



Impact Assessment Report

AAHAR YOJANA

Essel Mining & Industries Limited

A part of Aditya Birla Group

Submitted by:

DISCLAIMER OF IMPACT ASSESSMENT REPORT

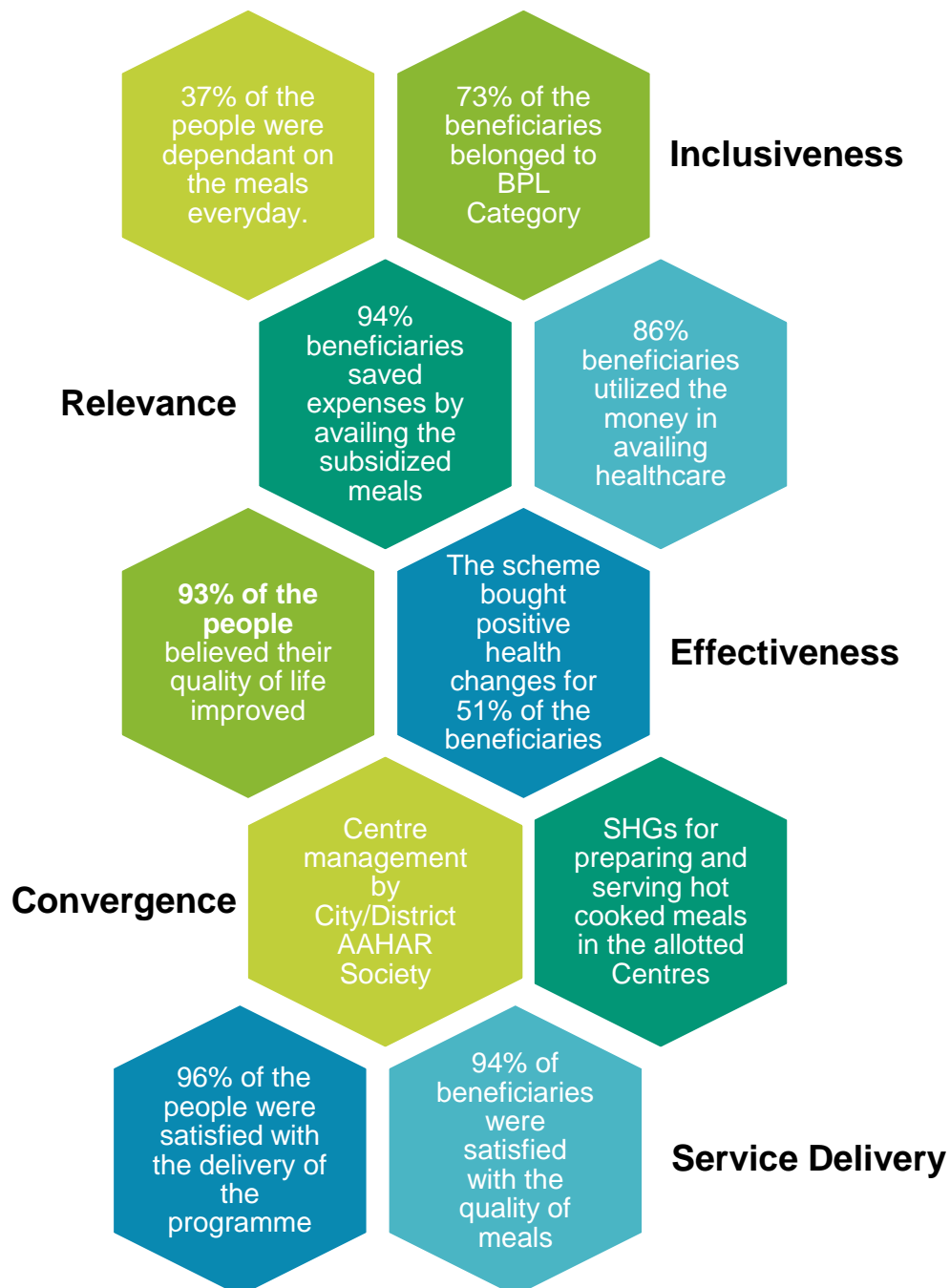
- This report has been prepared solely for the purpose set out in the Memorandum of Understanding (MoU) signed between Renalysis Consultants Pvt. Ltd. (CSRBOX) and Essel Mining & Industries Limited (EMIL) to undertake the Impact Assessment of their Corporate Social Responsibility (CSR) projects implemented.
- This impact assessment adheres to the Companies (Corporate Social Responsibility Policy) Amendment Rules, 2021, notification dated 22nd January 2021.
- This report shall be disclosed to those authorized in its entirety only without removing the disclaimer. CSRBOX has not performed an audit and does not express an opinion or any other form of assurance. Further, comments in our report are not intended, nor should they be interpreted to be legal advice or opinion.
- This report contains an analysis by CSRBOX considering the publications available from secondary sources and inputs gathered through interactions with the leadership team of Aditya Birla-EMIL, project beneficiaries, and various knowledge partners. While the information obtained from the public domain has not been verified for authenticity, CSRBOX has taken due care to receive information from sources generally considered to be reliable.
- In preparing this report, CSRBOX has used and relied on data, material gathered through the internet, research reports, and discussions with personnel within CSRBOX as well personnel in related industries.

WITH SPECIFICS TO IMPACT ASSESSMENT, CSRBOX:

- Has neither conducted an audit nor due diligence nor validated the financial statements and projections provided by Aditya Birla-EMIL;
- Wherever information was not available in the public domain, suitable assumptions were made to extrapolate values for the same;
- CSRBOX must emphasize that the realization of the benefits/improvements accruing out of the recommendations set out within this report (based on secondary sources) is dependent on the continuing validity of the assumptions on which it is based. The assumptions will need to be reviewed and revised to reflect such changes in business trends, regulatory requirements, or the direction of the business as further clarity emerges. CSRBOX accepts no responsibility for the realization of the projected benefits;
- The premise of an impact assessment is the objective of the project along with output and outcome indicators pre-set by the programme design and implementation team. CSRBOX's impact assessment framework was designed and executed in alignment with those objectives and indicators

Executive Summary

According to the World Food Programme, India is home to 189.2 million undernourished people, which accounts for nearly 25% of the global hunger burden. Additionally, the National Family Health Survey (NFHS) reports that more than half of Indian women and children are anaemic, which is largely due to poor nutrition.¹ The AAHAR Yojana aims to address the problem of hunger and poverty by providing nutritious and affordable meals to vulnerable populations. This report examines the impact of the programme in Odisha during FY 2021-22.



¹ <https://indianexpress.com/article/lifestyle/health/undernourished-people-india-declines-224-3-million-obesity-among-adults-on-the-rise-un-report-8014074/>

Abbreviations

Acronyms	Descriptions
BPL	Below Poverty Line
CSR	Corporate Social Responsibility
FY	Financial year
GDP	Gross Domestic Product
ID	Identity Document
INR	Indian Rupee
MIS	Management Information System
NGO	Non- Governmental Organization
NULM	National Urban Livelihood Mission
ROI	Return on Investment
SDGs	Sustainable Development Goals
wSHG	Women Self-Help Group
UN	United Nations
ULB	Urban Local Body

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EMIL- CSR Initiatives & Project Overview

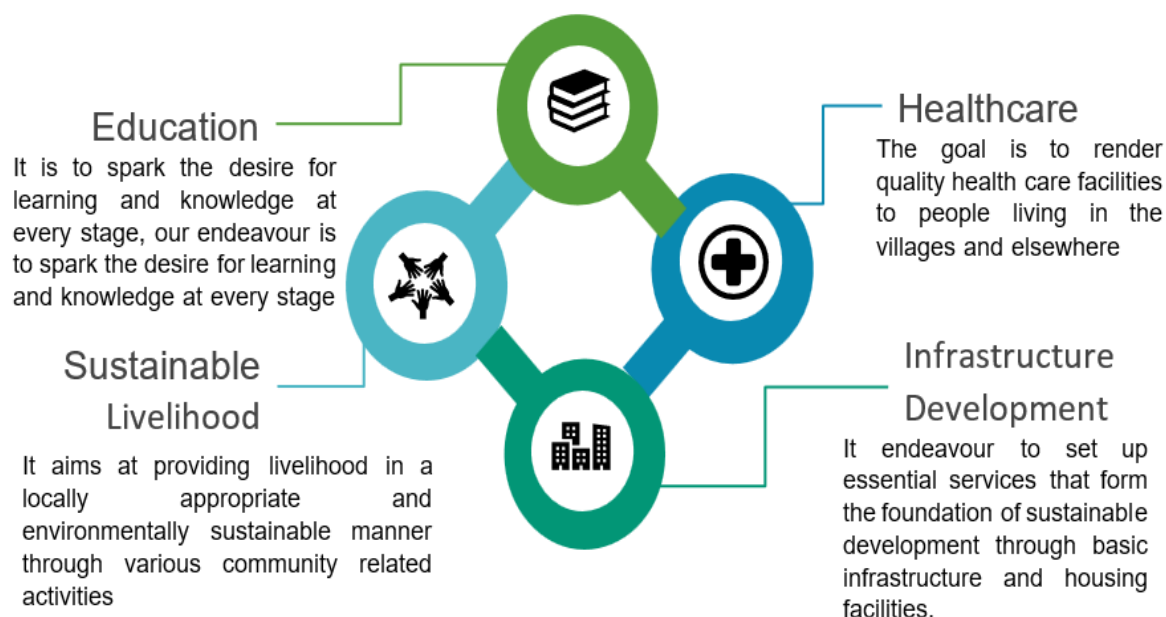


Chapter 1: Project Overview and CSR Initiatives of EMIL

1.1 CSR activities of the organization

Essel Mining & Industries Limited, as a responsible corporate organization, actively engages with local communities to contribute to the well-being of society. It also carries out a wide range of enriching activities and works with community organizations. The organization's aim is to build a more equitable society and provide a range of resources to community stakeholders through awareness, campaigns, capacity-building initiatives, tools, and infrastructural support.

