और बुखार में आराम पाने के लिए किया जाता है। इसके फूलों का उपयोग आँत-संबंधी रोगों के उपचार के लिए किया जाता है। नीम की छाल और गोंद से भी कई अचूक दवाइयों बनाई जाती हैं। भारत में लोग नीम की टहनी का उपयोग अपने दाँत साफ करने के लिए करते हैं। दराजों और लकड़ी की अलमारियों को तिलचट्टे और कीट-पतंगों से बचाने के लिए उनमें नीम की सूखी पत्तियाँ रखी जाती हैं। गन्ने और सब्जियों की फसल के लिए खाद के रूप में नीम का बहुतायत में प्रयोग किया जाता है। कुछ लोग नीम के वृक्ष को पवित्र मानते हैं और उसकी पत्तियों को अपने घर के मुख्य द्वार पर बुरी आत्माओं को दूर रखने के लिए तोरण के रूप में बाँधते हैं। नवजात शिशु को अच्छे स्वास्थ्य और रोगों से बचाव के लिए नीम की पत्तियों पर लिटाया जाता है। निस्संदेह, यह सारे संसार में 'अद्भुत वृक्ष' के रूप में जाना जाता है।

प्र.11 नीम की छाल कैसी होती है?

- (क) चिकनी और हरी (ख) खुरदरी और पपड़ीदार
(ग) मुलायम और पपड़ीदार (घ) कठोर और हरी

प्र.12 नीम के फूल किस रोग के उपचार के लिए उपयोगी होते हैं?

- (क) चर्म रोग (ख) चेचक (ग) आँत-रोग (घ) बुखार

प्र.13 नीम की सूखी पत्तियाँ अलमारियों में क्यों रखी जाती हैं?

- (क) छिपकलियों और चीटियों से बचाव के लिए। (ख) कीड़ों से बचाव के लिए।
(ग) कपड़ों की चमक बनाए रखने के लिए। (घ) उन्हें साफ रखने के लिए।

प्र.14 कुछ लोग नीम की पत्तियों को तोरण के रूप में घर के मुख्य द्वार पर क्यों बाँधते हैं?

- (क) बुरी आत्माओं को दूर रखने के लिए। (ख) कीट-पतंगों से बचाव के लिए।
(ग) अपने घरों को सजाने के लिए। (घ) रोगों को दूर करने के लिए।

प्र.15 नीम 'अद्भुत वृक्ष' क्यों कहलाता है?

- (क) इसकी टहनियों का प्रयोग दाँत साफ करने के लिए किया जाता है।
(ख) इससे उपयोगी खाद बनती है।
(ग) यह नवजात शिशुओं की रक्षा करता है।
(घ) वृक्ष का प्रत्येक हिस्सा उपयोगी होता है।

गद्यांश को ध्यानपूर्वक पढ़कर प्रश्नों के उत्तर दीजिए—

सारे संसार के यातायात के साधनों में साइकिल सबसे सस्ता और आम साधन है। सबसे पुरानी साइकिलें लकड़ी से बनी थीं और उनके पैडल नहीं होते थे। फिर लोहे से बनी साइकिलें आईं जिनमें कोई चेन या टायर नहीं थे। लगभग अस्सी वर्ष पहले एक व्यक्ति ने साइकिल से इंगलैंड और फ्रांस के बीच का समुद्र पार किया।

इस साइकिल में पैडल और तैरने का एक विशेष उपकरण लगा था जिसे फ़्लोटर कहते हैं। आजकल बाज़ार में भिन्न-भिन्न प्रकार की साइकिलें उपलब्ध हैं। खेल-साइकिलों (स्पोर्ट्स साइकिल) में गियर लगे होते हैं लेकिन ये बहुत महँगी होती हैं। साइकिलें मनोरंजन के लिए भी होती हैं जो अधिकतर सरकस और प्रदर्शनों में इस्तेमाल की जाती हैं। शरीर को दुरुस्त रखने और पहाड़ी रास्तों पर चलने के लिए भी साइकिलें होती हैं। साइकिल चलाने में मज़ा भी आता है और इससे प्रदूषण भी कम होता है। ये किसी ईंधन से नहीं चलती और इन्हें चलाने के लिए किसी लाइसेंस की भी आवश्यकता नहीं होती। सरकार को कार के स्थान पर साइकिल के प्रयोग को प्रोत्साहित करने के लिए कुछ कदम उठाने चाहिए। साइकिल चलाने वालों के लिए अलग रास्ते बनाए जाने चाहिए तथा साइकिल खड़ा करने के लिए निःशुल्क पार्किंग का स्थान दिया जाना चाहिए। बैंको को कम ब्याज दरों पर कर्ज़ उपलब्ध करवाना चाहिए।

प्र.16 इनमें से सबसे पुरानी साइकिलें कौन-सी थीं?

- (क) लोहे से बनी साइकिलें (ख) लकड़ी से बनी साइकिलें
(ग) पहाड़ी पर चलने वाली साइकिलें (घ) व्यायाम वाली साइकिलें

प्र.17 रेस (दौड़) के लिए किस प्रकार की साइकिल उपयुक्त होगी?

- (क) फ़्लोटर वाली साइकिल (ख) सरकस में प्रयोग होने वाली साइकिल
(ग) खेल-साइकिल (स्पोर्ट्स साइकिल) (घ) सामान्य साइकिल

प्र.18 साइकिलें कार से बेहतर हैं क्योंकि—

- (क) ये अधिक महँगी होती हैं। (ख) इन्हें लाइसेंस की आवश्यकता होती है।
(ग) इन्हें चलाना कठिन होता है। (घ) ये हवा को प्रदूषित नहीं करती।

प्र.19 साइकिल के प्रयोग को प्रोत्साहित करने के लिए सरकार को क्या कदम उठाना चाहिए?

- (क) कर्ज़ पर ब्याज की दर में वृद्धि करना (ख) साइकिल चलाने के लिए अलग पटरी बनाना
(ग) साइकिल पार्किंग के शुल्क में वृद्धि करना (घ) लाइसेंस को अनिवार्य बनाना

प्र.20 इनमें से कौन-सा साइकिल चलाने का लाभ नहीं है?

- (क) यह हमें दुरुस्त रखती है। (ख) इससे प्रदूषण नहीं होता।
(ग) यह यातायात का तीव्र साधन है। (घ) यह यातायात का सबसे सस्ता साधन है।

नीचे दी गई तालिका को पढ़कर प्रश्नों के उत्तर दें—

श्रेणी	प्राणी का नाम	लंबाई या ऊँचाई	वज़न	भोजन की आदत
अब तक का सबसे विशाल प्राणी (विलुप्त)	डायनासोर	35 मीटर से अधिक	7,40,000 किलोग्राम	शाकाहारी
सबसे बड़ा जीवित प्राणी	नीली व्हेल	30.4 मीटर	1,70,000 किलोग्राम	मांसाहारी
सबसे बड़ा स्थलीय प्राणी	अफ्रीकी हाथी	10.7 मीटर	6,300 किलोग्राम	शाकाहारी
सबसे ऊँचा स्थलीय प्राणी	जिराफ	5.8 मीटर	2,000 किलोग्राम	शाकाहारी
सबसे बड़ा सरीसृप	खारे पानी का मगरमच्छ	5.3 मीटर	1,360 किलोग्राम	मांसाहारी
सबसे बड़ा जीवित पक्षी	शुतुरमुर्ग	2.8 मीटर	150 किलोग्राम	सर्वाहारी

प्र.21 जिराफ है—

(क) सबसे बड़ा स्थलीय प्राणी (ख) सबसे ऊँचा स्थलीय प्राणी

(ग) सबसे बड़ा विलुप्त प्राणी (घ) सबसे बड़ा जीवित प्राणी

प्र.22 कौन—से प्राणी का वजन जिराफ से कम लेकिन शतुरमुर्ग से अधिक है?

(क) मगरमच्छ (ख) डायनासोर

(ग) नीली व्हेल (घ) अफ्रीकी हाथी

प्र.23 कौन—सा प्राणी पौधे, जड़ें, छिपकलियाँ, कीड़े—मकोड़े, बीज और फल आदि खाता है?

(क) डायनासोर (ख) नीली व्हेल

(ग) शतुरमुर्ग (घ) अफ्रीकी हाथी

प्र.24 सबसे बड़ा स्थलीय प्राणी कौन—सा है?

(क) जिराफ (ख) नीली व्हेल

(ग) शतुरमुर्ग (घ) अफ्रीकी हाथी

प्र.25 मगरमच्छ निम्नलिखित में से किसका उदाहरण है?

