IMPACT ASSESSMENT STUDY OF FOUR CSR PROJECTS OF NUMALIGARH REFINERY LTD.

Projects

'Niramoy'

VK School of Nursing

Covid Care Block at JMCH, Jorhat

Paediatric Oncology ward at BBCI, Guwahati

CONDUCTED BY:

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Acronym

BBCI: B. Barooah Cancer Institute

BPL: Below Poverty Line

Covid 19: Corona Virus Disease 2019

CSR: Corporate Social Responsibility

FSU: First Stage Units

GC: General class

ICU: Intensive Care Unit

ITU: Intensive Therapy Unit

JMCH: Jorhat Medical College Hospital

MMC: Mobile Medical Camp

MMTPA: Million Metric Tonne Per Annum

NHM: National Health Mission

NRL: Numaligarh Refinery Limited

OBC: Other Backward Castes

OIL: Oil India Limited

SC: Scheduled Cast

ST: Scheduled Tribes

USU: Ultimate Stage Units

VK: Vivekananda Kendra

Executive Summary

All major CSR and Sustainability schemes of NRL shall be executed in project mode and preferably completed within a Financial Year. New projects shall be identified preferably through base line/need assessment survey. Periodic and year-end evaluations of major projects shall be carried out through independent external agencies. Hence, RGVN has been entrusted to carry out the impact assessment of four of its flagship CSR projects.

Objective of the study

The purpose of this study is to assess the impact of ongoing and recently completed CSR projects. The broad objectives of the study

i. To assess the impact of the project “Niramoy”, a holistic healthcare process to give access to the underprivileged section of the society through mobile medical camp.

ii. To assess the impact of two outgoing batches of VKNRL School of Nursing.

iii. To study the impact of Covid Care Block at Jorhat Medical College Hospital (JMCH) by NRL as its CSR initiative

iv. To study the impact of setting up of paediatric oncology ward at B. Barooah Cancer Institute by NRL.

Research Design

To achieve the above-mentioned objectives, both primary, as well as secondary data, were used in the study. Primary data sources involved both quantitative as well as qualitative survey techniques. Project wise technique adopted is given below.

- Project Niramoy: Quantitative survey using structured questionnaires.
- Project VKNRL School of Nursing: Both quantitative and qualitative assessment.
- Project Covid Care Block at JMCH: Qualitative survey using a semi-structured interview.
- Project Oncology Ward at BBCI: Qualitative survey using a semi-structured interview.

Project Niramoy

Niramoy is a Project to conduct routine free medical camps in nearby villages of the Refinery. The aim of the CSR projects of NRL is the welfare of the villagers located on the periphery of the NRL plant.

Sampling Methodology- Niramoy

A stratified multistage random sampling design has been adopted for the survey. The first stage units (FSU) are the large primary sampling unit, that is, villages selected for the survey. The ultimate stage units (USU) are the respondents. A sample size of 100 respondents was selected from 25 villages out of a total of 61 villages to assess the impact of project "Niramoy".

Key takeaways- Niramoy

- 100% of the sampled respondents have attended mobile camps during the last year.
- 85% of the respondent always attend health camp, while 17% attend sometimes but not always.
- None (0%) of the respondents were unsatisfied with the service provided by the mobile medical camp. 83% said 'satisfied' and the rest 17% informed 'highly satisfied'
- All the respondents (100%), informed that Mobile Medical Camp in their village is conducted at least once a month.
- The facilities available at the medical camp are 'excellent', as informed by 17% of the respondents, while the rest 83% informed the facilities as 'Good'
- All the respondents (100%) unanimously agreed on the following parameters
    - Availability of adequate medicines free of cost
    - Doctors devote the required time to examining the patients
    - Mobile camp helped early detection of illness among villagers
    - The project 'Niramoy' has increased the health awareness among villagers
    - The need to travel to nearby PHC or hospital has substantially reduced due to the initiative of project 'Niramoy'
- Few respondents requested NRL to provide blood test facility at the mobile medical camps. While few others are of the opinion to provide eye check-up camps.
- It has been observed that the oxygen facility is not available in the medical van. Most of the respondents have requested to provide an oxygen facility in the van.

Project- VKNRL School of Nursing

VKNRL School of Nursing has been set up by NRL as a part of its Skill Development Initiative. It focuses on skill development and generating livelihood opportunities for the local people to meet the increasing demand for qualified nurses all over the country.

Research Design

The assessment study of nursing school involved both exploratory and descriptive studies.

- Exploratory study: It involved the study of secondary data sources and qualitative assessment through personal interviews with the key informant.
- Descriptive study: It involves quantitative assessment of the pass-out candidates using a structured questionnaire.

Sample size

Sample size 21 candidates out of the combined batch of 76 candidates were interviewed by telephone to assess the effectiveness of the nursing course.

Key Takeaways- Interview with Principal & Faculty

- The majority of the students belong to lower to middle-income group families. Some of the students are from BPL families who cannot afford the bare minimum mess charges.
- All the 76 students who passed in the last two batches were successfully placed in various Government and private sectors.
- There is one faculty for every 10 students at the school of nursing.
- There is good opportunity outside the state but the parents are not keen to send their daughter outside of Assam.
- The 3-year GNM course has helped many families to improve their standard of living.

Key Takeaways- Interview of two previous batch candidates

- The socio-economic welfare of the district through NRL CSR activities is visible as out of 21 respondents 18 belong to Golaghat district representing 85%. The rest are from the districts of Dhemaji, Jorhat and Sivasagar respectively.
- The majority (81%) of the previous students belong from rural areas.
- Prioritising the Interests of under-privileged, neglected and weaker sections of society can be seen as the respondent belonging to OBC (38%), ST (24%) and SC (9%) categories.
- 42.9% of the respondent's fathers has or had 'service' as the occupation, while the majority (71.4%) of the mother are home maker.
- All the previous two batches' candidates got job offers immediately on completion of the course or within 6 months of completing the course.
- None of the surveyed respondents informed that their job is part-time. All have a full-time job.
- The majority (76%) of the candidate's monthly salary ranges from Rs. 15000 to Rs 20000, while only 24% have salary ranges of Rs. 10000 to Rs 15000 per month.

- The majority (42.9%) of the respondents' monthly family income before their appointment ranges between Rs. 10000- Rs. 20000/-
- All the participants unanimously informed that they are satisfied with the 3 years General Nursing and Midwifery Diploma Course.
- 38% of the alumni informed that the content of the course is 'highly relevant', while 62% believe it to be 'Relevant'. None has informed it to be 'irrelavant'
- 86% of the respondents agreed that the faculty and staff of the institute are 'very good'. The rest 14% informed the faculty and staff to be 'good'. None of the sampled respondents informed faculty and staff to be 'Not go good' or 'Bad'.
- Three of the participants (14%) informed that more emphasis needs to be given to 'Spoken English' content in the course.
- About 33% of the participants feel that more practical classes need to be introduced in the course.
- More than 50% of respondents blessed themselves with getting the opportunity to study at the VKNRL School of Nursing.

Project- Setting up of Covid Care Block at JMCH

Numaligarh Refinery Ltd. on June 2021 dedicated a 120-bedded Covid Care hospital with a 20-bedded Intensive Care Unit (ICU) facility at Jorhat Medical College and Hospital (JMCH).

Research Design

The impact assessment study of the Covid Care block at JMCH was carried out based on qualitative information. Interviews with key informants were used to elicit required information from the stakeholders. The key informant involved the Principal, Medical Superintendent and selected nursing and office staff of Jorhat Medical College.

Key Takeaways- Interview with Principal, Medical Superintendent, Nurse & office staff

- The covid care unit has catered to the patient not only from Jorhat but also from neighbouring districts of Sivasagar, Majuli, Golaghat and Charaideu. Moreover, the patient from the state of Nagaland and Arunachal Pradesh has also been admitted for covid treatment.
- NRL also provided manpower during the Covid period in 2021. They assigned 10 staff exclusively for the covid care block. Four of the support staff are still serving at JMCH under the payroll of NRL.
- Currently, the 20-bedded ICU is exclusively utilised as an Intensive Therapy Unit (ITU) for critical patients.

- Every unit of covid care block of JMCH has oxygen bed during the covid times because of the support from NRL
- All the key informants (Principal, Medical Superintendent, office staff, ward boy and nurse) are highly grateful to NRL for extending support during covid emergency.
- The Principal & Medical Superintendent of Jorhat Medical College look forward to collaborating with NRL for other projects.
- It was informed that NRL was prompt in releasing payment during the covid period. None of the work stalled due to the delay of the fund.
- It was informed by the on-duty nurse that the mattresses provided by the vendor for the bed were out of size.

Project- Setting up of Oncology Ward at BBCI

NRL had extended a grant of Rs. 2.00 Cr to Dr. B. Barooah Cancer Institute (BBCI) in 2020 to facilitate the setting up of an exclusive Pediatric Ward for the child patients who visited the Institute.

Research Design

The impact assessment study has been carried out using qualitative assessment. Interviews with key informants were used to elicit the required information. The key informant involved management, doctors and staff of BCCI and also some informal interviews of patients and guardians at the Paediatric Ward were conducted for evaluating the impact of the intervention.

Key Takeaways

- On average the paediatric cases in the facility are around 60 per day and cumulatively 500 new cases come to the facility every year. Out of these cases, more than 50% reported of Haemato-Oncology (Blood Cancer) and the rest are solid tumours of bone, brain etc.
- The cure rate of paediatric cancer cases is high but requires prolonged treatment.
- Before the grant, there was no facility for a dedicated ward for the paediatric cases and they had to be dealt with in adult patient wards which posed a major hassle.
- There was a dire need felt for a separate ward and hence the proposal given to NRL. NRL approved a proposal for providing equipment and facility up-gradation to start the paediatric ward in 2020. The grant was fully utilized by BCCI and a Paediatric Ward was inaugurated on 15th of February, 2021.
- The overall feedback received from the medical beneficiaries and the management of BBCI was affirmative and a positive impact post the utilization of the grant was evident.

- BBCI is working towards the expansion of its medical facilities and in future would look forward to CSR grants from organizations like NRL to help in their quest to make affordable quality cancer care available in Assam and the Northeast.

Image 1: Mobile Medical Van, ICU unit at JMCH & Paediatric Oncology Unit at BBCI

Chapter 1. Introduction

1.1. About the Company

Numaligarh Refinery Limited (NRL), which was set up at Numaligarh in the district of Golaghat (Assam) in accordance with the provisions made in the historic Assam Accord signed on 15th August 1985, has been conceived as a vehicle for speedy industrial and economic development of the region. The Numaligarh Refinery Limited is a public sector crude oil refinery located in Morangi Golaghat district, Assam in India. It was finally established on 22.04.1993.

The 3 MMTPA Refinery was dedicated to the nation by former Prime Minister of India Shri Atal Bihari Vajpayee on 9th July, 1999. NRL has been able to display credible performance since commencement of commercial production in October 2000. With its concern, commitment and contribution to socio-economic development of the state of Assam and North East India, it is considered as one of the glowing manifestations of successful business enterprise in the region, with its footprints across the globe where its products, especially Paraffin Wax continue to be exported.

NRL has embarked on a major integrated Refinery Expansion Project to treble its capacity from 3 MMTPA to 9 MMTPA at an estimated investment of more than Rs. 28,000 Crore, one of the highest in the region. The project also includes setting up of a Crude Oil Import Terminal at Pardeep Port in Odisha and laying of about 1640 KM of pipelines for transportation of imported Crude Oil to Numaligarh.

The shareholding pattern of NRL as on 3-01-2022 includes 69.63 % by Oil India Limited (OIL), 26% with the Government of Assam and 4.37% by Engineers India Limited

1.1.1. Corporate Vision of NRL

To be a vibrant, growth-oriented energy company of national standing and global reputation having core competencies in Refining and Marketing of petroleum products committed to attain sustained excellence in performance, safety standards, customer care and environment management and to provide a fillip to the development of the region.