EMIL believes in connecting with marginalized communities which is ingrained in their core values. They uphold the notion of trusteeship, which involves prioritizing the well-being of underserved populations above business concerns. Their CSR activities focus on improving the quality of life in rural communities and aim to have a positive impact on their lives.



Projects are determined through a participatory approach that involves engaging with the local community to assess their fundamental requirements. This involves utilizing a participatory rural appraisal mapping process. Following this, project prioritization is established through discussion with village panchayats, as well as other relevant stakeholders, based on consensus. As a result of this approach, key areas of emphasis have been identified, including education, healthcare, sustainable livelihood, sports, infrastructure development, and promotion of social causes. All community programs and projects are executed under the auspices of The Aditya Birla Centre for Community Initiatives and Rural Development.

1.2 AAHAR YOJANA- CSR Project of EMIL

1.2.1 – AAHAR Initiative- Government of Odisha

The Housing and Urban Development Department (H&UD Department), Government of Odisha is the nodal Department in operating the Odisha State AAHAR Society (OSAS). The Society was constituted under the Society Registration Act, 1860 headed by the Chief Secretary, Government of Odisha at the State level and District Collector and Magistrate at the District level respectively. AAHAR is an affordable feeding programme of the Government of Odisha. Coinciding with the major Goal as per by-laws and memorandum of OSAS. The aim is to eradicate hunger from the society. The prime aim of the AAHAR Yojana is to cater cooked hot meals to the poor and needy in the urban areas at a subsidized rate of Rs. 5/- (Rupees Five Only).

The inception of the AAHAR Yojana was during the year 2016 – 17 by the Government of Odisha. The scheme provides subsidized meals over 167 AAHAR centres in the State of Odisha. The actual meal cost is Rs. 20/- (Rupees Twenty Only). However, the Government is providing a subsidy of Rs. 15/- (Rupees Fifteen Only) per meal to ensure meal availability at Rs. 5/- (Rupees Five Only). The meal consists of cooked hot rice, and Dalma (mixed vegetables with Dal) pickle for the lunch period only. The subsidized amount is born from the support from the Corporate Houses, State PSUs and CM's Relief Fund. The AAHAR centres primarily operate in conscious places like Hospitals, Railway Stations, Bus Stands, District courts and Market places.



Figure 1: Districts with AAHAR centres

1.2.2 – EMIL’s CSR for AAHAR YOJANA

Under the CSR initiative, Essel Mining & Industries Ltd. has financially supported the scheme by **adopting 5 Districts of the State**. The financial support **covers a total of 23 AAHAR canters**.

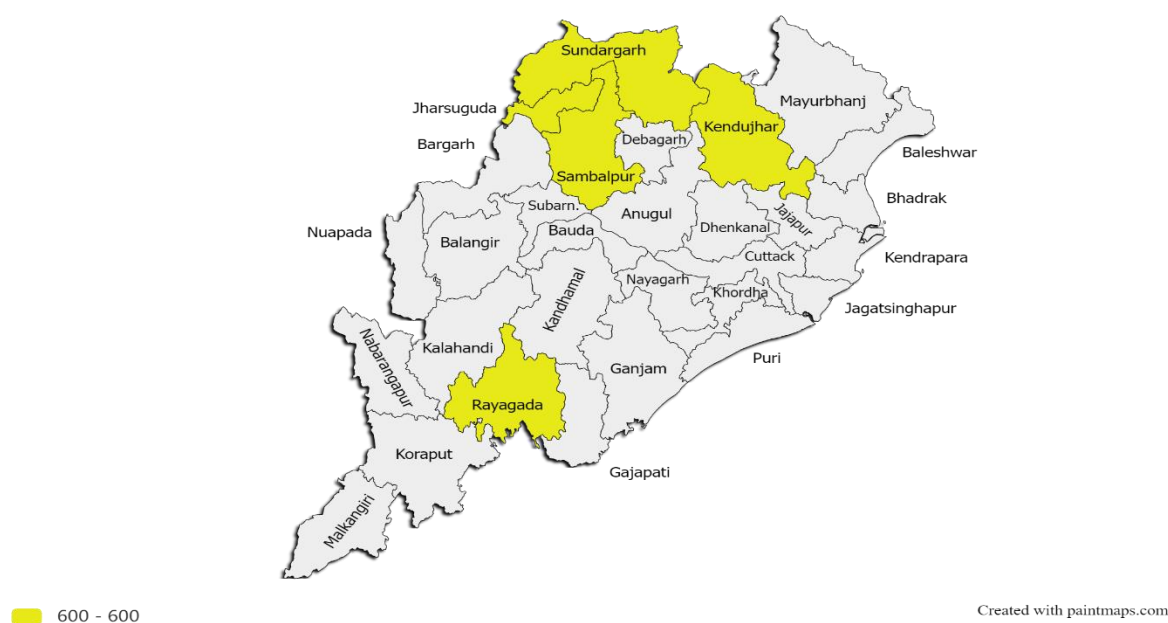
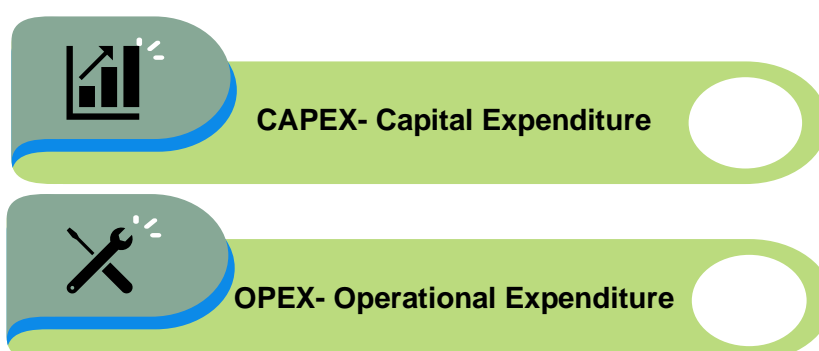


Figure 2: Districts supported by EMIL for AAHAR centres

Generally, an amount varying from Rs. 44 to Rs. 45 Crores is transferred to the AAHAR centres in the State by the OSAS yearly. Funds are generally transferred in two different heads: CAPEX and OPEX.



- **CAPEX:** - Expenses under this head are utilized for asset creation. This is usually a one-time investment by OSAS for the creation and need-based maintenance of the assets is generally not required yearly. Thereafter funds are usually transferred under OPEX.
 - Building (AAHAR Centre)
 - Utensils
 - CC TV

- TV
 - Wash Dishes etc.
- **OPEX:** - It refers to the operational expenditure on meals which is utilized in meal preparation only.

Service in the AAHAR Centres:

Services like catering, cooking and cleaning in the AAHAR centres are being maintained by SHGs (Self Help Groups) of the ULBs the Municipality of the locality by earmarking some incentives for the SHGs under the supervision of DAS (District AAHAR Society) headed by District Collector & Magistrate of the District – The President of DAS

1.3 Alignment with Schedule VII Activities

The Schedule VII (Section 135)² of the Companies ACT 2013 specifies the list of activities that can be included by the company in its CSR policy. The table below shows the intervention's alignments with the approved activities by the Ministry of Corporate Affairs. The programme is aligned with subsection 2 partially as it is providing livelihood opportunities to the SHG women who work as the centre staff.

Sub Section	Activities as per Schedule VII	Alignment
1.	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.	Completely
2.	Promoting education, including special education and employment enhancing vocation skills, especially among children, women, elderly, and the differently abled and livelihood enhancement projects	Partially

Table 2: Alignment with CSR Policy

² [Schedule VII](#)

1.4 Alignment with Sustainable Development Goals

SDGs	SDG Targets	Alignment with the SDGs
	<p>Target 1. Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions.</p>	<p>The programme aligns with the SDG by providing subsidized meals to the urban poor, mostly migratory from nearby rural places. The provision of meals helps in curbing the cycle of poverty.</p>
	<p>Target 2.1 By 2030, end hunger and ensure access by all people, in particular, the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.</p>	<p>Provision of nutritious meals at the cost of Rs 5/-, thereby reducing the number of people going hungry in the state.</p>
	<p>Target 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all</p>	<p>The meals provided are checked regularly for quality and hygiene before serving them to the beneficiaries. This helps in promoting the good health of the beneficiaries.</p>
	<p>Target 8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value</p>	<p>The programme offers a safe workplace to the women of urban SHGs, with decent pay and equal value.</p>

Table 3: Alignment with SDG

1.5 Alignment with ESG Framework

The programme's intervention also aligns with the Business Responsibility & Sustainability Reporting Format (BRSR)³ shared by the Securities & Exchange Board of India (SEBI), the programme aligns with the principle mentioned below.