(क) पक्षी (ख) सरीसृप

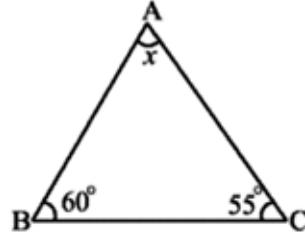
(ग) स्थलचर (घ) विलुप्त प्राणी

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1. 7056 का वर्गमूल है:

1. 76 2. 86 3. 84 4. 94

2. दिए गए $\triangle ABC$ में, x का मान है:

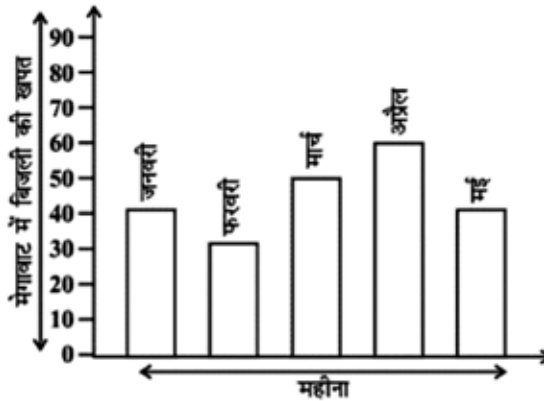


1. 55° 2. 60° 3. 65° 4. 110°

3. यदि $x = 3$ है, तब $x^2 - 9$ का मान है:

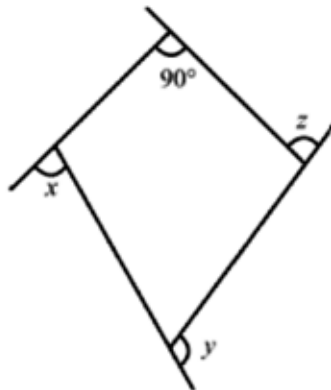
1. -6 2. 0 3. 1 4. 18

4. नीचे दिए दंडालेख से वे महीने ज्ञात कीजिए जिनमें बिजली की खपत समान है:



1. जनवरी, मार्च 2. जनवरी, मई 3. अप्रैल, मई 4. मार्च, मई

5. दिए गए चित्र में $x + y + z$ का माप क्या है?



1. 360° 2. 270° 3. 250° 4. 180°

6. निम्न में किसमें, वितरण (distributive) गुण का प्रयोग हुआ है?

1. $\left[-\frac{1}{3} + \frac{2}{3}\right] + 5 = -\frac{1}{3} + \left[\frac{2}{3} + 5\right]$

2. $\left(-\frac{1}{3}\right)\left(\frac{2}{3}\right) + 5 = \left(\frac{2}{3}\right)\left(-\frac{1}{3}\right) + 5$

3. $\left(-\frac{1}{3}\right) \times \left(\frac{2}{3} \times 5\right) = \left(-\frac{1}{3} \times 5\right) \times \left(\frac{2}{3}\right)$

4. $-\frac{1}{3}\left(\frac{2}{3} + 5\right) = \left(-\frac{1}{3}\right)\left(\frac{2}{3}\right) + \left(-\frac{1}{3}\right)(5)$

7. यदि $5A + B3 = 75$ है, जहाँ A तथा B अंक हैं, तो $A + B$ बराबर होगा:

1. 3

2. 5

3. 4

4. 6

8. वह सबसे छोटी संख्या, जिसे 1200 में से घटाने पर एक पूर्ण वर्ग संख्या प्राप्त होती है, निम्न है:

1. 4

2. 40

3. 44

4. 244

9. एक कमीज़ का अंकित मूल्य ₹ 720 है। इस पर 5% बट्टा (discount) देकर बेचा गया। कमीज़ का विक्रय मूल्य है:

1. ₹640

2. ₹664

3. ₹ 684

4. ₹715

10. किसी कुर्सी का लागत मूल्य ₹8800 है। इसके परिवहन पर ₹ 200 व्यय किए गए। फिर इसे 12% के लाभ पर बेच दिया जाता है। कुर्सी का विक्रय मूल्य है:

1. ₹ 9,856

2. ₹ 9,980

3. ₹10,080

4. ₹ 10,180

11. किसी चतुर्भुज के दो कोण 80° तथा 100° हैं तथा शेष दो कोण 1 : 2 के अनुपात में हैं। शेष दो कोणों में से छोटा कोण है:

1. 50°

2. 60°

3. 100°

4. 120°

12. एक गणित के अधिकतम पूर्णांक 200 वाले टेस्ट पेपर में गोकुल ने 70 % अंक प्राप्त किए। गोकुल द्वारा प्राप्त अंक हैं:

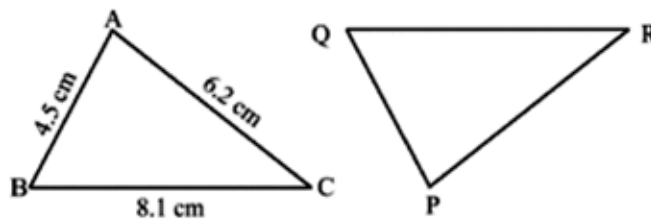
1. 140

2. 70

3. 130

4. 150

13. यदि ABC, PQR के सर्वांगसम है, तो भुजा PR की लम्बाई है:



1. 4.5 cm

2. 6.2 cm

3. 8.1 cm

4. 14.1 cm

14. जॉन ने श्यामपट्ट की लम्बाई तथा चौड़ाई क्रमशः 120 cm तथा 65 cm मापी। उस श्यामपट्ट का क्षेत्रफल क्या है?

1. 780 cm^2

2. 3900 cm^2

3. 7800 cm^2

4. 370 cm^2

15. आंकड़ों 26, 18, 17, 23, 11, 7 का माध्य है

1. 15

2. 16

3. 17

4. 18

16. परिमेय संख्याओं के लिए निम्नलिखित में से कौनसा गुणन का क्रम विनिमेय (commutative) गुण प्रदर्शित करता है?

1. $\left(\frac{-5}{3}\right) + \frac{3}{5} = \frac{3}{5} + \left(\frac{-5}{3}\right)$

2. $\left(\frac{-5}{7}\right) \times \frac{3}{5} = \frac{3}{5} \times \left(\frac{-5}{7}\right)$

3. $\left(\left(\frac{-3}{4}\right) \times \frac{1}{2}\right) \times \left(\frac{-5}{7}\right) = \left(\frac{-3}{4}\right) \times \left(\frac{1}{2} \times \left(\frac{-5}{7}\right)\right)$

4. $\frac{2}{3} + \left[\left(\frac{-3}{4}\right) + \frac{4}{7}\right] = \left[\frac{2}{3} + \left(\frac{-3}{4}\right)\right] + \frac{4}{7}$

17. 2 तथा 3 के बीच की परिमेय संख्या है :

1. $\frac{9}{4}$

2. $\frac{3}{4}$

3. $\frac{9}{5}$

4. $\frac{7}{6}$

18. निम्न में से कौनसी संख्या 9 से विभाजित है?

1. 6909

2. 986

13. 8903

4. 9873

19. यदि 8% वार्षिक चक्रवृद्धि ब्याज की दर से कोई धनराशि 2 वर्ष में ₹ 5832 हो जाती है तो वह धनराशि है:

1. ₹ 5000

2. ₹ 5200

3. ₹ 5280

4. ₹ 5380

20. राशियाँ x तथा y परस्पर व्युत्क्रमानुपाती हैं। जब $x = 5$, तो $y = 6$ है। निम्नलिखित में से कौन सा युग्म x तथा y के संगत मानों के लिए संभव है?

1. 4 तथा 3

2. 2 तथा 15

3. 8 तथा 6

4. 12 तथा 9

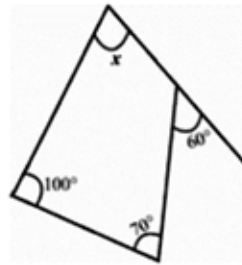
21. दी गयी आकृति में x का मान है:

1. 140°

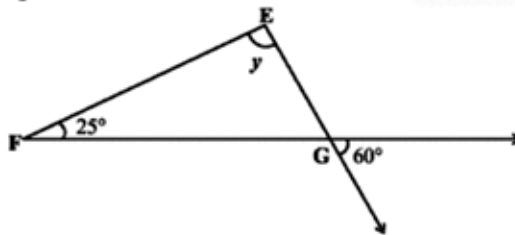
2. 60°

3. 70°

4. 100°



22. दिये गये त्रिभुज EFG में, y का मान है:



1. 25°

2. 60°

3. 85°

4. 95°

23. यदि किसी त्रिभुज में दो कोण 60° और 40° हैं, तब त्रिभुज है:

1. समकोण त्रिभुज

2. न्यून कोण त्रिभुज

3. अधिक कोण त्रिभुज

4. समद्विबाहु त्रिभुज

24. एक आयत का परिमाप 72 cm है। यदि इसकी लंबाई 20 cm हो, तो आयत का क्षेत्रफल है—

1. 360 cm^2

2. 16 cm^2

3. 1440 cm^2

4. 320 cm^2

25. आँकड़ों 18, 17, 19, 16, 21, 18, 10 का बहुलक है:

1. 17

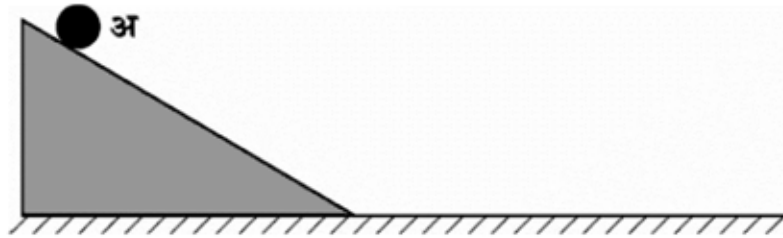
2. 18

3. 19

4. 21

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1. निम्नलिखित चार बलों में से कौन-सा बल सम्पर्क बल है?
 1. चुम्बकीय बल 2. स्थिरवैद्युत बल 3. गुरुत्वाकर्षण बल 4. घर्षण बल
2. डेविड ने एक कंचे को बिंदु 'अ' से छोड़ा। ढाल से नीचे आने पर कंचा क्षैतिज सतह पर कुछ दूरी तक चला गया। उसने इस क्रियाकलाप को विभिन्न क्षैतिज सतहों पर किया। कंचा किस पदार्थ से बनी सतह पर सबसे अधिक दूर तक जाएगा?

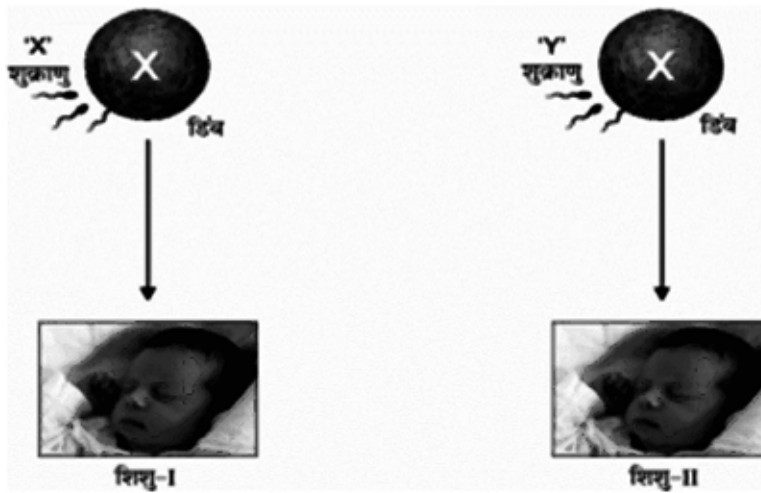


1. ईंट 2. काँच 3. सीमेंट 4. मिट्टी
3. एक कार 2 घंटे में 60 km चलती है। कार की चाल प्रति घंटा है—
 1. 120 km/h 2. 60 km/h 3. 30 km/h 4. 20 km/h
4. निम्नलिखित में कौन-सा व्यवहार पर्यावरण हितैषी है?
 1. खरीदारी के लिए पॉलिथीन थैले का प्रयोग करना।
 2. पूजा के बाद मूर्तियों को जलाशयों में विसर्जित करना।
 3. खरीदारी के लिए जूट के थैले का उपयोग करना।
 4. प्लास्टिक की बोतलें जलाशयों में फेंकना।
5. पेट्रोल की बचत करने का सबसे अच्छा तरीका है—
 1. हमेशा ट्रेफिक सिगनल पर वाहन का इंजन बंद कर देना।
 2. ट्रेफिक सिगनल पर वाहन का इंजन कभी भी बंद न करना।
 3. वाहन के टायरों में वायु के उचित दाब की चिंता न करना।
 4. वाहन को तीव्र गति से चलाना।
6. निम्नलिखित में उदासीनीकरण प्रक्रिया का एक उदाहरण है—
 1. अम्ल के विलयन में लिटमस विलयन मिलाना
 2. क्षारकीय विलयन में लिटमस का विलयन मिलाना
 3. क्षारकीय मृदा में बिना बुझा चूना मिलाना
 4. मधुमक्खी के काटने पर कैलेमाइन (जिंक कार्बोनेट) लोशन मलना
7. यदि मानव के लिए पैर और मछली के लिए पंख, तो अमीबा के लिए है—
 1. पक्षमाभ 2. कशाभ 3. कूटपाद 4. टैनटेकल (स्पर्शक)

8. एक गैर-सरकारी संगठन ने (एन.जी.ओ.) 'अपना शहर साफ करें' शिविर का आयोजन किया। आयोजक स्वयंसेवकों से अपशिष्टों को इकट्ठा करके और उन्हें छाँट कर विभिन्न वर्गों में रखने के लिए कहते हैं। निम्नलिखित में किस वर्ग में केवल अजैविक निम्नीकरणीय अपशिष्ट हैं?
1. जूट के थैले, कागज की प्लेट, कपड़े के थैले
 2. कागज के कप, प्लास्टिक के चम्मच, डबल रोटी के टुकड़े
 3. प्लास्टिक की थैलियाँ, थरमोकोल के कप, ऐलुमिनियम फॉयल
 4. सूखी पत्तियाँ, कागज के टुकड़े, सब्जियों के छिलके
9. कैक्टस, गुलाब, एवं आलू में अलैंगिक जनन की सामान्य विधि है—
1. खंडन
 2. कायिक प्रवर्धन
 3. बीजाणु निर्माण
 4. मुकुलन
10. हम जल बचा सकते हैं—
1. टपकते नलों की मरम्मत करके
 2. ब्रुश करते समय नलों को खुला रखकर
 3. पोछा लगाने की बजाए फर्शों को धोकर
 4. कार/मोटर साइकिल/साइकिल को प्रतिदिन धोकर
11. एक शुष्क सेल में कितने इलेक्ट्रोड होते हैं?
1. चार
 2. तीन
 3. दो
 4. एक
12. निम्नलिखित में से कौन सी युक्ति विद्युत धारा के चुम्बकीय प्रभाव पर आधारित है?
1. विद्युततापक (हीटर)
 2. विद्युत इस्त्री
 3. विद्युत बल्ब
 4. विद्युत घंटी
13. निम्नलिखित में से कौन-सा रेशा गरम करने पर पिघलता है?
1. ऊन
 2. कपास
 3. नाइलॉन
 4. रेशम
14. कुछ सूक्ष्म जीव ऐसे पदार्थ उत्पन्न करते हैं जो दूसरे सूक्ष्म जीवों को मार देते हैं। वे पदार्थ हैं—
1. प्रतिजैविक
 2. विष
 3. टीका
 4. एंटीजन
15. निम्न में कौन-सी क्रिया गुरुत्वाकर्षण बल के कारण होती है?
1. एक आवेशित पिंड दूसरे आवेशित पिंड को प्रतिकर्षित करता है।
 2. एक गेंद का ग्राउंड पर लुढ़ककर धीरे होना और फिर अपने आप रुक जाना।
 3. इंजन के बंद करने पर स्कूटर का रुक जाना।
 4. एक गेंद का ऊपर की तरफ फेंकने पर एक अधिकतम दूरी तक जाना और फिर वापिस नीचे आना।
16. मेघ ने एक फुलाए हुए गुब्बारे को संश्लेषित कपड़े के टुकड़े से रगड़ा। जब उसने इस गुब्बारे को एक दीवार पर दबाया तो गुब्बारा दीवार से थोड़ी देर तक चिपका रहा। इसका कारण है—
1. गुरुत्वाकर्षण बल
 2. स्थिरवैद्युत बल
 3. पेशीय बल
 4. चुम्बकीय बल
17. निम्नलिखित में से कौन दाब, बल तथा क्षेत्रफल के बीच सही संबंध को व्यक्त करता है?
1. दाब (P) = $\frac{\text{बल (F)}}{\text{सम्पर्क क्षेत्रफल (A)}}$
 2. बल (F) = $\frac{\text{दाब (P)}}{\text{सम्पर्क क्षेत्रफल (A)}}$
 3. सम्पर्क क्षेत्रफल (A) = $\frac{\text{दाब (P)}}{\text{बल (F)}}$
 4. दाब (P) = $\frac{\text{सम्पर्क क्षेत्रफल (A)}}{\text{बल (F)}}$