1.1.2. Corporate Mission of NRL

- Develop core competencies in Refining and Marketing of petroleum products with a focus on achieving international standards on safety, quality and cost.
- Maximize wealth creation for meeting expectations of stakeholders.

- Create a pool of knowledgeable and inspired employees and ensure their professional and personal growth.
- Contribute towards the development of the region.

1.2. Corporate Social Responsibility

Social Responsibility is the responsibility and responsiveness towards the society, in the present context Social responsibility is the social bearing of the business enterprises towards the society, including the employees, customers" and stakeholders at large. Corporate Social Responsibility (CSR) can be defined as the „ethical behaviour of a company (or say business) towards society. It means engaging directly with local communities, identifying their basic needs and integrating their needs with business goals and strategic intent. It is about how business takes into account the economic, social and environmental impact of the way in which it operates.

1.3. Corporate Social Responsibility of NRL

1.3.1. CSR Vision

The CSR and sustainability vision of NRL is “To pursue CSR and Sustainability activities with a difference for ushering in inclusive development of the community”.

1.3.2. CSR objectives of NRL

The CSR objectives of NRL are

i. To formulate, implement and monitor CSR and Sustainability activities through a three-tier organisational structure.

ii. To earmark adequate resources for pursuing CSR and Sustainability activities as per the policy.

iii. To ensure effective utilisation of allocated resources towards CSR and Sustainability.

1.3.3. CSR activities of NRL

CSR and Sustainability activities of NRL is to be pursued along five broad-heads. They are

i. Livelihood Generation

ii. Promotion of Education and Skill Development

iii. Infrastructure development

iv. Promotion of Health Care and

v. Promotion of Arts, Sports, Literature and Culture.

1.4. Objective of the study

The purpose of this study is to assess the impact of four CSR projects undertaken and completed by NRL in the last year. The study aims to assess the outcome and impact of CSR activities in the Golaghat, Jorhat and Kamrup (Metro) districts of Assam. The broad objectives of the study are

i. To assess the impact of the project “Niramoy”, a holistic healthcare process to give access to the underprivileged section of the society through mobile medical camp.

ii. To assess the impact of two outgoing batches of VKNRL School of Nursing.

iii. To study the impact of Covid Care Block at Jorhat Medical College Hospital (JMCH) by NRL as its CSR initiative

iv. To study the impact of setting up of paediatric oncology ward at B. Barooah Cancer Institute by NRL.

1.5. Research Design

To achieve the above-mentioned objectives, both primary, as well as secondary data, were used in the study.

1.5.1. Primary Data Sources

Required information on each subject was acquired through separate questionnaires and observations of each of the stakeholders. The approach consisted of quantitative survey using structured questionnaires for the project “Niramoy” and qualitative survey using semi-structured interviews with the concerned stakeholders for the project “Covid Care Block at JMCH” and “paediatric oncology ward at BBCI”. For the VKNRL School of Nursing, both quantitative, as well as qualitative approach, has been used.

1.5.2. Secondary Data Sources

Besides primary data collection, the study involved secondary sources of data like relevant studies, journals, documents, reports, websites etc. This will be indispensable for unearthing the macro perspectives associated with the above study.

1.6. Training of data collection team

The enumerators who were going to administer the survey on the field as well as over the telephone underwent full training on the subject. The training involved the purpose of the survey, ethical considerations to apply during the survey and detailed question-by-question analysis of the questionnaire. All the enumerators could read, write and speak Hindi and the local language. They had prior experience in conducting similar studies.

1.7. Data Processing

After the field work was complete, the data entry was conducted by an experienced operator under the supervision of the Project Coordinator. All the data were coded, punched, cleaned and validated before it was handed over to the project coordinator for analysis. The raw data were stored in excel format which was converted to SPSS format at the time of analysis.

1.8. Ethical Consideration

The following ethical considerations were put in place during the study. These considerations were also briefed in detail during the training of the enumerators and interviewers.

- *Informed consent*- The study warranted free and fair executions of respondents' right to know the purpose of the visit by the enumerator. The enumerator informed the respondents of the nature and objective of the study.
- *Freedom to terminate the interview and not to respond to questions*- Respondents were given complete freedom not to respond or to terminate the interview at any point in the course of the data collection. The purpose of the study was explained to respondents and an opportunity was given for non-participation in case the respondent does not feel comfortable.
- *Privacy and confidentiality*- Interviews were conducted in a safe setting and prior appointments were taken before the visit for the interview.
- *Respect and dignity of the respondents*- The enumerators and supervisors were strictly asked to respect the rights and dignity of all participants. The respondents were treated as being engaged in a process, rather than being treated as mere information givers. Gender roles, religious and cultural factors were kept in perspective in conducting the field work.

1.9. Limitation of the study

As the study is time-bound, the major limitation faced is the poor weather condition. The incessant rain during the field survey period posed the main hurdle. Other than this, there were no other issues faced during the study.

Chapter 2. Health Project- Niramoy

Niramoy is a Project to conduct routine free medical camps in nearby villages of the Refinery. The aim of the CSR projects of NRL is the welfare of the villagers located on the periphery of the NRL plant. The mobile medical health camp was started in the year 1998 and operates through Vivekananda Kendra NRL Hospital. It conducts mobile medical camps every day regularly and provides free medicines and consultations to needy people. Presently, 61 villages are covered under this project. The project operates two Mobile Medical Units daily, which gives access to health care facilities to the underprivileged section of the society at no cost to them. The objective of this project is to

i. To provide free healthcare services in collaboration with VKNRL Hospital
ii. To conduct routine free mobile medical camps in villages in the vicinity of the refinery in collaboration with VKNRL Hospital.

2.1. Methodology- Project Niramoy

To carry out the impact assessment of the project “Niramoy”, a descriptive study was undertaken by consultants using the survey method. This involved the use of survey questionnaire to quantify and determine the magnitude of the aforesaid impact.

2.1.1. Development of Research Tool

The research tool in the form of a structured questionnaire has been prepared for this survey. For the understanding of the enumerator and the respondents, the standard questionnaire has been translated into the local Assamese language. A copy of the Project “Niramoy” questionnaire is attached in Annexure 1.

2.1.2. Study Population

The population for this study included the villagers located on the periphery of the NRL plant where mobile medical camps were conducted by NRL for the past year.

2.2. Sampling Methodology

2.2.1. Sample Size

Based on the cost and time available for the study, a sample size of 100 was selected for the study.

2.2.2. Outline of Sample

A stratified multistage random sampling design has been adopted for the villager's survey. The first stage units (FSU) are the large primary sampling unit, that is, villages selected for the survey. The ultimate stage units (USU) are the respondents.

2.2.3. First Stage Unit Sampling- Selection of villages

The first stage of the sampling is to select a large primary sampling unit, that is, villages. A sample of a minimum of 40% of villages has been selected using random sampling method.

2.2.4. Ultimate Stage Unit Sampling- Selection of individual

The ultimate stage units are the respondents from the villages where the medical mobile camp has been organised last year. The selected villages and number of respondents are given in Table 1

Table 1: List of surveyed villages

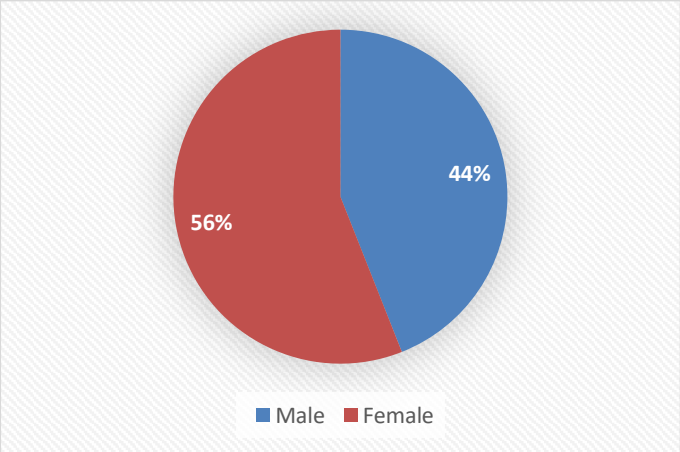
Sl. No.	Name of village	Frequency	Sl. No.	Name of village	Frequency
1	3 no Kaibarta Gaon	4	14	Mithan Chapori	5
2	Bishnupur Old	4	15	Napathar New	6
3	Dogaon	4	16	Napathar old	5
4	Garupara Nepalikhuti	5	17	Nepalikhuti	1
5	Hautali Ghat-Kaibarta Gaon	3	18	Ouguri Chawrabasti	5
6	Kenduguri	5	19	Parbatipur	5
7	Kordoiguri	4	20	Parghat	6
8	Kuruabahi Madhupur	6	21	Rajabari-Bhakat Chapori	5
9	Kuruabahi-Porongonia	1	22	Rangchali	4
10	Kuruabahi-Rongagora Par	1	23	Roduwar Pathar	5
11	Kuruabahi-Singadoria	1	24	Saujpur-Purabangla	4
12	Kuruabahi-Sinakan	2	25	Sechamukh	4
13	Miripathar	5	**TOTAL**		**100**

2.3. The Impact Analysis- Niramoy

The researcher would like to present the analysis of the survey.

2.3.1. Gender wise distribution

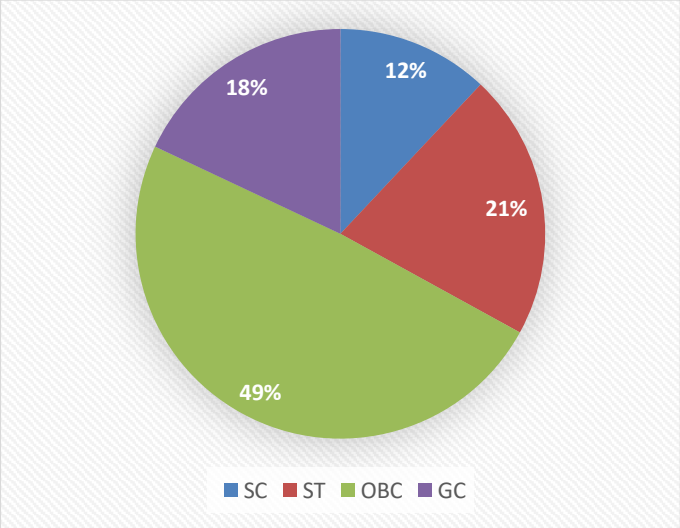
Figure 1: Gender of the respondents



The respondents include both male and female gender. As per figure 1, male respondents in the study are 44% while female respondents were 56%.

2.3.2. Social Group Distribution

Figure 2: Social Group

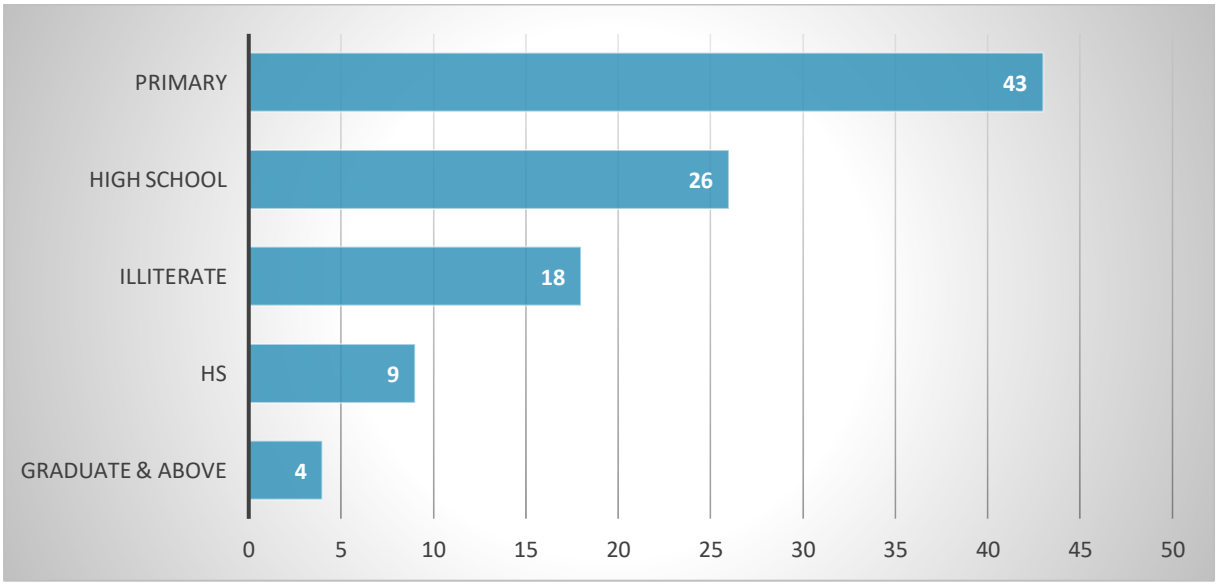


The social structure captures the heterogeneity in the population. The classification of the sampled respondents with regards to their social group has been captured in Figure 2 Other Backward Castes (OBCs) consist of 49% of the respondents followed by Scheduled Tribes (STs) with 21%, General class with 18%, and Scheduled Cast (SC) with 12% respectively.