Principle 2

Business should provide goods and services in a manner that is sustainable and safe

Principle 4

Business should respect the interests of and be responsive to all its stakeholders

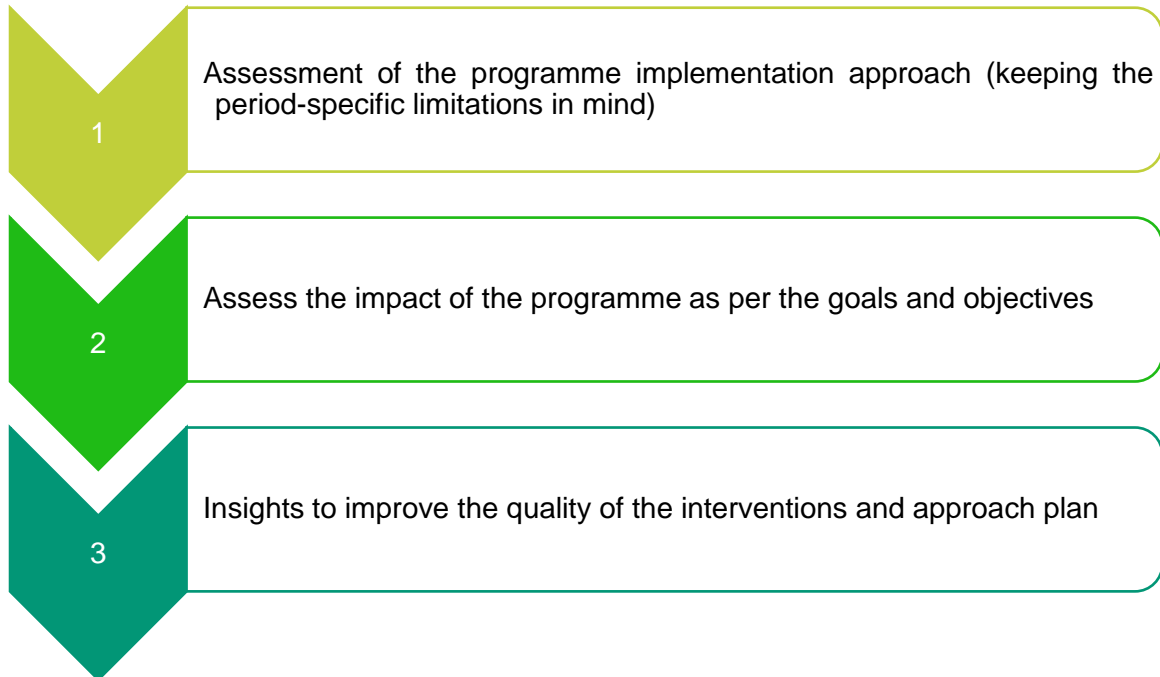
³ [BRSR](#)

Design and Approach for Impact Assessment



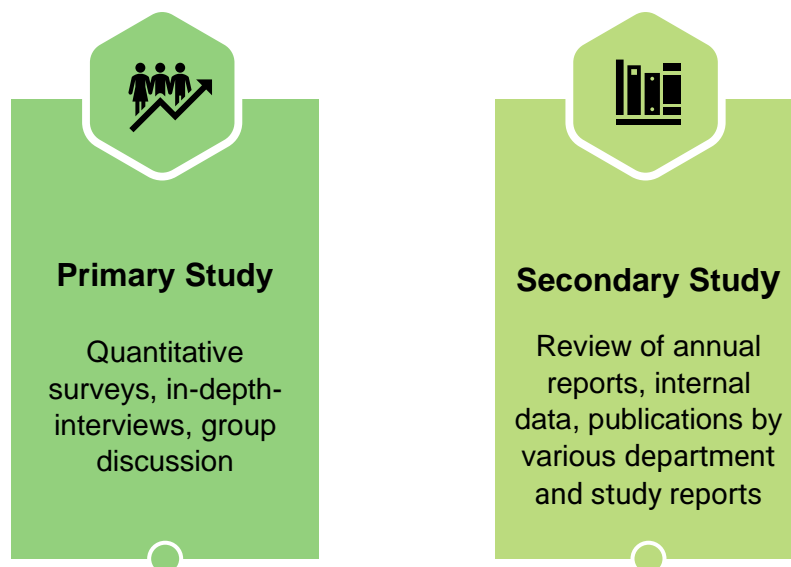
Chapter 2: Design and Approach for Impact Assessment

2.1 Objectives of the Study

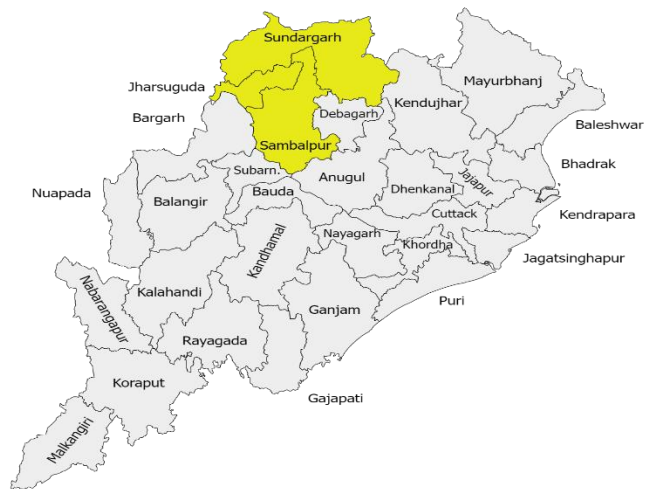


2.2 Methodology

For the assessment, the study team employed a two-pronged approach for data collection. It includes a review of secondary data sources and literature and primary data obtained from quantitative and qualitative methods of data collection. The figure below illustrates the study approach that was used in data collection and review.



2.3 Geographic Coverage



Created with paintmaps.com

The following table illustrates the geographic sampling. The mentioned sampled locations are considered for the impact assessment.

Location	Centres	Sample size
Rourkela	Bus Stand (Sector-II)	33
	IG Hospital (Munda Market)	33
Jharsuguda	Community Health Centre, Braj Rajnagar	33
	District Headquarters Hospital	33
Sambalpur	Laxmi Talkies (near bus stand)	33
	District Headquarters Hospital	33

Table 3: Location sampling

2.4 Sampling Approach

Quantitative Sampling

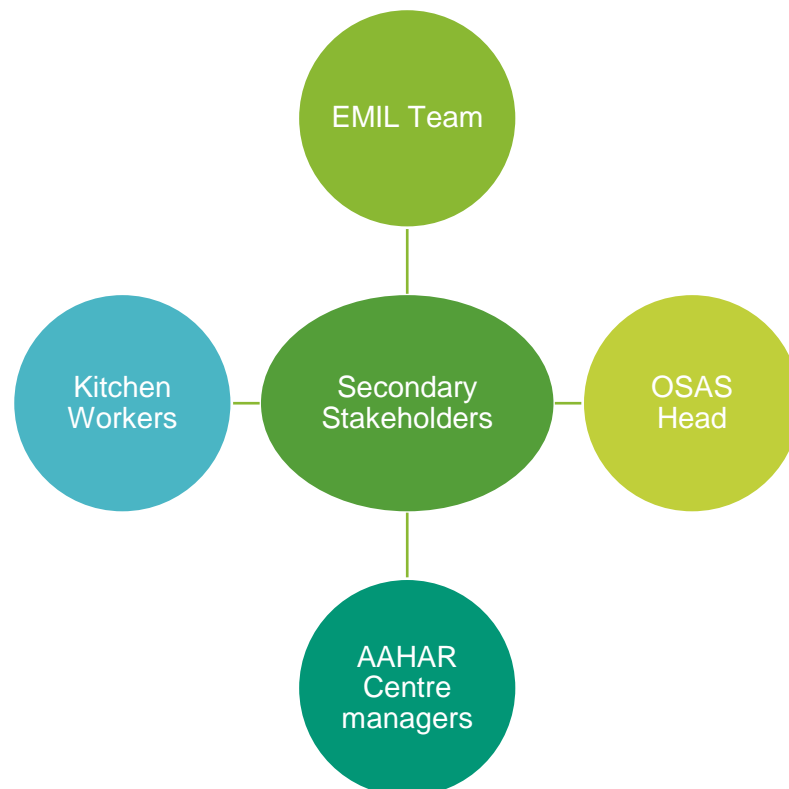
A simple random sampling approach was done to ensure that the sample is representative and covers the beneficiaries across the project locations. The team carried out sampling based on children's beneficiary levels across locations. A confidence level of 95% and a Margin of Error of 7% were considered for the study. The total sample is 196.