- 18 मृदा के एक नमूने से 300 ml जल को रिसने में 30 मिनट लगे। जल की इस मृदा से रिसने की दर है—
1. 10 ml प्रति मिनट
 2. 30 ml प्रति मिनट
 3. 300 ml प्रति मिनट
 4. 900 ml प्रति मिनट
- 19 हमें कपड़े धोने के बाद जल का पुनः प्रयोग करना चाहिए। निम्नलिखित में से कौन सा जल के पुनः प्रयोग के लिए उपयुक्त नहीं है।
1. बरामदा साफ करने में
 2. पौधे को देने के लिए
 3. वाहनों को धोने के लिए
 4. फर्श पर पौँछा लगाने के लिए
- 20 निम्नलिखित रासायनिक समीकरण को पढ़िए और अ और ब को पहचानिए।
लोहा + कॉपर सल्फेट → फ़ैरस सल्फेट (FeSO_4) + कॉपर मुक्त (Cu)
1. आयरन (Fe) + कॉपर (Cu)
 2. आयरन सल्फेट (FeSO_4) + कॉपर (Cu)
 3. आयरन (Fe) + कॉपर सल्फेट (CuSO_4)
 4. आयरन सल्फेट (FeSO_4) + कॉपर सल्फेट (CuSO_4)
- 21 निम्नलिखित में से कौन-सा रेशा पैराशूट बनाने में उपयोग किया जाता है?
1. पॉलिथिन
 2. नाइलॉन
 3. सूती
 4. जूट
- 22 अपने आस-पास सफाई रखने के लिए हमें—
1. पॉलीथिन सड़क के किनारे फेंकना चाहिए।
 2. कचरे के डिब्बे में कचरा डालना चाहिए।
 3. केले के छिलके सड़क पर फेंकने चाहिए।
 4. बचा हुआ भोजन नाली में डालना चाहिए।
- 23 मानव जनन के उचित घटना क्रम का चयन कीजिए।
1. युग्मक बनाना, निषेचन, युग्मनज, भ्रूण
 2. भ्रूण, युग्मनज, निषेचन, युग्मक बनाना
 3. निषेचन, युग्मक बनाना, भ्रूण, युग्मनज
 4. युग्मक बनाना, निषेचन, भ्रूण, युग्मनज

24 नीचे दिए गए चित्र का निरीक्षण कीजिए—



शिशु-I एवं शिशु-II का लिंग क्या होगा?

1. दोनों नर होंगे।
2. दोनों मादा होंगी।
3. शिशु-I मादा होगी एवं शिशु-II नर होगा।
4. शिशु-I नर होगा एवं शिशु-II मादा होगी।

25 हमें अधिक वृक्ष लगाने चाहिए क्योंकि ये —

1. वायुमंडल में कार्बन डाइऑक्साइड की मात्रा को कम करते हैं।
2. वायुमंडल में कार्बन डाइऑक्साइड की मात्रा में वृद्धि करते हैं।
3. वायुमंडल के तापमान में वृद्धि करते हैं।
4. पृथ्वी पर वर्षा की मात्रा को कम करते हैं।

NAS 2017 कक्षा-8 सामाजिक विज्ञान

1. "झूम खेती" कहलाती है—
 1. स्थानांतरी कृषि
 2. सीढ़ीदार खेती
 3. गहन कृषि
 4. रोपण कृषि
2. यदि आप कक्षा में हैं और उसी समय भूकंप आ जाता है, तो आप क्या करेंगे?
 1. मदद के लिए आवाज़ लगाएंगे।
 2. मेज़ के नीचे छुप जाएँगे और अपना सिर का बचाव करेंगे।
 3. शिक्षक के अनुदेश की प्रतीक्षा करेंगे।
 4. जहाँ हैं, वहाँ चुपचाप बैठे रहेंगे।
3. किन वस्तुओं ने यूरोपीय व्यापारिक कंपनियों को, भारत की ओर आकर्षित किया?
 1. सोना और चाँदी
 2. सूती, रेशमी वस्त्र और मसाले
 3. वनस्पति एवं जीव
 4. घोड़े एवं मवेशी
4. हमारे देश में हिमनद किन राज्यों में पाए जाते हैं?
 1. कर्नाटक और जम्मू एवं कश्मीर
 2. त्रिपुरा और उत्तराखंड
 3. पंजाब और हिमाचल प्रदेश
 4. जम्मू एवं कश्मीर और उत्तराखंड
5. जाति आधारित समाज में लोगों की—
 1. केवल निम्न स्थिति होती है।
 2. केवल उच्च स्थिति होती है।
 3. बराबरी की स्थिति होती है।
 4. असमान स्थिति होती है।
6. निम्नलिखित में से कौन-सा ऊर्जा का स्रोत नहीं है—
 1. कोयला
 2. जल
 3. पेट्रोलियम
 4. लोहा
7. निम्नलिखित में से कौन-सा वनों के लिए खतरा नहीं है—
 1. जंगल की आग
 2. वनोन्मूलन
 3. निर्माण कार्य
 4. वर्षा
8. नील, अफीम, कपास आदि जैसी नकदी फसलों की खेती से सबसे अधिक लाभ किसको हुआ?
 1. भारतीय ज़मींदार
 2. अंग्रेज़ बागान-मालिक
 3. भारतीय बैंकर
 4. भारतीय किसान
9. निम्नलिखित में से कौन-सी भारत के संविधान की विशेषता नहीं है?
 1. शक्तियों का बँटवारा
 2. संघवाद
 3. गठबंधन सरकार
 4. मौलिक अधिकार
10. निम्नलिखित में से कौन-सी संस्था कानून बनाती है?
 1. केवल लोकसभा
 2. केवल राज्यसभा
 3. संसद
 4. मंत्रिपरिषद
11. निम्नलिखित में से कौन निजी क्षेत्र से संबंधित है?
 1. राज्य सड़क परिवहन निगम
 2. भारतीय रेल
 3. ताज होटल समूह
 4. अखिल भारतीय आयुर्वेद विज्ञान संस्थान

12 दिया गया चित्र किस स्मारक का है?



1. हैदराबाद का चारमीनार
2. दिल्ली में हुमायूँ का मकबरा
3. औरंगाबाद में बीबी का मकबरा
4. लखनऊ का बड़ा इमामबाड़ा
- 13 निम्नलिखित में से कौन-सा विद्वान महमूद गजनवी के साथ भारत में आया था?
1. इब्न बतूता
2. अमीर खुसरो
3. अल-बेरुनी
4. अबुल फज़ल
- 14 निम्नलिखित में से किस संस्था से नागरिक अपने मौलिक अधिकारों की रक्षा के लिए संपर्क करते हैं?
1. विधानमंडल
2. कार्यपालिका
3. न्यायपालिका
4. मीडिया
- 15 असंगत की पहचान कीजिए—
1. साप्ताहिक बाज़ार
2. शॉपिंग सेंटर
3. दैनिक बाज़ार
4. टेलीशॉपिंग
- 16 निम्नलिखित में से कौन-सा खनिज नहीं है—
1. लौह अयस्क
2. लकड़ी
3. कोयला
4. नमक
- 17 मानचित्र को ध्यान से देखें—



दिए गए मानचित्र में चिह्नित (X) स्रोत के वितरण को पहचानिए।

1. लोहा (आयरन)
2. कोयला
3. पेट्रोलियम
4. ताँबा (कॉपर)