2.3.3. Education Qualification

The survey captures the respondents with different educational qualifications. The education qualifications of the respondents are categorised into five divisions namely illiterate, primary, high school, higher secondary schools, and graduate & above respectively. Figure 3 depicts the qualification of the respondents across the surveyed area.

Figure 3: Educational qualification



On an aggregate level, as represented in the figure above respondents with Primary School level comprises the highest with the frequency of 43 respondents followed by respondents completing High School level with 26 numbers. Illiterate represents 18 numbers out of a total of 100 respondents. Higher Secondary pass represents 9 numbers and finally Graduate & above was only 4 numbers.

Image 2: Field survey- 'Niramoy'

2.3.4. Marital Status

It is established from the survey that more than 93% of the respondents were married while 7% of the respondents were unmarried respectively.

2.3.5. Occupation wise distribution

Figure 4: Occupation Wise Distribution

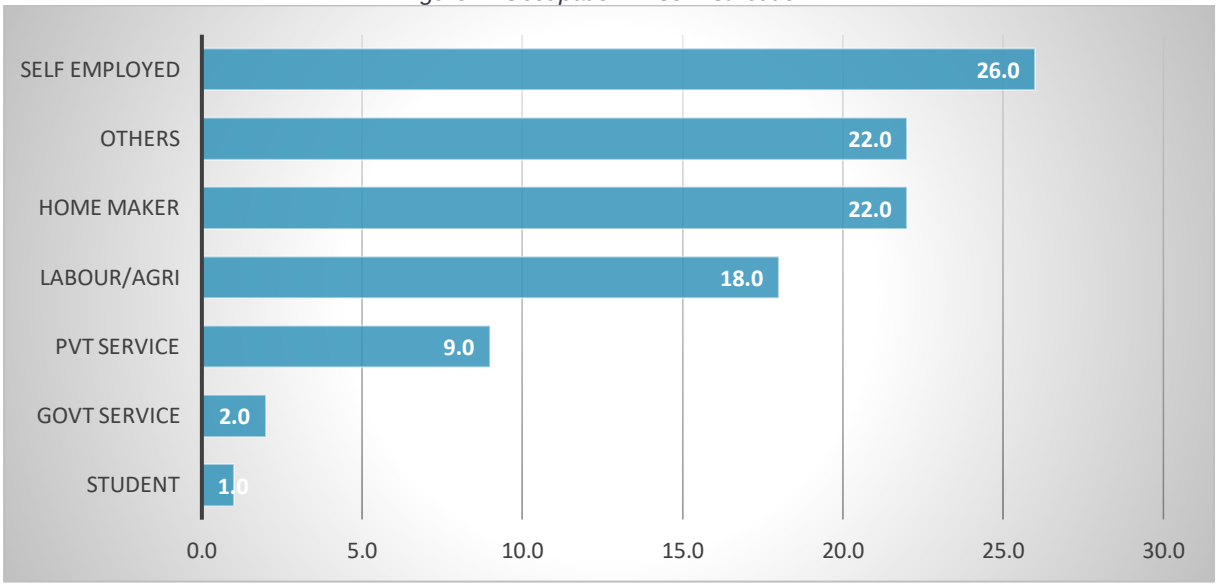


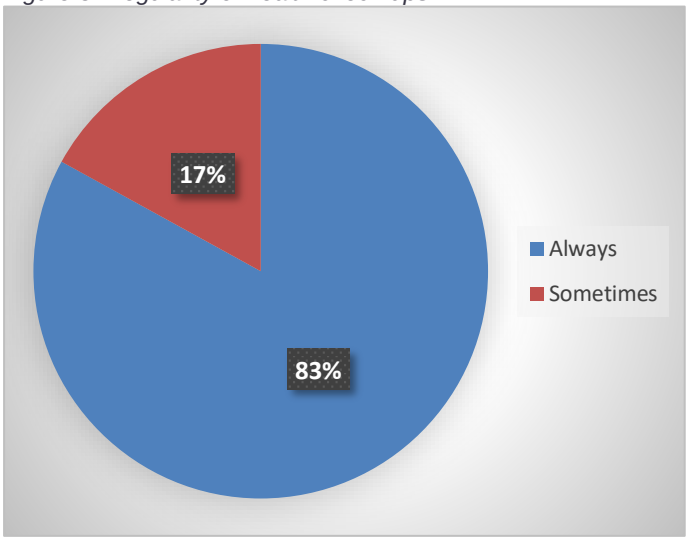
Figure 4 above presents the overall occupation of the sampled respondents. It is quite clear that self-employed represents the highest percentage (26%) of respondents in the survey followed by home maker and others category (22% each), Labourer, Cultivator, Agriculture represents (18%), Private service (9%), Government Service (2%), and Student (1%) respectively.

2.3.6. Participation in Mobile Medical Camp

The mobile medical van reached out to the households in the remote areas in order to provide them with a cure for minor ailments free of cost. The facility was made available to most of the households in the villages and benefits were availed by all the people. For critical ailments, households were provided free check-ups, consultation by experts and certified doctors and treatment at concessional rates at VKNRL hospital. The survey tries to find out how many villagers have attended mobile medical camps for their health check-ups. It was found during the survey that all (100%) of the respondents have attended mobile camp at some point during the last year.

2.3.7. Regularity of Health Check-ups

Figure 5: Regularity of health check-ups

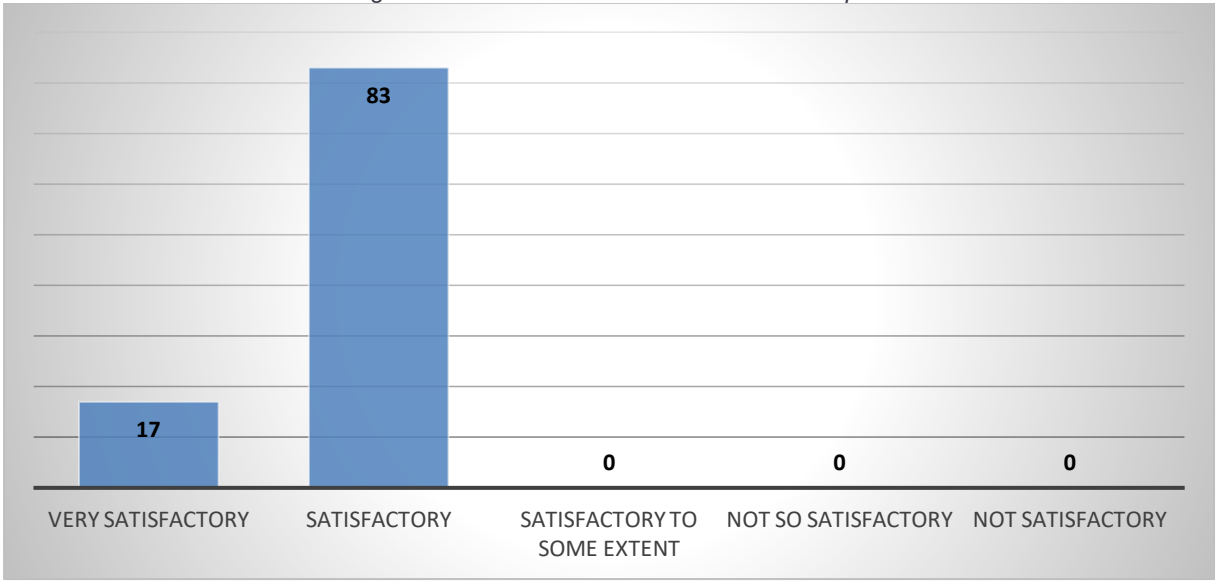


To assess the impact of regular health camps organised by NRL, it is important to study the frequency of check-ups. Frequency of health check-ups can be used as a measure to determine the seriousness of the health issues. As per figure 5, it was found that 85% of the respondent always attend health camp whenever it is organised in their village. Only 17% have agreed that they attend sometimes but not always. None of the respondents has said that they rarely attend the health camp.

2.3.8. Level of satisfaction

The villagers were asked about their satisfaction concerning health check-ups done by the Mobile medical camp organised by NRL. Figure 6 shows that 83% of the respondents are satisfied with the service provided by the mobile medical unit. 17% have informed that they are highly satisfied with the service. None of the villagers is unsatisfied with the project 'Niramoy'.

Figure 6: Satisfaction with Mobile medical camp



2.3.9. Frequency of Mobile Camp

As far as the frequency of the services provided by MMC is concerned, 100% of the respondents indicated that Mobile Medical Camp in their village is conducted at least once a month.

2.3.10. Facilities of the Mobile Unit

Figure 7: Facilities of Medical Unit

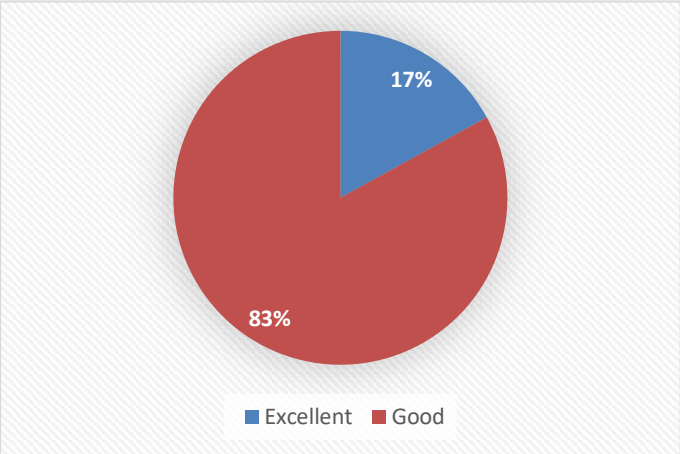


Figure 7 shows that 83% of the surveyed population expresses the facilities available at the mobile medical unit as good, while 17% expressed the facilities as excellent. None of the respondents has informed the facilities provided as satisfactory, average or poor.

Image 3: Field survey- Niramoy

2.3.11. Availability of Medicine

All the respondents (100%) have said that necessary medicine is available at the medical camps and they get medicine free of cost.

2.3.12. Time devoted by medical staff

All the surveyed participants (100%) have informed that doctors devote sufficient time to examining the patient.

2.3.13. The efficiency of MMU in the early detection of illness

One of the objectives of providing mobile medical camp is the early detection of any illness. All the respondents (100%) have informed that the mobile camp has helped them in the early detection of illness. Certain ailments which cannot be detected at the camp are referred to the hospital for further investigation by the doctor.

2.3.14. Increase in health awareness

Every respondent (100%) has agreed that the mobile medical unit initiative of NRL has increased health awareness among the villagers. People become more conscious about their health due to regular medical camps organised by NRL under its CSR activities.

2.3.15. Travel to nearby hospital/ PHC

The need to travel to nearby Primary Health Centre (PHC) or Hospitals/ Nursing Homes has been reduced significantly due to the facility of Mobile Medical Camps. Only for emergency cases, the villagers take the patient to the nearby health centre or hospitals. Every respondent (100%) has informed that time and money have been saved due to the facility of regular medical camps.