Primary Stakeholder			
S No.	Stakeholder	Mode of Data Collection	No. of Interviews
1	Beneficiaries	On Field Survey	196

Table 4: Quantitative sampling

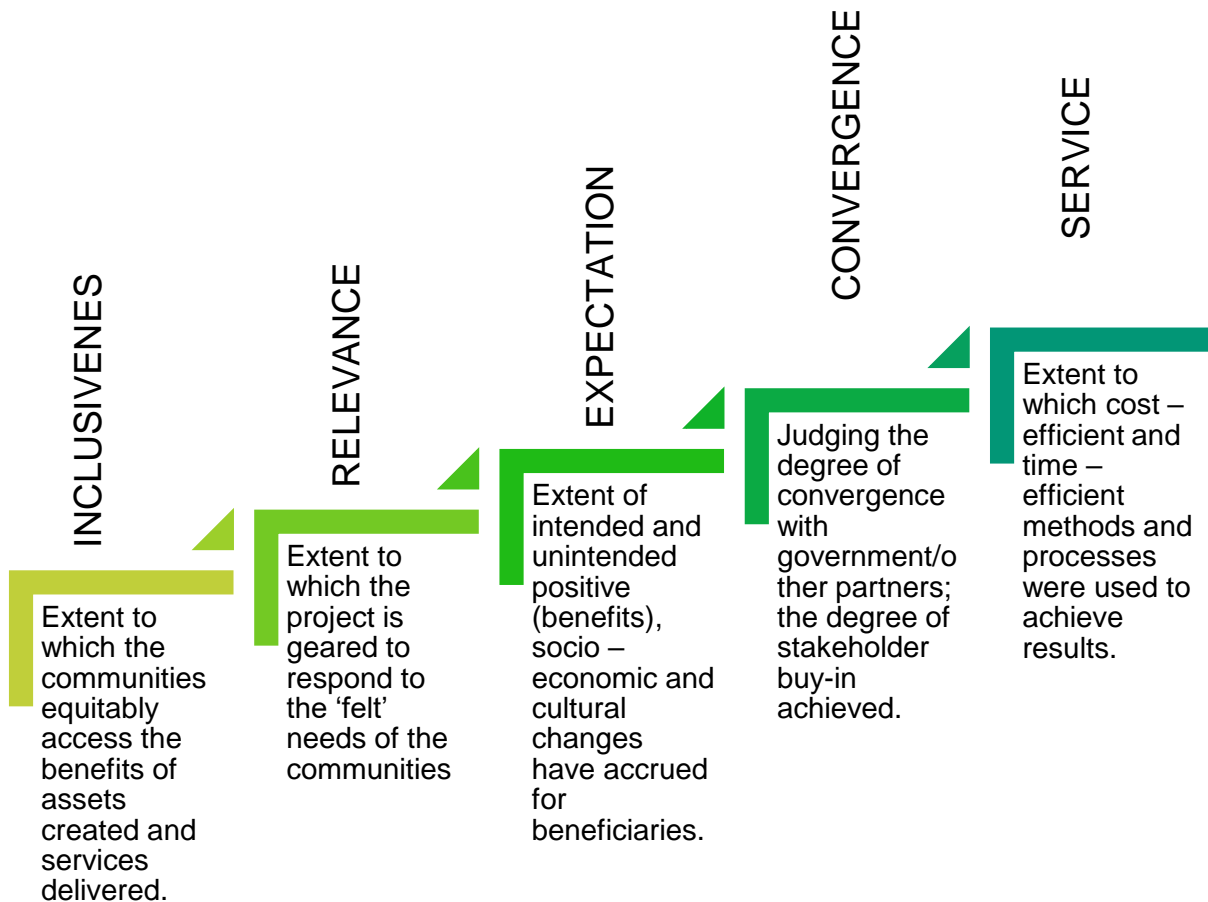
Qualitative Sampling

A qualitative approach to data collection was followed. Detailed discussions were held with different stakeholders of the programme. These discussions included In-Depth-Interviews (IDIs), which helped in understanding the perspectives of the beneficiaries and other stakeholders towards the project.



2.5 Assessment Approach & Evaluation Framework

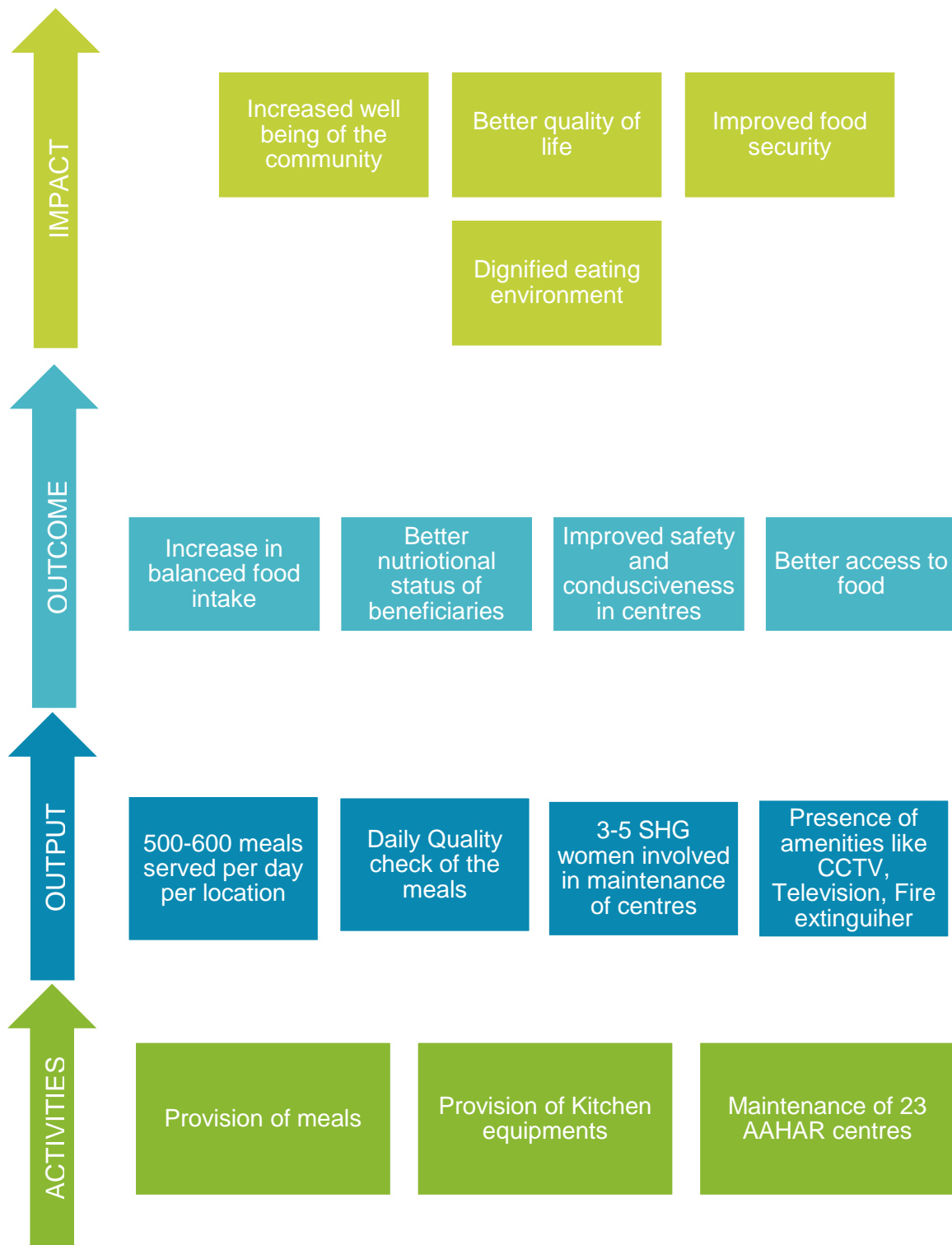
Given the objectives of the study to determine the inclusiveness, relevance, and outcomes, of the project, the evaluation used the IRECS framework. The IRECS framework has defined five evaluation criteria – Inclusiveness, Relevance, Effectiveness, Coherence, and Service Delivery. These criteria provide a normative framework used to determine the merit or worth of an intervention. They serve as the basis upon which evaluative judgements are made. Using the criteria of the IRECS framework, the evaluation was able to assess the client’s contribution to the results, while keeping in mind the multiplicity of factors that may be affecting the overall outcome.



2.6 Limitations to the Study

- The study was initially planned for two centres in Sambalpur with a sample size of 65. However, the study could not be completed in Sambalpur due to communal riots in the area and the imposition of Section 144 with movement restrictions.
- As an alternative, the study sample for Sambalpur was covered in Rourkela, with data collected from three centres in that location.

2.7 Theory of Change



Findings of Impact Assessment

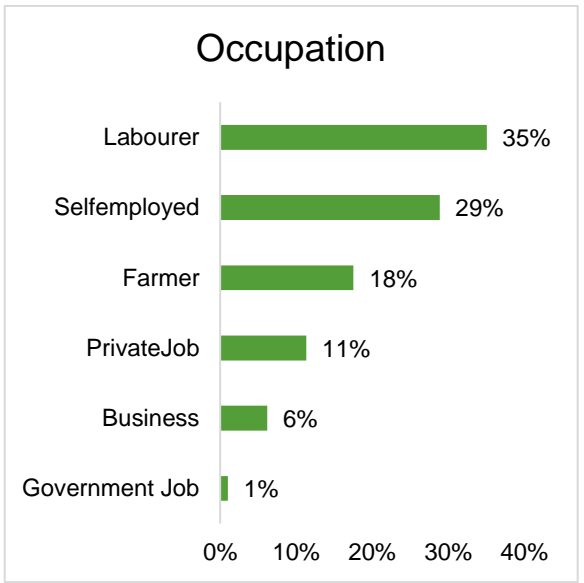
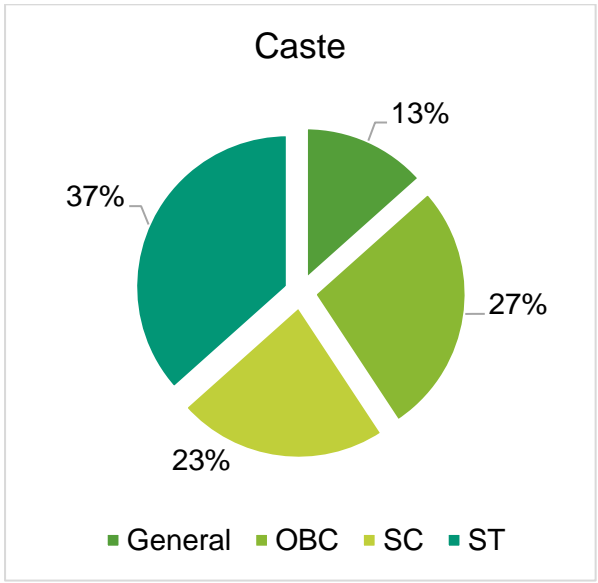
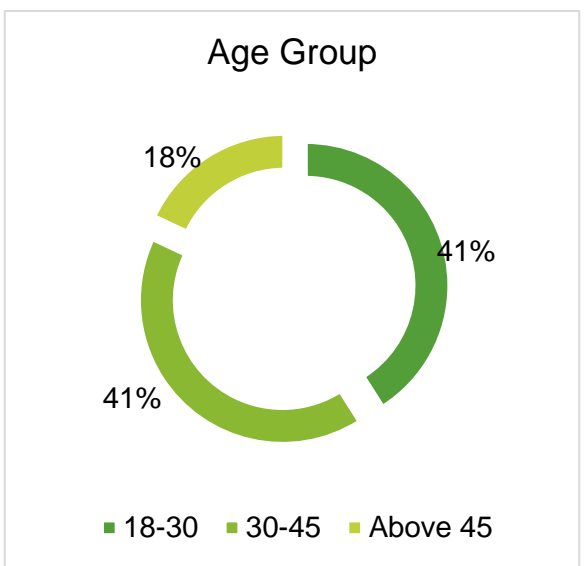
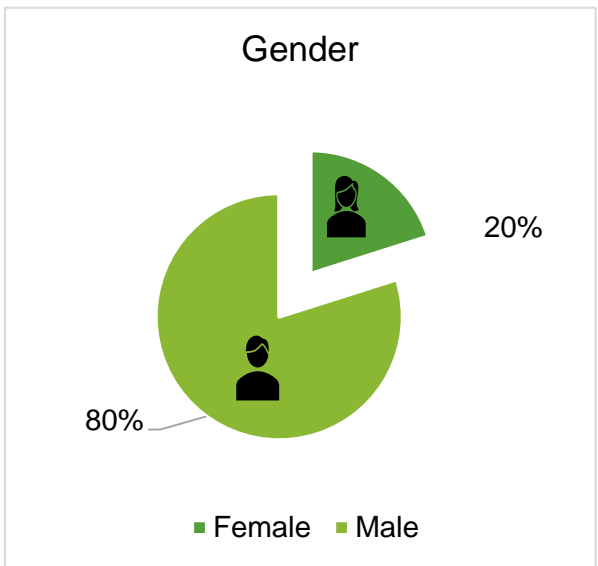


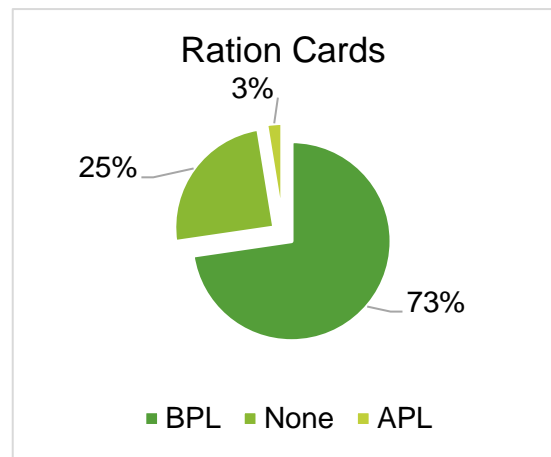
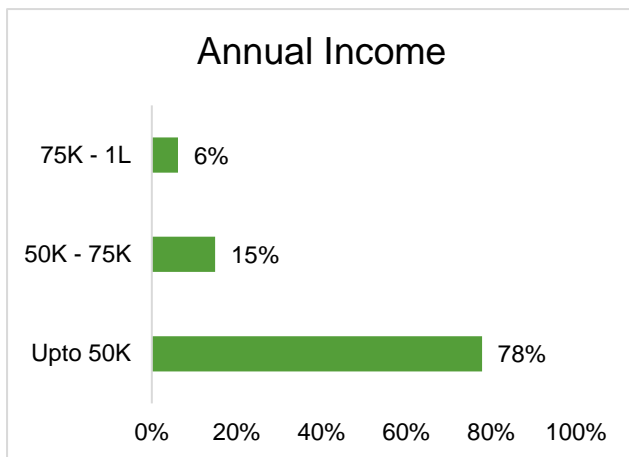
Chapter 3: Findings of Impact Assessment

The section highlights the detailed findings and subsequent impact created in the year 2021 – 22. The Figural representation of the data below is derived from responses received from the beneficiaries through questionnaire surveys, in-depth interviews with stakeholders, and secondary research.

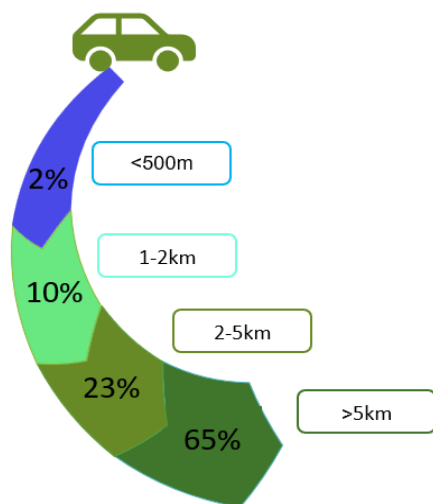
3.1 Inclusiveness

- 30% of the beneficiaries were from the underprivileged strata
- 35% of the beneficiaries were daily wage labourers
- 73% of the beneficiaries were from below poverty line
- 37% of the people were dependant on the meals everyday.



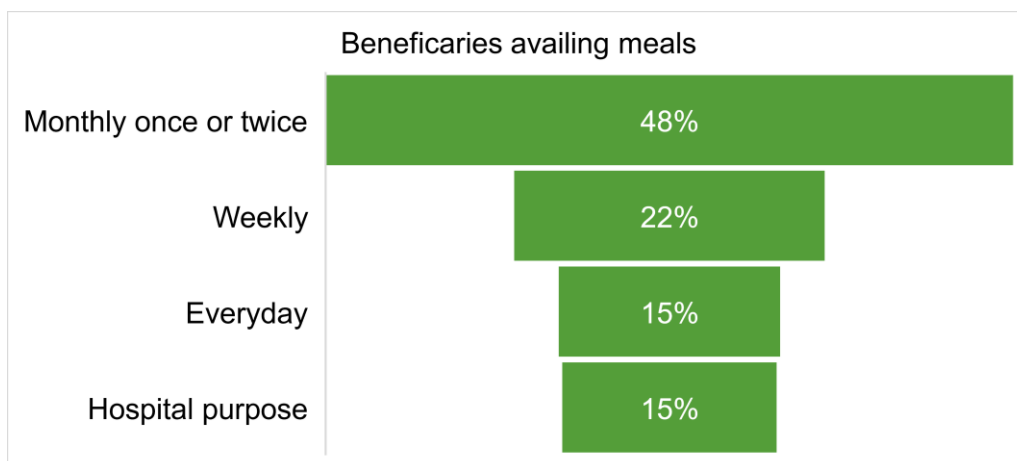


AAHAR Yojana as a programme provides subsidized meals to the urban poor. **The above representation of the samples shows that it was inclusive of all kinds of people who would come to the centre to avail the meals.** Most of the beneficiaries were **Below Poverty Line** with an annual income of up to **Rs 50,000**. For them spending Rs 5/- for meals helped them save costs in other household budgets.



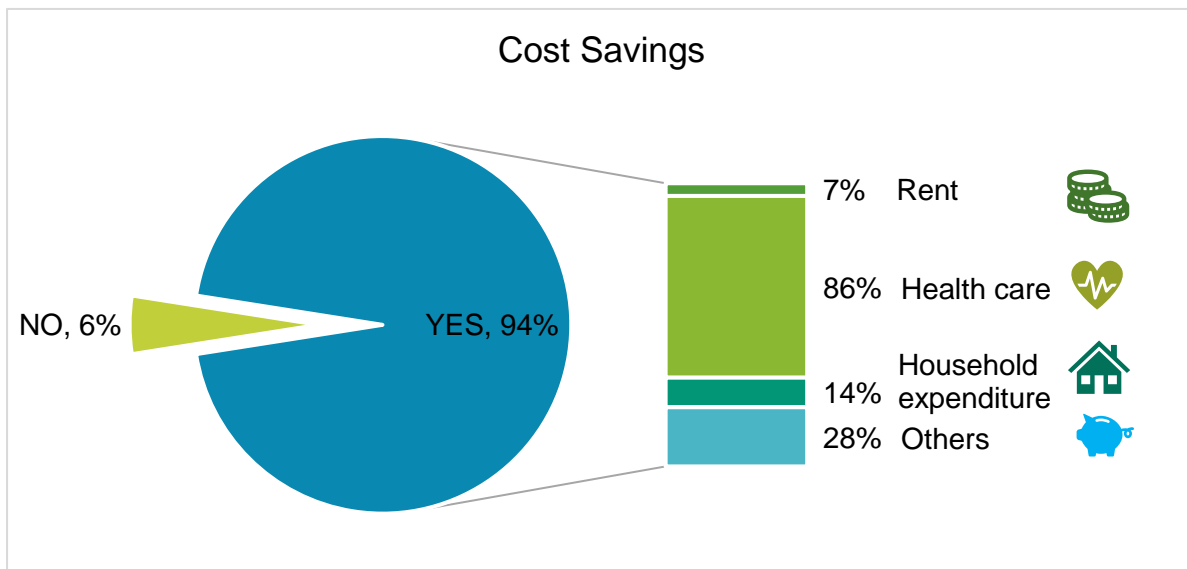
35% of beneficiaries were daily wage labourers who used to work in the nearby localities. The centres were mostly situated in places where there was a large number of footfalls of the beneficiaries. The centres were located in public hospitals, marketplaces and bus stands. **65% of the beneficiaries** came to the centres from out of town. The beneficiaries coming to the hospital area centres were mostly there for attending to their family members who were admitted to the hospitals. The meal was availed by the daily wage workers in the bus stand centres who were travelling for work to the

city. **48% of the people availed of meals at least once or twice per month.** **15% of the beneficiaries** were regular customers of the centres. This shows the dependency of the people on subsidized meals.



Inclusiveness is an essential aspect of any subsidized meal program, as it ensures that everyone who needs assistance can access healthy and nutritious food. This Programme ensures beneficiaries from all aspects of life receive a healthy meal.

3.2 Relevance



Urban poor often have high levels of poverty and limited access to affordable and nutritious food. The subsidized meal program helps address food insecurity in urban slum areas, ensuring that residents have access to at least one nutritious meal per day. When asked the beneficiaries **94% of them** said that eating in AAHAR centres helped them save costs and utilize the same amount for their livelihood. Generally, if they would have purchased 1 plate of lunch from other sources it would have cost them Rs 50/- for one-time in various other expenditures for their livelihood. **86% of the beneficiaries** were coming to the hospital for healthcare purposes and eating in the centres helped them save costs.

Shared meals can be a powerful way to foster a sense of community and social cohesion. With his subsidized meal program **40% of the people** thought it bought them together and helped build relationships among other people coming to eat there.

The subsidized meal program provides healthy and nutritious meals to those who might not otherwise have access to food. **This helped in alleviating hunger and promoting good health and well-being, particularly for vulnerable populations.**

3.3 Expectations

The expectations of the subsidized meal programme are assessed by considering indicators of improvement and awareness about the programme, thereby evaluating the impact of these centres on the community.

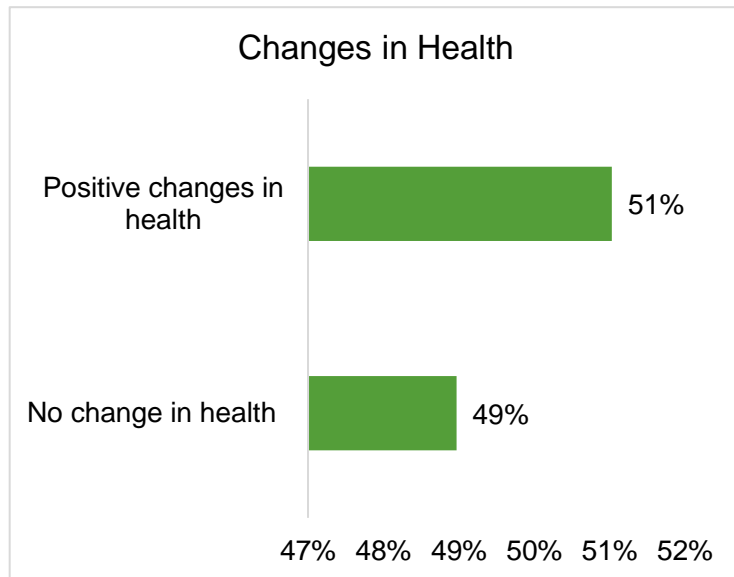
The scheme brought positive changes for **51% of the beneficiaries.**

93% of the people believed their quality of life improved

For **58% of the people** this meal was very important in their day-to-day life.

When asked about changes in health, after consuming meals in Aahar centre, the respondents answered in the affirmative.

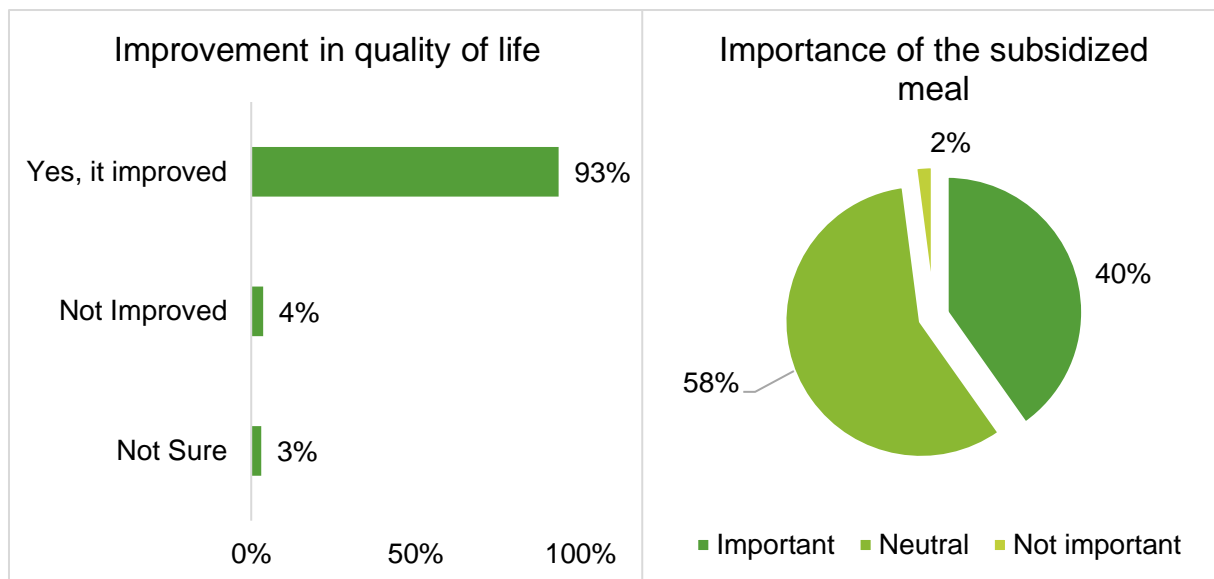
More than half (**51%**) of the beneficiaries reported that the scheme had indeed brought about positive changes in their health. Many of these beneficiaries were from remote areas and had travelled to the city for various reasons. They found the subsidized meal to be comparable to a homemade meal and appreciated the cost savings, which they could allocate towards other needs. **93% of the people** believed their quality of life improved. People were dependent on this meal daily.



“As a House help who works in nearby homes, I regularly come to the center to eat after I finish my daily work. Instead of consuming unhealthy food every day, I prefer to eat at the center because it not only satisfies my hunger but also helps me maintain my health. I believe that eating elsewhere could potentially harm my health, so I choose to eat here instead.”

-AAHAR Beneficiary



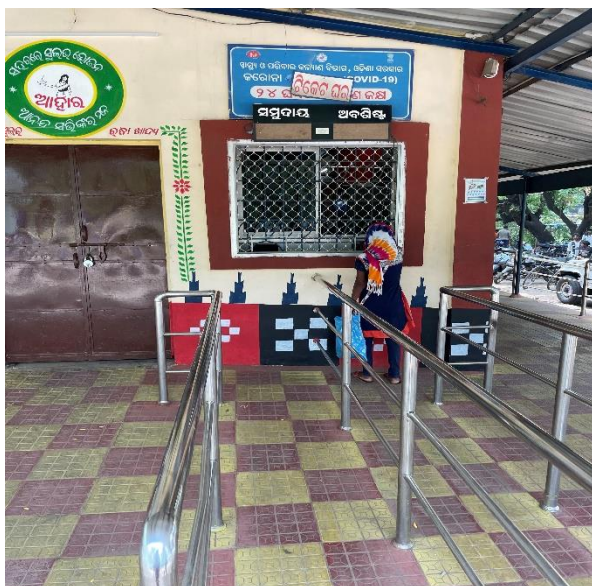


AAHAR Centres

This programme is not only relevant to the beneficiaries who are part of this Yojana. It also helped the urban SHGs in capacity building and providing the women with a stable working environment. NULM took over the responsibility of managing the centres by instilling SHG women to run the centres. In every centre, there were 4-6 SHG women who looked after all the work in the centre from serving food to cleaning the place. Every month, the government department organizes capacity building for the women updating them about the new rules and policies to be implemented in the centres. Below given are the details of SHGs in Rourkela and Jharsaguda Centres.