- 18 निम्नलिखित में से सर्वप्रथम 'सहायक संधि' स्वीकार करने वाला भारतीय शासक कौन-सा था?
 1. अवध का नवाब 2. हैदराबाद का निज़ाम 3. पेशवा बाज़ी राव II 4. मल्हार राव होल्कर II
- 19 भारत में 19वीं शताब्दी के सामाजिक-धार्मिक सुधार आंदोलन के अग्रणी कौन थे?
 1. राजा राम मोहन रॉय 2. स्वामी दयानंद सरस्वती
 3. हेनरी विवियन डेरोज़िओ 4. स्वामी विवेकानंद
- 20 निम्नलिखित में से कौन-सा मौलिक अधिकार 14 वर्ष से कम आयु के बच्चों को काम पर लगाने के लिए रोकता है?
 1. सांस्कृतिक और शैक्षिक अधिकार 2. स्वतंत्रता का अधिकार
 3. समानता का अधिकार 4. शोषण के विरुद्ध अधिकार
- 21 मान लो कि आपके पिता ने दो माह पूर्व बिजली का कनेक्शन लेने के लिए अर्जी दी थी, परंतु उस पर अभी तक कोई कार्रवाई नहीं हुई है। निम्नलिखित में से कौन-सा अधिकार आपको यह जानने में मदद करेगा कि विद्युत विभाग ने क्या कदम उठाए हैं?
 1. शिक्षा का अधिकार 2. संवैधानिक उपचारों का अधिकार
 3. समानता का अधिकार 4. सूचना का अधिकार
- 22 निम्नलिखित में से किस क्षेत्र में घनी जनसंख्या पाई जाती है?
 1. उबड़-खाबड़ और पर्वतीय क्षेत्र में 2. मरुस्थलीय और शुष्क क्षेत्र में
 3. नदी के मैदान और घाटियों में 4. अंतरराष्ट्रीय सीमा के पास वाले क्षेत्र में
- 23 निम्नलिखित में से सूफीवाद के बारे में क्या सही नहीं है?
 1. इन्होंने धर्म के बाहरी आडंबरों को नकार दिया।
 2. इन्होंने ईश्वर के प्रति प्रेम और श्रद्धा पर बल दिया।
 3. सूफियों ने मुसलमान धर्मिक विद्वानों द्वारा चाहे गए जटिल कर्मकाण्डों और व्यवहार संहिताओं को नकारा।
 4. उन्होंने ईश्वर की आराधना में गीतों, कविताओं या नृत्य को मान्यता नहीं दी।
- 24 लोकतंत्र में मीडिया की भूमिका है—
 1. देश में हो रही घटनाओं के बारे में जानकारी उपलब्ध कराना।
 2. देश का कानून बनाना।
 3. देश के झगड़ों को निपटाना।
 4. लोगों को स्वास्थ्य सुविधाएँ उपलब्ध कराना।
- 25 एक किसान ने टमाटर की फसल पर 3000 रुपये खर्च करके उसे 4000 रुपये में बेच दिया। वही टमाटर सब्जी बाज़ार में 7000 रुपये में बेचे गए। निम्नलिखित में से कौन-सा कथन सही है?
 1. किसान को सबसे अधिक लाभ हुआ।
 2. सब्जियों के व्यापारी को सबसे अधिक लाभ हुआ।
 3. किसान का लाभ सब्जियों के व्यापारी से अधिक है।
 4. सब्जियों के व्यापारी का लाभ किसान के लाभ के बराबर है।

ANNEXURE-4 Education MLS Test 1- NIOS (III) Based

भाग क - पढ़ना

कुल अंक - 50

1. दिए गए शब्दों में 'ह' और 'भ' अक्षर पर घेरा लगाइए-

1 × 6 = 6



हवा

चेहरा

बारह



भगदड़

जीभ

सांभर

2. शब्दों को चित्रों से मिलाइए-

1 × 5 = 5

(क)

अलमारी



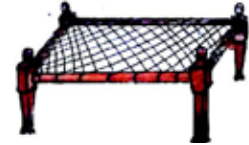
(ख)

आदमी



(ग)

सिलेन्डर



(घ)

चूल्हा



(ङ)

चारपाई



3. चित्र में दिखाई गई चीज़ों के नाम पर घेरा लगाइए— $2 \times 4 = 8$



लड़की
सूरज

चप्पल
पेड़

गुब्बारे
घर

4. वाक्य के दो सही भागों को लाइन खींचकर मिलाइए—

$2 \times 5 = 10$

- | | |
|----------------------|-----------------------------|
| (क) मौसम के अनुसार | पश्चिम में डूबता है। |
| (ख) गाड़ी चलाते वक्त | व्यायाम करना अच्छा रहता है। |
| (ग) सूरज | खेती की जाती है। |
| (घ) सुबह उठकर | जानकारियाँ बढ़ती हैं। |
| (ङ) किताबें पढ़ने से | मोबाइल का प्रयोग न करें। |

5. पोस्टर को देखिए। उसके बारे में दी गई सही बातों के सामने (✓) और गलत बातों के बारे में (×) का निशान लगाइए— $3 \times 3 = 9$



- (क) यह पोस्टर डेंगू के बारे में है। ()
- (ख) डेंगू होने पर तेज़ बुखार आता है। ()
- (ग) डेंगू की कोई दवा नहीं है। ()

6. गद्यांश पढ़कर सही (✓) और गलत (×) का निशान लगाइए—

$$2 \times 6 = 12$$

मैं फातिमा रामनगर निवासी हूँ। मैं खेतों में काम करती हूँ, घर संभालती हूँ और पढ़ने भी जाती हूँ। मुझे मेरे सभी काम पसंद हैं। मेरे दोनों बच्चे पढ़ने जाते हैं। मेरी सहेली का नाम संगीता है।

- (क) फातिमा के दो बच्चे हैं। ()
- (ख) फातिमा सब्जी बेचने का काम करती है। ()
- (ग) फातिमा के बच्चे पढ़ने जाते हैं। ()
- (घ) फातिमा घर संभालती है। ()
- (ङ) फातिमा की सहेली का नाम कामना है। ()
- (च) फातिमा को काम करना पसंद नहीं है। ()

भाग ख - लिखना

कुल अंक - 50

1. दिए गए अक्षरों से एक-एक शब्द बनाइए-

2 × 3 = 6

इ

फ

न

2. चित्र देखकर उनके नाम लिखिए-

2 × 5 = 10



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.....

3. सही शब्द चुनकर वाक्य पूरे कीजिए-

2 × 4 = 8

पालन,	टिकट,	बचत,	थूकें
-------	-------	------	-------

(क) बिजली की _____ करनी चाहिए।

(ख) रेल यात्रा बिना _____ न करें।

(ग) रोड़ नियम का _____ करें।

(घ) सार्वजनिक स्थानों पर न _____ ।

4. दिए गए शब्दों से वाक्य बनाकर लिखिए-

3 × 3 = 9

(क) रसोई -

(ख) पौधा -

(ग) जूता -

5. आपदा में आप आस-पास के लोगों की मदद करने के किन्हीं दो तरीकों को लिखिए-

1 × 2 = 2

(क)

(ख)

6. दिए गए चित्र को देखकर उसके बारे में पाँच वाक्य लिखिए-

3 × 5 = 15



(क)

(ख)

(ग)







(घ)

(ङ)

भाग ग – गणित

कुल अंक – 50

1. वस्तुओं को गिनकर उनकी सही संख्या से मिलाइए– $1 \times 6 = 6$

	13
	20
	7
	14
	9
	22

2. क्रम पूरा कीजिए—

$$1 \times 5 = 5$$

(क) 21, 24, 27, _____, 33, 36

(ख) 52, 58, 64, _____, 76, 82







(ग) 90, 100, 110, _____, 130, 140

(घ) 71, 81, 91, _____, 111, 121

(ङ) 9, 11, 13, _____, 17, 19

3. नीचे दिए गए सामान के मूल्य को सही नोटों से मिलाइए—

$$1 \times 3 = 3$$

 <p>₹ 240</p>	
 <p>₹ 120</p>	
 <p>₹ 160</p>	

4. सवाल हल कीजिए— $2 \times 4 = 8$

(क) $\begin{array}{r} 28 \\ + 54 \\ \hline \end{array}$ (ख) $\begin{array}{r} 82 \\ - 57 \\ \hline \end{array}$ (ग) $\begin{array}{r} 18 \\ \times 3 \\ \hline \end{array}$ (घ) $2 \overline{)64}$

5. (क) रमन ने ₹ 182 के फूल तथा ₹ 246 की मिठाई खरीदी। रमन ने कुल कितने रुपए खर्च किए? $1 \times 4 = 4$

(ख) एक बंडल में 26 चदर हैं। ऐसे 8 बंडल में कुल कितनी चदरें होंगी? $1 \times 4 = 4$

6. खाली स्थान भरिए— $2 \times 4 = 8$

(क) 7 दर्जन केले = _____ केले
(ख) 4000 मीटर = _____ किलोमीटर
(ग) 7 मीटर = _____ सेंटीमीटर
(घ) 6 किलोग्राम = _____ ग्राम

7. (क) नीचे दी गई घड़ियों में दर्शाए गए समय को लिखिए—

$$2 \times 4 = 8$$



22:00

___ बजकर ___ मिनट

___ बजकर ___ मिनट

(ख) नीचे दिए गए कैलेंडर को देखकर प्रश्नों के उत्तर दीजिए—

$$1 \times 4 = 4$$

फरवरी					
रविवार		6	13	20	27
सोमवार		7	14	21	28
मंगलवार	1	8	15	22	
बुधवार	2	9	16	23	
गुरुवार	3	10	17	24	
शुक्रवार	4	11	18	25	
शनिवार	5	12	19	26	

(क) इस महीने में कुल कितने दिन हैं?

(ख) 5 फरवरी को कौन सा दिन है?

(ग) तीसरे सोमवार को कौन-सी तारीख है?

(घ) यह किस महीने का कैलेंडर है?

ENGLISH

CLASS: 3

PASSAGE-1

Read the given passages and answer the questions that follows.

Birds live in nests. They have wings, feathers, beaks and claws. Birds eat fruits, grains, worms and insects. The smallest bird is the humming bird and the biggest bird is the ostrich. Some birds are very colourful. The duck, the stork and the swan are water birds. The cuckoo and the nightingale are singing birds.