Image 4: Field survey- Niramoy

Chapter 3. Skill Development- VKNRL School of Nursing

VKNRL School of Nursing has been set up by NRL as a part of its Skill Development Initiative. To carry this initiative forward, a Trust Deed was signed between Numaligarh Refinery Limited (NRL) and Vivekananda Kendra (VK), Kanyakumari. The 'VKNRL School of Nursing' shall be managed by this Trust formed in the name and style of 'VKNRL Nursing School Trust" comprising of members from NRL and Vivekananda Kendra.

This social venture of setting up a Nursing School in Numaligarh has been initiated by NRL under its Corporate Social Responsibility initiatives. It focuses on skill development and generating livelihood opportunities for the local people to meet the increasing demand for qualified nurses all over the country.

3.1. About the course

Name of the Course

General Nursing and Midwifery (GNM)- Diploma Course.

Duration of the Course

3 years including internship.

Total Number of Seats

Forty (40) seats for GNM Programme.

Reservation for local people

In addition to the normal reservation policy of the Government, VKNRL School of Nursing have 30% of the seats reserved for the candidates from 10 KM radius of Numaligarh Refinery Limited (Schooling from school covered under Gyandeep Scheme), 30% of the seats shall be reserved from Golaghat District and 40% of the seats are open for all. In case of non-availability of suitable candidates from 10 km radius of Numaligarh Refinery Limited, these seats shall be filled from the merit list of Golaghat District and in case of non-availability of suitable candidates from Golaghat District; the same shall be filled from the open merit list.

3.2. Methodology- VKNRL School of Nursing

The study has been conducted in two phases with the following two types of research design

3.2.1. Exploratory Study

The first phase of the study was exploratory in nature. Consultants engaged in the study of secondary data sources containing relevant data regarding impact assessment in the context of VKNRL School of Nursing. In addition, the consultants also engaged in discussions with the

principal and selected faculty members of the VKNRL School of Nursing to elicit more information regarding the above-mentioned impact.

3.2.2. Descriptive Study

Based on the exploratory study, a descriptive study was undertaken by consultants using the survey method. The consultant reached out to the pass-out candidates of the last two batches and conducted a telephonic interview using a structured questionnaire in order to quantify and determine the magnitude of the aforesaid impact. A copy of the questionnaire is attached in Annexure 2

3.3. The Impact Analysis- VKNRL School of Nursing

3.3.1. Interview with Principal of VKNRL School of Nursing

An interview has been scheduled with Principal, Mrs Kabita Devi on 16th June 2022 to discuss the impact of the VKNRL school of Nursing on various aspects. The following are the major points of discussion.

i) The students of VKNRL school of Nursing belong to lower- and middle-income group families. There are instances of a few students who are so poor that they cannot afford the minimal mess fee. It is the only fee which needs to be paid by the student. The current mess charge is Rs. 1500/- per month. The school takes the necessary step to bear the mess cost of such students.

ii) The students of the last two batches are fully placed in various hospitals and nursing homes across Assam. Few students also got placement under the National Health Mission (NHM) of the Government.

iii) The school has uplifted the socio-economic condition of many households in the Golaghat district.

iv) There are instances where some of the students during their course has to undergo psychological counselling from medical professional due to their family problems. Those students are now well placed and leading happy and successful life.

v) The institute's faculty-to-student ratio is 1:10 meaning for every 10 students there is one faculty member available.

vi) The school has all the necessary infrastructure comprising of Lecture Hall, Nursing practice laboratory, Advanced practice laboratory, pre-clinical science laboratory, Nutrition laboratory, community health nursing laboratory, computer laboratory, library, Auditorium, hostel facility etc.

vii) One challenge with respect to placement is the unwillingness of the student to move outside the state. This Covid 19 pandemic has aggravated the situation as many parents not allowing their daughters to move out of Assam.

viii) The demand for the course has increased gradually as NRL sponsors the entire course fee except for the mess fee.

Image 5: Discussion with Principal and front view of the School of Nursing

3.3.2. Telephonic Interview with outgoing batch

The VKNRL school of Nursing successfully completed two batches of students to date. The first batch comprise 39 students and the second batch included 37 students. Overall, there are 76 students from both the batches who are successfully placed in various institutions in Assam. To assess the impact of the outgoing batch, the consultant has approached the school for the details of 76 students. The school has updated the contact details of 39 students from both batches. The list of 1st and 2nd batches with contact numbers is attached in Annexure 3. It is to be noted that out of the 39 alumni of the VKNRL school of nursing, 21 of them could be contacted. The remaining 18, despite best efforts, could not be contacted due to problems such as non-response, unreachability or not being able to not respond due to their busy schedule etc. The students were interviewed using a structured questionnaire. The findings of the survey are given below. The table provides the list of the candidates interviewed over the telephone by the research team

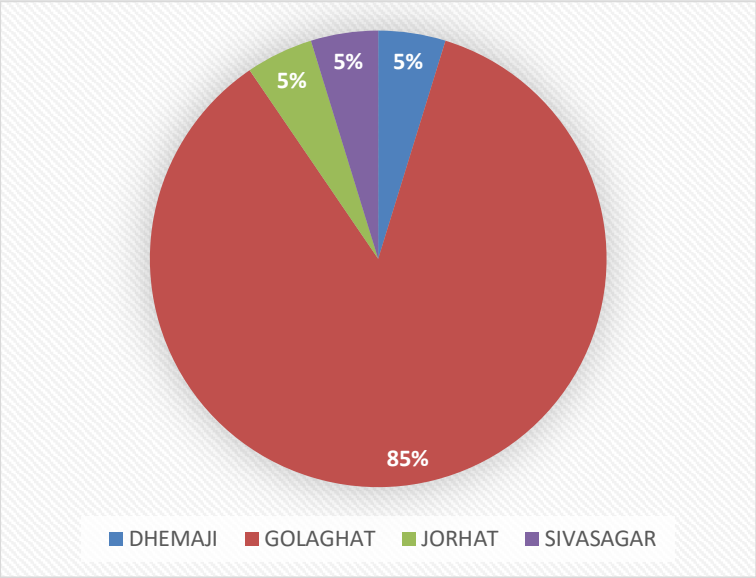
Table 2: List of sample candidates interviewed

Sl No.	Name	Sl No.	Name
1	Pallabi Kakoty	12	Malabika Saikia
2	Sahid Nasrin Ali	13	Monisha Chetry
3	Sharodi Rani Bora	14	Mouchumi Das
4	Sumi Kurmi	15	Niharika Bora
5	Susmita Hazarika	16	Gayatri Hazarika
6	Usharani Sonowal	17	Pari Thengal
7	Bornali Saikia	18	Nirmali Bora
8	Chandrana Sonowal	19	Gourangi Hazarika
9	Archana Khound	20	Soniya Regon
10	Devajani Senapati	21	Ipshita Chetia
11	Madhuri Tamuly		

Image 6: 1st year class

3.3.2.1. District-wise distribution

Figure 8: District of the respondents



The respondents were asked about the district they belong. The 30% of the seats reserved for the candidates from 10 KM radius of NRL and another 30% of the seats reserved from Golaghat District are well reflected in the sampled respondents. As per figure 8, out of 21 respondents, 18 belong to Golaghat district representing 85%. The others include one each from Dhemaji, Jorhat and Sivasagar districts representing 5% each.

3.3.2.2. Type of residence-wise distribution

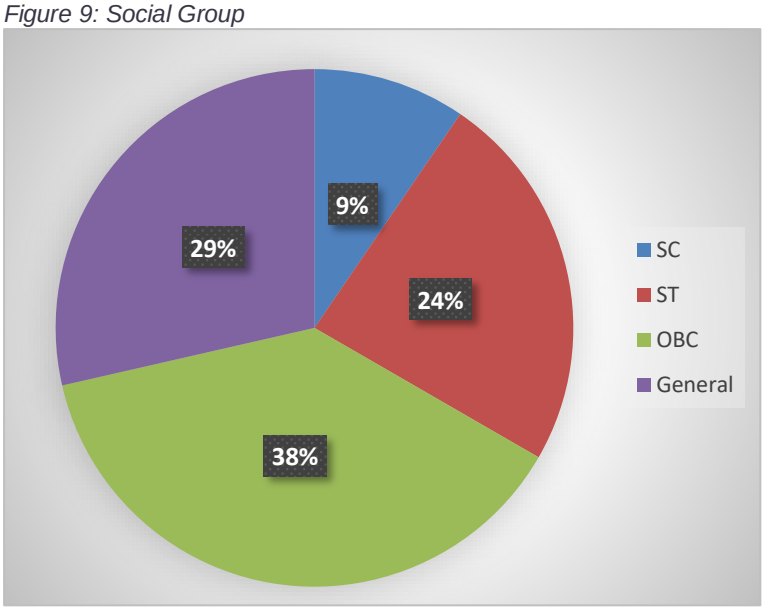
The respondents were asked about the type of residence. Table 2 shows that 17 out of 21 belong from rural areas and only 4 came from urban areas. Thus 81% of the students belong to rural Assam while only 19% are from urban areas.

Table 3: Type of residence

	Frequency	Percent	Valid Percent
Rural	17	81.0	81.0
Urban	4	19.0	19.0
Total	**21**	**100.0**	**100.0**

3.3.2.3. Social Group-wise distribution

Figure 9: Social Group



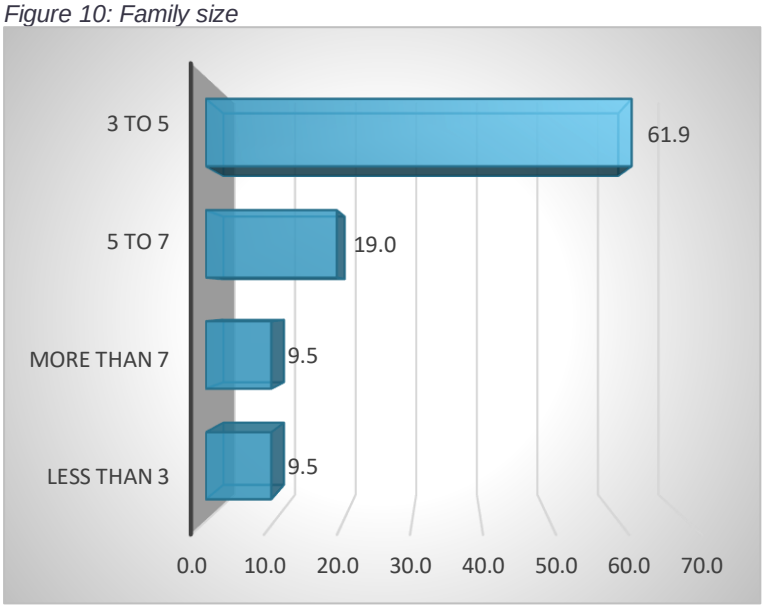
The social structure captures the heterogeneity in the population which in turn influences the socio-economic spheres of an area. The classification of the sampled respondents with regard to their social group has been captured in figure 9. Other Backward Castes (OBCs) consist of 38% followed by General class 29%, Scheduled Tribes (STs) with 24% and Scheduled Cast (SC) with 9%

3.3.2.4. Marital status

It is found that only 1 respondent out of 21 is married and the rest are unmarried. Hence only 5% of the respondent married to date.