Location	Centre Name	SHG Name	Members	Daily Footfall of beneficiaries
Jharsaguda	Community Health Centre- Brajraj Nagar	Maa Mangala	6	500
	District Headquarters Hospital,	Salingiri	4	500
Rourkela	IG Hospital (Munda Market)	Jyoti SHG	6	500
	Power House Road	Jagruti SHG	6	1000 (Day and Night)
	New Bus Stand		3	1000 (Day and Night)

Table 5: AAHAR Centre details



During the field visit to various locations, it was observed that each location had one kitchen centre. The team specifically visited the kitchen centre in Rourkela, which was managed by **Jyoti Mission Shakti Self Help Group under NULM**. The kitchen was operated by **10 women** who were involved in all aspects of meal preparation, including operation and maintenance. This kitchen provided meals to all **6 centres** in Rourkela and had **4 vehicles** with drivers for loading and unloading the meals. The kitchen was certified by FSSAI for maintaining quality standards.

The kitchen was equipped with all necessary utensils and items required for large-scale cooking. There were **6 vessels with a capacity of 70 kg** each for cooking rice and Dalma separately. The kitchen had a pipeline system for water delivery, and a proper drainage system was in place to maintain hygiene. The kitchen workers wore hair caps and gloves for cooking, and the gas usage was **7 cylinders per day**. Additionally, the centre had a separate dormitory for women who lived in the centres. The women are trained in all kinds of capacity-building and fire safety activities.

Kitchen Centre Facilities: -



Storage Room for dry rations like rice, dal, pulses etc.

Kitchen area with exhaust fans and large cooking tops



Cooking vessels with a capacity of 70 kg for Rice and Dalma.

Storage area for vegetables which was restocked daily.





Area for storage of dry rations like pickles, masalas, salt sugar etc.



Pre-requisites before entering the kitchen. The staff wore gloves and headgear. They also changed their footwear before entering the kitchen.

Washing area for cleaning the utensils and kitchen tools. The area has proper drainage with inlet and outlet water delivery.



From Housewives to Changemaker

The Rourkela kitchen centre is operated entirely by 10 women from an SHG who work tirelessly from Monday to Saturday to prepare meals for the underprivileged. After 89 SHGs applied for the kitchen tender, the Jyoti Mission Shakti Group was awarded the contract for the work in the kitchen. These women have been cooking for a year now and each has their own designated role in the kitchen, from cooking to cleaning and packaging the meals. The group has a president to manage the group and a treasurer to oversee the group's finances.



Many of the women have had to live away from their families to work here. Their hard work was recognized and appreciated by the District Magistrate of Rourkela. The SHG members firmly believe that with hard work and determination, anyone can make a positive impact on their community. They have found a sustainable source of income that not only supports their families but also empowers them to contribute to the betterment of society.

AAHAR Centres Quality and Maintenance

Each Aahar centre needs to be equipped with certain basic equipment, as stated by the State Government.⁴ The funds, under capital expenditure, are used to equip each Aahar centre as per the mandated requirements. A centre quality checklist was prepared by the study team to evaluate the performance of Centres, by the state requirements. The checklist parameters include centre infrastructure, WASH facility, accessibility and sufficiency of equipment. The team evaluated these parameters based on careful observation.

Centre Index					
Indicators	Jharsaguda		Rourkela		
	Community Health Centre- Brajraj Nagar,	District Headquarters Hospital,	IG (Munda Market)	Hospital (Market)	Power House Road
Equipment in Centres					
Electricity	✓	✓	✓	✓	✓
Electric Fan	✓	✓	✓	✓	✓
Tubelight	✓	✓	✓	✓	✓
TV	Unavailable	Unavailable	✓	✓	✓
CCTV	Unavailable	Unavailable	✓	✓	
Dish Washer	Unavailable	Unavailable	✓	✓	✓
Centre Infrastructure					
Children sitting area	Unavailable	Unavailable	✓		✓
Tables	✓	✓	✓	✓	✓
Sitting Benches	✓	✓	✓	✓	✓
PWD accessibility	Unavailable	Unavailable	✓		✓
Handwash area	✓	✓	✓	✓	✓
Dustbin	✓	✓	✓	✓	✓
Ticket Counter	✓	✓	✓	✓	✓
Serving Counters					
A PPE kit was worn by the serving staff.	✓	✓	✓	✓	✓

⁴http://www.urbanodisha.gov.in/Admin/Upload_Files/AAHAR/MoM/Success%20Stories_Aahaar%20Booklet.pdf

Cleanliness of the counters	✓	✓	✓	✓	✓
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Table 6: Centre Quality check

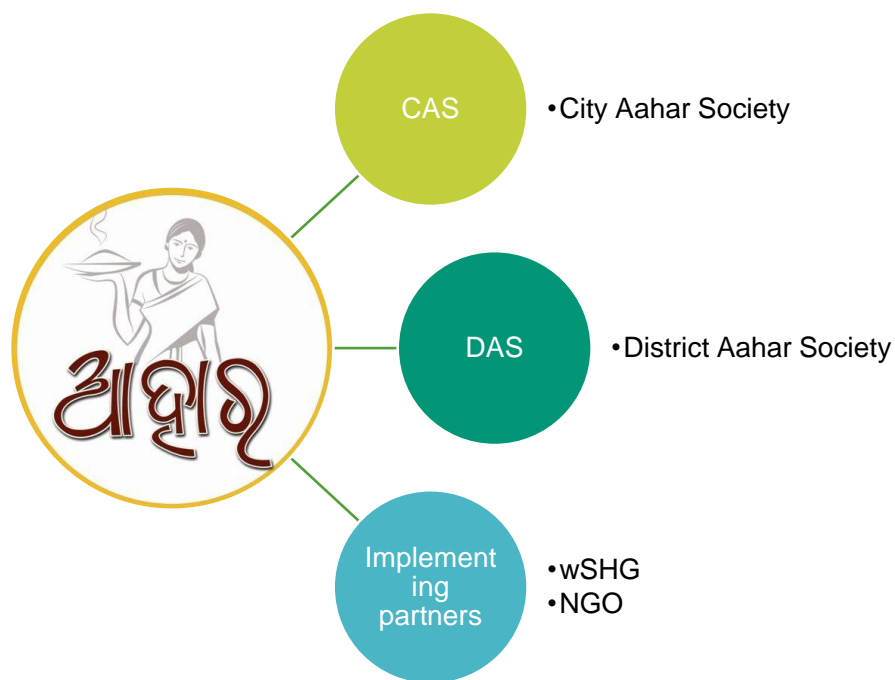


Images depicting the various equipment in the AAHAR Centre

According to the indicators, the Rourkela centre was the only one out of five that had all the necessary equipment. However, in the Jharsaguda centres, the missing equipment was going to be obtained soon as the centre manager had already applied for their procurement. The TVs in the centres displayed information about various government schemes in Odisha, which helped to increase people's awareness of the benefits they could receive from the government. **This indicates that the subsidized meal program meets the expectations of the beneficiaries as it not only offers affordable food but also provides a respectable dining environment, complete with all the essential amenities needed to maintain the AAHAR Center.**

3.4 Convergence

The Odisha State Aahaar Society (OSAS) is legally registered under the Societies Registration Act of 1860. Its main role is to provide strategic guidance to the City/District Aahaar Society (CAS/DAS) in the planning, management, monitoring, and technical support of the Aahaar Programme.



