



Impact   
Practice  
by CSRBOX

**Impact Assessment Report**

# Providing treatment and surgical support

(Access to Healthcare for poor Patients)



## Certificate

This is to certify that the Impact Assessment report titled: '**Providing treatment and surgical support(Healthcare Access to Poor Patients)**' is an original study conducted by CSRBOX and is submitted to Essel Mining & Industries Limited, a part of Aditya Birla Group.

The Impact Assessment Study has been conducted as per the requirements of the Companies Act, 2013 and the Companies (Corporate Social Responsibility Policy) Rules, 2014, as amended, and is compliant with the requirements of the law.

This study presents findings by CSRBOX, derived from reviewing secondary sources and conducting primary-level interactions. CSRBOX developed and implemented the impact assessment framework in alignment with the project's objectives and indicators.

Digital Signature

Mr. Bhomik Shah,  
Founder & CEO, CSRBOX

## **Disclaimer**

- The Impact Assessment Study has been conducted according to the requirements laid out in the Companies Act, 2013 and the Companies (Corporate Social Responsibility Policy) Rules, 2014, as amended, ensuring compliance with the applicable legal requirements.
- This report shall be disclosed to those authorised in its entirety only without removing the disclaimers. 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 as 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 Essel Mining & Industries Ltd., 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 obtain 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 as personnel in related industries.

**With Specific to Impact Assessment of ‘Providing Treatment and Surgical Support (Access to Healthcare for Poor Patients)’ under Essel Mining & Industries Ltd. (FY2021-22 and FY2022-23):**

- CSRBOX has neither conducted an audit or due diligence nor validated the financial statements and projections provided by Essel Mining & Industries Ltd.
- Wherever information was not available in the public domain, suitable assumptions were made to extrapolate values for the same.
- CSRBOX must emphasise that realising the advantages/enhancements resulting from the recommendations set out within this report (based on secondary sources) is dependent on the ongoing validity of the underlying assumptions. 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 realisation of the projected benefits.
- The premise of an impact assessment is ‘the objectives’ 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.

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## Executive Summary

### Background

Essel Mining & Industries Ltd. (EMIL) is an Aditya Birla Group company that actively engages with local communities to enhance societal well-being. As a responsible corporate organisation, EMIL undertakes a wide range of enriching activities and collaborates with community organisations to build a more equitable society. They provide resources to community stakeholders through awareness campaigns, capacity-building initiatives, tools, and infrastructural support.

Connecting with marginalised communities is central to EMIL's core values. They embrace the principle of trusteeship, prioritising the well-being of underserved populations over business interests. Their CSR activities are dedicated to improving the quality of life in rural communities and aim to positively impact their lives.

### Project Details

By partnering with the **G. D. Birla Medical Research and Education Foundation**, EMIL has supported initiatives to provide free medical treatment to underprivileged patients at **Aditya Birla Memorial Hospital**. This initiative is designed to ensure that quality healthcare is accessible to economically disadvantaged individuals who are unable to afford medical services.

### Alignment with SDG Goals

The project aligns with the below highlighted SDG Goals –



### Alignment with BRSR Principles

|  |  |
|--|--|
| Principle 4: Business should respect and be responsive to the interests of its stakeholders  |  |
| Principle 7: Businesses, when engaging in influencing public and regulatory policy, should do so in a manner that is responsible and transparent |  |
| Principle 8: Businesses should promote inclusive growth and equitable development  |  |

## Alignment with National Priorities



## Alignment with CSR Policy



## Impact Highlights

During the impact assessment, the study team developed an evaluation matrix based on appropriate parameters. The impact of this project was evaluated based on **OECD DAC Framework** components: Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability.

|                             |   |
|-----------------------------|---|
| <p><b>Relevance</b></p>     | <p><b>93%</b> of respondents reported receiving free treatment<br/> <b>72%</b> of respondents reported possessing an Orange Ration Card.<br/> <b>66%</b> of respondents reported taking a PET CT Scan.<br/> <b>62%</b> of respondents reported a single source of income.<br/> <b>59%</b> of households reported annual income of INR 1.5 lakhs or less.<br/> <b>52%</b> of representation was from marginalised communities.</p> |
| <p><b>Coherence</b></p>     | <p><b>50%</b> of the respondents reported enrolling for the Ayushman Bharat Scheme/other government schemes.</p>  |
| <p><b>Effectiveness</b></p> | <p><b>87%</b> of the respondents reported that the procedure was explained to them directly by the Doctor.<br/> <b>58%</b> of the respondents expressed satisfaction at the explanation provided by the staff at the hospital.<br/> <b>52%</b> of the respondents expressed satisfaction at the Quality of treatment provided at the hospital.</p>  |

|                   |   |
|-------------------|---|
|                   | <p><b>42%</b> of the respondents reported that the procedures took them around thirty minutes to an hour to complete</p>  |
| <b>Efficiency</b> | <p>Out of <b>93%</b> respondents who reported receiving free treatment, who reported <b>58%</b> of the respondents reported paying between INR 10,001 and INR 20,000 for taking the test at the hospital.</p> <p><b>50%</b> of the respondents expressed feeling uncomfortable due to fear during the procedure.</p> <p><b>46%</b> of the respondents reported that they travelled up to a maximum of 25 kilometres to avail the treatment.</p> <p><b>33%</b> of respondents reported staying at the hospital for a span of 3 to 5 days</p> |
| <b>Impact</b>     | <p><b>52%</b> of respondents reported satisfaction at the explanation provided by staff for Surgery/Treatment.</p> <p><b>43%</b> of respondents reported to feeling a lot better after receiving the treatment.</p>   |



# Chapter 1

## Project Background & Overview



## Chapter 1: Project Background and Overview

This section provides an overview of the funding organisation, the programme cardinals and the detailed interventions.

### 1.1 CSR Initiatives of EMIL

Essel Mining & Industries Limited (EMIL), has a rich legacy of excellence in the mining and manufacturing industries, particularly in iron ore, coal mining, manufacturing of Noble Ferro Alloys, Iron ore beneficial pelletisation and renewable energy. With a strong commitment to sustainability and operational excellence, EMIL has played a key role in contributing to India's industrial growth while prioritising environmental and community development.

EMIL<sup>1</sup> operates with a focus on innovation, safety, and responsible resource management, ensuring minimal environmental impact and maximum value creation. The company has diversified its business interests into sectors like wind energy and contract coal mining, aligning its operations with sustainable development goals. As part of its Corporate Social Responsibility (CSR) initiatives, EMIL actively contributes to areas such as Infrastructure, Sustainable Livelihoods, Health, Education & Capacity building and Women Empowerment.



The current out-of-pocket expenditure according to the **2021-22** data shows that it accounts for 39.4% of total health expenditure and household health expenditure accounts for **44.1%** of total health expenditure.<sup>2</sup>The heavy reliance on OOP spending is largely due to low public healthcare spending, which currently stands at around **2.1% of GDP** (2023). The High out-of-pocket expenditure pushes many households into poverty due to annual healthcare costs, thus leading to deterring patients from seeking timely medical intervention, worsening the health outcomes.

By partnering with the **G. D. Birla Medical Research and Education Foundation**, EMIL has supported initiatives to provide free medical treatment to underprivileged patients at **Aditya Birla Memorial Hospital**. This initiative is designed to ensure that quality healthcare is accessible to economically disadvantaged individuals who are unable to afford medical services.

<sup>1</sup> <https://www.esselmining.com/csr.php>

<sup>2</sup> [https://mohfw.gov.in/sites/default/files/NHA%202021-22\\_up.pdf](https://mohfw.gov.in/sites/default/files/NHA%202021-22_up.pdf)

## 1.2 About the Programme

The Healthcare Access Programme for Low-Income Patients, funded by EMIL, is designed to offer financial assistance to individuals from economically disadvantaged backgrounds, ensuring that financial barriers do not hinder their access to essential medical care. The programme provides free treatment to poor patients at Aditya Birla Memorial Hospital, Pune.

EMIL's funding enables the G. D. Birla Medical Research and Education Foundation to cover the costs of treatments, including specialised care, diagnostics, surgeries, and post-treatment support. By addressing critical healthcare disparities, this programme aims to improve the well-being of vulnerable communities. Additionally, it strengthens healthcare infrastructure by enhancing the capacity of Aditya Birla Memorial Hospital to cater to a larger number of patients. This collaboration reflects a strategic effort to bridge healthcare inequalities, save lives through timely medical interventions, and promote a sustainable and inclusive healthcare ecosystem. Through this partnership, **the G. D. Birla Medical Research and Education Foundation and EMIL are making a meaningful impact, ensuring that no one is denied treatment due to financial constraints and fostering long-term health and well-being in society.**

## 1.3 Alignment with Schedule VII

Schedule VII (Section 135) of the Companies Act, 2013 specifies the list of activities that a company includes in its CSR Policy. The project's objective of promotion of healthcare is in partial alignment with the below-listed activities of Schedule VII:

*Table 1: Alignment with Schedule VII*

| The subsection of Schedule VII | Activities  |
|--------------------------------|---|
| <b>Section 135(i)</b>          | <ul style="list-style-type: none"><li>• Eradicating hunger, poverty, and malnutrition, [promoting health care including preventive health] and sanitation</li></ul> |
| <b>Section 135(iii)</b>        | <ul style="list-style-type: none"><li>• Measures for reducing inequalities faced by socially and economically backward groups;</li></ul>                            |

## 1.4 Alignment with SDG

The Sustainable Development Goals (SDGs) have been formulated by the United Nations to transform our world. They serve as a "blueprint to achieve a better and more sustainable future for all" and are integral to the United Nations 2030 Agenda for Sustainable Development. These goals were unanimously agreed upon by 193 countries in September 2015. The programme's goals are aligned with the UN SDGs in the following manner: -

**Table 2: Alignment with SDG Goals**

| Sustainable Development Goals  | Specific Targets   | Alignment – Complete/Partial with the reason   |
|--|--|--|
|   | <p><b>3.8</b><br/> <b><i>Ensure healthy lives and promote well-being for all at all ages</i></b><br/>                     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<br/>                     Indicators</p> | <p>Complete Alignment.<br/>                     Through the programme, people were treated for different diseases.</p>   |
|  | <p><b>10.3</b><br/> <b><i>Reduced Inequalities</i></b><br/>                     Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard.</p>   | <p>Partial Alignment.<br/>                     Through the programme people who came from economically weaker sections of the society were provided treatment and supported financially.</p> |

## 1.5 Alignment with National Priorities

The Project Healthcare Access to Poor Patients is aligned with the following national priorities: -

### Ayushman Bharat

Ayushman Bharat, also known as the National Health Protection Scheme, is a flagship initiative of the Indian government aimed at providing affordable healthcare access to millions of its citizens. The core objectives of the programme are as follows:-

- **Universal Health Coverage:** To provide quality healthcare services to all Indians, with a focus on the underprivileged.
- **Reduced Out-of-Pocket Expenses:** To minimise the financial burden of healthcare on individuals and families.