3.3.2.5. Number of family members

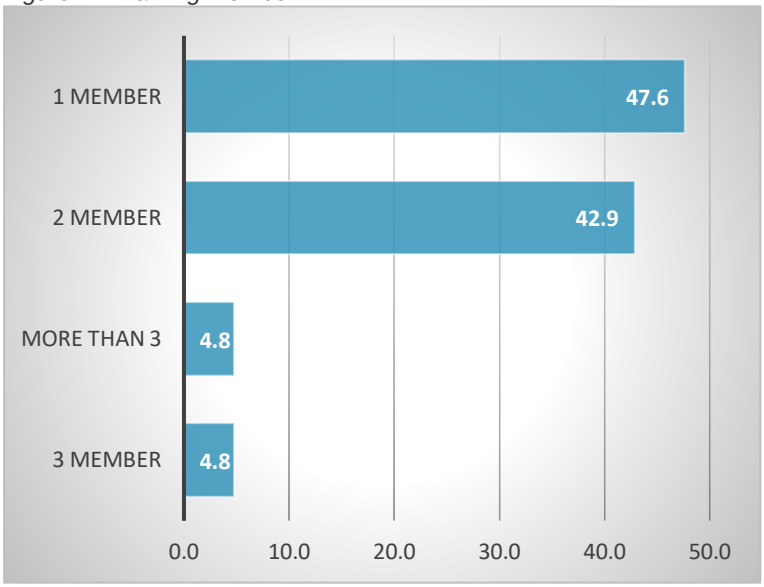
Figure 10: Family size



The size of the family has a direct relationship with income. As the size of a household increases, the amount of money spent on goods and services increases. Figure 10 represent that majority (61.9%) of the respondents' family size ranges from 3 to 5 members followed by 5 to 7 members (19%), more than 7 members (9.5%) and less than 3 members also 9.5%

3.3.2.6. Number of earning members in the family

Figure 11: Earning member



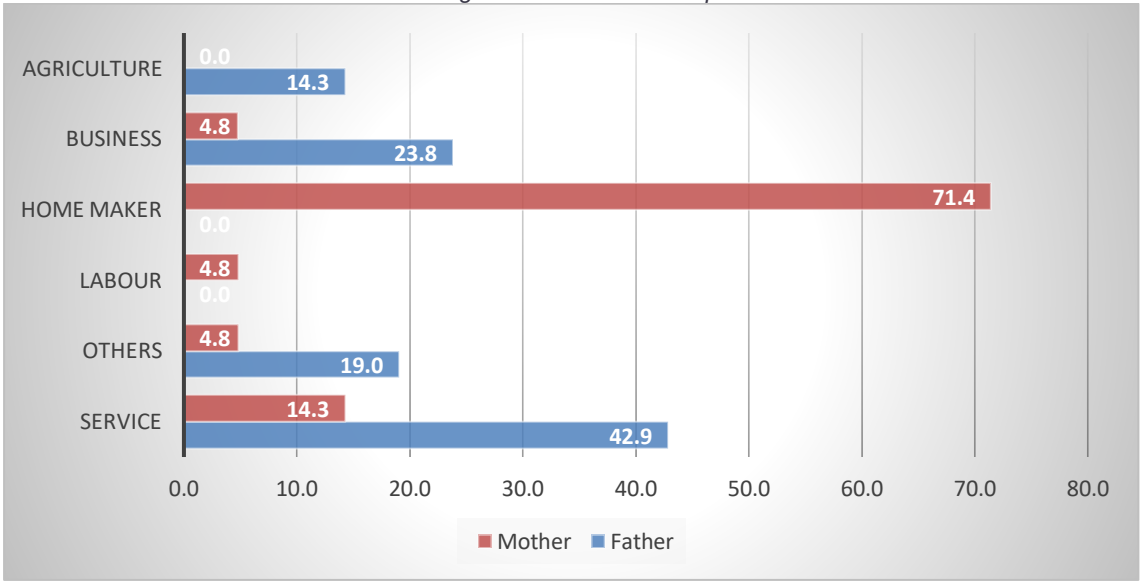
The economic condition of a household is very much dependent on the number of earning members. Generally, a greater number of earning members is directly proportional to better socioeconomic conditions. As per figure 11, the maximum household (47.6%) has only one earning member. 42.9% of the respondents have two earning members in the family. 4.8% each of the respondents have either 3 earning members or more than 3 earning members in the family.

3.3.2.7. Parents Occupation

The responsibility of children always lies in the hand of the parents. It is not inappropriate to visualize that parents' occupation and family income can have possible effects on children's education. Socio-economic status is one of the most important factors that affect the education of children. High socio-economic status results well and high-quality education and vice versa. Hence the survey tries to find out the occupation of their parents. Figure 12 shows that 42.9% of the respondent's father has or had 'service' as the occupation, while the majority of the mother are home maker.

One important point to note is that out of 21 respondents, 4 respondents' father has expired and three of their mothers are home maker, which indicates a great responsibility lies on the shoulder of the daughter to earn for the family. One respondent has lost both her parents.

Figure 12: Parents' Occupation



3.3.2.8. Current Occupation

It is important to know the current status of the respondent's occupation. The positive factor is that all the nurses are currently engaged in various institutions. Table 3 shows that 9 out of 21 are engaged in the Government sector while the rest 12 are occupied in various hospitals/ nursing homes.

Table 4: Occupation details

Occupation	Frequency	Percent	Valid Percent
Govt Sector	9	42.9	42.9
Hospital / Nursing home	12	57.1	57.1
Total	**21**	**100.0**	**100.0**

3.3.2.9. Placement time

A placement record determines the excellence of an institution. Hence the successfully completed candidates were asked about the time taken for placement post completion of their course. As per table 4, the respondents informed that 8 got placement immediately after completion of the course while 13 informed that they have to wait for one to six months to get the job. None of the passed-out candidates had to wait beyond six months. This shows 100% placement for both batches.

Table 5: Time for placement

Time frame	Frequency	Percent	Valid Percent
Immediately	8	38.1	38.1
1-6 months	13	61.9	61.9
Total	21	100.0	100.0

3.3.2.10. Type of Job

The interviewer asked the nurses about the type of job to understand whether the job is a full-time job or a part-time job. Everyone has informed that their job is a full-time job.

3.3.2.11. Monthly Income

The monthly income is an important indicator of understanding the economic condition of a person. Hence this question is being posed to the sampled candidates. Table 5 shows that 16 out of 21 nurses are earning within the range of Rs. 15000 to Rs 20000, while 5 out of 21 are earning within Rs. 10000 to Rs 15000

Table 6: Monthly salary

Monthly Earning	Frequency	Per cent	Valid Percent
10000-15000	5	23.8	23.8
15000-20000	16	76.2	76.2
Total	**21**	**100.0**	**100.0**

3.3.2.12. Family income before the appointment

The respondents were asked about the average family income of the household prior to their employment to get a fair idea about the economic conditions of the family. Table 6 shows that the majority of the household income (42.9%) before the candidate's employment ranges from Rs. 10000 to Rs 20000 per month, followed by 23.8% family income were more than Rs. 30000/- per month, 19% informed that their monthly family income was less than 10000 per month and only 14.3% had income range of Rs 20000 to Rs 30000 per month. This clearly indicates that the majority of the candidates from the General class belong to the economically weaker section (EWS). EWS is the section of the society in India that belongs to the un-reserved category and has an annual family income of less than 8 lakh rupees. This category includes people that do not belong to the caste categories of ST/SC/OBC and who already enjoy the benefits of reservation. From the survey, it was found that six candidates belong to the unreserved category having family income of less than 8 lakh rupees per annum.

Table 7: Family income prior candidate placement

Family income	Frequency	Percent	Valid Percent
Less than 10000	4	19.0	19.0
10000-20000	9	42.9	42.9
20000-30000	3	14.3	14.3
More than 30000	5	23.8	23.8
Total	**21**	**100.0**	**100.0**

3.3.2.13. Satisfaction with the GNM course

All the 21 participants unanimously informed that they are satisfied with the 3 years General Nursing and Midwifery Diploma Course.

3.3.2.14. Contents of the Course

The participant was asked about the relevance of the content of the course. Eight (8) participants have informed that the course content is highly relevant to their current job while thirteen (13) have informed that it is relevant. None of the respondents informed that the course content was not relevant.

3.3.2.15. Faculty and staff of VKNRL School of Nursing

Table 7 provides the rating of faculty and staff members of the school. A total of 18 participants agreed that the faculty and staff are very good, while 3 informed the faculty and staff to be good. None of the sampled respondents informed faculty and staff to be 'Not go good' or 'Bad'.

Table 8: Faculty & staff feedback

Faculty & Staff	Frequency	Percent	Valid Percent
Very Good	18	85.7	85.7
Good	3	14.3	14.3
Total	**21**	**100.0**	**100.0**

Finally, all the respondents show their gratitude to the VKNRL School of Nursing for getting the opportunity to learn.



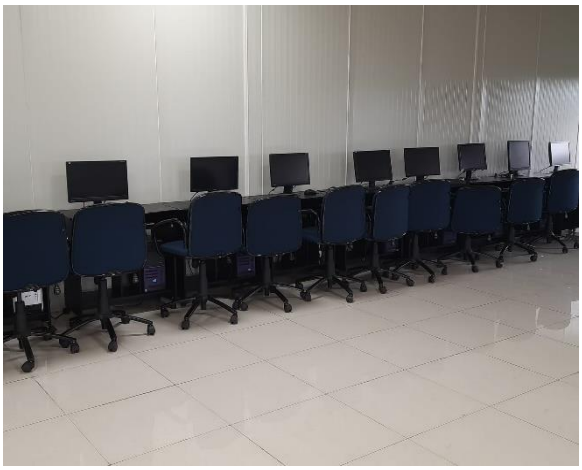



Image 7: VKNRL School infrastructure

Chapter 4. Impact Assessment-Covid Care Block, JMCH

As a flagship project under CSR, Numaligarh Refinery Ltd. on June 2021 dedicated a 120-bedded Covid Care hospital with a 20-bedded Intensive Care Unit (ICU) facility at Jorhat Medical College and Hospital (JMCH) in eastern Assam as a part of its efforts to support the state government. The estimated cost of the project was about Rs. 7 crores. This chapter is about assessing the impact of setting up the Covid care block on a war footing at JMCH.

4.1. Research Design

The impact assessment study of the Covid Care block at JMCH was carried out based on qualitative information. Techniques like personal semi-structured interviews were used by the consultant to elicit maximum information from the stakeholders.

4.1.1. Study Population

The population for this study included the following entities of the Jorhat Medical College and Hospital (JMCH)

i) Principal cum Chief Superintendent Jorhat Medical College,
ii) Medical Superintendent, Jorhat Medical College and
iii) The selected staff of Jorhat Medical College

4.2. The Impact Analysis- Covid Care Block, JMCH

4.2.1. Interview with Principal & Medical Superintendent Jorhat Medical College

The consultant has fixed an appointment with Prof (Dr) Ratna Kanta Talukdar, Principal and Dr Purnima Barua, Medical Superintendent of Jorhat Medical College on 16th June 2022 to understand the impact of setting up covid care block by NRL at JMCH. The following findings were noted during the discussion with the principal and superintendent.

Image 8: Discussion with Principal & Superintendent, JMCH

i) The covid care block was set up on war footing in June 2021. The instrumentation team of NRL has helped tremendously during the lockdown period to install the oxygen gas pipeline and to operationalise the Covid Care Block.

ii) Before setting up of Covid care block, JMCH had 56 ICU beds. Treating the critical covid patient with other patients in ICU was a major challenge for JMCH. With the setting up of covid block, NRL has provided 20 exclusive ICU beds for only Covid patients. This has acted as a boon for JMCH which was struggling with the increasing number of the critically ill covid patient.

iii) The NRL has also provided 100 beds with oxygen facilities. During the peak covid period last year, patients flock not only from Jorhat but also from the neighbouring district of Sivasagar, Majuli, Golaghat and Charaideu. Additionally, there were patients from neighbouring state of Nagaland as well as Arunachal Pradesh. Without the support of NRL treating these many patients would be a next to impossible task.