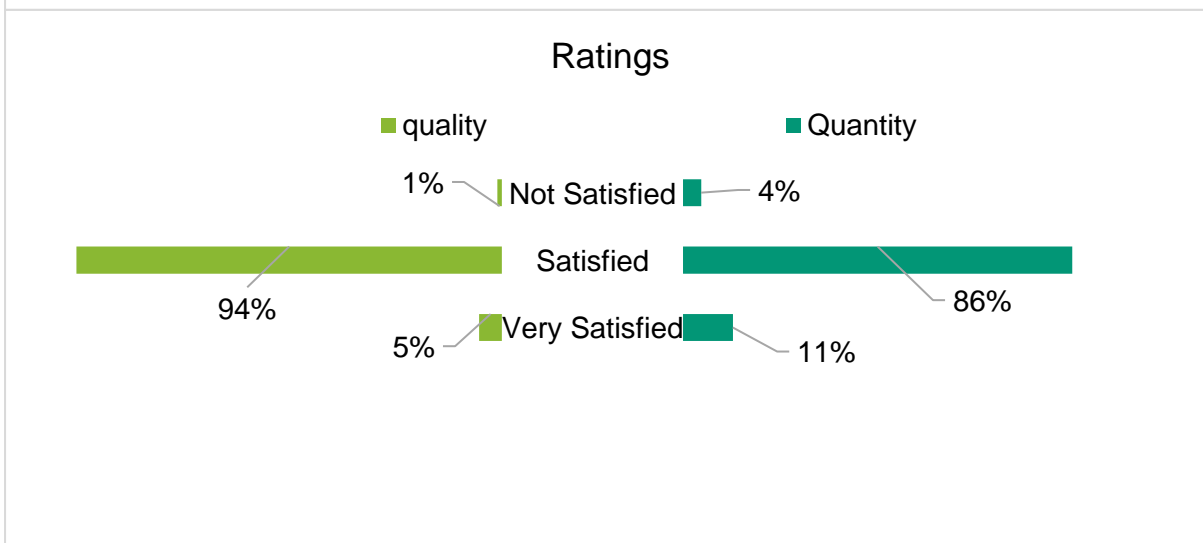
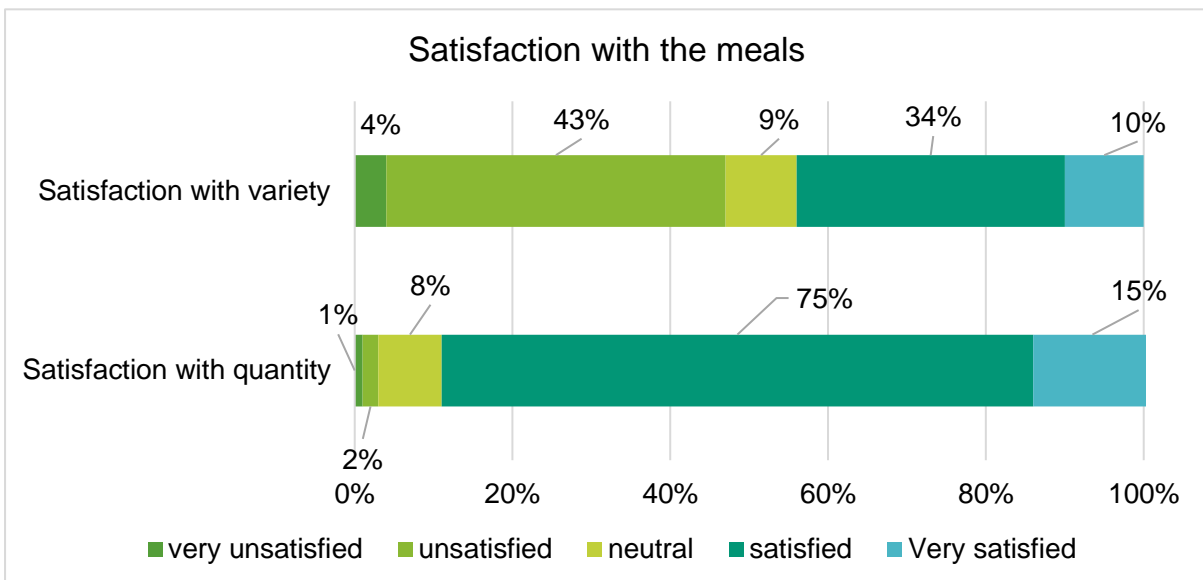
- **City Aahaar Society (CAS)** has been registered under the Societies Registration Act, 1860 for implementing Aahaar Programme in respect of the Aahaar Kendras located within the territorial jurisdiction of respective municipal corporations. CAS is headed by the Commissioner of the corporation.
- **District Aahaar Society (DAS)** has been registered under the Societies Registration Act, 1860 for implementing Aahaar Programme in respect of the Aahaar Kendras located within the districts. DAS is headed by the Collector of the district.
- **Implementing Partners**, and non-profit making organizations / WSHGs have been identified for preparing and serving hot cooked meals in the allotted Aahaar Kendras.

3.5. Service Delivery

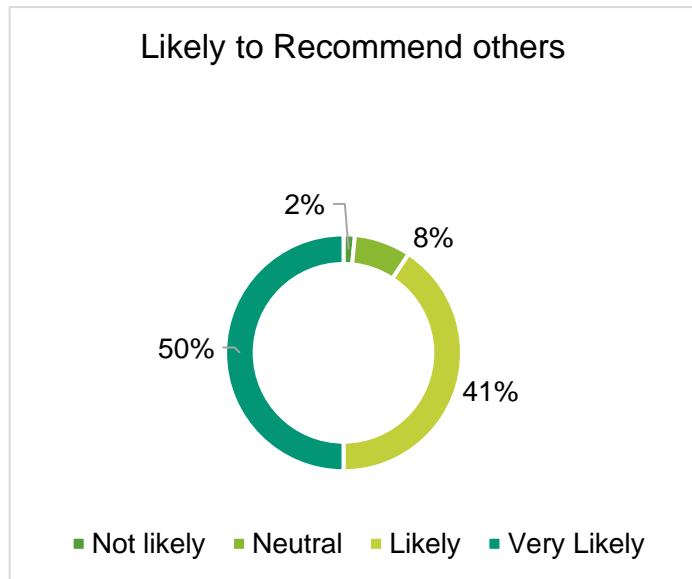
75% of the beneficiaries were satisfied with the subsidized meals

96% of the people were satisfied with the delivery of the programme

The provision of subsidized meals has greatly benefited numerous people residing in urban slums. The management team responsible for these centres displays commendable efficiency in ensuring the timely delivery of meals. Operating hours for the centres are between 11:00 AM and 03:00 PM, with meal preparation completed beforehand and delivery to each centre beginning at 10:00 AM. Furthermore, Self-Help Group (SHG) women unload and arrange the meal containers on time, demonstrating the team's commitment to maintaining high standards of quality and hygiene for the meals served to the people.



According to the survey, a significant **75% of the beneficiaries** expressed high satisfaction with the meal portions provided. Regarding the variety of meals offered, **34% of the beneficiaries reported** feeling content with the selection, noting that it gave them a sense of home-cooked meals. **50%** of the beneficiary suggested they recommend this programme to others. The response from the people



3.7 Impact Stories

Mr Suresh Gochayat- The blue collared worker

Mr Suresh Gochayat is employed as a sweeper at Rourkela's AAHAR centre and is the sole provider for his family of six: his wife, one daughter, and three sons. He has been working at the centre for the past three years. Before his current job, he worked in a contractual role for the Rourkela municipal corporation, where he was responsible for cleaning public spaces and roads in the city. However, he was later offered a permanent position at the AAHAR centre with a better salary.

In his current role, Suresh is involved in various cleaning activities such as sweeping and maintaining the washing areas. With his previous contractual job, he was unable to save much money, but his new job has provided him with a better income. Apart from providing a stable job, working at the AAHAR centre has helped Mr Suresh to improve his social connections with the people who visit the centre. As a result of this new livelihood opportunity, Suresh is now able to provide better opportunities and education to his four children.



The family from far lands

This case study is centred around a family of four who migrated from Bangladesh to India with the hope of finding better opportunities. The family consists of a father, a mother, and two young children. They are beneficiaries of the subsidized meal program and depend on it for their daily sustenance.

After arriving in India three years ago, the family settled in a low-income locality in Rourkela. The father operates a small ferry to earn a meagre income, while the mother looks after the children. She often takes up odd jobs to supplement the family's income. Due to their limited earnings, they rely on the AAHAR food program every day to satiate their hunger. They have been availing themselves of the program's services for the past three years without fail.

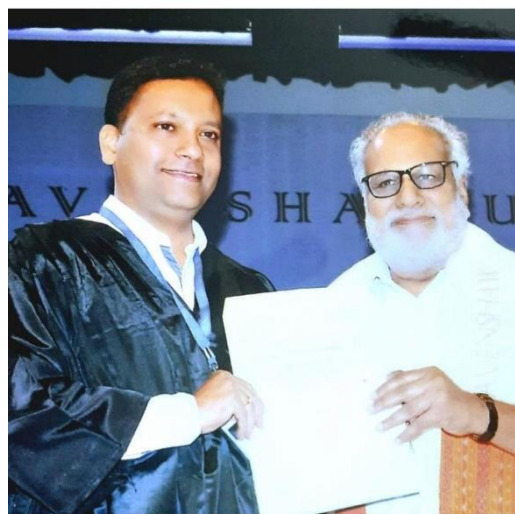


Despite their financial constraints, the subsidized meal program has ensured that the family can have at least one satisfying meal per day. While they were unable to save much with their meagre earnings, the program has helped alleviate their hunger and provide them with a sense of relief.

3.8 Testimonials

“Subsidized meal programs have a significant impact on food security and poverty reduction. By providing affordable meals to the needy, Aahaar programs help to ensure that everyone has access to nutritious food, regardless of their financial situation. In terms of food security, subsidized meal programs help to reduce hunger and malnutrition. Aahaar programs help to promote health and well-being, while also reducing financial stress for low-income households moving to urban areas for various purposes.”

-Dr. Chittaranjan Moharana, Team Lead, OSAS, H&UD Department, Govt. of Odisha



Way Forward and Recommendations



Chapter 4: Way Forward and Recommendations

The subsidized meal program can effectively address food insecurity among vulnerable populations. Based on the field visit to the three centres in Odisha, some recommendations can be implemented to improve the program:-

- **Infrastructural support:** - The organization can help in providing a better infrastructural structure. Some of the centres lack a few of the amenities like fire extinguishers which are required in the centres. This will help the meal centre to ensure that beneficiaries receive high-quality food in a safe and comfortable environment.
- **Support more centres in more locations:** - The organization can support more AAHAR centres in different locations to reach a larger population and help this scheme reach the last mile. This will help in the horizontal integration of the programme.
- **Food variety on special occasions:** - It's suggested that the food selection at the subsidized meal centre could be adjusted slightly for special occasions such as festivals. This may involve offering a sweet dish or other special items on the day of the festival. Doing so could improve the morale of the beneficiaries and create positive word-of-mouth about the program in the community



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