### National Health Policy 2017

• The National Health Policy 2017 is a comprehensive framework guiding India's healthcare goals. The key goals are as follows:-

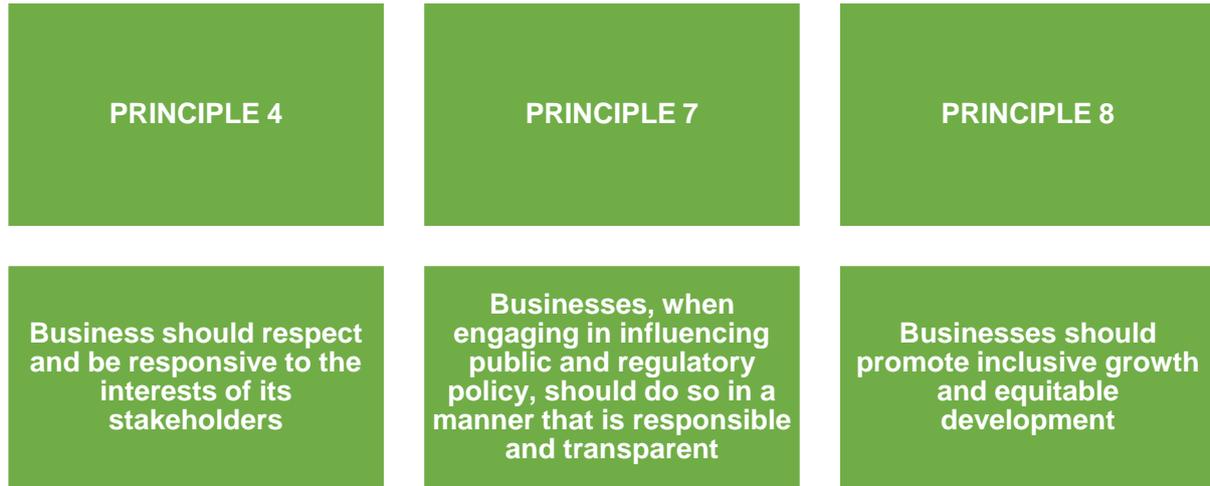
- Achieving the highest possible level of health and well-being for all at all ages, through preventive and promotive healthcare orientation.

Some of the Key Principles are as follows:

- **Universality:** Access to healthcare for all, regardless of background.
- **Equity:** Reducing disparities in healthcare access based on factors like gender, poverty, caste, and location.
- **Affordability:** Making healthcare services accessible and affordable for all.
- **Quality:** Ensuring high-quality healthcare services that are effective and safe.
- **Accountability:** Holding healthcare providers and institutions accountable for their performance.

## 1.6 Alignment with BRSR Principles

Particularly, for the **Business Responsibility & Sustainability Reporting Format (BRSR)** shared by the Securities & Exchange Board of India (SEBI), EMIL's CSR Project on Healthcare access to poor patients can be covered under the following principles –



## 1.7 Theory of Change

Table 3: Theory of Change

| Activities  | Outputs  | Outcomes   | Impact  |
|---|--|--|---|
| Identifying patients- Assessing, managing, screening, and evaluating the eligibility criteria | 600 patients identified eligible for treatment at the hospital | Improved access to timely screening and medical/surgical care; Improved health literacy among patients and families; improved health outcomes; and reduced disease burden. | Improved quality of life of the population<br>Equitable access to health care to underprivileged population |
| Medical/Surgical support provided to the patients   | 600 patients diagnosed at the hospital                         | Increased support provided to the patients   | Reduced morbidity and mortality rate among the population due to diseases                                   |
| Post-treatment follow-up with patient-family  | 600 patients followed up after treatment                       | Increased participation of hospital in the patients welfare  | Reduced inequalities and provided equal opportunity for all   |



## Chapter 2

### Design & Approach of the Impact Assessment



## Chapter 2: Design and Approach of the Impact Assessment

This section provides an overview of the objectives of the study, the adopted research methodology, and other details revolving around the study.

### 2.1 Objectives of the Study

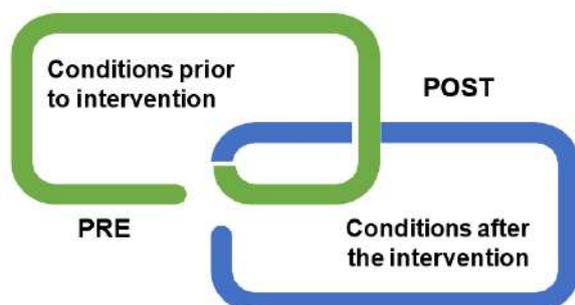
The following are the objectives of the Impact Assessment Study:-

- Assess the project outcomes using the OECD DAC framework, focusing on key parameters such as relevance, effectiveness, efficiency, coherence, impact, and sustainability to gauge overall performance.
- Collect both qualitative and quantitative feedback from various stakeholders involved in the programmes, evaluating the performance and processes to identify strengths and areas for improvement.
- Identify the challenges faced during the implementation of the project, gathering insights from the implementation agency to better understand obstacles and areas of concern.
- Document key case studies that showcase impactful success stories and significant outcomes achieved among the end beneficiaries.
- Provide actionable recommendations based on the findings to improve the design and execution of similar programmes in the future.

### 2.2 Approach and Methodology

#### Approach

In alignment with the study's objectives and the critical areas of investigation, the evaluation design emphasised the primary goal of gaining insights. Within this section, we outline our strategy for crafting and implementing a resilient, flexible, and results-driven evaluation framework/design.



To measure the impact, a **pre-post-programme evaluation approach** was adopted for the study. This approach is dependent on the recall capacity of the respondents. Under this approach, the beneficiaries were enquired about conditions prior to the programme intervention and after the programme intervention. The difference helped in

understanding the contribution of the programme in improving the intended condition of the beneficiary.

This approach at best can comment on the contribution of the programme in improving the knowledge level though may not be able to attribute the entire changes to the programme. Other external factors may also play a role in bringing positive changes along with the

programme. Hence, the contribution will be assessed but attribution may not be entirely assigned to the programme.

### Methodology

For the assessment of the programme, we adopted a **two-pronged approach** to data collection and review that includes secondary data sources



and literature, as well as **primary data** obtained through **quantitative** and **qualitative** methods of data collection. The figure below illustrates the study approach that was used in data collection and review.

The **secondary study** involved a review of annual reports, monitoring reports, and other studies and research by renowned organisations available in the public domain to draw insights into the situation of the area.

The **primary study** comprised **qualitative** and **quantitative** approaches to data collection and analysis. The qualitative aspects involved in-depth interviews (IDIs) with the patients/ doctors, social workers, and other institute-associated stakeholders.

### 2.3 Evaluation Framework and Indicators

To determine the relevance, appropriateness, coherence, effectiveness, impact potential and efficiency of the programme, the evaluation will use the OECD DAC Framework. Using the logic model and the criteria of the OECD DAC framework, the evaluation will be able to assess the contribution of the EMIL CSR team to the results while keeping in mind the multiplicity of factors that may be affecting the overall outcome. The OECD DAC Network on Development Evaluation has outlined six evaluation criteria: relevance, coherence, effectiveness, efficiency, impact, and sustainability. These criteria establish a normative framework for evaluating the value and significance of an intervention, be it a policy, strategy, programme, project, or activity. They form the



foundation upon which evaluative judgments are based.

The social impact assessment will hinge on the following pillars:

| <b>Criterion</b> | <b>Indicator</b>  | <b>Stakeholders</b>     |
|------------------|---|-------------------------|
| Relevance        | Number of patients supported through the programme  | Patients                |
|                  | % of patients availing services from Underprivileged /low socioeconomic background                        |                         |
|                  | % of patients availing services from rural area   |                         |
|                  | % of patients unable to afford the required care due to financial issues and benefitted from the services |                         |
|                  | Number of medical staff available for the treatment   | Medical Staff           |
|                  | Professional experience   |                         |
|                  | Number of treatments available at the hospital  | Hospital Administration |
|                  | Eligibility criteria of the patients for availing the services  |                         |
|                  | Number of beds available for each category of treatment   |                         |
| Coherence        | % of beneficiaries enrolled for Mahatma Jyotiba Phule Jan Arogya Yojana                                   | Patients                |
|                  | % of patients facing issues with Mahatma Jyotiba Phule Jan Arogya Yojana                                  |                         |
|                  | Integration with government scheme  | Hospital Administration |
|                  | Eligibility and Verification Process  |                         |
|                  | Documentation and Record-keeping  |                         |
| Effectiveness    | % of doctors available on time for treatment  | Doctors & Nurses        |
|                  | Number of patients catered to by each nurse per day   |                         |
|                  | % of patients receiving adequate information on document submission                                       | Patients                |
|                  | % of patients receiving assistance from staff in document submission                                      |                         |
|                  | % of patients expressing satisfaction with the service provided   |                         |
| Efficiency       | % of doctors/nurses available to treat patients every day   | Hospital Administration |
|                  | % of doctors/nurses available to treat emergencies  |                         |
|                  | % of payment-related issues that hamper treatment   |                         |
|                  | % of patients travel long distances to access healthcare  | Patients                |
|                  | % of patients with multiple sittings of the surgery   |                         |

|                |   |  |
|----------------|---|--|
|                | % patients that had to incur out-of-pocket expenditure for the treatments                         |  |
|                | % of patients with an extended stay in hospital   |  |
| Impact         | % of patients who have benefited from the treatment   | Patients/Doctors/Hospital Administration |
|                | % of patients who are living a healthier and happier life   |  |
|                | % of patients with increased awareness of services/treatment accessible to them                   |  |
|                | To assess the programme critically and identify lags to make the programme better in the long run | EMIL Team/GD Birla Team                  |
| Sustainability | To assess the after-effects of the intervention with the community                                | Patients/EMIL Team/GD Birla Team         |
|                | To check on the alternative sources of funding/community support post the intervention.           | EMIL Team/GD Birla Team                  |

## 2.4 Stakeholder Mapping

The stakeholders of the study have been classified into primary and secondary stakeholders. The primary stakeholders were the patients who had received treatment in the GD Birla Memorial Hospital. As part of the assessment process, the team also interacted with other stakeholders who were involved in the programme. The list of the secondary stakeholders has been mentioned below: -

| Stakeholder   | Qualitative tool        | Number of Interaction |
|---|-------------------------|-----------------------|
| Doctors   | In-Depth Interview      | 1                     |
| CSR team  | Key Informant Interview | 1                     |
| Implementation team - G.D.Birla Medical Research & Education Foundation | Key Informant Interview | 1                     |
| Total   |                         | <b>3</b>              |

In alignment with the study, we conducted approximately In-Depth Interviews (IDIs) and Key Informant Interviews (KIIs) with diverse stakeholders. The intended sampling strategy was designed to gather data from various categories of beneficiaries. These conversations will contribute to a comprehensive impact analysis of the project, involving participants such as the CSR Team, Doctors, and the project implementation team, to have a holistic approach.

Furthermore, the assessment will encompass the development of 2 case studies. This strategy ensures a comprehensive analysis of the project's influence on the diverse insights into the unique challenges and opportunities faced by different groups. This approach fosters a more refined understanding of the project's impact on the community and provides essential guidance for future endeavours.

## 2.5 Sampling Approach

### Quantitative Sampling

A simple random sampling approach is used to ensure that the sample is representative of all the strata and divisions. The sample has been calculated in a statistically significant way. Any impact reflected by the sample can then be safely assumed to be a reflection of the entire population.

| Sr. No | Stakeholder | Mode of Data Collection | No. of interviews Conducted | Rationale                                    |
|--------|-------------|-------------------------|-----------------------------|--|
| 1      | Patients    | Quantitative Survey     | 87                          | 95% Confidence Level and 10% Margin of Error |

### Qualitative Sampling

Apart from the quantitative data collection methods, qualitative data were also collected. The data collected were able to highlight:



## 2.6 Limitations of the Study

The study had its limitations. They are as follows:-

- Patient mortality during or post the treatment period.
- Incorrect contact information provided at patient admission:-
- Respondent's hesitancy to disclose details regarding treatment received.
- Unavailability of Patient Database to conduct the study.