1. Which is the largest bird?

- | | |
|-----------------|------------|
| A. Humming bird | B. Duck |
| C. Ostrich | D. Peacock |

2. Water birds live in/on _____.

- | | |
|---------|----------|
| A. sky | B. water |
| C. land | D. roof |

3. Which bird sings?

- | | |
|----------------|---------|
| A. Nightingale | B. Duck |
| C. Parrot | D. Crow |

4. The birds eat with the help of _____

- | | | | |
|----------|---------|---------|-------------|
| A. claws | B. beak | C. tail | D. feathers |
|----------|---------|---------|-------------|

5. Which is our national bird?

- | | | | |
|------------|-----------|-----------|---------|
| A. Peacock | B. Cuckoo | C. Pigeon | D. Swan |
|------------|-----------|-----------|---------|

PASSAGE-2

Deepa is Ankur's sister. One day their mother got gifts for them. She brought one blue pencil and one red pencil. Both Deepa and Ankur wanted the blue pencil. So, they both started fighting. Mother told Ankur, "Let your sister have the blue pencil please" Ankur said, "Ok mother", and he gave the blue pencil to Deepa. They were both happy.

1. **Deepa and Ankur wanted _____ pencils.**
 A. red B. blue C. pink D. black
2. **Mother brought _____ for Deepa and Ankur.**
 A. dresses B. games C. books D. pencils
3. **Mother wanted Ankur to _____ .**
 A. give blue pencil to Deepa B. give red pencil to Deepa
 C. love Deepa very much D. fight with Deepa
4. **Ankur gave the blue pencil to Deepa because he _____ his sister.**
 A. hates B. loves C. teaches D. fights
5. **Ankur was a _____ brother.**
 A. smart B. big C. caring D. naughty

TASK 1

Teacher will show the pictures and speak out the name of any one item . Students will identify and tick the correct picture.



Rat



Cat



Cow



Dog

Key: Dog

TASK 2

Circle the thing which you use on a rainy day.



A. Shirt



B. Bag



C. Umbrella



D. Cap

TASK 3

Match the pictures with the words:



Frock

Board

Pen

Ship

Owl

TASK 4

Circle the 'p' sound in the words given below

Taste

Cat

Aunt

Parrot

TASK 5

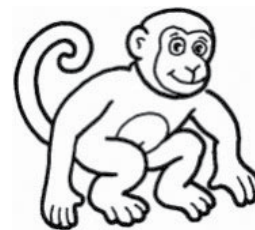
Encircle the correct name of the picture-



(Rose, Tap, Ship)



(Arrow, Lemon, Pin)



(Monkey, Ring, Sun)

हिंदी पढ़ना

एक दिन, एक छोटा बच्चा जंगल में घूम रहा था। वह बहुत खुश था और उसने बहुत सारे रंग-बिरंगे फूल देखे। उसे एक सुंदर तितली भी मिली। उसने तितली को पकड़ने की कोशिश की, लेकिन तितली बहुत तेज थी।

जैसे-जैसे सूरज डूबने लगा, बच्चा घर जाने लगा। रास्ते में, उसने एक सुंदर पक्षी देखा। पक्षी ने उसे गाना सिखाया। बच्चे ने पक्षी को बहुत धन्यवाद दिया और घर चला गया।

जब बच्चा घर पहुँचा, तो उसकी माँ ने उससे पूछा, "आज तुमने क्या किया?" बच्चे ने कहा, "आज मैंने जंगल में बहुत सारे फूल और तितली देखी। मैंने एक पक्षी से भी गाना सीखा।"

माँ ने बच्चे को बहुत प्यार से गले लगाया और कहा, "मुझे बहुत खुशी है कि तुम आज जंगल में गए।"

यह गद्यांश बच्चों को प्रकृति के बारे में जानने में मदद करता है। यह उन्हें जानवरों, पक्षियों और फूलों के बारे में भी बताता है। यह उन्हें यह भी सिखाता है कि प्रकृति में घूमना कितना अच्छा होता है।

Reading Speed _____ words/minute

**ANNEXURE-5 Education
MLS Test 2- SCERT Delhi (III)
Based**

प्रभाव आकलन सर्वेक्षण

नाम _____

कक्षा _____

सवाल 1

दिए गए अनुच्छेद को ध्यानपूर्वक पढ़िए ।

4x2=8

हिरण और कौआ बहुत अच्छे दोस्त थे। वे दोनों हर दुख-सुख में एक दूसरे का साथ दिया करते थे। एक दिन हिरण एक जाल में फँस गया । हिरण चिल्लाने लगा, तभी वहाँ कौआ आया और उसने हिरण से कहा तुम ऐसे लेट जाओ जैसे कि तुम मर गए हो। हिरण ने आपने दोस्त की बात मानी और वैसे ही करा।

थोड़ी देर बाद वहाँ शिकारी आया और उसने देखा कि हिरण तो मर गया, ये देखकर वो बहुत खुश हुआ। शिकारी ने जल्दी से जाल खोला और जाल खुलते ही हिरण वहाँ से भाग निकला।

अनुच्छेद पर आधारित प्रश्नों के उत्तर देने के लिए सही उत्तर को चुनिए ।

(i) हिरण का दोस्त कौन था ?

(a) कौवा b) शिकारी c) किसान d) सियार

(ii) हिरण कहाँ फँस गया था ?

(a) पानी में b) झाड़ी में c) जाल में d) कीचड़ में

(iii) हिरण ने जाल में फँसने पर क्या किया ?

(a) चिल्लाने लगा b) हँसने लगा c) रोने लगा d) छटपटाने लगा

(iv) अंत में हिरण का क्या हुआ ?

(a) मर गया b) भाग गया c) पकड़ा गया d) डर गया

सवाल 2

दिए गए अनुच्छेद को पढ़िए

4x2=8

आज नफीसा पहले दिन विद्यालय जा रही है। वह माँ का हाथ पकड़ कर स्कूल जा रही है। उसने माँ से कहा, “अब मैं बड़ी हो गई हूँ।” पर माँ ने उसका हाथ कसकर पकड़े रखा। स्कूल के पास पहुंचते ही नफीसा को बहुत सारे बच्चे दिखाई दिए। कुछ बच्चे बस से आ रहे थे, कुछ कार से आ रहे थे। कुछ बच्चों को नफीसा ने रिक्शा से उतरते भी देखा और कुछ तो साइकिल से ही आ रहे थे। कुछ बच्चे तो नफीसा की तरह पैदल ही आ रहे थे। जैसे ही नफीसा गेट के पास पहुंची माँ ने उसका हाथ छोड़ दिया और बोली, अब यहाँ से तुमको अंदर अकेले ही जाना है। पर वह इतने सारे अनजान चेहरे देखकर डर गई। वह एक कदम आगे बढ़ती और पीछे मुड़ मुड़कर माँ को देखती। उसे अंदर अकेले जाने में डर लग रहा था। तभी उसकी अध्यापिका बाहर आती है और नफीसा को देख कर मुस्कुराती है। इससे नफीसा का डर कुछ कम हो गया और उसने माँ से कहा अब तुम जाओ और छुट्टी के समय मुझे यहीं मिलना। इतना कह कर वह अध्यापिका के साथ अब दिए गए प्रश्नों के सही उत्तर चुनिए।

(i) नफीसा किसके साथ स्कूल गई थी ?

(a) माँ के साथ b) पिताजी के साथ c) दादाजी के साथ d) बहन के साथ

(ii) “अब मैं बड़ी हो गई हूँ” यह वाक्य किसने कहा?

(a) माँ ने b) नफीसा ने c) नफीसा की सहेली ने d) माँ ने

(iii) नफीसा अपने स्कूल कैसे गई थी?

(a) साइकिल से b) रिक्शा से c) कार से d) पैदल

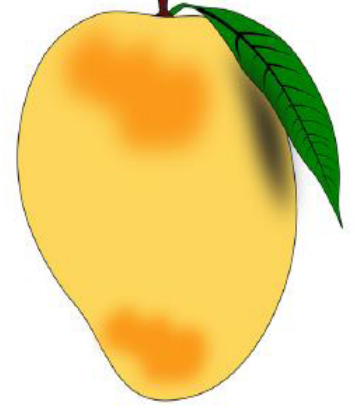
(iv) माँ ने नफीसा का हाथ कब छोड़ दिया?