Image 9: 20 ICU Bed by NRL

Image 10: 100 Beds provided by NRL

Image 11: Medical Oxygen Manifold

iv) In addition to 120 beds inclusive of 20 ICU beds, NRL also provided 2 medical oxygen manifolds. It is a system device that decompresses several oxygen cylinders after they are grouped together and then transports them through the main gas pipeline to the user terminal. This has helped the continuous supply of oxygen to the patient in the Covid ward. The list of medical equipment and facilities provided by NRL is given in Annexure 4

v) Not only in terms of infrastructure, but NRL also provided manpower during the Covid period in 2021. They assigned 10 staff exclusively for the covid care block. These support staff immensely helped in tackling the emergency during the peak covid period. Four of the support staff are still serving at JMCH under the payroll of NRL.

vi) Currently, JMCH is using the Covid care block for the general patient since covid has subsided. However, the 20-bedded ICU unit has been converted into an Intensive Therapy Unit (ITU). Intensive Therapy is a branch of medicine concerned with the diagnosis and management of life-threatening conditions. Patients in Intensive Therapy require close monitoring and support from equipment and medication to keep normal body functions going.

vii) JMCH has admitted that because of NRL support, every unit of covid care block has oxygen bed during the covid times. This has tremendously helped in treating critical patients.

viii) JMCH has also shown their eagerness to collaborate with NRL in future for any other medical projects.

ix) Overall, all the doctors, nurses, faculty, students, ward boy, and office staff of JMCH is grateful to NRL for extending support during covid emergency.

Image 12: NRL sponsored bed, equipment etc

Image 13: JMCH Covid Ward

Chapter 5. Impact Assessment-Oncology Ward at BBCI

NRL had extended a grant of Rs. 2.00 Cr to Dr. B. Barooah Cancer Institute (BBCI) in 2020 to facilitate the setting up of an exclusive Pediatric Ward for the child patients who visited the Institute. On average the paediatric cases in the facility are around 60 per day and cumulatively 500 new cases come to the facility every year. Out of these cases, more than 50% reported of Haemato-Oncology (Blood Cancer) and the rest are solid tumours of bone, brain etc. The cure rate of paediatric cancer cases is high but requires prolonged treatment. Prior to the grant, there was no facility for a dedicated ward for the paediatric cases and they had to be dealt with in adult patient wards which posed a major hassle. There was a dire need felt for a separate ward and hence the proposal given to NRL. NRL approved a proposal for providing equipment and facility up-gradation to start the paediatric ward in 2020. The grant was fully utilized by BCCI and a Paediatric Ward was inaugurated by Shri. S.K. Baruah, then Managing Director of NRL on 15th of February, 2021.

5.1. Research Design

The Evaluation Report has been prepared by visiting the facility for first-hand reporting on the equipment and facilities created through the grant. Detailed interviews with the management, doctors and staff of BCCI and also some informal interviews of patients and guardians at the Paediatric Ward were conducted for evaluating the impact of the intervention.

5.2. Utilisation of CSR Grant

The allocated grant amount was Rs. 2.00 Cr and the amount released to BBCI was Rs. 1.80 Cr. The grant was utilized for the following:

1. A 15 bedded facility for paediatric patients was created by converting an area previously used as a waiting area for patients.
2. 13 beds were installed in 3 dedicated wards for these patients with proper medical beds with a state-of-the-art monitoring support system consisting of patient monitors, infusion pumps and attendant beds.
3. 2 paediatric patient beds were installed at the ICU of BCCI for patients requiring special and critical care.
4. Equipment like portable X-Ray machines, ECG machines, Portable USG Machine, Defibrillator Machine, Nebulizer and Blood Gauge Analyzer has been installed in these wards to cater to the patient needs.
5. A separate Air Handling Unit (AHU) was set up for these wards which control the quality of air inside the ward.

6. An inverter system was installed to provide a continuous power supply which can run the infusion pumps uninterruptedly for critical patients.
7. A Child Nutrition Unit was also set up within the Paediatric Ward with Paediatric Nutritionists on duty wherein they provide free nutritional supplements and dietary advice for patients under treatment.
8. A play area has been developed for the recreation of the paediatric patients and for conducting various educational workshops for the patients.

5.3. The Impact Analysis

The financial grant support extended by NRL to BBCI to set up the Paediatric Ward has made a substantial impact on the functioning of the institution with special reference to their child patients. The major impact areas have been mentioned below:

1. In the year 2021, a total of 491 paediatric cases were treated in the facility created from the grant provided by NRL and in 2022, 213 have registered till May and are undergoing treatment. The ward has come as a respite to the doctors for treating paediatric patients who are growing by the day in the facility.
2. Equipment like portable X-Ray machines, ECG machines, Portable USG machines, Defibrillator Machines, Nebulizer and Blood Gauge Analyzer has made a great impact on the treatment of patients by having a separate set of equipment at the paediatric ward meant that the patients could avoid the long queues with adult patients. These have greatly reduced the waiting time for getting treatment and investigations done.
3. An Air Handling Unit (AHU) set up for these wards under this intervention has contributed in a huge way to the survival of the patients as observed by the attending doctors.
4. The inverter system installed to provide a continuous power supply to run the infusion pumps uninterruptedly for critical patients has played a crucial role in critical patient care and recovery.
5. Medical beds with monitoring facilities have helped doctors to keep close vigil over the condition of paediatric patients which was otherwise not there in the other wards of the institution.
6. The provision of folding chairs cum beds for patients' attendants has been a boon for the attendants who have to spend time in the hospital for prolonged treatment of their wards.
7. Having a dedicated space for child patients has facilitated the Paediatric Oncology Department doctors and staff to conduct their duties more productively as compared to earlier when paediatric patients were spread across various adult male and female

wards in the hospital. The list of equipment supplied by NRL as part of its CSR initiative is given in Annexure 5.

Image 14: Visit to BBCI

Chapter 6. Findings, Observations & Suggestive Measures

The present chapter briefly presents the major findings, observations and offers suggestive measures to make the project fully successful.

6.1. Findings, observations and suggestive measures: Niramoy

The following are the major findings of the survey undertaken in nearby villages of NRL to study the impact of the mobile medical unit project

- All the respondents (100%) have attended mobile camp during the last one year.
- 85% of the respondent always attend health camp, while 17% attend sometimes but not always.
- 17% have informed that they are highly satisfied with the service provided by the mobile medical unit. On the other hand, 83% informed that they are satisfied with the service. None (0%) of the respondents were unsatisfied with the service provided by the mobile medical unit.
- All the respondents informed that Mobile Medical Camp in their village is conducted at least once a month.
- 83% of the surveyed population expresses the facilities available at the mobile medical unit as good, while 17% expressed the facilities as excellent. None of the respondents informed the facilities provided as satisfactory, average or poor.
- 100% of the surveyed villagers have informed that necessary medicine is available at the medical camps and they get medicine free of cost.
- All the participants (100%) have informed that doctors devote sufficient time to examining the patient
- Everyone (100%) believes that the mobile camp has helped them in the early detection of illness and the mobile medical unit initiative of NRL has increased the health awareness among the villagers
- Every person surveyed is of the opinion that the need to travel to nearby Primary Health Centre (PHC) or Hospitals/ Nursing Homes has been reduced significantly due to the facility of Mobile Medical Camps

Village specific observations

- Villagers of Ouguri Chawrabasti want blood test facility at the mobile medical camps
- Villagers of Ouguri Chawrabasti are of the opinion that since Tuberculosis (TB) is a common disease in their village, they want medical camps to focus more on the early detection of TB disease.
- Villagers of Kurubahi- Madhupur requested NRL to provide the service of providing eye specialists in mobile camps

- It has been observed that the oxygen facility is not available in the medical van. Most of the respondents have requested to provide oxygen facility in the van.

Suggestive Measures

Based on the findings and observations, it is found that overall, the project 'Niramoy' has been a successful project for NRL. However, the consultant would like to put forward a few suggestions to make it even more successful

- The rotation of mobile vans across 61 villages is not uniform. Few villages are covered frequently, while few are covered after a long duration. A proper track record of villages covered during the month can bring uniformity in rotation.
- Specific check-up drives such as eye check-ups, covid rapid antigen testing etc. can be initiated.
- Availability of oxygen in the van is essential to tackle any emergency.

6.2. Findings and observations suggestive measures: VKNRL School of Nursing

Qualitative Assessment: Interview with Principal, VKNRL School of Nursing

The following are the findings from the interview with the Principal of the VKNRL School of Nursing

- The majority of the students belong to lower to middle-income group families.
- Few of the students are from BPL families who cannot even afford the mess fee of Rs. 1500/- per month. The school in consultation with the management takes care of such students.
- All the 76 students who passed in the last two batches were successfully placed in various Government and private hospitals.
- The institute's faculty-to-student ratio is 1:10 meaning for every 10 students there is one faculty member available.
- One challenge with respect to placement is the unwillingness of the student to move outside the state since most of the parents don't encourage their child to move outside the state.
- The 3-year GNM course has helped many families to improve their standard of living.

Quantitative Assessment: Telephonic Interview with the pass outs candidates

- A sample of 21 students who passed in the last two batches was interviewed
- Out of 21 respondents, 18 belong to Golaghat district representing 85%. The others include one each from Dhemaji, Jorhat and Sivasagar districts representing 5% each.

- 81% of the students belong from rural areas while only 19% are from urban areas.
- The respondent comprises of OBC (38%), General (29%), ST (24%) and SC (9%)
- The majority (61.9%) of the respondents' family size ranges from 3 to 5 members followed by 5 to 7 members (19%) and 9.5% for more than 7 members as well as less than 3 members.
- 47.6% has only one earning member. 42.9% of the respondents have 2 earning members in the family. 4.8% each of the respondents have either 3 earning members or more than 3 earning members in the family.
- 42.9% of the respondent's fathers has or had service as the occupation, while the majority (71.4%) of the mother are home maker.
- 9 out of 21 are engaged in the Government sector while the rest 12 are occupied in various hospitals/ nursing homes.
- 8 respondents (38%) informed that they got placement immediately after completion of the course while 13 (62%) informed that they have to wait for one to six months to get the job.
- All the respondents informed their job to be full-time.
- 76% of the respondent informed that their monthly salary ranges from Rs. 15000 to Rs 20000, while 24% salary ranges from Rs. 10000 to Rs 15000
- The majority (42.9%) of the respondents' monthly family income prior to their appointment ranges between Rs. 10000- Rs. 20000/-
- All the participants unanimously informed that they are satisfied with the 3 years General Nursing and Midwifery Diploma Course.
- With regard to the content of the course, 38% of the respondents consider it to be highly relevant. Rest 62% believe the content to be relevant.
- 86% of the respondents agreed that the faculty and staff of the institute are very good. The rest 14% informed the faculty and staff to be good. None of the sampled respondents informed faculty and staff to be 'Not go good' or 'Bad'.

Other Observations

- Three of the participants informed that more emphasis needs to be given in spoken English content in the course.
- Four participants informed that more practical classes can be introduced in the course.
- Another four respondents blessed themselves for getting the opportunity to study at the VKNRL School of Nursing.

Suggestive Measures

- The past two batches have realised that more practical training can be introduced in the course. During the interaction with the candidates, they informed that their colleagues from other institutes had more practical exposure in their course.

- The institute should introduce content to improve English speaking skills among students. This will help to boost their confidence to move out of the state for better job prospects.

6.3. Findings and observations: Covid Care Block, JMCH

Qualitative Assessment: Interview with Key informants of JMCH

Key informants in this study involved Prof (Dr) Ratna Kanta Talukdar, Principal, Dr Purnima Barua, Medical Superintendent and selected nursing and office staff of Jorhat Medical College. The following are the key findings and observations of the impact assessment

- The covid care block was set up under the CSR initiative of NRL in June 2021. NRL set up 120 bedded makeshift covid hospital at JMCH on a war footing with an estimated budget of Rs. 7 crores.
- The covid care unit has catered to the patient not only from Jorhat but also from neighbouring districts of Sivasagar, Majuli, Golaghat and Charaideu. A lot of patient from Nagaland and Arunachal Pradesh has also come for treatment at the covid block of JMCH
- NRL also provided manpower during the Covid period in 2021. They assigned 10 staff exclusively for the covid care block. Four of the support staff are still serving at JMCH under the payroll of NRL.
- At present, the 20 bedded ICU is exclusively utilising as an Intensive Therapy Unit (ITU) for critical patients.
- Every unit of covid care block of JMCH has oxygen bed during the covid times because of the support from NRL

Other Observations

- All the key informants (Principal, Medical Superintendent, office staff, ward boy and nurse) are highly grateful to NRL for extending support during covid emergency.
- The Principal & Medical Superintendent of Jorhat Medical College look forward to collaborating with NRL for other projects as well.
- It was informed that NRL was prompt in releasing payment during the covid period. None of the work stalled due to the delay of the fund.
- It was informed by the on-duty nurse that the mattresses provided by the vendor for the bed were out of size.

6.4. Findings and observations: Paediatric Oncology Block, BBCI

Qualitative Assessment: Interview with Key Informant

The following finding was extracted post-interview with the management, doctors and staff of BCCI

- A total of 491 paediatric cases were treated in the facility in 2021. In the current year of 2022, a total of 213 have registered till May.
- Equipment procured through the CSR fund of NRL has made a great impact on the treatment of patients. It has greatly reduced the waiting time for getting treatment and investigations done.
- The Air Handling Unit (AHU) in the paediatric ward has contributed in a huge way to the survival of the patients.
- The inverter system installed to provide a continuous power supply to run the infusion pumps uninterruptedly for critical patients has played a crucial role in critical patient care and recovery.
- Medical beds with monitoring facilities have helped doctors to keep close vigil over the condition of paediatric patients.
- Having a dedicated space for child patients has facilitated the Paediatric Oncology Department doctors and staff to conduct their duties more productively.

Scope for Future Support & Intervention

Treatment of cancer in children is a long-term process and involves specialized care and proper monitoring. The contribution of NRL towards laying the foundation for a Paediatric Ward at BBCI has been a very vital step in this journey. As the incidence of paediatric cancer cases has increased in the recent years at BBCI, the dearth of space for accommodating the growing number of patients and expansion is their utmost priority. Other than Government support, CSR funding has played a major role in the pursuit of providing good healthcare facilities at affordable prices. BBCI aims at delivering comprehensive treatment and care through a targeted objective approach. At present, they are working towards the expansion of their medical facilities and in future would look forward to CSR grants from organizations like NRL to help in their quest to make affordable quality cancer care available in Assam and the NE.

Annexures

Annexure 1: Questionnaire for Mobile Medical Camp Survey

Impact Assessment Survey of Mobile-Medical Camps

Introduction and consent: Greetings! My name is _____(full name). I work for RGVN, a Non-Government organization based in Guwahati that regularly conducts surveys on various socio-economic and political issues. Presently we are surveying the operations of two Mobile-Medical Units daily basis, which give access to health care facility to the underprivileged section of the society at free of cost. Some of the answers to the questions may be personal, but I want you to know that all your answers will be kept completely confidential. There is no compulsion on answering every question and you may choose not to respond to any question. Further, you may also terminate this interview at any time if you are uncomfortable answering the questions. However, your honest answers to these questions will help us better understand how these medical units are benefitting the society. We would greatly appreciate your help in responding to this survey. This survey will take about 2-5 minutes to ask these questions. Would you be willing to participate?

Q No.	Question	Response	Code
1	Name		
2	Age		
3	Village		
4	Sex	Male	1
		Female	2
5	Social Group	SC	1
		ST	2
		OBC	3
		General	4
		Others	5
6	Education Qualification	Illiterate	1
		Primary school	2
		High School	3
		Higher Secondary School	4

		Graduate & Above	5
7	Marital Status	Unmarried	1
		Married	2
8	Current Occupation	Student	1
		Retired	2
		Unemployed	3
		Govt Service	4
		Private Service	5
		Self employed	6
		Laborer/Agriculture	7
		Home maker	8
		Others	9
9	Have you attended Mobile Medical Camp organized by NRL	Yes	1
		No	2
10	If yes, do you do regular health check-up at mobile medical unit/camp	Always	1
		Sometimes	2
		Rarely	3
11	If yes, were you satisfied with the health check-up done at Mobile Medical Camp/ Unit	Very satisfactory	1
		Satisfactory	2
		Satisfactory to some extent	3
		Not so satisfactory	4
		Not satisfactory	5
12	How frequently the Mobile medical unit visit your village	Once a month	1
		More than once a month	2
		Less than once a month	3

13	How do you rate the facilities of the Mobile Medical Unit	Excellent	1
		Good	2
		Satisfactory	3
		Average	4
		Poor	5
14	Does the mobile medical unit/camp have suffcient medicine to provide to patient	Yes	1
		Somewhat	2
		No	3
15	Does the medical staff devote sufficient time in examining a person	Yes	1
		No	2
16	Do you believe that Mobile Medical Unit/Camp initiative of NRL has helped in early detection/ prevention of diseases in your village	Yes	1
		To some extent	2
		No	3
17	Do you think that this initiative has increase the health awareness among villagers	Yes	1
		Somewhat	2
		No	3
18	Do you think that this initiative has reduce the need to travel to nearby PHC/ hospitals by the villagers	Yes	1
		To some extent	2
		No	3

Annexure 2 Questionnaire for Student Survey

Placement Assessment Survey of GNM Students of VKNRL School of Nursing, Numaligarh

Introduction and consent: Greetings! My name is _____(full name). I work for RGVN, a Non-Government organization based in Guwahati that regularly conducts surveys on various socio-economic and political issues. Presently we are interviewing the first and second batch of Nurses of VKNRL School of Nursing, Numaligarh and collecting information regarding their present job , their present financial status and how the course helped in their career growth. Some of the answers to the questions may be personal, but I want you to know that all your answers will be kept completely confidential. There is no compulsion on answering every question and you may choose not to respond to any question. Further, you may also terminate this interview at any time if you are uncomfortable answering the questions. However, your honest answers to these questions will help us better understand how you are progressing in your career. We would greatly appreciate your help in responding to this survey.

Q No.	Question	Response	Code
1	Name		
2	Address		
3	District		
4	Type of Residence	Rural	1
		Urban	2
5	Number of family members	Less than 3	1
		3 to 5	2
		5 to 7	3
		More than 7	4
6	Number of earning members in the family	1 member	1
		2 members	2
		3 members	3
		More than 3 members	4
7	Father Occupation	Agriculture	1
		Business	2
		Service	3
		Labour	4
		Others	5
8	Mother Occupation	Agriculture	1
		Business	2
		Service	3
		Housewife	4

		Labour	5
		Others	6
9	Social Group	SC	1
		ST	2
		OBC	3
		General	4
		Others	5
10	Marital Status	Unmarried	1
		Married	2
11	Current Occupation	Government Sector	1
		Private Sector	2
		Hospital/Nursing Home	3
		Home Nursing	4
		Own Enterprise/ Self employed	5
		Unemployed available for work	6
		Others (Specify)	7
12	How much time it took for placement after completion of the course	Immediately (Within a month)	1
		1-6 months	2
		> 6 months	3
		Not yet employed	4
13	Type of your job	Full time	1
		Part time	2
		Not applicable	3
14	How much do you earn in a month	Less than Rs. 5000	1
		5000-10000	2
		10000-15000	3
		15000-20000	4
		More than 20000	5
15	How much was your Family monthly income before your job)	Less than Rs. 10000	1
		10000-20000	2
		20000-30000	3
		More than 30000	5
16	Are you satisfied with course	Yes	1
		No	2
17	If No, why		
18	How do you rate the contents of the course	Highly relevent	1
		Relevant	2
		Not relevant	3
19	How do you rate the faculty and staff of the institute	Very good	1
		Good	2
		Not so good	3
		Bad	4
20	Do you think there is scope for improvement in the course	Yes	1
		No	2

21	If yes, do you think more relevant subjects need to be incorporate in the course	Agree	1
		Not sure	2
		Disagree	3
22	If yes, do you think more practical based training need to be incorporate in the course	Agree	1
		Not sure	2
		Disagree	3
23	Is there any other suggestion to improve the course content		

Annexure 3: List of 1st & 2nd Batch Students

Placement details of First Batch GNM Students of VKNRL School of Nursing, Numaligarh

Sl. No.	Name of Students	Place of Residence	Name of Employer	Mobile No.
1	Archana Khound	Vill. Molai Kumar Gaon, P.O. Borua Bamun Gaon, Dist. Golaghat	Narayana Superspecialty Hospital, Ghy	9365095781
2	Bornali Saikia	Vill. 2 No. Ponka Grant, Bishnupur, P.O. Kanaighat , Dist. Golaghat	GNRC North Guwahati	7002403059
3	Chandrana Sonowal	Vill. 1 No. Ponka Grant, P.O. Kanaighat, Dist. Golaghat	Narayana Superspecialty Hospital, Ghy	6002507077
4	Devajani Senapati	Vill. Nachani Par Gaon, P.O. Nak-Kati, Dist. Golaghat	Marwari Hospitals, Guwahati	9101121598
5	Jinti Boishya	Vill. 1 No. Ponka Grant, Telgaram, P.O. Kanaighat, Dist. Golaghat	Swargadew Siu-Ka-pha Hospital,Sivsagar	7637875053
6	Sunmoni Bori	Vill. No. 2 Afala Chowguri, P.O. Bonkuwal, Dist. Golaghat	GNRC North Guwahati	
7	Kabita Nath	Vill. 2 No. Ponka Grant, P.O. Kanaighat, Dist. Golaghat	Narayana Superspecialty Hospital, Ghy	8135065868
8	Kabita Phukon	Vill. Helochijan Gaon, P.O. Kachupather, Dist. Golaghat	VKNRL Hospital,Township on temporary basis for Covid situation	9365848507
9	Madhuri Tamuly	Vill. Lukumai Gaon, P.O. Halodhibari, Dist. Golaghat	Arya Hospital, Guwahati	9864825342
10	Malabika Saikia	Vill. Ponkial, P.O. Doigrong, Dist. Golaghat	GNRC North Guwahati	9101940381
11	Masum Das	Vill. Bishnupur, P.O. Kanaighat, Dist. Golaghat	Golaghat Civil Hospital GNRC North Guwahati	8133072699
12	Monalisha Chetia	Vill. Bishnupur, P.O. Kanaighat , Dist. Golaghat	Narayana Superspecialty Hospital, Ghy	
13	Monikha Taid	Vill. Gutungbali Gaon, P.O. Muhuramukh, Dist. Golaghat	Marwari Hospitals, Guwahati	
14	Monisha Chetry	Vill. No. 4 Rong Bong, P.O. Kanaighat, Dist. Golaghat	Golaghat Civil Hospital Marwari Hospitals, Guwahati	9101530968
15	Mouchumi Das	Vill. Krishnasrowmi Gaon, P.O. Merapani, Dist. Golaghat	Swargadew Siu-Ka-pha Hospital,Sivsagar	8133961593
16	Niharika Bora	Vill. Barua Gaon, P.O. Barua Gaon, Dist. Golaghat	Swargadew Siu-Ka-pha Hospital,Sivsagar	7099743122
17	Nikita Bora	Vill. No. Jogania Gaon, P.O. Dhodang, Dist. Golaghat	Swargadew Siu-Ka-pha Hospital,Sivsagar	
18	Ohila Tanti	Vill. 2 No. Ponka, Bishnupur P.O. Kanaighat, Dist. Golaghat	Narayana Superspecialty Hospital, Ghy / Golaghat Civil	
19	Pallabi Kakoty	Vill. Dikshu Kakoty Gaon, P.O. Dikshu, Dist. Sivasagar	VKNRL Hospital,Township on temporary basis for Covid situation	9954518310
20	Pinky Sahu	Vill. Dhudang Gaon, P.O. Numaligarh, Dist. Golaghat	Swargadew Siu-Ka-pha Hospital, Sivasagar / NHM State Govt	8399982321

Sl. No.	Name of Students	Place of Residence	Name of Employer	Mobile No.
21	Pollobi Das	Vill. Kuruabahi Satra P.O. Chinakan, Dist. Golaghat	Narayana Superspecialty Hospital, Ghy	
22	Prantika Bora	Vill. Jelehua Gaon, P.O. Dergaon, Dist. Golaghat	Narayana Superspecialty Hospital, Ghy	9954862601
23	Priyanka Chetry	Vill. No. Ougurichapori, P.O. Letekujan, Dist. Golaghat	VKNRL Hospital,Township on temporary basis for Covid situation	
24	Puspa Murha	Vill. Helochijan Gaon, P.O. Kachupather, Dist. Golaghat	VKNRL Hospital,Township on temporary basis for Covid situation	
25	Rahel T. Changma	Vill. Ouguri Saora Gaon, P.O. Kanaighat, Dist. Golaghat	Arya Hospital, Guwahati	
26	Rimi Dhan	Vill. Naharani Gaon, P.O. Sarupathar, Dist. Golaghat	VKNRL Hospital,Township on temporary basis for Covid situation	
27	Ritimoni Baruah	Vill. 1 No. Ponka Grant, Telgaram, P.O. Kanaighat, Dist. Golaghat	Narayana Superspecialty Hospital, Ghy	
28	Roshmi Priya Gogoi	Vill. Khumtai Bogorioni, P.O. Khumtai , Dist. Golaghat	GNRC North Guwahati	
29	Sabita Bori	Vill. No. 2 Afala Sowguri, P.O. Bonkuwal, Dist. Golaghat	Marwari Hospitals, Guwahati	
30	Sahid Nashrin Ali	Vill. Batiporia, P.O. Batiporia, Dist. Golaghat	Arya Hospital, Guwahati	9101537293
31	Sharodi Rani Bora	Vill. Bocha Gaon, P.O. Kaziranga, Dist. Golaghat	Swargadew Siu-Ka-pha Hospital, Sivasagar	8638695285
32	Subha Shyam	Vill. Rajapukhuri Shyam Gaon, P.O. Uriamghat, Dist. Golaghat	Will pursue Post Basic B.Sc Nursing	
33	Sumi Kurmi	Vill. Khumtai, Hakimbosti, P.O. Badulipar, Dist. Golaghat	Swargadew Siu-Ka-pha Hospital, Sivasagar	7002338578
34	Susmita Das	Vill. No. 2 Jogania Gaon, P.O. Dhodang, Dist. Golaghat	Swargadew Siu-Ka-pha Hospital, Sivasagar	6003690462
35	Susmita Hazarika	Vill. Alengmuria Gaon, P.O. Dhekial, Dist. Golaghat	Narayana Superspecialty Hospital, Ghy	9101076767
36	Swarup Rani Dutta	Vill. Borting Nowsolia, P.O. Borting Nowsolia, Dist. Golaghat	Narayana Superspecialty Hospital, Ghy	9864343560
37	Trishna Bora	Vill. Borahi Gaon, P.O. Salikihat, Dist. Golaghat	Swargadew Siu-Ka-pha Hospital, Sivasagar	7099602644
38	Trishna Jyoti Boruah	Vill. Kumar Gaon, P.O. Dergaon, Dist. Golaghat	Narayana Superspecialty Hospital, Ghy	9127898279
39	Usharani Sonowal	Vill. Chawdang Pather, Merachuk P.O. Chawdang Pather, Dist. Golaghat	Swargadew Siu-Ka-pha Hospital, Sivasagar	8011843216

Placement Details of Second Batch GNM Students of VKNRL School of Nursing

Sl. No.	Name of Students	Place of Residence	Name of Employer	Remarks
1	Anamika Bhuyan	Vill/Town: Rongamati Gaon, P.O. Badulipar, Dist: Golaghat	Narayana Superspecialty Hospital, Ghy	
2	Anamika Devi	Vill/Town: Rajabari, P.O. Rajabari, Dist: Golaghat	Cachar Cancer Hospital & Research Centre	
3	Ashinee Choudhury	Vill/Town: Badulipar, P.O. Badulipar, Dist: Golaghat	Khumtai Tea Estate Hospital	
4	Barnali Kurmi	Vill/Town- Khumtai Boruakhat Gaon,P.O. Badulipar, Dist-Golaghat	Swargdew Siu-Ka-Pha Multispeciality Hospital, Sivsagar	
5	Bhairobi Mondol	Vill./Town: Badulipar, P.O. Badulipar, Dist. Golaghat	Khumtai Tea Estate Hospital	
6	Binki Konwar	Vill/Town- Jogibari Gaon, P.O. Na- Bheta, Dist. Golaghat	Marwari Maternity Hospital, Guwahati	
7	Bornali Bora	Vill/Town: Da Barahi Gaon, P.O. Salikihat, Dist. Golaghat	Post Basic B.Sc Nursing	7086846074
8	Borsha Gogoi	Vill./Town: Khumtai, P.O. Khumtai, Dist. Golaghat	Cachar Cancer Hospital & Research Centre	
9	Chayanika Bora	Vill/Town: Borua Gaon, P.O. Ghiladhari, Dist. Golaghat	Swargdew Siu-Ka-Pha Multispeciality Hospital, Sivsagar	
10	Deepshikha Chutia	Vill. Bishnupur, P.O. Kanaighat, Dist. Golaghat	Cachar Cancer Hospital & Research Centre	
11	Dikhita Gogoi	Vill./Town: Khumtai Nagaon, P.O. Khumtai, Dist. Golaghat	-	Applied for Govt. Job
12	Dimpi Thengal	Vill./Town: New Amulapatty, P.O. Golaghat, Dist. Golaghat	Post Basic B.Sc Nursing	
13	Gayatri Hazarika	Vill./Town-Ward No. 4, Near Block Office, P.O. Dhemaji, Dist. Dhemaji	Marwari Maternity Hospital, Guwahati	6002175895
14	Gourangi Hazarika	Vill. Bishnupur, P.O. Kanaighat, Dist. Golaghat	Apollo Hospital, Guwahati	9101196369
15	Hamjali Jigdung	Vill/Town: Amudarai Gaon, P.O. Manja, Dist: Karbi	Diphu Medical College Hospital, Trainee	
16	Hrishita Baruah	Vill./Town: New Amulapatty, P.O. Golaghat, Dist. Golaghat	-	Applied for Govt. Job
17	Ipsita Chetia	Vill/Town: Jonaki Nagar Titli Ali, P.O. Golaghat, Dist:	Marwari Maternity Hospital, Guwahati	8638497707
18	Jharnali Dutta	Gnl/Town: Demow Sukan Pukhuri, P.O. Nohat, Dist.	Narayana Superspecialty Hospital, Ghy	
19	Dipika Hazarika	Vill/Town: Dhodang Gaon, P.O. Numaligarh, Dist.	GNRC Hospital, Guwahati	7086898137
20	Lakhimi Saikia	Vill/Town: Dihingia Gaon, P.O. Dihingia, Dist. Jorhat	Cachar Cancer Hospital & Research Centre	8812937801
21	Mousumi Gogoi	Vill./Town: NRL Township, P.O. NRP, Dist. Golaghat	Marwari Maternity Hospital, Guwahati	
22	Nirmali Bora	Vill/Town: Telgaram, P.O. Kanaighat, Dist. Golaghat	Cachar Cancer Hospital & Research Centre	8638575663.
23	Pallavi Pathak	Vill/Town: Na-Pamua Gaon, P.O. Chungi, Dist. Jorhat	GNRC Hospital, Guwahati	7002515385
24	Pari Thengal	Vill/Town: Nabagram, P.O. Merapani, Dist. Golaghat	Cachar Cancer Hospital & Research Centre	9678529022
25	Parishmita Borgohain	Vill/Town: Mridungpara Village, P.O. Baruanagar, Dist-	Cachar Cancer Hospital & Research Centre	
26	Pompee Bora	Gnl/Town: Mokrong Hatoi Gaon, P.O. Pulikaitoni, Dist.	Cachar Cancer Hospital & Research Centre	6000565259

Sl. No.	Name of Students	Place of Residence	Name of Employer	Remarks
27	Popi Das	Vill: 3 No. Kolorura Gaon, P.O. Marangi Chari Ali, Dist. Golaghat	GNRC Hospital, Guwahati	86 38592571
28	Prastuti Barhoi	Vill./Town: Dhodang Gaon, P.O. Numaligarh, Dist. Golaghat	-	Applied for Govt. Job
29	Priyakhi Saikia	Vill./Town: 2 No. Ponka Grant, P.O. Kanaighat, Dist. Golaghat	Narayana Superspecialty Hospital, Ghy	
30	Priyanka Bawri	Vill. Borsapori TE, P.O. Numaligarh, Dist. Golaghat	Cachar Cancer Hospital & Research Centre	
31	Prostuti Thengal	Vill./Town: Thengalgaon, P.O. Kamargaon, Dist. Golaghat	Cachar Cancer Hospital & Research Centre	
32	Rahena Begum	Vill. Kaboru Gaon, P.O. Kacharihat, Dist. Golaghat	Narayana Superspecialty Hospital, Ghy	9365145105
33	Sima Kurmi	Vill./Town: Kachupather, P.O. Kachupather, Dist. Golaghat	Narayana Superspecialty Hospital, Ghy	
34	Smritirekha Borah	Vill./Town: Bonbagisha, P.O. Badulipar, Dist. Golaghat	-	Applied for Govt. Job
35	Songita Balmiki	Vill./Town: Udoy Nagor, P.O. Golaghat, Dist. Golaghat	NIIM Staff Nurse (Health camp)	
36	Soniya Regon	Vill./Town: No. 2 Selsuwa Gaon, P.O. Borbheta, Dist. Golaghat	Cachar Cancer Hospital & Research Centre	6003718608
37	Sonmoni Chutia	Vill/Town: Jengoni Pathar, P.O. Ratanpur, Dist. Golaghat	Cachar Cancer Hospital & Research Centre	8822306689

Annexure 4: List of Equipment and Facilities provided by NRL at JMCH

Sl. No.	Description	Quantity
1	ICU Bed with mattress, pillow & covers, bedsheet blanket	20 Sets
2	Cardiac multi-channel monitor	20 Nos
3	Oxygen Concentrator	20 Nos
4	Ventilator	20 Nos
5	Patient bed with mattress, locker, trolley, wheelchair & furniture	100 Sets
6	High Flow Nasal Cannula (Adult)	20 Nos
7	Air Conditioner (2 Tonnes)	15 Nos.
8	Washing Machine & Laundry Drier (Heavy Duty)	1 Set
9	ICU Gurney	3 Nos
10	Central Monitoring System for ICU	2 Nos
11	Online UPS 40KVA with battery bank	1 Lot
12	Infusion Pump and accessories	30 Nos
13	ABG Analyzer with Electrolyte	1 No
14	Nebulising Machine; Suction Machine; Larygoscope, Cardiac Table	10 Sets
15	Cardiac Defibrillator; Infrared Thermometer	5 Sets
16	Pulse Oximeter; Cylinder Trolley D-Type	20 Sets
17	Cylinder Trolley B-Type	60 Nos
18	Ventilator Circuit (Adult)	50 Sets
19	Central Oxygen Pipeline System for 120 beds with manifold	1 AU
20	Civil & Electrical work for 120 Bedded Covid Block	1 AU
21	Hospital Support Staff for 6 months	10 Nos.
22	Renovation work for Geriatric Ward of JMCH	1 AU

Annexure 5: List of Equipment installed at paediatric ward, BBCI

Sl.No.	Equipment Description	QTY
1	Patient Monitor (5 Para)	7
2	Patient Monitor (3 Para)	8
3	Ventilator Ped to adult	2
4	Infusion pump	15
5	Nebuliser	4
6	Electrical Suction (Oil Free)	4
7	Defibrillator with Paediatric paddles	1
8	ECG Machine 12 Channel with trolley	1
9	Portable ABG Machine	1
10	Portable Ultrasound with Echo (Shear Machine)	1
11	Mobile X-ray 100 mA with DR Unit	1
12	Laryngoscope with Ped blades	3
13	Oxygen Hood for Neonates/ infants	5
14	Baby Weighing Scale	1
15	Digital Weighing Scale for paediatric patients	1
16	Crash-Cart	1
17	Nurse call bell system	1