## 2.7 Ethical Considerations

The following ethical considerations were made as part of the study:-

- **Informed Consent and Exclusion:** Respondents who declined to provide informed consent were excluded from participation in the study. This is ethically sound and respects the autonomy of potential participants.



## Chapter 3

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### Impact Findings



## Chapter 3: Impact Findings

The following section of the report indicates the key findings and insights drawn from the impact assessment study based on the OECD DAC framework's standard parameters as outlined in the framework for the study.

### 3.1 Relevance

The relevance of a programme is determined by the extent to which the intervention inclines towards the 'felt' needs of the communities.

- **Locality of the Patients**

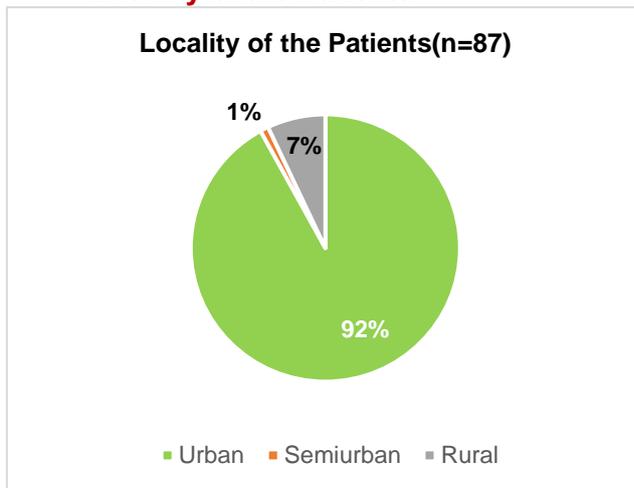


Figure 1: Locality of the Patients

This overwhelmingly urban patient base (92%), while seemingly counterintuitive to a commitment to serving the underserved, can reflect EMIL's commitment in a specific way. Given that Pune has a significant population living in urban slums and economically disadvantaged areas within the city itself, the high percentage of urban patients likely indicates that EMIL is successfully reaching these urban underserved populations.

It underscores that "underserved" isn't solely a rural issue, and that EMIL's efforts are concentrated on a significant, yet often overlooked, segment of the urban poor.

- **Age Group of the Patients**

The age distribution of patients reveals a broad range, demonstrating the programme's reach across all age groups. While representation exists from the very young (below 18) to the very elderly (above 80), the largest segment falls within the **51-60 age group** at 32%, likely representing the median age range. This suggests a significant focus on addressing the healthcare needs of middle-aged and senior individuals.

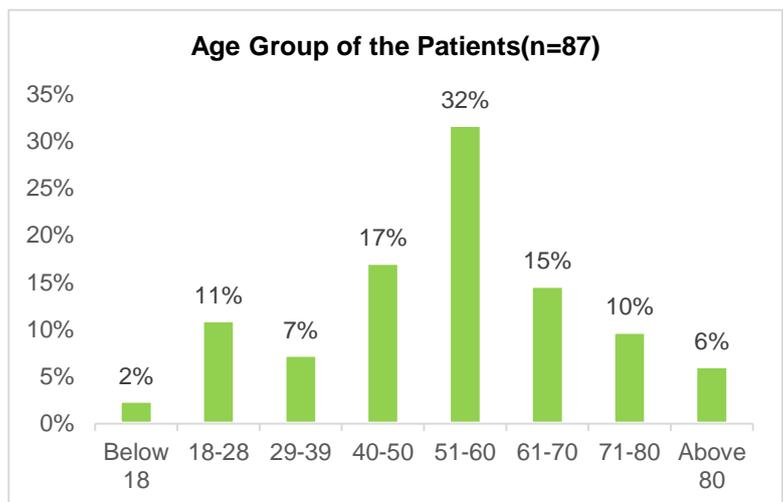
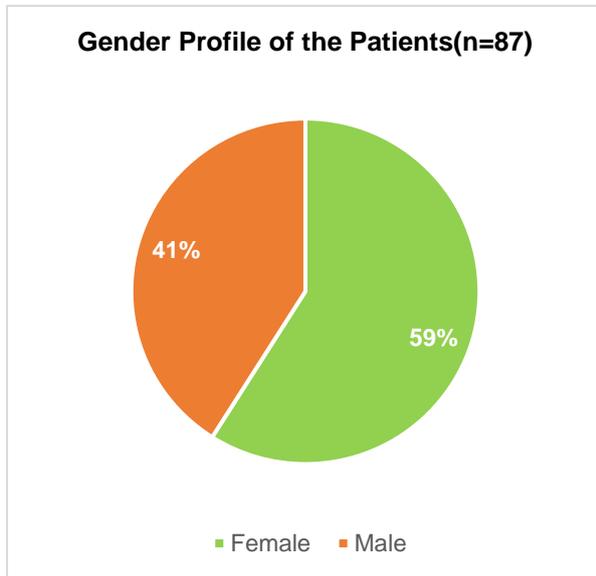


Figure 2: Age Group of Patients

However, the presence of patients across all other age brackets, including a notable **17%** in the **40-50 age group range** and **11%** in the **18-28 age group range**, underscores the programme's commitment to providing unrestricted access to healthcare regardless of age. It highlights a system that caters to diverse needs, from paediatric to geriatric care, ensuring that healthcare services are available throughout the lifespan.

- **Gender Profile of the Patients**

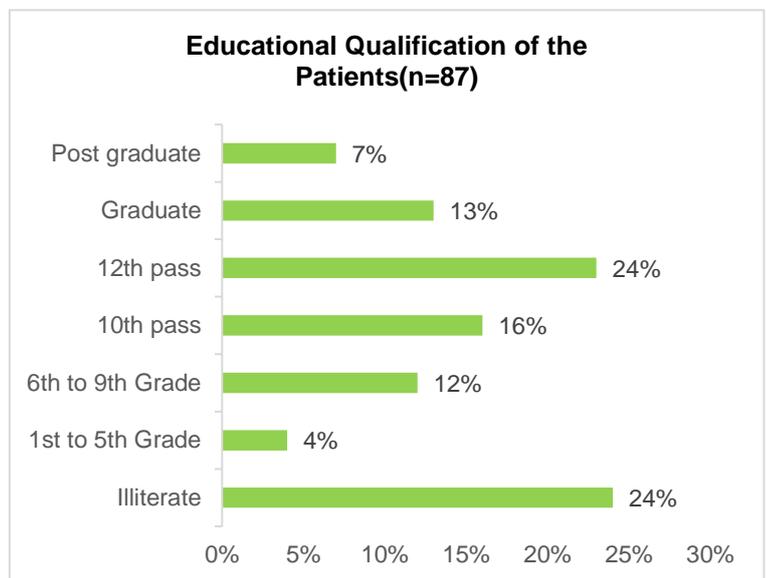


The patient demographic reveals a strong female representation of **59%**, highlighting the hospital's role in serving the healthcare needs of women. This is particularly relevant considering the often unequal access women face in healthcare systems due to various socio-economic and cultural factors. Prioritising and ensuring access to treatment for women is crucial, as their health often has a ripple effect on families and communities. This high percentage suggests a commitment to inclusivity and addressing the specific healthcare needs of women within the population served by the hospital.

*Figure 3: Gender Profile of the Patients*

- **Educational Status of the Patients**

The data on the educational status of patients reveals that a substantial majority, **56%**, had education levels of 10th standard or below. This includes a significant **24%** who are illiterate, along with smaller percentages who have completed only primary or middle school. This demonstrates that the programme is effectively reaching and serving a large segment of the lower educational strata within the community.



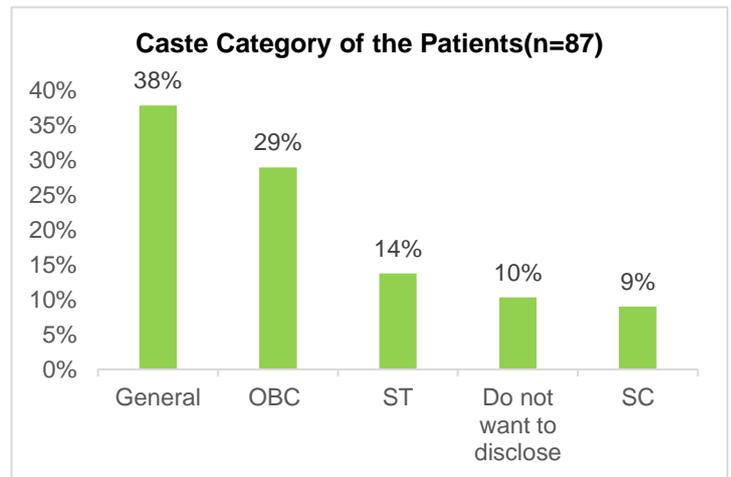
*Figure 4: Educational Qualification of the Patients*

While individuals with higher education are also represented, the focus on those with limited schooling highlights the programme's critical role in providing healthcare access to a population that may be particularly vulnerable and underserved.

- **Caste Category of the Patients**

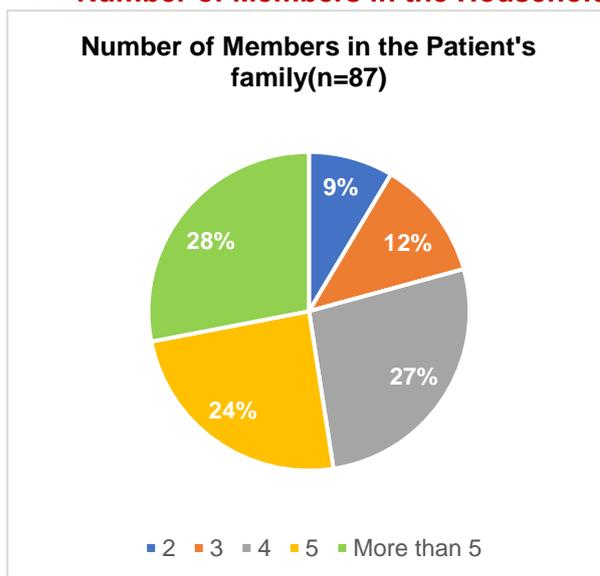
The data reveals that **38%** of beneficiaries are from the general category, indicating that the facility's appeal extends beyond those solely reliant on free services and suggests good quality of care and treatment provided to the patients.

The combined **52%** representation from OBC, ST, and SC communities underscores the facility's crucial role in providing healthcare access to minorities and economically weaker sections of society, a particularly relevant consideration in the current context where equitable access to healthcare remains a significant challenge.

