



# NEEDS ASSESSMENT

TOYOTA INDUSTRIES  
ENGINE INDIA PRIVATE  
LIMITED

# OVERVIEW

## EXECUTIVE SUMMARY

### CHAPTER 1

Introduction and context of the study

### CHAPTER 2

Methodology adopted for Needs Assessment

### CHAPTER 3

Indicators and benchmarks as per SDGs, MPI , HDR and CSR Policy of TIEI

### CHAPTER 4

Village demographics & findings from the field study

### CONCLUSION

Needs and problems identified from the primary finding

### RECOMMENDATION

As per the needs of the villages

### SCOPE OF FUTURE STUDY



# Summary of Recommendations

## EDUCATION

- Conditional direct cost transfer/ Voucher scheme
- Digital based mediums such as gamification for adult literacy
- Promotion of sports activities

## HEALTH

- E-Pharmacy can be initiated for providing easy and affordable access of medicines
- Strengthen the capacity of the ANMs/ anganwadi workers by providing training and access to the application such as Anmol
- Tie up with digital health providers to reduce the health related expenditure

## SANITATION

- Emphasis on Solid and Liquid waste management
- Develop recycle centre in each village
- Develop waste composting facility

- Capacity building of people with disability
- Establishment of FPOs
- Training on value chain of agriculture
- Zero budget natural farming
- Skill up-gradation and additional infrastructure for training and apprenticeship for women

## SKILL DEVELOPMENT

## ENVIRONMENT

- Involve NEERI in order to rejuvenate the lake and for phytoid technology
- Championing the circular economy practices

## 2.1 STEPS INVOLVED IN THE STUDY

As per the implementation plan the study included a desk study/ secondary data collection. The problem areas for the purpose of the study in Bangalore Urban district were recognized on the basis of Government reports, official web portals and other official information. The CSR initiatives of Toyota Industries Engine India Private Limited as well as CSR policy were referred for the study in order to establish indicators and benchmarks of National standards. This was followed by preparation of data collection tools. The below diagram is an outline of the entire process of preparation of study framework and study tools.

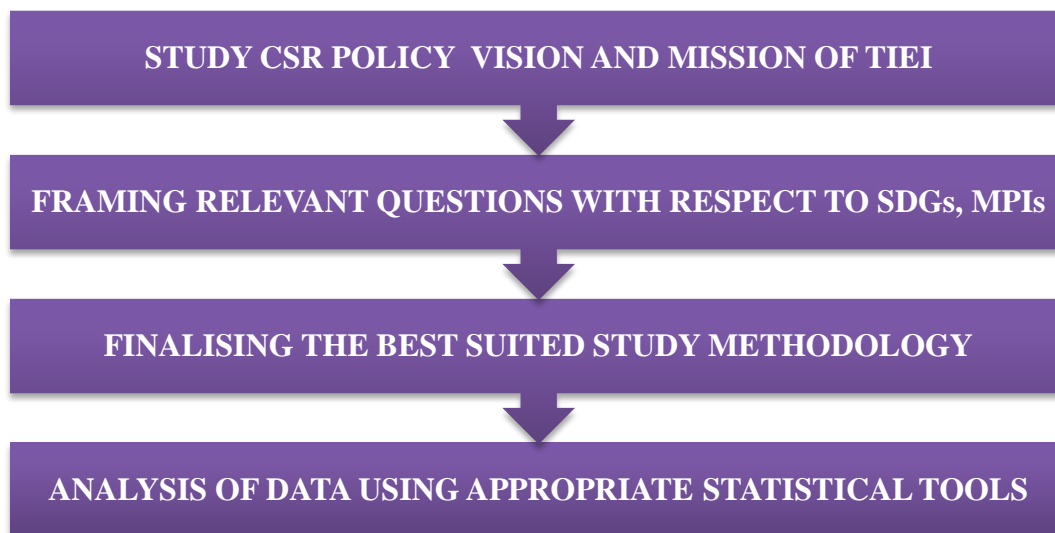


Figure 1: Process of preparation of study framework

Planning framework for the data collection process was designed to provide structure to the baseline study. It provided a blueprint for the entire study, from its inception to the end, to maximize control over factors, thereby reducing random errors, controlling systematic errors and enhancing the overall validity of the research.

A set of separate quantitative as well as qualitative tools were developed that included Household questionnaire and Interview schedules to triangulate information and obtain best possible accuracy of data from the primary research. Triangulation means using more than one method to collect data on the similar topic to verify. The questions were asked with respect to challenges and facilities available in the village, from the households as well as Panchayat members and Aanganwadi workers in order to assure the validity of the data received on the same topic.

The questionnaires were scientifically conceptualized to obtain household and village-level information on various socio-economic indicators. This was followed by primary data collection on field. The data collection for the survey was initiated with a team of 5 social work professionals, who were hired from Bangalore and were well acquainted with the local language

#### 4.1.1 Livelihood

##### Primary source of income



Image 5: Traditional livelihood in Bukkasagara village

Primary source of income in a household is the deciding factor of various amenities that lead to better livelihood options and standard of living. Out of the total respondents surveyed during the study, the maximum number of households, i.e. 92 respondents, believe agriculture to be the source of their traditional livelihood generation activity in the village. Majority of the people living in the village, i.e. 17 percent, (35 HH) are still dependent on agriculture as their main source of income, followed by driving (12 percent) as the second highest profession in the village.

It was indicated that, 34 percent of the respondents (64 households) were salaried employees, whereas only 21 percent of the respondents (41 households) were daily wage laborers in Bukkasagara. The same is depicted in the figure below.

## Availability of Aanganwadi



Image 10: Aanganwadi in Bukkasagara village

In the area of Bukkasagara village, during the survey it was asked in the households if they are aware of the presence of aanganwadi workers and sahayikas in their village. Based on the responses, it was found that 90 percent of the households are aware. This is a positive indication of the work done by angandwadi workers and sahayikas in the village premises.

### **Facilities provided by AWW**

The facilities provided by AWW in the village Bukkasagara are mentioned, such as Immunization (tika) (96 households claimed of receiving the service), Supplementary nutrition (84 households claimed of receiving the service) and pre-school education (only 9 households claimed of receiving the service).



Image 26: School in Madapnnadoddi village

#### **4.4.3 Health**

The primary concern of identification of the needs of people with respect to their medical conditions and immediate requirements this study was conducted focusing on the health facilities available in the village. Findings relating to the same are mentioned and depicted below.

##### **Nearest Health Care Facility**

In village Madapnnadoddi, 28 households responded they have access to Primary Health Centre or a Government hospital in the range of 5 kms of their area. While a total of 9 households responded of having private clinic within the radius of 5 kilometers of their households.

Availability of health facilities in the village was surveyed and it depicts the access of medical test facility by majority of households (15 households) followed by access to immunization services by 20 households. The village also has access to immunization services and antenatal and prenatal nursing care.

##### **Expenditure of Health Services**

It was found that in the past 12 months, out of total 31 sampled households, the expenditure on health services in majority of the households of the village ranges less than INR 2000. However, many have (11 households) spent INR 2000 to INR 5000 on health related issues.



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