(a) घर से निकलते ही b) घर के गेट पर c) स्कूल के गेट पर d) अध्यापिकाके कहने पर

सवाल 3

यहाँ पर एक फल का चित्र दिया गया है। उसे ध्यान से देखिए और उसके बारे में 4 से 5 वाक्य लिखिए।

(2 x 5 = 10)



सवाल 4

निर्देशानुसार कीजिए

(3 x 2 = 6)

अ) निम्नलिखित शब्द के दो पर्यायवाची शब्द लिखिए :

आसमान:

ब) नीचे कुछ शब्द दिए गए हैं उनमें से सही वर्तनी वाला शब्द छाँटिए और उस पर गोला लगाइए

- अवाज आवाज़ आवज
- संदेह संदह सानंदेह

स) निम्नलिखित वाक्यों में से नाम वाले शब्द (संज्ञा शब्द) छांट कर लिखिए

संज्ञा

राजू को बहुत हंसी आई

मेरे पास बहुत सी किताबें हैं

सवाल 5

1. ज़रीन अपनी सहेली के लिए उपहार खरीदने के लिए दुकान पर गई | वहाँ उपहार की यह चीज़ें थीं। (2 x 6 = 12)

वस्तु	मूल्य (रुपयों में)
गेंद	20
गुड़िया	100
पेंसिल का डिब्बा	50
घड़ी	160
किताब	40
रंग	50

इन उपहारों के मूल्यों को पढ़िए और दिए गए प्रश्नों के सही उत्तर पर घेरा लगाइए।

(i) गुड़िया की कीमत क्या है?

- a. ₹50
- b. ₹80
- c. ₹100
- d. ₹150

(ii) किस उपहार की कीमत सबसे अधिक है?

- a. रंग
- b. किताब
- c. गुड़िया
- d. घड़ी

(iii) किस चीज़ की कीमत पेंसिल के डिब्बे के बराबर है?

- a. रंग
- b. किताब
- c. गुड़िया
- d. घड़ी

(iv) ज़रीन 120 रुपये में गुड़िया के साथ-साथ और कौन सा उपहार खरीद सकती है?

- a. रंग
- b. किताब
- c. गेंद
- d. घड़ी

(v) यदि ज़रीन के पास 200 रुपये हैं, तो वह घड़ी के साथ और कौन सा उपहार खरीद सकती है ?

- रंग
- किताब
- गेंद
- घड़ी



(vi) ज़रीन ने गुड़िया, किताब और रंग खरीदे तो उसे दुकानदार को कितने रुपए देने होंगे?

- ₹100
- ₹120
- ₹150
- ₹190

सवाल 6

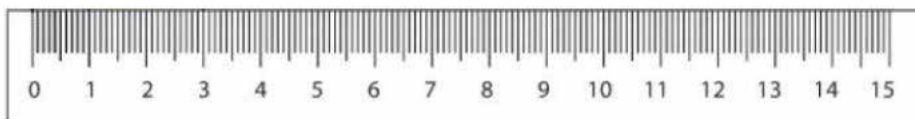
घड़ी में दिखाया गया समय पढ़िए और सही उत्तर पर गोला लगाइए:

(3 x 2 = 6)

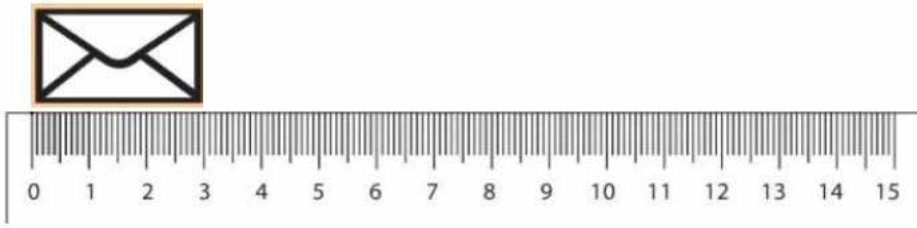
		(a)	(b)	(c)
i.		3:35	7:15	7:03
ii.		4:00	12:20	4:12

सवाल 6

(3 x 2 = 6)



(i) यह कंघी _____ सेंटीमीटर लंबी है।



(ii) यह लिफाफा ___ सेंटीमीटर लंबी है।

सवाल 7

(2 x 2 = 4)

नीचे दी गई तिथियों को अंकों में लिखो।

(a) 1 जून 2018 _____

(b) 10 अगस्त 2021 _____

सवाल 8

मैराथन दौड़ में 40 किलोमीटर की दौड़ होती है। स्टेडियम में दौड़ का रास्ता 400 मीटर का होता है।

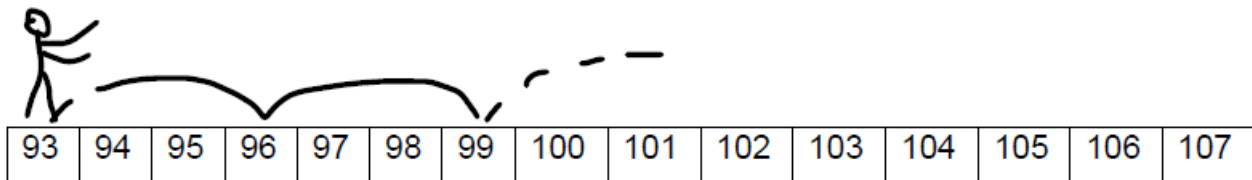
(2 x 3 = 6)

(i) स्टेडियम के 10 चक्कर = _____ किलोमीटर

(ii) यदि आप स्टेडियम में मैराथन दौड़ पूरी करना चाहते हो तो आपको स्टेडियम के _____ चक्कर लगाने पड़ेंगे।

सवाल 9

(i) राजू एक बार में तीन कदम कूद रहा है। अगर वह संख्या 93 से शुरुआत करता है तो 4 बार कूदने पर वह किस संख्या पर होगा?



सवाल 10

(i) गुणा

$$\begin{array}{r} 12 \\ \times 4 \\ \hline \\ \hline \end{array}$$

$$\begin{array}{r} 123 \\ \times 4 \\ \hline \\ \hline \end{array}$$

$$\begin{array}{r} 123 \\ \times 45 \\ \hline \\ \hline \end{array}$$

$$\begin{array}{r} 123 \\ \times 123 \\ \hline \\ \hline \end{array}$$

(ii) विभाजन

$$7 \overline{)56}$$

$$7 \overline{)93}$$

$$3 \overline{)363}$$

$$5 \overline{)8455}$$

सवाल 11

मई 2022 को दीपू नमकीन खरीदने एक दुकान में गया। उसने नमकीन के पैकेट पर लिखा देखा -

पैकिंग की तिथि - 5/01/22

सूचना - पैकिंग की तिथि से 90 दिनों के भीतर खा लिया जाए।

तुम उसकी यह पता लगाने में मदद करो कि उसे नमकीन खरीदना चाहिए या नहीं।

(a) नमकीन को किस महीने में पैक किया गया

था?

(b) 5/01/22 के 90 दिन बाद कौन सी तारीख होगी?

(c) क्या दीपू 5 मई 2022 को नमकीन खा सकता है?

सवाल 12

Read the following passage.

4x2=8

The Cat was sad. She was very mad at the Rat.

So the Rat gave him a hat. This made the Cat happy.

The Cat gave the Rat a little pat and they became friends again.

Now tick the correct answer in questions based on your understanding of this passage.

A. Who was sad?

(A) Cat B) Rat C) Hat D)Mad

B. What did the Rat give the Cat?

(A) pat B) mat C) hat D) rat

(C) Who was the cat mad at?

(A) hat B) bat C) net D) rat

(D)What is the opposite of happy in this passage?

(A) sad B) rat C) mad D)friends

सवाल 13

Match the following articles in column A with appropriate words in column B. 3x2=6

Column A

A

An

The

Column B

Sun

mango

hour

सवाल 14

Fill in the blanks with the second form (the simple past tense form) of the verbs given in the brackets.

a. The children _____ (enjoy) the picnic very much.

b. The dog _____ (bark) on the thief.

c. The teacher _____ (ask) me a question.