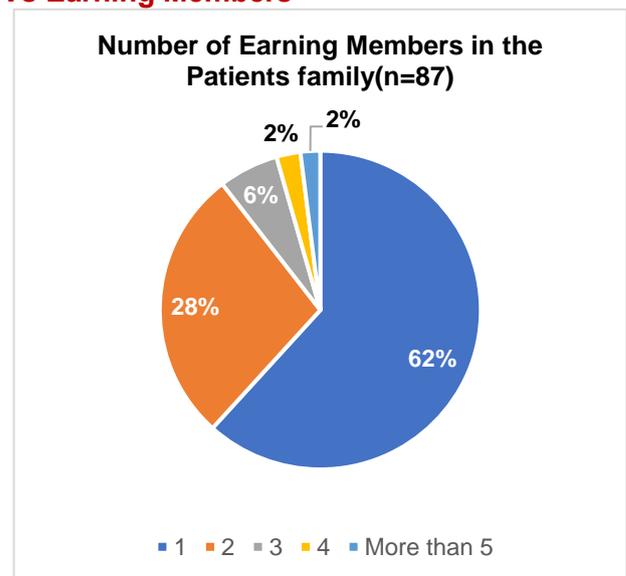


*Figure 5: Caste Category of the Patients*

- **Number of Members in the Household Vs Earning Members**



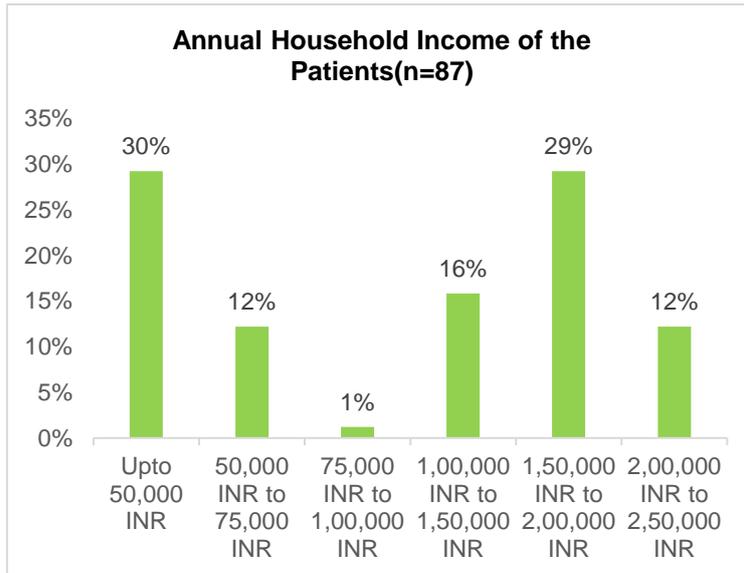
*Figure 7: Number of Members in the Family*



*Figure 6: Number of Earning Members in the family*

The data reveals a strong reliance on single source income among the surveyed population. A significant **62%** of families report having only one income source, while **28%** report two sources. Smaller percentages of families have three (**6%**), four (**2%**), or more than four (**1%**) income sources. When compared with family size data, where a substantial **52%** of families comprise five or more members, a potential vulnerability emerges. The convergence of large family size and single-source income suggests that a significant portion of these larger families may be particularly susceptible to economic hardship should that single income be disrupted. This highlights a critical need for targeted interventions aimed at improving health outcomes, as this segment of the population is more vulnerable in terms of receiving access to healthcare.

- **Annual Household Income**



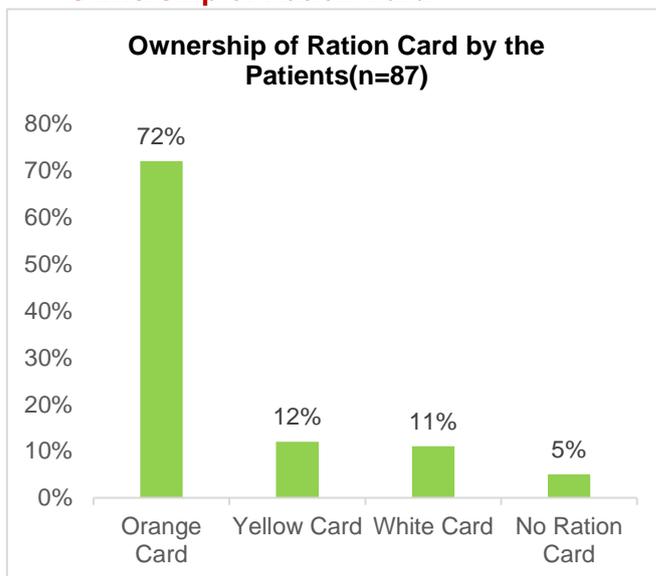
**Figure 8: Annual Household Income**

The annual household income data reveals that a substantial majority (**59%**) of households surveyed earn INR 1.5 lakhs or less annually, with a significant **30%** earning INR 50,000 or less.

These figures, considerably lower than the Indian average, indicate that the programme serves a predominantly economically vulnerable population facing significant financial constraints.

This precarious economic situation, where daily existence is often a struggle, underscores the programme's vital role in providing access to quality healthcare at nominal rates. For families struggling to make ends meet, affordable healthcare can be transformative, enabling them to prioritise essential medical needs without incurring debilitating financial burdens. The programme's impact extends beyond healthcare provision, alleviating economic strain and allowing families to allocate limited resources to other critical necessities.

- **Ownership of Ration Card**

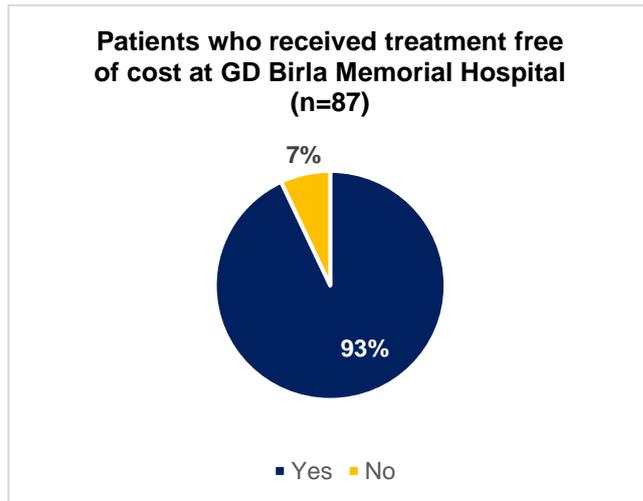


**Figure 9: Ownership of Ration Card**

The distribution of ration cards in this surveyed population of Maharashtra reveals a predominantly economically vulnerable segment. A significant **72%** held Orange Cards, indicating that while they are above the poverty line, their annual income does not exceed INR 1lakh, making them eligible for subsidised food grains and other essential commodities as per the Public Distribution System (PDS) in Maharashtra.

Yellow cardholders, representing **12%** of the population, fall below the poverty line with an annual income of INR 15,000 or less, entitling them to

greater subsidies under the PDS. This signifies the programme's reach to the most vulnerable strata of the society.



*Figure 10: Payment for Treatment*

- **Payment for Treatment**

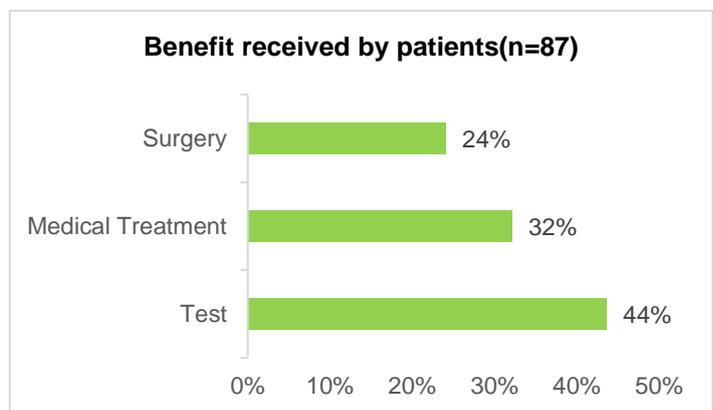
A remarkable **93%** of patients surveyed attested to receiving free treatment at the GD Birla Memorial Hospital, a testament to the programme's transformative impact on access to healthcare. This overwhelming majority underscores the programme's success in removing financial barriers that often prevent individuals from seeking necessary medical attention.

By providing free treatment, the programme has demonstrably increased access to vital health services for a substantial portion of the patient population, particularly those who might otherwise forgo care due to cost constraints. This initiative not only addresses immediate health needs but also contributes to improved long-term well-being and reduces the potential for delayed or forgone care leading to more serious health issues. The high percentage of patients benefiting from free treatment highlights the programme's crucial role in bridging the gap between healthcare needs and financial limitations, significantly enhancing healthcare accessibility for a large segment of the community.

- **Benefit received at the Hospital**

Analysis of the benefits received by the patients reveals that testing constitutes the most availed service at **44%**, suggesting a strong emphasis on diagnostics, potentially for preventative care or specialised diagnoses.

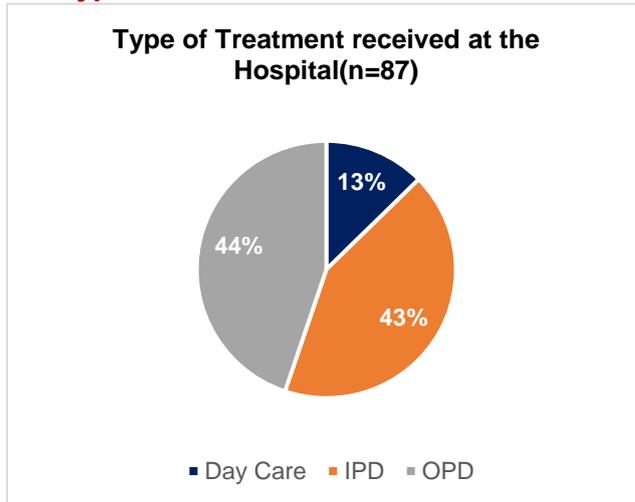
Medical treatment facility followed at **32%**, indicating substantial therapeutic needs within the patient population.



*Figure 11: Benefits received at the Hospital*

Surgical interventions accounted for **24%** of the benefits received. The high utilisation of testing services also makes it clear that these services are accessibility, affordability, and the hospital's diagnostic focus, which are crucial factors for a comprehensive impact assessment.

- **Type of Treatment received**



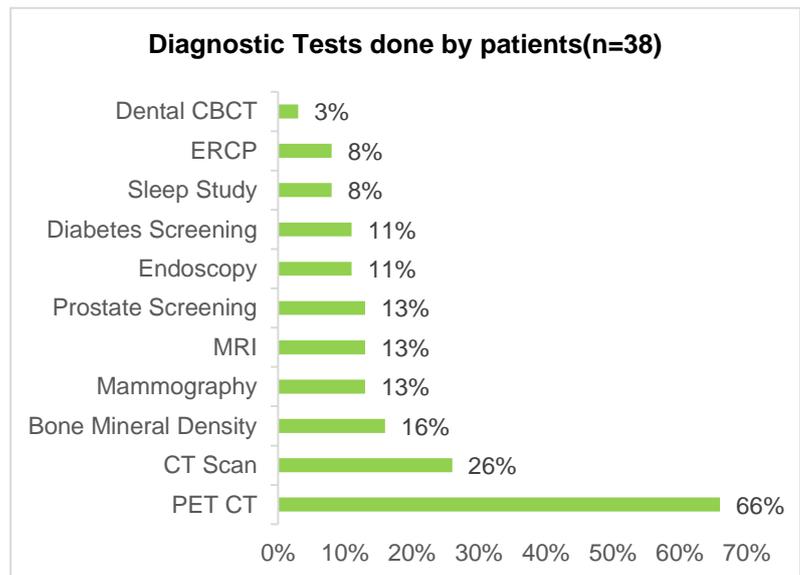
The data indicates a significant utilisation of both In-Patient Department (IPD) and Out-Patient Department (OPD) services, with OPD slightly exceeding IPD in terms of percentage. However, both constitute the vast majority of services at **87%** combined, suggesting a healthcare facility catering to a wide range of patient needs, from those requiring hospitalisation to those seeking routine consultations and treatments.

*Figure 12: Type of Treatment*

Despite representing a smaller portion at **13%**, Day Care services still indicate a noteworthy segment of patients opting for same-day procedures or treatments, highlighting the facility's capacity to handle cases where overnight stays are not required.

- **Diagnostic Tests**

This programme offers a diverse range of diagnostic services. PET CT was the most frequently conducted test at **66%**, reflecting a strong focus on advanced imaging, likely in oncology and neurology. Only respondents who reported having conducted tests at the hospital were considered for the survey. CT scans followed at **26%**, a versatile tool used across many medical conditions.

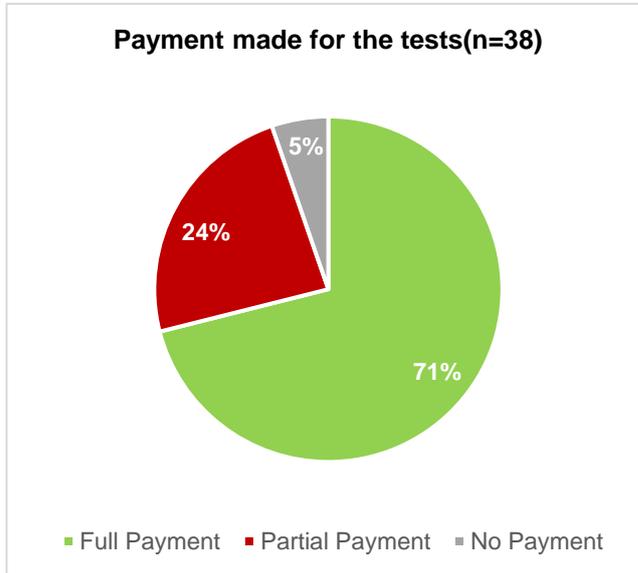


*Figure 13: Diagnostic tests*

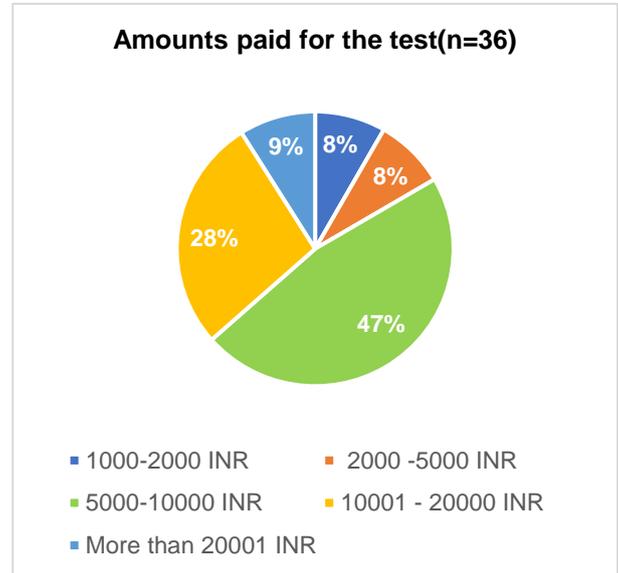
Other key diagnostics include Bone Mineral Density scans, Mammography, MRI, and Prostate Screening, each representing a similar proportion of total tests. The programme also offers services like Endoscopy, Diabetes Screening, Sleep Studies, ERCP, and Dental CBCT, highlighting a range of catered medical needs. The programme's diagnostic capabilities are extensive, with a focus on advanced imaging. This comprehensive suite

of tools positions the programme to effectively address the diverse healthcare requirements of the patients.

- **Payment for tests undertaken at the Hospital and Amount paid by the respondents**



*Figure 15: Payment made for the tests*

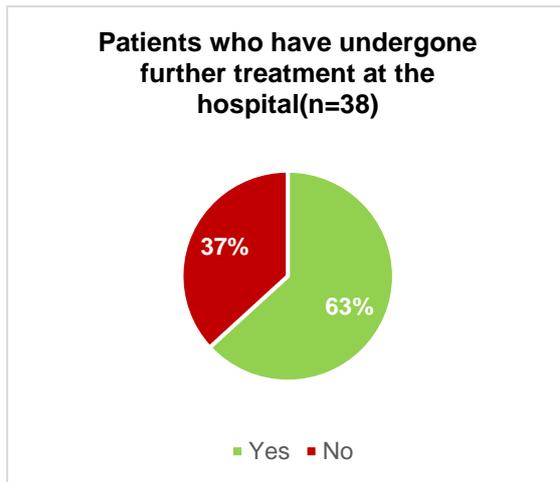


*Figure 14: Amount paid for the tests*

The data reveals a breakdown of payment for tests associated with medical treatment. Out of the total respondents, the majority (**71%**) reported making a full payment for the tests. A significant portion (**24%**) also made partial payments, indicating that while they may have received some level of financial assistance or discounts, they still incurred a substantial cost. Only respondents who reported spending an amount for the tests either fully or partially from their pockets were considered. Only a small fraction (**5%**) of respondents reported making no payment at all for the tests. This suggests that while some individuals may have qualified for fully subsidised or free testing, the overall cost of diagnostic tests represents a significant out-of-pocket expense for a large majority of patients.

On inquiry on the amount paid by the patients, the cost of tests varied among respondents. A substantial **47%** of those surveyed paid between 5,000 and 10,000 INR, representing the largest group and indicating a significant financial burden for many. High costs were also evident, with **28%** paying between 10,001 and 20,000 INR and another **9%** paying over 20,001 INR, totalling over a third of respondents facing considerable expenses. On the lower end, both the 1,000-2,000 INR and 2,000-5,000 INR ranges accounted for 8% of respondents each, suggesting that while some individuals had lower costs, they were significantly fewer in number compared to those facing higher expenses. Overall, the data demonstrates that a large majority of respondents incurred significant out-of-pocket expenses for these tests.

- **Patients who have undertaken further treatment at the Hospital**

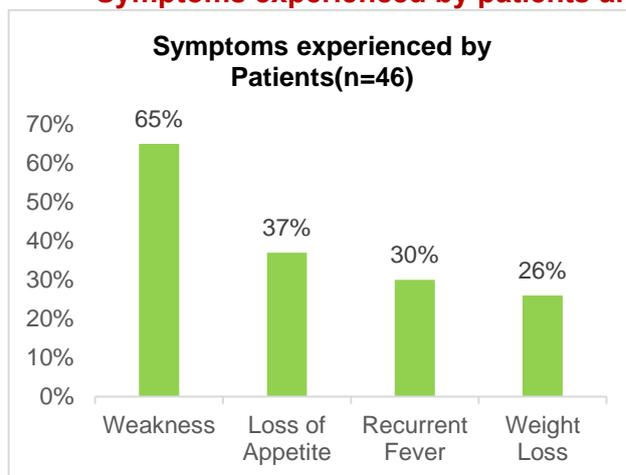


The findings of the study indicate that a vast majority of the patients (**63%**) have undertaken further treatment at the hospital after conducting tests in the hospital's lab. This analysis specifically includes only those respondents who both completed diagnostic testing and continued with subsequent treatment at the same hospital facility. This clearly indicates a positive outcome of the programme in catering to treatment facilities for the marginalised communities.

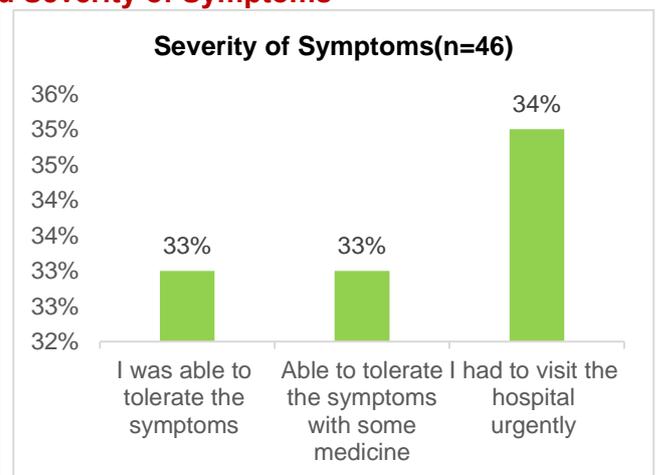
*Figure 16: Patients undergoing further treatment*

### Medical/Surgical Treatment

- **Symptoms experienced by patients and Severity of Symptoms**



*Figure 18: Symptoms experienced by patients*

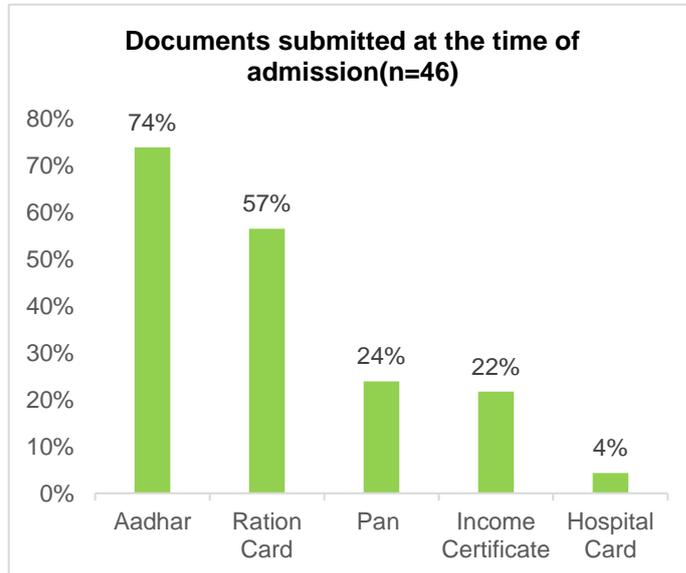


*Figure 17: Severity of Symptoms*

On inquiry, patients reported a range of concerning symptoms, with weakness being the most prevalent at **65%**. Loss of appetite was also frequently reported, affecting **37%** of the group. Only respondents who reported having undergone medical treatment/surgery were considered. Recurrent fever and weight loss were noted less often, at **30%** and **26%** respectively. Patient experiences regarding symptom severity varied, with **33%** able to tolerate their symptoms without medication and **33%** managing with medication. A slightly larger proportion (**34%**) of the respondents, however, required urgent hospital visits due to the severity of their symptoms. This data highlights a concerning level of symptom burden, as over a third of patients experienced symptoms severe enough to necessitate emergency hospital care. On further interaction with the patients, it was observed that even though a visit to the

hospital was required, patients did not visit the hospital due to varied reasons such as financial issues and proximity to the hospital, to mention a few.

- **Documents submitted to avail of the benefits**



On enquiry to the patients about the documents submitted at the time of admission and to avail the benefits, it was observed that the most commonly submitted document was the Aadhar card, with **74%**, closely followed by the Ration Card, with **57%**. These respondents only include those who have opted for medical treatment/surgery. The submission of multiple documents, with a clear emphasis on primary identification and means-testing documents, suggests a thorough vetting process to ensure eligibility for the programme's benefits.

Figure 19: Documents submitted by patients

### Treatment Support Provided

- **Surgery Performed on Patients and Cost Incurred**

The study findings reveal the distribution of various treatments and surgical procedures undertaken by patients. Radiation therapy constitutes the most common approach at **33%**, followed by surgery at **27%**. Chemotherapy was administered to **22%** of the patients. This indicates that the programme has been successful in catering to all the needs of the patients.

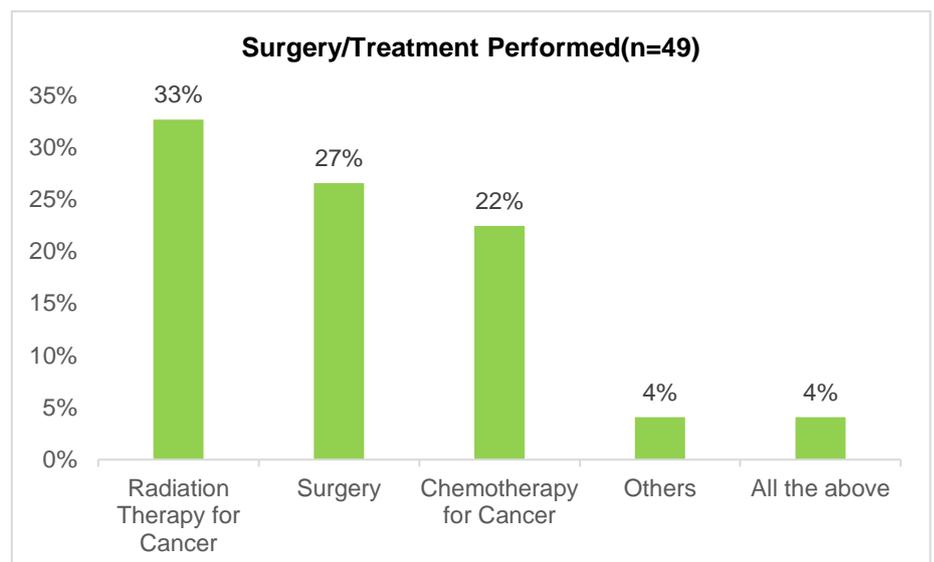


Figure 20: Surgery/Treatment performed

The cost incurred for the surgery/treatment ranged from a minimum of INR 5,000 to a maximum of more than INR 5,00,000 Lakh as mentioned by the patients.

- **Support received from other sources for Surgery**

Patients utilised various sources to fund their treatments, with the majority relying on financial assistance from family and friends. Beyond this primary source of support, some patients also obtained loans from insurance companies, while others accessed government schemes designed to aid with medical expenses. A smaller proportion resorted to bank loans to cover the costs associated with their treatment. This suggests that personal networks play a crucial role in financing healthcare for many, though other formal and governmental options are also utilised.

- **Quality of Life before Treatment**

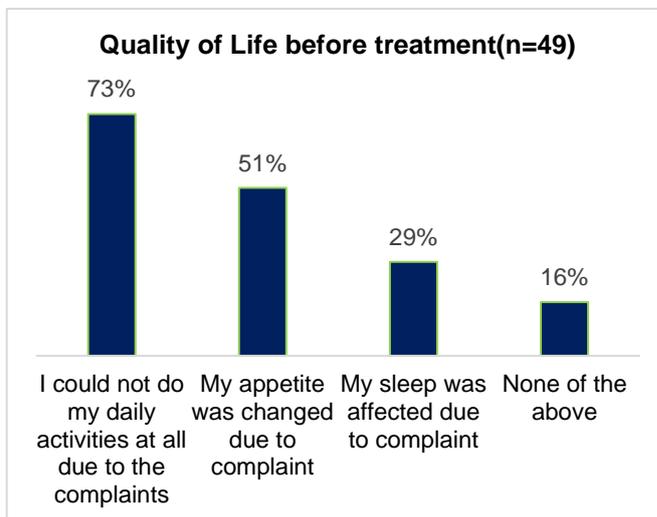


Figure 21: Quality of life prior to intervention

On inquiry about their quality of life prior to receiving treatment, a significant majority of patients, **73%**, reported a complete inability to perform daily activities due to their health complaints, highlighting a severely compromised quality of life. These respondents only include those who have opted for medical treatment/surgery. Over half the patients, **51%**, experienced a change in appetite, while nearly a third, **29%**, suffered from disrupted sleep patterns.

Only a small proportion, **16%**, reported no impact on their daily routines, appetite, or sleep. These findings underscore the substantial burden these health issues placed on patients' lives before treatment intervention.

### 3.2 Coherence

The coherence of the programme is determined by the extent to which its interventions align with other related policies and programmes, both within the donor organisation and in the recipient country.

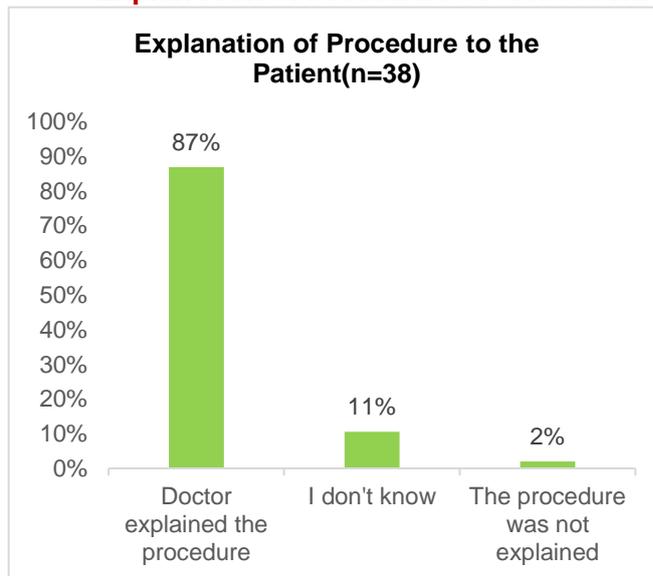
- **Availment of Ayushman Bharat/Other Schemes by the Beneficiaries**

On inquiry of the respondents, if they had enrolled themselves in Ayushman Bharat/any other Scheme, **50%** of the respondents had enrolled in the Ayushman Bharat scheme or other health initiatives provided by the State Government. This clearly indicates that half of the individuals surveyed had sought or were utilising government-sponsored health insurance or financial assistance programmes to manage their healthcare needs. This enrolment rate suggests a significant reliance on public programmes for healthcare access within this population, while also highlighting that a substantial portion (**50%**) had not yet enrolled or were relying on other means of financing their healthcare.

### 3.3 Effectiveness

The effectiveness of the programme is determined by the extent to which it achieves its intended objectives and outcomes.

- **Explanation of Procedures before conducting tests**



**Figure 22: Explanation of Procedures**

A significant majority of patients, **87%**, reported that their doctor clearly explained the procedure to them. This is only for those respondents who had conducted tests at the hospital. However, a concerning large portion, **13%**, stated that the procedure was not explained, or they were unsure if it was explained. This disparity highlights a potential gap in communication between healthcare providers and patients, emphasising the need for improved efforts to ensure patients fully understand their medical procedures.

Clear communication is crucial for informed consent and patient comfort, and these findings suggest that further training and protocols may be necessary to bridge this communication gap.

- **Time taken for the Procedure**

On inquiry, respondents provided details regarding the time taken for their procedures. The data reveals a wide range of durations, with the most frequent response (42%) falling between 30 minutes and 1 hour. This is only for those respondents who had conducted tests at the hospital. A substantial portion (39%) of respondents reported procedures lasting longer than an hour. This data suggests a considerable variation in procedure length, with a majority requiring at least 30 minutes and a significant proportion exceeding an hour.

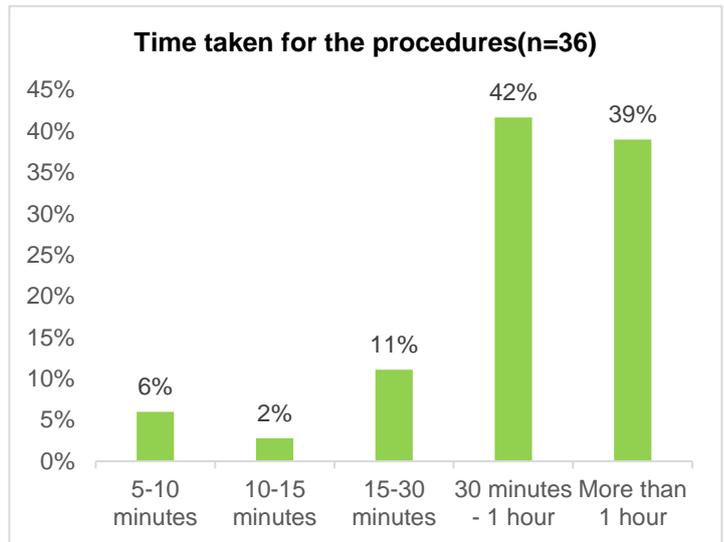


Figure 23: Time taken for the procedures

- **Ratings provided by Patients on Different Parameters**

Patients in the study were asked to evaluate several aspects of their care experience, including staff explanations, treatment quality, the discharge process, and follow-up care. A rating scale of 1 to 5 was utilised, where 1 represented the lowest level of satisfaction and 5 the highest. The collected ratings are presented below.

Table 4: Ratings provided by patients

| Parameter            | Maximum Rating(out of 5) | Percentage of Respondents |
|----------------------|--------------------------|---------------------------|
| Explanation by Staff | 4                        | 58%                       |
| Quality of Treatment | 4                        | 52%                       |
| Discharge Process    | 4                        | 56%                       |
| Follow-Up visits     | 4                        | 58%                       |

A notable portion of respondents rated their experience with staff explanations, quality of treatment, the discharge process, and follow-up visits as a 4 out of 5. Specifically, 58% gave a 4 rating for staff explanations and follow-up visits, while 52% and 56% assigned a 4 to the quality of treatment and the discharge process, respectively. This suggests a generally positive perception across all four parameters, with a substantial proportion being majorly satisfied, though perhaps indicating room for improvement to reach a perfect 5 rating. While the data demonstrates good performance, it also highlights the potential for enhancing these aspects of patient care to achieve higher levels of satisfaction.

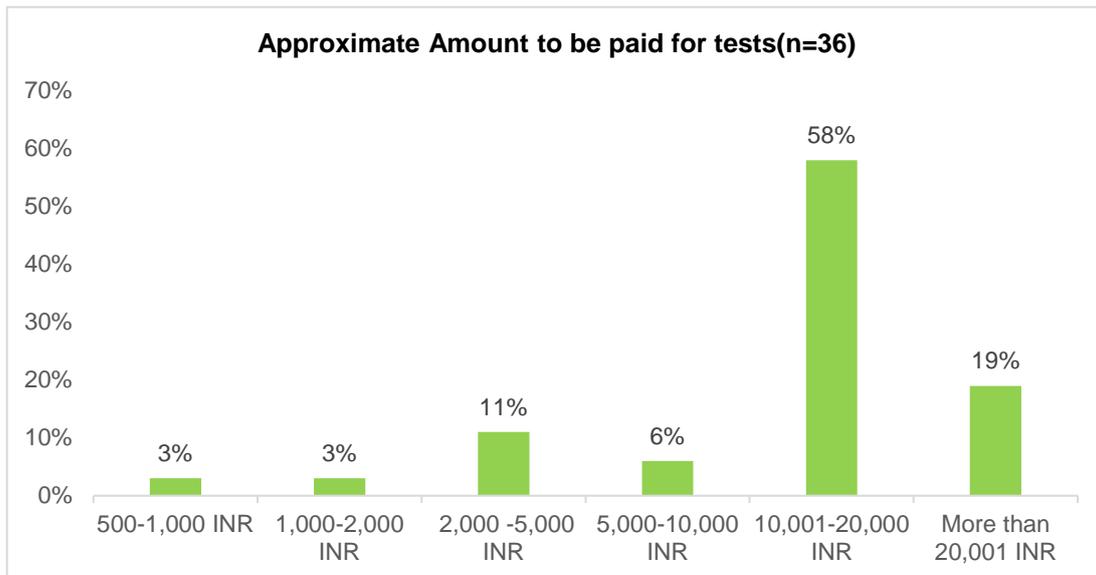
### 3.4 Efficiency

Efficiency in the programme is determined by the extent to which it delivers outputs and outcomes in relation to the resources invested, minimising waste and maximising value for money.

- **Level of Comfort during the Procedure**

On inquiry to the patients about their comfort levels during the procedure, half of the respondents (**50%**) expressed feeling uncomfortable due to anxiety, while a substantial portion (**30%**) reported feeling comfortable due to the painless nature of the process. Additionally, **15%** of respondents indicated they were comfortable because the procedure was quick and involved minimal waiting time.

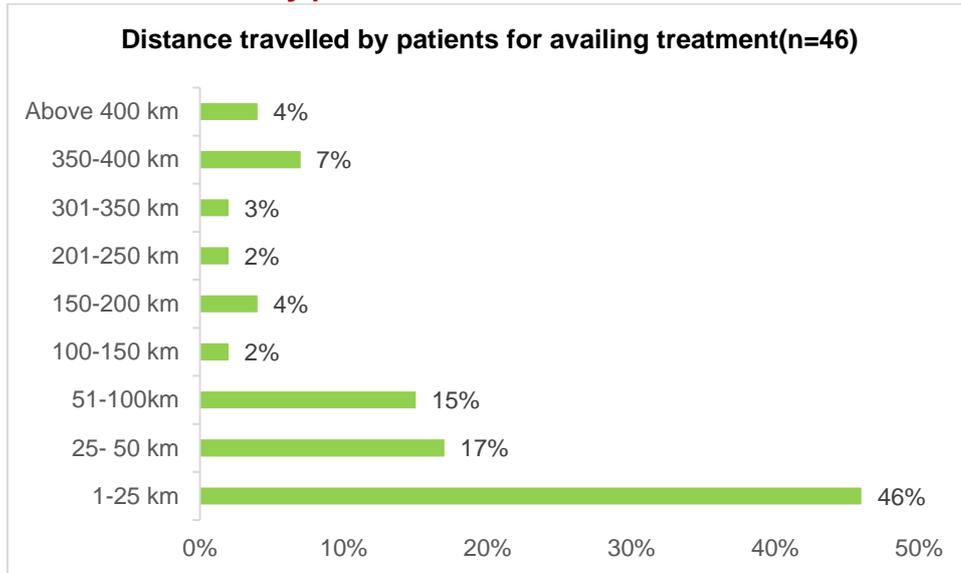
- **Cost of treatment if availed at a nearby hospital**



*Figure 24: Approximate Amount to be paid for tests at nearby hospital*

The cost of diagnostic tests at a nearby hospital demonstrates significant variability, according to survey respondents who had undergone such procedures. A substantial portion (**58%**) reported expenses between INR 10,001 and INR 20,000, while a further **19%** incurred costs exceeding INR 20,001. These findings illustrate the wide range of potential out-of-pocket expenditures for diagnostic testing, with a clear trend toward higher cost brackets. This analysis is based solely on the responses of individuals who had experience with testing at the hospital.

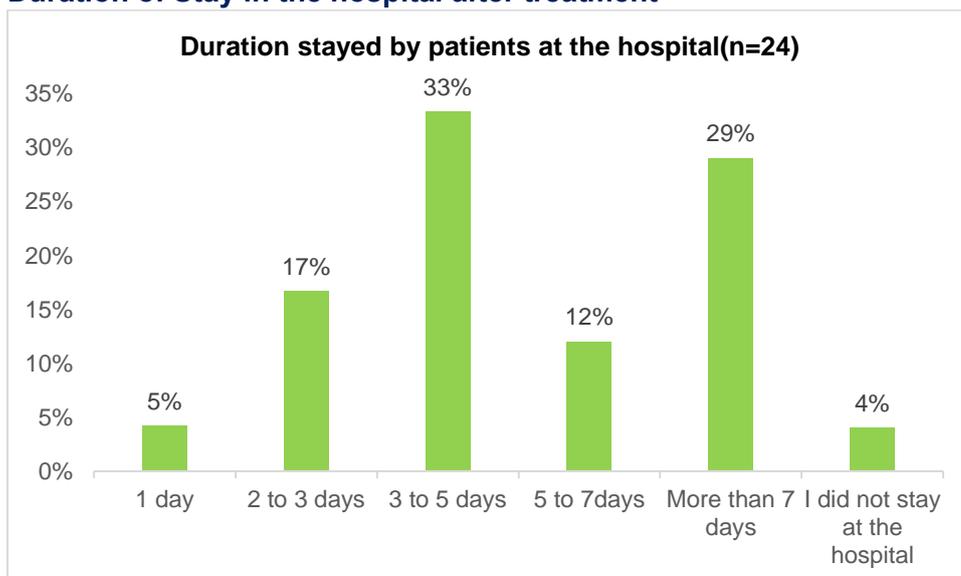
- **Distance travelled by patients to avail treatment**



*Figure 25: Distance travelled by patients for availing treatment*

Patient travel distances to access treatment varied considerably. The largest segment (**46%**) travelled between 1 and 25 kilometres. **17%** travelled a moderate distance of 26-50 kilometres, and **15%** journeyed a substantial distance of 51-100 kilometres. These results suggested that while a significant proportion of patients received treatment locally, a notable number had to travel considerable distances to obtain care. This analysis was based on the travel experiences of respondents who had undergone medical treatment or surgery at the hospital.

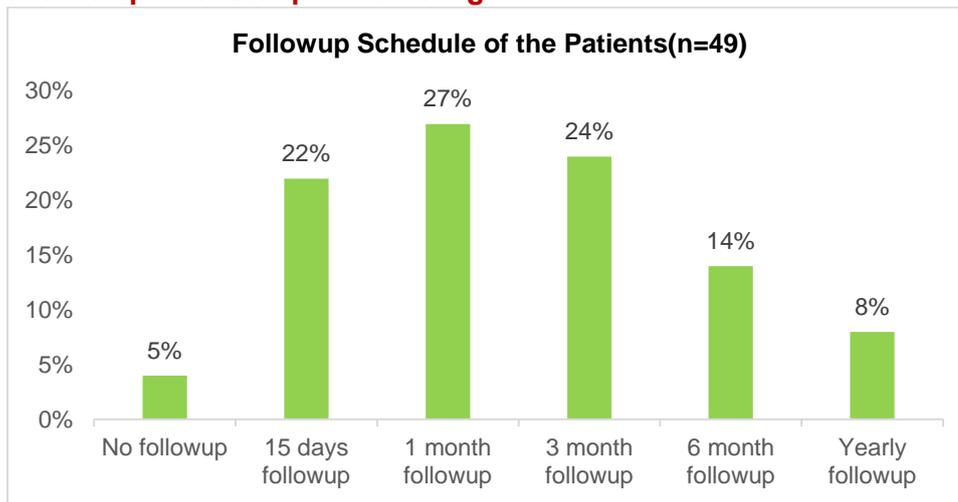
- **Duration of Stay in the hospital after treatment**



*Figure 26: Duration of stay at the hospital post treatment*

Hospital stay durations following treatment varied among patients. The most frequently reported length of stay, cited by **33%** of patients, was between 3 and 5 days. A substantial proportion (**29%**) stayed for more than 7 days, while **17%** stayed for 2 to 3 days. Shorter stays of 5 to 7 days were reported by **12%** of patients, and only **5%** stayed for a single day. This data reflects the experiences of respondents who had stayed at the hospital.

- **Follow-up schedule post discharge**



*Figure 27: Follow-Up Schedule of the Patients*

Patient follow-up patterns after treatment varied. The most common follow-up period was 1 month (**28%**), closely followed by 3-month intervals (**24%**). A substantial portion (**22%**) had follow-ups scheduled at 15 days post-treatment. Less frequent were longer intervals: 6-month follow-ups (**14%**) and yearly check-ups (**8%**). A small fraction (**5%**) reported no follow-up plans. This data indicates a focus on shorter-term follow-up care, especially within the first three months, though longer-term monitoring is also present. This data includes only patients who had stayed back at the hospital for treatment.

### **3.5 Impact**

The impact of the programme is determined by the extent to which it generates broader, long-term changes in the target population or system, beyond the immediate objectives and outcomes.

- **Ratings provided by Patients on Different Parameters**

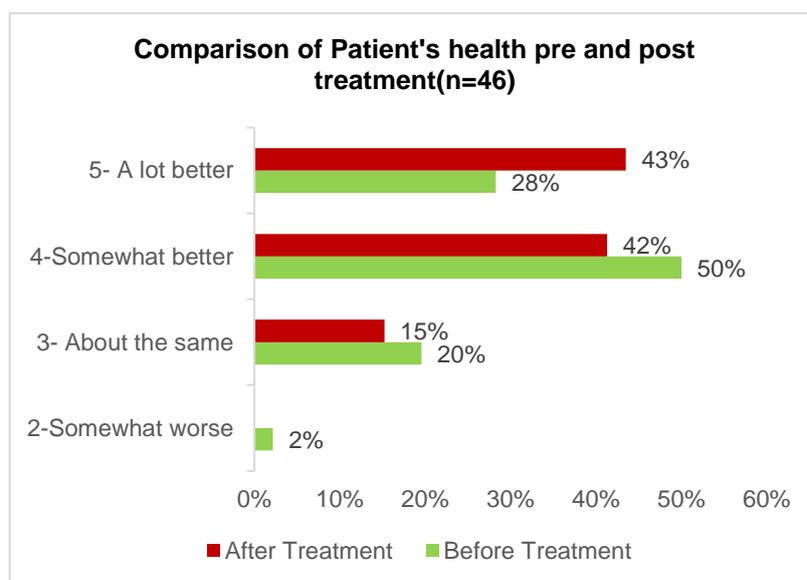
Patients in the study were asked to evaluate the programme based on clarity provided for treatment/surgery, patient satisfaction and quality of care. A rating scale of 1 to 5 was utilised, where 1 represented the lowest level of satisfaction and 5 the highest. The collected ratings are presented below:-

**Table 5: Ratings provided by patients 2**

| Parameter   | Maximum Rating(out of 5) | Percentage of Respondents |
|---|--------------------------|---------------------------|
| Clarity and effectiveness of the explanations provided about treatment or surgery | 4                        | 52%                       |
| Patient Satisfaction with treatment   | 4                        | 57%                       |
| Quality of Care   | 4                        | 52%                       |

The data indicates a generally positive patient experience across several key areas. A majority of respondents (**52%**) rated the clarity and effectiveness of treatment/surgery explanations as a 4 out of 5, suggesting satisfaction with the information provided, though with room for potential improvement. Patient satisfaction with the treatment itself was slightly higher, with **57%** giving a rating of 4, indicating a positive overall perception of the care received. Similarly, **52%** of respondents rated the quality of care as a 4, reinforcing the trend of generally favourable experiences. While these findings point towards a successful programme, the consistent presence of ratings below 5 highlights opportunities to further enhance communication, treatment efficacy, and overall care quality to strive for optimal patient satisfaction.

- Patients rating of their health pre and post-treatment**



A comparative analysis of patient-reported health status before and after treatment demonstrates a positive trend in perceived well-being. Prior to treatment, **28%** of patients rated their health as "a lot better," while post-treatment, this proportion increased significantly to **43%**. Similarly, the percentage of patients reporting their health as "somewhat better" rose from **42%** to **50%**. This analysis only includes patients

**Figure 28: Comparison of Patient's health pre and post treatment**

who had undergone treatment or surgery at the hospital.

Interestingly, the percentage of patients reporting their health as "about the same" decreased slightly from **20%** to **15%**. A small fraction (**2%**) of patients felt "somewhat worse" after treatment, a category not represented in the pre-treatment data. Overall, the data suggests that treatment had a beneficial impact on the majority of patients, with a clear increase in those reporting feeling better post-intervention.

# Chapter 4

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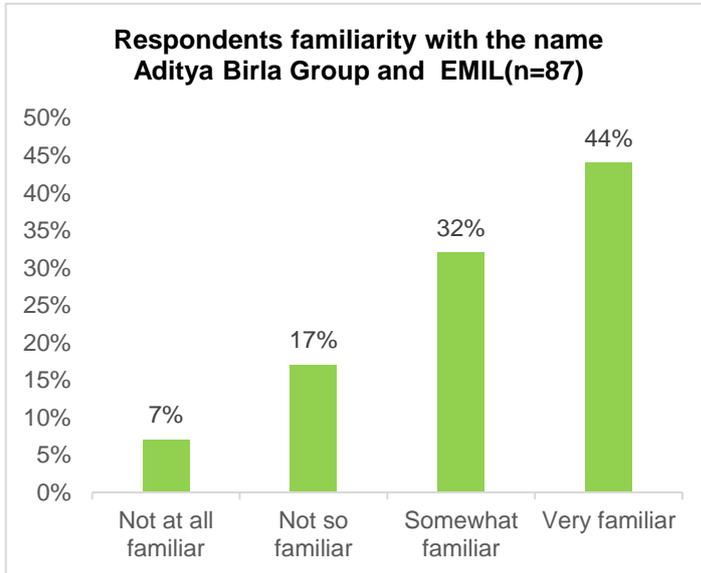
## Brand Equity



## Chapter 4: Brand Equity

The findings below represent the perception that the respondents carry about Aditya Birla Group and EMIL.

- **Respondents' familiarity with the name Aditya Birla Group and EMIL**



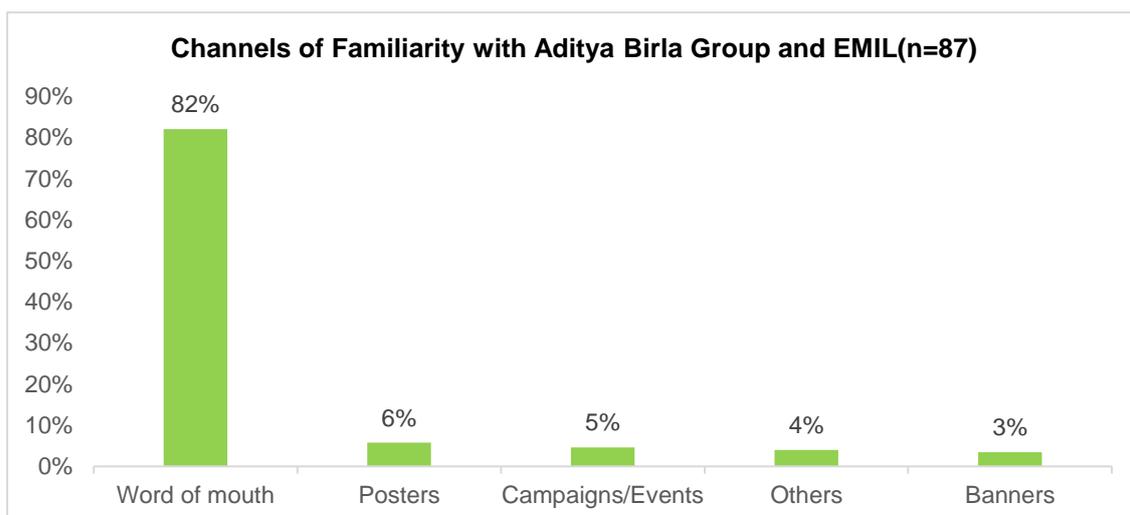
*Figure 29: Respondents familiarity with Aditya Birla Group and EMIL*

Respondents' familiarity with the name "Aditya Birla Group and EMIL" varied across the spectrum. While a substantial **44%** of respondents indicated they are very familiar with the name, suggesting strong brand recognition, a significant portion (**32%**) reported being only somewhat familiar. **17%** were not so familiar with the name, and **7%** were not at all familiar. This data indicates that while the brand has a strong presence and recognition among a sizable group, there

remains a considerable segment of the population that has limited or no familiarity with Aditya Birla Group and

EMIL.

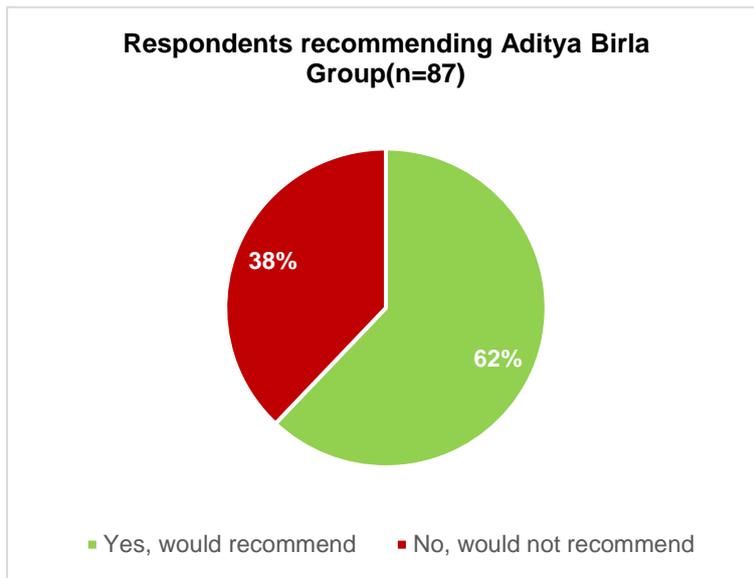
- **Channels of Familiarity**



*Figure 30: Channels of Familiarity with Aditya Birla Group and EMIL*

Word of mouth stands out as the dominant channel of familiarity with Aditya Birla Group and EMIL, cited by a substantial **82%** of respondents. Other channels, including posters (**6%**), campaigns/events (**5%**), and banners (**3%**), played a much smaller role in spreading awareness. A small fraction (**4%**) attributed their familiarity to other, unspecified sources. This data underscores the overwhelming importance of personal recommendations and conversations in building brand awareness for Aditya Birla Group and EMIL, suggesting that organic, interpersonal communication is a key driver of their reach.

- **Recommendation of Aditya Birla Group**



A clear majority of respondents, **62%**, indicated they would recommend the Aditya Birla Group to others, demonstrating a positive overall perception and likely satisfaction with the group's products or services. While a substantial minority (**38%**) stated they would not recommend the group, this still leaves a significant portion expressing confidence and willingness to endorse the Aditya Birla Group to their networks.

*Figure 31: Respondents recommending the group to others*

Overall, it can be inferred that Aditya Birla Group and EMIL has good brand equity among its respondents.



## Chapter 5

### Recommendations for the Programme



## Chapter 5: Recommendations for the Programme

The Healthcare Access to Poor Patients(Provision of Treatment and Surgical Support) has been implemented by GD Birla Memorial Hospital, Pune for the first time in the year 2021-22. This section covers the recommendations and the way forward for the Programme: -

- **Programme Design**

The content and execution plan of the programme was well appreciated by the beneficiary group. However, based on the response from the survey, listed below are the recommendations:-

Programme to be started in the beginning of the year instead of mid-year, so that more patients can be benefitted

Treatment modalities covered under the programme is to be clearly specified

Programme to cover beneficiaries with full payment support for patients from Economically weaker sections

- **Database Management**

Detailed mapping of patient details with Age, Sex, Phone Number, City, Nature of Disease and Nature of Treatment, along with their Income Levels along with their current living status

Maintenance and updating of database with patient records on a daily basis



## Chapter 6

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### Impact Stories



## **Chapter 6: Impact Stories**

### **From Despair to Hope: Sunita's Journey to Recovery**

Sunita, a 37-year-old mother from Pune, faced a daunting reality: a cancer diagnosis coupled with the crushing weight of financial hardship. Supporting a large family on a limited income, the cost of treatment seemed insurmountable. Despair threatened to consume her. Then, a lifeline appeared in the form of GD Birla Memorial Hospital, a place known for extending care to those with limited resources. Despite the considerable distance from Pune, it offered a beacon of hope.

The arduous journey to GD Birla Memorial Hospital mirrored the challenges Sunita faced. Yet, with each passing kilometre, her resolve strengthened. At the hospital, she found not only medical expertise but also genuine compassion. The staff understood her plight, explaining procedures with patience and working with her to manage the financial burden. The surgery to remove the tumour was a daunting trial, but the exceptional care she received eased her anxieties.

Today, Sunita's life is a testament to resilience. The shadow of cancer lingers, but it no longer dictates her life. She is a survivor, and her story is a powerful reminder of the kindness of strangers and the enduring strength of the human spirit. She frequently shares her experience, encouraging others facing similar struggles to seek help at GD Birla Memorial Hospital, despite the distance. "It's far," she says, her voice filled with conviction, "but it's worth every kilometre." Sunita's journey is a powerful testament to the fact that even in the face of overwhelming odds, hope can flourish.

### **A Happy Heart at 82: Mr Hari Kishan's Journey to Wellness**

At 82, Mr. Hari Kishan's heart had witnessed decades of life's joys and sorrows. Lately, however, it had begun to falter, causing him increasing concern. The once steady rhythm now stumbled, leaving him breathless and worried. Knowing he needed expert care, he turned to GD Birla Memorial Hospital, a place known for its compassionate and comprehensive approach to healthcare.

Mr. Hari Kishan, surrounded by the love of his family, shared his concerns with the doctors at GD Birla Memorial Hospital. They listened patiently, conducting thorough examinations and explaining his condition with clarity and empathy. They prescribed a course of medication tailored to his specific needs, instilling in him a sense of hope he hadn't felt in a while.

The effects of the medication were remarkable. The stumbling rhythm of his heart gradually steadied, and his breath returned with ease. The worry lines on his face softened into a gentle smile. He found himself able to enjoy simple pleasures again – a leisurely walk in the park, a hearty laugh with his grandchildren, a quiet evening with his wife.

"I feel so much better," Mr. Hari Kishan shared, his voice filled with gratitude. "The care I received at GD Birla Memorial Hospital was exceptional. They not only treated my heart but also eased my mind." He expressed deep happiness with his family, cherishing the moments made possible by his improved health. GD Birla Memorial Hospital, with its dedicated medical professionals and a patient-centric approach, had not just treated an ailing heart; they had given Mr Hari Kishan the gift of a healthier, happier life, surrounded by the warmth of his loved

ones. His story is a testament to the power of quality healthcare and the enduring importance of family.



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