ANNEXURE -6

SMILE Survey Tool

Survey of Street Vendors

Interviewer Name :

Date :

A. Demographics

A.1 Name of the respondent: _____		A.4.1 Zone ____ Narela ____ Najafgarh ____ Sahbad	A.4.2 Locality __ Savda, __ Nangloi, __ Bawana __ Mahipalpur __ Palam, __ Bharat Vihar __ Sahbad
A.2 Age of respondent: _____ yrs		A.3 Gender: _____ M _____ F	
A.4 Caste of HH (please tick) ____ General ____ OBC ____ SC ____ ST ____ Prefer not to say	A.5 Ration card (please tick) ____ Pink (AAY) ____ Yellow (BPL) ____ White (APL) ____ Other (specify colour) ____ Do not know	A.6 Religion (please tick) ____ Hindu ____ Muslim ____ Sikh ____ Christian ____ Others ____ Prefer no to say	
A.7 Marital Status ____ Married ____ Widowed ____ Seperated ____ Never Married	A.8 Women headed household ____ Yes ____ No	A.9 Number of family members (other than self) ____ Earning members ____ Non Earning Members ____ Pensioners	
A.10 Education level ____ Not Literate ____ Below Primary ____ Primary ____ Middle ____ Secondary ____ Senior Secondary ____ Graduation ____ Diploma	A.11 Disability ____ Locomotor Disability ____ Visual Impairment ____ Hearing Impairment ____ None	A.12 Recipient of govt assistance in family ____ Mahila Samman Yojana (Rs 2500/1000 per month to eligible women) ____ Widow Pension ____ Disability pension ____ Other (mention)	

B. Profession

B.1 Before getting cart from SMILE	B.2 After getting cart from SMILE
<input type="checkbox"/> Unemployed (seeking work) <input type="checkbox"/> Umemployed (not seeking work) <input type="checkbox"/> House maid <input type="checkbox"/> Street vendor without cart (mention trade _____) <input type="checkbox"/> Home maker <input type="checkbox"/> Other Employment (specify _____)	Street vendor <input type="checkbox"/> Vegetable/Fruit Shop <input type="checkbox"/> Cosmetic/Jewellery <input type="checkbox"/> Food Stall <input type="checkbox"/> Egg Stall <input type="checkbox"/> Cloth / Garment stall <input type="checkbox"/> Bangle Stall <input type="checkbox"/> Footwear Stall <input type="checkbox"/> Kirana stall <input type="checkbox"/> Home maker <input type="checkbox"/> Peanut Stall <input type="checkbox"/> Toys Stall <input type="checkbox"/> Electronic <input type="checkbox"/> Tea Stall <input type="checkbox"/> Ice Cream <input type="checkbox"/> Utensils <input type="checkbox"/> Spare parts <input type="checkbox"/> Spareparts <input type="checkbox"/> Other (specify)
B.3 If previously employed, do you continue to work and also manage street vending with cart <input type="checkbox"/> Yes <input type="checkbox"/> No	

C. Operation

C.1 Frequency of vending with cart

- Daily
 Weekly (_____ days in a week)
 Monthly (_____ days in a month)
 Seasonal (_____ mention details)

D.2 Time in which vending done

SHIFT 1

Start _____ AM / PM

End _____ AM / PM

SHIFT 2

Start _____ AM / PM

End _____ AM / PM

SHIFT 3

Start _____ AM / PM

End _____ AM / PM

D. Satisfaction with cart design

D.1 Which kind of cart did you get?

- Pull (e - rickshaw/Pedal)
 Push

D.2 Have you modified the cart

- Yes
 No

D.3 Cart version

- Simple
 Modified (with roof)

D.4 Have you done modification to the cart?

- Yes
 No

D.5 Are you satisfied with cart design?

- Poor
 Satisfactory
 Good
 V. Good
 Excellent

If yes please list the modifications (permanent & temporary)

D.6 Cost of modification

Rs. _____

Any suggestion on improving the cart design?

E. Income of the beneficiary

E.1 Before getting cart from DIAL/GMRVF

_____ Rs./day

or

_____ Rs./month

E.2 After getting cart from DIAL/GMRVF

_____ Rs./day

Is their any seasonality in income (if so pls mention). Also note any other comments regarding income

If there has been an increase in income from SMILE cart , how is it being used

<p>If there has been an increase in income from SMILE cart how is it being used</p> <p><input type="checkbox"/> Invest in existing business or other income-generating activity <i>This could include starting a new business, expanding an existing one, or investing in equipment or training related to their current livelihood.</i></p> <p><input type="checkbox"/> Improve housing conditions <i>(This could include repairs, upgrades, or building a new home)</i></p> <p><input type="checkbox"/> Increase food security <i>(This could include buying more or better quality food, diversifying food sources)</i></p> <p><input type="checkbox"/> Invest in education or training for myself or my children <i>(This could include formal schooling, vocational training, or other skills development opportunities)</i></p> <p><input type="checkbox"/> Improve healthcare <i>(This could include accessing better health-care, paying for medical bills, or investing in preventative care)</i></p> <p><input type="checkbox"/> Increase savings or other assets <i>(This could include building a financial buffer or investing in assets for future stability)</i></p> <p><input type="checkbox"/> Other (specify)</p> <p><input type="checkbox"/> No increase in income</p>	<p>Note in long hand specifics of how the increased income has been used</p>
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G. Source of Capital

<p>G.1 Source of capital</p> <p><input type="checkbox"/> Personal Savings</p> <p><input type="checkbox"/> Borrow from relatives</p> <p><input type="checkbox"/> Bank Loan (_____ Details)</p> <p><input type="checkbox"/> PM SVANidhi scheme</p> <p><input type="checkbox"/> Other (specify)</p>	<p>G.2 Amount of capital invested</p> <hr/> <p>G. 2.a Fixed capital Rs. _____ (cart modification/utensils/weighing machine etc)</p> <hr/> <p>F.2.b Working Capital Rs. _____/ _____) (buying of raw material, credit to customers, payment to helper etc)</p>
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Notes

H. For beneficiaries who have availed PM SVANidhi Scheme

<p>H.1 How much loan did you get through PM SVANidhi Scheme <i>(can check multiple)</i></p> <p><input type="checkbox"/> Tranche 1 - Rs. 10000</p> <p><input type="checkbox"/> Tranche 2 - Rs. 30,000</p> <p><input type="checkbox"/> Tranche 3 - Rs. 50,000</p>	<p>H.2 Has the PM SVANidhi loan led to increase in income</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes can you estimate quantum of increase in income</p>
<p>H.3 How was the loan utilised?</p> <p><input type="checkbox"/> Fixed capital</p> <p><input type="checkbox"/> Working capital</p> <p><input type="checkbox"/> Do not know</p>	<p>H.4 Please write down in detail how the SVANidhi Loan was used</p>

I. Benefits Availed through SMILE project

I.1 Access to PM SVANidhi Scheme <input type="checkbox"/> Yes <input type="checkbox"/> No	I.2 Solar Light <input type="checkbox"/> Yes <input type="checkbox"/> No	I.3 Apna Bill App <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes rate the assistance provided <input type="checkbox"/> Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> V. Good <input type="checkbox"/> Excellent	If Yes rate the assistance provided <input type="checkbox"/> Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> V. Good <input type="checkbox"/> Excellent	If Yes rate the assistance provided <input type="checkbox"/> Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> V. Good <input type="checkbox"/> Excellent
List Suggestions/concerns if any 	List Suggestions/concerns if any 	List Suggestions/concerns if any

J. Benefits Availed through SMILE project

H.1 Were you provided utensils/weighing scale etc <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what was provided <hr/>	H.2 Certificate of Vending+ ID <input type="checkbox"/> Yes <input type="checkbox"/> No	Field Notes on benefit availed through SMILE
If Yes rate the assistance provided <input type="checkbox"/> Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> V. Good <input type="checkbox"/> Excellent	If Yes rate the assistance provided <input type="checkbox"/> Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> V. Good <input type="checkbox"/> Excellent	
List Suggestions/concerns if any 	List Suggestions/concerns if any 	

K. Direct Employment Generation

K.1 Before SMILE Cart	K.2 After SMILE Cart
If vending , how many persons do you employ? _____ nos,	How many persons do you employ? _____ nos,

L. Capacity building / Training under SMILE

L.1 You were provided capacity building/ training in

___ **Skill Development** (*Training programs focus on enhancing entrepreneurial abilities, such as business management, customer service, and marketing*)

___ **Financial Literacy** (*Empowering vendors with knowledge about managing finances, accessing loans, and understanding credit systems.*)

___ **Hygienic Practices** (*Training on food safety, sanitation, and personal hygiene to ensure the quality and safety of their products.*)

___ **Digital Payments** (*Training on using digital payment methods and integrating them into their businesses.*)

___ **Access to Formal Financial Services** (*Facilitating access to loans, savings, and insurance to support their business growth and financial stability.*)

___ **Legal and Regulatory Support** (*Ensuring that street vendors are aware of their rights and responsibilities under the Street Vendors Act and other relevant regulations.*)

___ **Women safety** (*Information provided about women helpline, nearest police station and other safety dos and don'ts*)

___ **Preventing Harassment** (*Protecting street vendors from arbitrary evictions, confiscation of goods, and unfair fines.*)

___ **Awareness and Collaboration** (*Increasing awareness about available support programs, benefits, and resources through workshops, collaborations with NGOs, and peer-to-peer learning.*)

___ **None**

L.2 Have you used any of the learnings from SMILE Training in your street vending work

___ Yes

___ No

If yes, Can you please specify which capacity building learning used in practice

Please rate the capacity building support provided

___ Poor

___ Satisfactory

___ Good

___ V. Good

___ Excellent

M. Suggestions/ Issues

Please actively probe the respondents for suggestions. List all the suggestions of the respondents legibly in long hand below:

