



# Impact Assessment Report for 8 Projects

SBI Cards and Payment Services Limited

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# Abbreviations

Abbreviation	Full Form
<b>AIIMS</b>	All India Institute of Medical Sciences
<b>AMC</b>	Annual Maintenance Contract
<b>ANC</b>	Antenatal care
<b>ANM</b>	Auxiliary Nurse and Midwife
<b>ASHA</b>	Accredited Social Health Activist
<b>AWW</b>	Anganwadi Worker
<b>BCC</b>	Behaviour Change Communication
<b>BP</b>	Blood Pressure
<b>BPL</b>	Below Poverty Line
<b>CCC</b>	COVID Care Centres
<b>CMO</b>	Chief Medical Officer
<b>CS</b>	Civil Surgeon
<b>CSR</b>	Corporate Social Responsibility
<b>ECG</b>	Electrocardiogram
<b>EDMC</b>	East Delhi Municipal Corporation
<b>EPR</b>	Extended Produce Responsibility
<b>ESG</b>	Environmental, Social, and Governance
<b>ESIC</b>	Employee State Insurance Corporation
<b>FGD</b>	Focus Group Discussion
<b>FISH</b>	Fluorescence in Situ Hybridization
<b>HFNC</b>	High Flow Nasal Cannula
<b>HFO</b>	High-Frequency Oscillation
<b>HHs</b>	Households

Abbreviation	Full Form
IAHV	International Association for Human Values
ICMR	Indian Council of Medical Research
ICU	Intensive Care Unit
IDI	In-Depth Interview
IEC	Information, Education & Communication
IFA	Iron Folic Acid
IP	Implementation Partner
IP/ OP/ HC	In-Patient/ Out-Patient/ Homecare
IPCA	Indian Pollution Control Association
KII	Key Informant Interview
LFT	Liver Function Test
M&E	Monitoring and Evaluation
MCD	Municipal Corporation of Delhi
MCH	Maternal & Child Health
MIS	Management Information System
MMU	Mobile Medical Unit
MoA	Memorandum of Agreement
MoU	Memorandum of Understanding
MRF	Material Recovery Facility
MSA	Master Service Agreement
MT	Million Tonnes
NGO	Non-Governmental Organisation
NHM	National Health Mission
NICU	Neonatal Intensive Care Unit
OPD	Out-Patient department
PGIMS	Post Graduate Institute of Medical Sciences

Abbreviation	Full Form
<b>PHC</b>	Primary Health Clinic
<b>PICU</b>	Paediatric Intensive Care Unit
<b>PNC</b>	Postnatal care
<b>PoC tests</b>	Point of Care tests
<b>PRO</b>	Producer Responsibility Organisation
<b>PW</b>	Price Waterhouse Chartered Accountants LLP
<b>PWM</b>	Plastic Waste Management
<b>RAT kits</b>	Rapid Antigen Test Kits
<b>RNT</b>	Ravindra Nath Tagore
<b>SAKSHAM</b>	Samdrushti Kshamata Vikas Evam Anusandhan Mandal
<b>SBICPSL</b>	SBI Cards and Payments Services Limited
<b>SC</b>	Scheduled Caste
<b>SCGJ</b>	Skill Council of Green Job
<b>SCU</b>	Special Care Unit
<b>SDG</b>	Sustainable Development Goals
<b>SHEOWS</b>	Saint Hardayal Educational and Orphans Welfare Society
<b>SoW</b>	Smile on Wheels
<b>SSB</b>	Super Specialty Block
<b>ST</b>	Scheduled Tribe
<b>TB</b>	Tuberculosis
<b>UN</b>	United Nations
<b>UPT</b>	Urine Pregnancy Test

# Table of Contents

1. Executive Summary	13
2. Background of the Study	27
Background	28
CSR projects under impact evaluation	29
3. Scope of the study, approach & methodology	32
Scope of the study	33
Overall study limitations	33
Methodology	34
Approach	35
Project-wise impact assessment	40
4. Project 1: Centre for palliative care and end of the life care to provide palliative care services, home care and outpatient services, to terminal cancer patients and non-cancer patients (Rotary Club of Banjara Hills Charitable Trust)	41
About the project	42
About the Implementing agency	42
Method of impact assessment	43
Key findings	44
Alignment to UN SDGs and SBI Card's ESG vision	55
Recommendation(s)	56
5. Project 2: Strengthening infrastructure of COVID Care Centres in Hyderabad and Visakhapatnam; along with distributing medical kits and food kits (SAKSHAM)	57
About the project	58
About the Implementing agency	60
Method of impact assessment	61
Key findings	61
Alignment to the UN SDGs and SBI Card's ESG vision	64
Recommendation(s)	65
6. Project 3: Equipment support for COVID Care Centre in Gurugram (Yuva Unstoppable)	66
About the project	67
About the Implementing agency	68

Method of impact assessment	68
Key findings	68
Alignment to the UN SDGs and SBI Card's ESG vision	71
Recommendation(s)	71
7. Project 4: Supporting capex and operating expenses including food and medical care of 200 abandoned, destitute and homeless elderly (SHEOWS)	72
About the project	73
About the Implementing agency	74
Method of impact assessment	74
Key findings	75
Alignment to UN SDGs and SBI Card's ESG vision	79
Recommendation(s)	79
8. Project 5: Innovative mechanism for management of plastic waste (IPCA)	80
About the project	81
About the Implementing agency	83
Method of impact assessment	83
Key findings	84
Alignment to UN SDGs and SBI Card's ESG vision	88
Recommendation(s)	88
9. Project 6: Smile on Wheels (Smile Foundation)	89
About the project	90
About the Implementing agency	92
Method of impact assessment	92
Key findings	93
Alignment to UN SDGs and SBI Card's ESG vision	102
Recommendation(s)	102
10. Project 7: Strengthening healthcare infrastructure of RNT Medical College, Udaipur (IAHV)	103
About the project	104
About the Implementing agency	105
Method of impact assessment	105
Key findings	105
Alignment to UN SDGs and SBI Card's ESG vision	108



Recommendation(s)	108
11. Project 8: Strengthen healthcare infrastructure at PGIMS, Rohtak (Americares India Foundation)	109
About the project	110
About the Implementing agency	112
Method of impact assessment	112
Key findings	113
Alignment to UN SDGs and SBI Card's ESG vision	119
Recommendation(s)	120

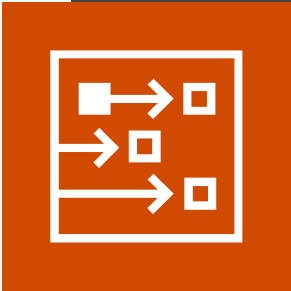
# List of Figures

Figure 1:	SBI Card CSR thematic areas	28
Figure 2:	Sector wise grouping of SBI Card eight CSR projects	29
Figure 3:	IRECS Framework and key evaluation parameters	35
Figure 4:	Study Methodology	35
Figure 5:	Profile of the respondents	44
Figure 6:	Awareness about the support provided under the project (n=131) *	44
Figure 7:	Out-patient record of a beneficiary before availing services from Sparsh	45
Figure 8:	Referral to Sparsh hospice from another hospital	45
Figure 9:	Source of information about the hospice (n=131)	45
Figure 10:	Services availed from the hospice (n=131)	45
Figure 11:	Front view of the Sparsh hospice	46
Figure 12:	Female ward	47
Figure 13:	Services provided in the In-patient (n=53) *	47
Figure 14:	Hospice focus on type of pain treatment (n=53) *	48
Figure 15:	Frequency of visit of doctor/ nurse to the patient (n=53)	48
Figure 16:	Frequency of engagements done in the last 6 months of the association of the patient with the hospice during the project period (n=43)	48
Figure 17:	Type of engagements (n=43) *	48
Figure 18:	Communication between the patient and the hospice staff (n=53) *	49
Figure 19:	Doctor's prescription & dosage timings in an out-patient case sheet as observed during the assessment visit	50
Figure 20:	Reasons for availing out-patient services (n=20) *	50
Figure 21:	Average waiting time (in minutes) (n=20)	51
Figure 22:	Patient's perception on interaction with the hospice staff (n=20) *	51
Figure 23:	Homecare van provided by SBI Card	52
Figure 24:	Reasons for availing homecare services (n=58) *	52
Figure 25:	Frequency of availing the services (n=58)	52
Figure 26:	Content of training given by the hospice staff on infection prevention methods (n=42)	53
Figure 27:	Syringe pumps in emergency room, Vivekananda Hospital, Andhra Pradesh	63
Figure 28:	Multipara monitors in Vivekananda Hospital, Andhra Pradesh	63
Figure 29:	Functional Philips ventilator provided by SBI Card in Polyclinic, Sector 31, Gurugram	69

Figure 30:	Conveyer belt at MRF	82
Figure 31:	Baler at MRF	82
Figure 32:	Hot & Cold Press at Recycling Facility	83
Figure 33:	Shredder at Recycling Facility	83
Figure 34:	A display of value-added products made from recycled plastic	87
Figure 35:	Waste bins made from recycled plastic	87
Figure 36:	Gender (n = 139)	93
Figure 37:	Age Group (n = 139)	93
Figure 38:	Average family monthly income (n = 139)	94
Figure 39:	Source of Information (n = 139)	94
Figure 40:	Services available vs availed as reported by respondents (n = 139)	95
Figure 41:	Benefits of MMU (n = 139)	96
Figure 42:	Availing health-related services prior to MMU (n = 139)	97
Figure 43:	Awareness topics recalled (n = 139)	98
Figure 44:	% of respondents agreeing to below statements (n = 139)	99
Figure 45:	SBI Card provided ventilator (Image shared by IAHV)	106
Figure 46:	Bubble C PAP	113
Figure 47:	High Flow Nasal Cannula for Infant & children	114
Figure 48:	Neonatal Ventilator with HFO	115
Figure 49:	Fluorescence in Situ Hybridization (FISH) machines	116
Figure 50:	Polysomnography System (Level 1)	117
Figure 51:	High-definition Rigid Bronchoscopy System	117
Figure 52:	SBI Card support for High-definition Rigid Bronchoscopy System	117

# List of Tables

Table 1:	Sample covered and stakeholders for data collection	36
Table 2:	IRECS Analysis of Project 1	54
Table 3:	List of equipment provided in Durgabai Deshmukh Hospital	58
Table 4:	List of equipment provided in Dr Hedgewar Hospital	59
Table 5:	Composition of food kit	59
Table 6:	Composition of medical kit	60
Table 7:	IRECS Analysis of Project 2	63
Table 8:	List of equipment provided in CCC Islampur Colony	67
Table 9:	IRECS Analysis of Project 3	70
Table 10:	IRECS Analysis of Project 4	78
Table 11:	IRECS Analysis of Project 5	87
Table 12:	IRECS Analysis of Project 6	100
Table 13:	IRECS Analysis of Project 7	107
Table 14:	List of equipment provided to PGIMS, Rohtak	111
Table 15:	Number of patients treated or diagnosed using the six medical equipment	114
Table 16:	Cost of treatment/ tests using the equipment from private hospitals	115
Table 17:	IRECS Analysis of Project 8	119



## 1. Executive Summary

# 1. Executive Summary

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## Background:

SBI Cards and Payment Services Limited (SBI Card) has been **implementing a gamut of interventions** for communities in & around their geographical presence. PW has been engaged by SBI Card to provide support and assistance for an independent review and impact assessment of its multiple Corporate Social Responsibility (CSR) Projects as identified by the Management to be carried out in several phases. In the first phase, this study was commissioned to carry out **impact assessment of 8 CSR projects implemented by SBI Card** across India to understand the direct and indirect impacts of their CSR interventions on the communities across healthcare, environment, and disaster management sectors.

The scope of work includes **understanding the project implementation plan and reviewing the Key performance indicators (KPIs)** as defined by the Management under the framework for implementing the CSR project for the outputs, outcomes, and impact of the Project. Framework used was Inclusiveness, Relevance, Efficiency, Convergence, and Sustainability framework (the 'IRECS') as agreed with the Management. The objective of the study was to **assess the outcomes and impact created on the stakeholders** covered under the project and provide recommendation on the project performance for Management's evaluation.

Based on the nature of some projects a **mixed methodology and qualitative research methods** was adopted. Interactions were planned for all projects based on the study methodology after **mapping the key stakeholders** with whom the focus group discussions, in-depth interviews and Key informant interviews were done.

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## Project wise findings:

### Project 1: Centre for palliative care and end of the life care to provide palliative care services, home care and outpatient services, to terminal cancer patients and non-cancer patients (Rotary Club of Banjara Hills Charitable Trust)

SBI Card initiated a project to augment Centre for **palliative care and end of the life care to provide palliative care services, home care and outpatient services, to terminal cancer patients and non-cancer patients** in January 2021 with implementing partner Rotary Club of Banjara Hills Charitable Trust. Interactions for this project were done with the Sparsh team due to the infrastructure (hospice), provision of all services (in-patient, out-patient, community awareness sessions & homecare) and direct touch with the patients and their caregivers (family). **Out of the 131 caregivers who were interviewed, 53 availed in-patient services, 20 availed out-patient services and 58 availed homecare services.** Community awareness sessions were also conducted about the need & importance of palliative care and the services offered at the hospice centre. 93% of the caregivers were immediate family members while others were relatives and friends. 44% caregivers (n=131) informed that they used the hospice for availing homecare services.

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## Key findings:

**In-patient services:** The hospice has **served 195 in-patients during the project period.** The caregivers stated that they used **services like pain relief medications, symptom management, changing of wound dressing, patient personal care & assistance, emotional aid, counselling, companionship, celebrating important occasions** (like festivals, birthday, anniversary, etc.).

- **81% of the caregivers** stated that there was **multiple engagement with the patients** to keep them **entertained & engaged.**
- Some of the caregivers recalled that their **patients** were suffering from depression, anger and anxiety and **felt like giving up.** However, the hospice staff came specially to meet & interact with the patients and tried

to make them laugh, open and be comfortable which helped the patients with the mental agony they faced. Further, the caregivers highlighted that **counselling** helped them **come out** of the **negative mental state**.

- **100% and 89% of the respondents reported that the hospice focusses on physical and psychosocial pain treatment. However, few caregivers (15%) reported that the hospice focuses on alleviating spiritual pain. 85% of the caregivers stated that the patient experienced reduction in the pain level while their stay at the hospice.**
- **All the caregivers** who availed the in-patient services **rated the hospice '5; on all the parameters** (Services, availability of equipment & consumables, attitude & behaviour, engagement with the patient, emotional aid & counselling to the patient and family). The caregivers highlighted that the patients had a **comfortable, engaging, happy and peaceful environment in the hospice** due to which the **patients and their family** got **mental peace** as their patient **received adequate palliative care**. The patients **departed in a peaceful, dignified and pain-free manner** in the presence of their family and hospice staff.

**Out-patient services:** The out-patient visit is done by the patients/ caregivers **for availing services like changing of wound dressing, adequate symptom management, provision of drugs & medicines, companionship & emotional support, and counselling**. The doctors and nurse interact with the patient to understand their present condition and do the check-up and treatment (if applicable). **The hospice has served 160 out-patients during the project period.**

- **Adequate symptom management (100%) and provision of drugs and medicines (100%) were most used services**, while **changing of wound dressing (25%) was the least used service** by the out-patients.
- **55% of the caregivers reported using the out-patient services on a weekly basis**. The caregivers also highlighted that the **patient's and family's privacy was always respected** while availing the services.
- The caregivers stated that the **average waiting time** till the patient was **attended** by the hospice staff was around **10-15 minutes**. They further informed that it was spent in **assessing the condition of the patient** from the **check-ups** and **discussion with the family/ attendant**.
- The caregivers and the patients **never faced any difficulty in accessing the care** & during the waiting time. They were **always assured** that they would be **treated timely with utmost care, professionalism, and quality**.

**Homecare services:** The homecare visit is done either **as a follow-up care done by the hospice staff or due to the request made by the caregivers/ patients**. The homecare visit team comprises of the nurses, social counsellor, and doctor. The homecare visit is done for providing services like changing of wound dressing, doctor's consultation, replenishment of medicines & pain patches, psychological, social & spiritual support, and bereavement support. **The hospice has served 436 homecare patients during the project period.**

- **Doctor's consultation (84%) was the most availed homecare service while changing of wound dressing was the least availed (22%) homecare service.**
- **Most patients** availed the homecare services on a **weekly basis (53%)**.
- **All the caregivers** informed that they **always got the requested service** from the hospice and in a **timely manner**. Mostly, it was **within 2 to 3 hours** since they made the request and **maximum by next day**. But **none of them** said that they **faced any delays/ cancellations** of the request.
- **84% of the caregivers** stated that the hospice **staff provided training** to the caregivers and family to **provide better palliative care at home**. The doctors, nurse and social counsellor came to assess the condition of the patient and what is the best palliative care option for them.
- The caregivers highlighted that the **patient got relief from the pain** and with the help of the **counselling and emotional support** extended by the hospice staff, the patients and the family were **able to accept the inevitable outcome**.

**Awareness sessions and overall impact of all the services:** The Sparsh team focuses on creating awareness sessions in the community and institutions by reaching out to the society to create more awareness on palliative care amongst the health care professionals and the public. During the **project period**, Sparsh has **conducted 4 physical community awareness sessions** and the **rest** of the sessions were **conducted on social media** due to the **Covid pandemic**.

- **9% of the caregivers** were **aware of the community awareness sessions** provided under the programme. **Out of those, only 8%** stated that Sparsh **conducted awareness sessions in their city/ village** regarding importance of palliative care, provide comfort, emotional support & counselling.
- The **aspects covered** in these sessions included **importance of palliative care** and **end of life care**, **enhancing quality of life of patients**, **well-being of family members** by **emotional aid & counselling**, and **information about the services & hospitality at the hospice facility**.
- The awareness sessions **led to a great extent of increase** in awareness like palliative care and end of life care, **positive behavioural changes** like **accepting & making the departure of the patient dignified**, **increased community awareness and participation** in **holistic engagement** with the patients, and **increased empathy** and **support** to the patient.

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#### **Key Recommendation(s):**

- There is a **low level of awareness** on **need for** and **importance of palliative care** and many patients and their family members are **not aware** of the **various services** which are available for the same. Hence, for similar natured CSR projects, it is suggested to align the project stakeholders through **regular awareness programmes** on the different project related activities so that the project **can reach out to larger group of people** for the project to be able to provide palliative care support.
- **100% and 89% of the respondents reported that the hospice focusses on physical and psychosocial pain treatment. However, few caregivers (15%) reported that the hospice focuses on alleviating spiritual pain. Hence, the hospice needs to focus on treating the spiritual pain as well to address the psychological and spiritual issues of patients and their caregivers.**

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#### **Project 2: Strengthening infrastructure of COVID Care Centres in Hyderabad and Visakhapatnam; along with distributing medical kits and food kits (SAKSHAM)**

SBI Card initiated a project for **strengthening the infrastructure of two CCCs** (Durgabai Deshmukh hospital in Telangana & Dr. Hedgewar hospital in Andhra Pradesh) **along with distributing medical kits and food kits** in Hyderabad and Visakhapatnam. The project was implemented by Samadrishti, Kshamata Vikas Evam Anusandhan Mandal (Saksham). **Provision of community/ medical Kits** (which included basic equipment for home care) for **patients with mild Covid symptoms** and **distribution of food kits** were undertaken to **isolated families & differently abled individuals** identified through the Saksham help line. The project was able to reach **1233 Households for food kits, 500 HHs for medical kits, and 176 beneficiaries for the two CCCs** as informed by Saksham team and SBI Card.

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#### **Key findings:**

##### **Disaster response and emergency preparedness:**

- The CCC doctors and the Medical Director of Durgabai Deshmukh hospital, Telangana informed that the **CCC did not have equipment and consumables** for patient management **before the SBI Card project**. The intervention in both the locations **helped doctors and the staff to manage case load of moderate and severe Covid patients** with the availability of **ventilators**, and other support provided.



- The doctors and the Medical Director stated that the **project supported the end of the second wave**. **Before the support** from SBI Card was received, they continued treating patients, but **had to prioritise** treatment based on the **equipment available** at that time and the **severity of the patient's condition**.
- The **District Administration, doctors and nurses** were **anticipating subsequent Covid waves** and highlighted that the **equipment support provided by SBI Card** helped them in **better emergency preparedness for future Covid waves (if any)**.

#### Access to good quality and free of cost health care:

- The **CCCs were setup** in the **healthcare facilities** which were **located around residential areas** focusing to meet the needs of the patients due to **high number of Covid cases in the community** and **lack of adequate facilities in the nearby CCCs and healthcare facilities**.
- The **establishment** of the temporary **CCCs** led to **increased capacity** of the **districts to treat and accommodate a greater number** of patients and ensured the **timely administration of medical treatment** to the patients. It also helped in **strengthening the health infrastructure** as **most of the equipment were lifesaving and essential**.
- The doctors highlighted that the **medical equipment provided by SBI Card** under the project were of **reputed brands and best quality**. The **patients** could **access good quality and free of cost Covid care** which was very **difficult** to obtain specially for **middle- and low-income group** people at that time who were **unable to afford high-cost intensive treatments** from other private healthcare institutions.
- The **quality health care, free of cost Covid care** **saved the lives of critical Covid patients** which **otherwise** would have costed them **INR 10-15 Lakhs (as reported by the Medical Director and doctors of Durgabai Deshmukh hospital)** outside for treatment, ventilation support, stay, etc.

#### Distribution of food kits:

- The beneficiaries stated that most of them were differently abled and **most of them lost their jobs** and **affording ration for themselves & their families' sustenance** was a **major challenge** for them during the Covid period. The beneficiaries further informed that they **faced the challenge of food security** and were **managing** the same by **borrowing money**, from **ration distributed by state government**, etc.
- The beneficiaries stated that they **all received the food kit once** which **lasted for around twenty days** on an average each **for a family of four** members; and **adequate Covid protocols** like social distancing, hygiene etc. were followed during distribution.
- The beneficiaries reported that the food kits helped them and their families in fulfilling the much-needed nutritional intake for those twenty days providing them food security and relief.

#### Provisioning of medical kits:

- The medical kit support was **provided to mild Covid positive patients and who couldn't afford** a basic medical kit. Hence, **affording medical equipment** like spirometer, essential medicines, face masks, sanitisers, etc. for **preventing and treating Covid** was a **major challenge** for them.
- The beneficiaries stated that they **all received the medical kit once** and the kit **included perishable items (face masks, sanitisers, essential medicines, etc.)** and **other equipment like thermometer, steam vaporiser, spirometer**, etc. which are **still being used by them and their family**.
- The beneficiaries highlighted that the **medical kits were helpful** in supporting them and their families' by **limiting further spread of the Covid disease** to family members and others in the community. However, **few of the beneficiaries** stated that they **faced challenges in using the medical kit components** and had to **seek help from either the internet, family, or friends** for the same.

### Contributing to the healthcare infrastructure post project closure:

- The CCCs have been closed post the second wave of Covid, **however**, the **equipment provided** to the CCCs **continues to be functional** in the Vivekananda Medical Trust hospital, Vishakhapatnam, Andhra Pradesh till date and **caters to the general community in need of healthcare**.
- The **equipment has been transferred to appropriate healthcare facilities** (in consultation with SBI Card) and are **still being used to treat patients in the ICU ward, emergency ward and labour room** in the Vivekananda Medical Trust hospital. Hence, **ensuring the long-term sustainable impact** of the project undertaking **towards public healthcare**.

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### Key Recommendation(s):

- **The beneficiaries highlighted that the medical kits** including perishable items and others were helpful **in supporting them and their families' by** limiting further spread of the Covid disease to family members and others in the community. Beneficiaries may be provided **more guidance** on the usage of the **medical kit components** (like the thermometer, steam vapouriser, spirometer etc.) as few of the beneficiaries stated that they faced challenges in the same.

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### Project 3: Equipment support for COVID Care Centre in Gurugram (Yuva Unstoppable)

SBI Card initiated a project for **Equipment support for CCC in Gurugram at Tau Devi Lal Stadium**, which was converted to a temporary CCC in Islampur Colony, Sector 38. The Memorandum of Understanding (MoU) was signed between Yuva Unstoppable (implementing partner) and SBI Card with an **aim to support district authorities** with few **equipment (Ventilators, BiPAP machines and Rapid Antigen Test kits)** required in the CCC.

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### Key findings:

#### Disaster response and emergency preparedness:

- The Deputy Civil Surgeon (CS) informed that the **doctors and nurses were facing shortage of test kits and ventilators** which created **challenges** in the **testing and treatment** of the **Covid positive patients**. The **SBI Card support** through this project **helped in providing good quality equipment** which was the **need of the hour** for the **patient management**.
- The Deputy CS further highlighted that due to Yuva Unstoppable's planning and support from SBI Card & District Administration, the **process of procuring the ventilators, BiPAP machines and test kits took just 1.5-week** time. Some equipment took hardly two to three days to be procured while other took a week or less than 1.5 weeks which **led to immediate setup and usage of equipment** in the COVID Care Centre. This helped the **District Administration** in being **able to tackle the rising Covid cases** by utilising the timely **availability of the required equipment** resulting in **extending care to the maximum number** of Covid cases.
- The **District Administration, doctors and nurses** were **anticipating subsequent Covid waves**, and the **equipment support** helped them in **preparing better for disaster response and emergency preparedness**.

#### Access to good quality and free of cost health care:

- The **CCC was setup** in the **stadium** which was **located around slums & residential areas** focusing to meet the needs of the patients due to **rising number of Covid positive cases** in the community. Though, **some healthcare facilities** were available in the **vicinity**, they were **not sufficient to meet the needs** of the patients.

- The temporary **CCC** led to **increased capacity** of the **district to treat and accommodate a greater number** of patients and ensured the **timely administration of medical treatment** to the patients. The **CCC benefitted the community** by **providing access, free of cost and quality Covid care** to the patients.
- The **patients** could **access good quality and free of cost Covid care** which was very **difficult** to obtain specially for **middle- and low-income group** people at that time who were **unable to afford high-cost intensive treatments** from other private healthcare institutions. The **quality health care at free of cost saved the lives of the critical Covid positive patients** which **otherwise would have costed higher**.

#### Contributing to the healthcare infrastructure post project closure:

- The **CCC has been brought to a closure and dismantled post the second wave** of Covid, **however**, the **equipment provided** to the CCC **continues to be functional** in the Civil Hospital, Sector 10 and Polyclinic, Sector 31 Gurugram till date and **caters to the general community treatment**.
- The **equipment is currently being used to treat patients in the ICU ward, emergency ward and labour room** in the Polyclinic, Sector 31 and Civil Hospital, Sector 10. As informed by the Deputy CS, to maximise the usage of the equipment support provided by SBI Cards, there is a **plan to inaugurate 32 bedded ICU ward in the Civil hospital** soon which shall **ensure the long-term sustainable impact of the project undertaking towards public healthcare**.

#### Helped in curtailing the spread of Covid infection:

- As highlighted by the Deputy CS, the **project provisioned additional supply of 45,300 Rapid Antigen Test (RAT) kits** which **helped in testing and rapid diagnosis** of the Covid infection in the patients visiting the CCCs. This helped in **identification and prompt isolation** of the patient from the rest of the community which **led to a break in the transmission and spread** of the infection to other people.
- The **CCC had already started** its operation **before the SBI Card support**, but the **limited availability of equipment** was a **hindrance** to cater to a greater number of patients which was **reduced after the SBI Card intervention**. He also stated that the equipment provided by SBI Card were of high quality and standards.

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#### Key Recommendation(s):

- The **District Administration, doctors and nurses** were **anticipating subsequent Covid waves**, and the equipment support helped them in **better preparation** along with **strengthening the health infrastructure** of Gurugram. As discussed with the stakeholders, the health infrastructure in the region needs strengthening, hence, additional support from SBI Card could be provided to **further strengthen the health infrastructure to cater to other health priorities of the region** as well.
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#### Project 4: Supporting capex and operating expenses including food and medical care of 200 abandoned, destitute and homeless elderly (SHEOWS)

SBI Card initiated a project for Supporting capex and operating expenses including food and medical care of 200 abandoned, destitute and homeless elderly in Delhi and Garhmukteshwar (Uttar Pradesh). SBI Card signed Memorandum of Agreement (MoA) with Saint Hardayal Educational and Orphans Welfare Society (SHEOWS) in January 2021 to implement the project. The objective of the project was to provide capex and operating expenses for care of 200 abandoned, destitute and homeless elderly with an aim to enhance their health and wellbeing. The capex component was for Special Care Unit (SCU) and fowler beds for patients, rescue vehicle for rescue of the homeless elderlies to bring them to SHEOWS ashram, patient transfer vehicle to transfer patients from Delhi ashram to Garhmukteshwar ashram, and genset for continued electricity availability at the ashram. The opex component was for the support of food expenses, medical care, recreation activities and day-to-day support.

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## Key findings:

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### Better living conditions for the homeless elderlies:

- The destitute homeless elderlies **are rescued with the help of rescue vehicles** and are brought primarily to the Ashram in Badarpur, Delhi (some elderlies are also rescued from areas near to the Ashram at Garhmukteshwar, who are taken to the Ashram at Garhmukteshwar).
- These homeless elderlies after being rescued get one of the most basic needs of shelter fulfilled.
- The shelters include facilities for **comfortable stay like beds, lifts, geysers, television, clean water, open space to move around, etc.** There is also provision for medical facilities in the Ashram. The Ashrams have 24 hours on-duty staff for assistance and a big entrance for entry and exit making it a safe and secure shelter for the elderlies. Overall, the Ashrams provide the much-needed shelter to these destitute homeless elderlies.

### Enhanced nutrition for the homeless elderlies:

- The elderly beneficiaries at the Ashrams were provided with timely balanced diet of three course meal (breakfast, lunch, and dinner) for nutrition. The diet contains low fat and green leafy vegetables.
- Doctors also suggest customised meals based on the medical and health needs of the beneficiaries on a case-to case basis (such as beneficiaries suffering from diabetes, hypertension, etc.) **by regular medical check-up** and laboratory tests as needed.
- The **food is prepared hygienically in the in-house kitchen with omission of human intervention** wherever possible like using roti maker for making rotis and using vegetable chopper for chopping vegetables. Other than the meals, the beneficiaries are also provided with **milk and tea** in the morning and evening. This helps the elderlies in fulfilling their daily nutritional requirements.

### Improved health conditions of the homeless elderlies:

- The destitute homeless elderlies who are rescued by the SHEOWS team are provided **with immediate medical care** by health professionals as they first arrive at the ashram.
- **Regular pathological tests** like blood test (Haemoglobin, Liver Function Test (LFT), etc.) were also conducted to monitor the health of the elderlies.
- **Physiotherapy sessions** are conducted daily with the elderlies to help them reduce pain, to improve joint movements and to increase mobility. Elderlies are identified for physiotherapy on the basis of recommendation by the medical doctors and assessment by physiotherapist.
- There is also a provision of **special care unit** to attend to the cases of critical cases with advanced medical facilities like oxygen support, ventilators, etc.
- The doctors informed that at the time of rescue, these elderlies were generally suffering from multiple ailments and were in very poor health conditions. The holistic medical care provided at the Ashrams helped the elderlies in improvement of their overall health.

### Augmented social conditions and mental state for the homeless elderlies:

- **Regular recreational activities** like singing, dancing, painting, yoga, bhajan sessions (in-person and virtual), ball games, movie screening and mobile games, etc. are organised to keep the elderly active both physically and mentally.
- As revealed during the conversation with SHEOWS staff, it was found that these **elderlies are referred to as “Amma” and “Baba”, giving them a sense of family and respect.** These recreational activities and support helped the elderlies feel a sense of social bonding, belongingness and homeliness which resulted in their improved mental state.

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### Key Recommendation(s):

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- During the discussion with the staff, the team was informed that few caregivers were trained in-house through on-the-job training by imparting them practical exposure by experienced staff, however it is recommended that caregivers should be provided **further training on geriatric care** which will help in strengthening the care process and help new caregivers.
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### Project 5: Innovative mechanism for management of plastic waste (IPCA)

SBI Card initiated a project for Innovative mechanism for management of plastic waste. SBI Card signed Master Service Agreement (MSA) with India Pollution Control Association (IPCA) in February 2021 to implement the project. The objective of the project was to develop sustainable supply chain and strengthen segregation and collection of plastic waste. The project aimed to develop, strengthen, and further sustain these linkages and achieve appropriate plastic waste management and was able to reach 30,000 beneficiaries. The proposed Dry Waste Collection centre had to have a capacity to process 2 MT of dry waste per day<sup>1</sup>. The recycling facility had to have the processing capacity of 30 MT plastic waste per day<sup>2</sup>. The expected produce from the recycling plant was 2,000 plastic sheets which were to be sold in the market<sup>3</sup>.

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### Key findings:

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#### Increased awareness on waste segregation:

- **Awareness sessions on waste management were held** with the community to promote behavioural change regarding household level waste segregation. Awareness sessions on the **topics of waste generated at household level, hazards related to improper handling of waste, and segregation of waste at household level** were conducted with the residents
- This **helped elevate the awareness regarding waste handling and source segregation** among the residents and brought about a degree of behavioural change in the practice of source segregation at household level.

#### Improved health conditions of the residents and ragpickers:

- The practice of proper disposal of waste through source segregation at the household level and subsequent cleaning of the areas through collection of low-grade plastic waste utilised under the project **helped in improving the cleanliness of the surroundings**.
- The incidences of water logging have reduced due to minimised ad-hoc dumping of plastic and other waste in the locality. This has, in turn, resulted in the **lowered disease spread** in the community especially, the water borne diseases.
- This brought positive impact on health of the residents and ragpickers as they fell sick less often than before when the surrounding was unclean and there was improper waste dumping in the community.

#### Livelihood creation and income enhancement:

- There has been enhancement in the income of Material Recovery Facility (MRF) facility workers, **now that they earn an average of INR 10,000 per month against INR 4,000-5,000 per month earlier working as ragpickers**.

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<sup>1</sup> Source: Master Service Agreement between SBI Card and IPCA shared by SBI Card

<sup>2</sup> Source: PWM Certificate shared by SBI Card

<sup>3</sup> Source: Master Service Agreement between SBI Card and IPCA shared by SBI Card

- The project has also **helped enhance the income of the ragpickers from daily wages of INR 100 before the project to INR 250 at present.**

#### **Nutritional and educational enhancement for ragpickers / MRF facility workers / Recycling Facility workers and their family due to increased income:**

- **As a result of the enhanced income due to the project, they are now able to enhance their nutritional intake and are also able to spend on the education of their children.** This has substantially added to their way of living and helped in furthering the potential improvement of their families' lives in the future.

#### **Plastic waste reduction and recycling:**

- There has been a reduction of low-grade plastic waste from the community as it is being segregated, collected, processed, and recycled in the project where MRF facility and the recycling facility are working at **optimum capacity.**
- The **final product is a water-resistant sheet from which value-added basic products are build in-house, such as dustbins, vase, chairs, tables, etc. During the project period 3,340 Ecare boards were produced.**
- The plastic sheet is also bought by vendors to use as a **substitute of plywood** which has seen a demand from the market and this demand pull has helped develop and sustain the complete supply chain.



A total of **550.88 MT** of plastic waste has been processed during the project period at the recycling facility.<sup>4</sup>

- This has resulted in the positive impact on the environment by cleaning the environment (dumps/landfills/dhalaos) from the accumulation of plastic waste which otherwise takes a very long time for degradation and assimilation into the environment naturally.

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#### **Key Recommendation(s):**

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- As reported by the material recovery facility workers, they are provided with safety equipment like gloves, masks, boots, etc., to shield them from hazards of waste handling. The conveyer belt in the MRF also helps improve the efficiency of the process as the MRF facility workers can stand straight and don't have to bend repeatedly which also helps them from a health perspective. However, it is recommended to introduce **further automation wherever possible in the process chain** to reduce human intervention which will help reduce their exposure to potential health related hazards.
  - **More awareness activities could be organised** in the community which are more engaging for complete adoption of waste segregation at household level. Hence, this is an area where the project could focus to strengthen and further scale up **activities for mobilising the community** like door-to-door campaign and participatory activities to build a stronger bond with the community.
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#### **Project 6: Smile on Wheels (SoW) (Smile Foundation)**

SBI Card initiated a project for increasing access to primary healthcare services – Smile on Wheels in Agra, Delhi, Gurugram and Chennai in December 2021 along with Smile Foundation with an objective of **providing a**

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<sup>4</sup> Source: Project Closure Report shared by SBI Card (Assuming the sourced plastic is completely utilised every month)



**comprehensive range of primary health care services to the under-privileged community in remote rural areas and slums through an equipped mobile medical van – ‘Smile on Wheels (SoW)’.** The project intended to make primary healthcare available, accessible, and affordable for the underserved population in the slums/ villages of Delhi, Gurugram, Chennai, Agra (Urban) and Agra (Rural) through preventive, promotive & curative services at their doorsteps. The project aimed to benefit over 79,200 beneficiaries across the 5 locations<sup>5</sup>. However, the project was able to benefit 88,392 patients, which was more than the initial set target<sup>6</sup>. A total of **139 respondents** were surveyed for the quantitative interactions across Delhi Gurugram and Agra. These included beneficiaries who had availed OPD services from the MMU. Additionally doctors of the MMU, community mobiliser and project coordinator/ community health officer and SBI Card and Smile were interacted with.

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## Key findings:

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### Perceived benefits of MMU:

- The **key benefits** reported by the beneficiaries include **saving of cost (99.3%), ease of access (98.6%), saving of time (98.6%), free medicines (95%), free consultation (95%) and doorstep availability of services (83.5%)**.
- Additionally, the reported benefits also included **free instant POC (rapid) tests (83.5%), early diagnosis of medical condition (60.4%) and referral for severe cases (41.7%)**.

### Expectant mothers availing regular check-ups

- The **expectant mothers started coming to the MMU for regular basic check-ups from the first trimester** whereas earlier, expectant mothers would come even to the MMU only in the second or third trimester.

### Capacity building of frontline health workers

- It was reported that the project also supported the capacity building of the frontline health workers [Accredited Social Health Activist (ASHA)/ Anganwadi Worker (AWW)] as the programme works along with them thus helping improve service delivery in the long run.

### Referrals and regular follow-ups to ensure health services are availed

- **Referral service was one of the crucial components of the MMU service to make available necessary diagnostic and curative health care.** It was reported by the project coordinator that a referral prescription was given to the patient. Follow-up was done with the referred patients during the next visit to that location. It was informed that the patients were asked to show the lab report, prescription slip, etc. to ensure they had gone to the referred government health facility. The MMU team conducted a follow-up of referred patients to government hospitals and nearby charitable hospitals to ensure they had gone to the health facility.

### Reduction in out-of-pocket expenditure:

- All the services were available free of cost through the MMUs.
- Among those **who went to private clinics, local unqualified doctors, or chemists**, it was reported that on an average they **needed to incur a median cost of INR 350 on consultation, INR 150 on POC tests and around INR 250 when buying medicines**.
- **Among those who reported to be visiting the government hospital, it was highlighted that it results in a loss of median cost of INR 450 per day in terms of daily wages.** Further, it was reported that they

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<sup>5</sup> Source: Addendum dated 2 Dec 2020, to Master Service Agreement between SBI Card and Smile Foundation

<sup>6</sup> Source: Project Annual report by Smile Foundation for Dec'20-Nov'21

had to spend almost INR 40 to 100 in a day on the commute to and from the government hospital which further eats into their meagre savings.

- **At the MMU, it was reported that the time required for consultation was very less** (on an average approximately only 22 minutes) **and thus there was no requirement of taking a leave from work** resulting in saving of both cost and time.

#### Increased awareness on health aspects:

- The most recalled health awareness topics included hand washing (96.4%), nutrition (91.4%), communicable diseases (87.8%), Covid preventive measures (82.7%) and proper waste disposal (74.8%).
- Based on the location specific disease burden (like skin infection, viral, Covid etc.) the awareness activities were designed.

#### Community perceptions about the MMU service

- All respondents agreed that they would recommend availing MMU services to others with 99.3% expressing satisfaction with the health services provided by the MMU and 99.3% found it very useful for the community highlighting communities perspective on quality of healthcare provided, its easy access and availability of services.

#### Improved medical consultation through MIS data

- Management Information System (MIS) was a vital component of the programme and helped make the mechanism more transparent, accessible, and robust. Key benefits of MIS reported were ease in tracking and follow-ups and also ready availability of patient medical history thus ensuring better medical consultation.

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#### Key Recommendation(s):

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- To ensure availing of health services from government hospitals after the MMU support ends, SBI Card can also consider mapping of government health care facilities around the project locations and focus on **improving the infrastructure of sub-centres and Primary Health Clinics (PHCs) in these locations** in such future similar projects. The existing MIS data of MMU can also be leveraged to draw inferences on disease burden and trend in the locality.

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#### Project 7: Strengthening healthcare infrastructure of RNT Medical College, Udaipur (IAHV)

SBI Card initiated a project to strengthen healthcare infrastructure as a requirement by RNT Medical College, Udaipur by providing 14 high end ICU ventilators which aimed to strengthen healthcare infrastructure of the hospital during Covid pandemic in an effort to provide support to fight against the second wave of the pandemic. SBI Card signed Memorandum of Agreement (MoA) with International Association for Human Values (IAHV) in May 2021 to implement the project.

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#### Key findings:

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##### Strengthened healthcare infrastructure of RNT medical college and support during Covid:

- The project helped provide support to fight against the pandemic. The improved infrastructure would be helpful for the medical college to **address the healthcare needs for the foreseeable future as these high-end ventilators have a life of over 10 years.**



- **Post the pandemic these high-end ventilators were provided to different departments of the institute based on the requirement where they are currently being used.**

#### Access to quality and affordable health care:

- The hospital and the temporary COVID Care Centre benefitted the community as it **provided easy access to free of cost and quality Covid care treatment for the community during the severe second wave of the pandemic.**

#### Improved critical care support:

- The RNT medical college management stated that the **much-needed timely support through SBI Card CSR initiative** was at the time when **the entire country's health facilities were facing shortage of ventilators due to the rapid rise in Covid positive cases.**

#### Increased capacity of the health care facility to attend to more patients:

- It was reported that the use of these high-end devices in the hospital's Super Speciality Block (SSB) as well as the temporary COVID Care Centre supported by the institute **lead to increased capacity of the institute as well as the district** to treat higher number of patients thus ensuring the timely administration of the required treatment during the second wave of the pandemic.

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#### Key Recommendation(s):

- Considering high footfall of patients in the RNT institute and the initial need of 50 additional ventilators, SBI Card can consider providing more high-end ventilators to the institute or identify other gap areas of RNT or similar institute for strengthening.
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#### Project 8: Strengthening healthcare infrastructure of PGIMS, Rohtak (Americares India Foundation)

SBI Card initiated a project to provide 6 high-end **medical equipment support under CSR for Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences (PGIMS), Rohtak, Haryana to Strengthen healthcare infrastructure.** SBI Card signed Memorandum of Agreement (MoA) with Americares India Foundation in February 2021 to implement the project. The project aimed to strengthen the Neonatal Intensive Care Unit (NICU) and Paediatric Intensive Care Unit (PICU) facilities at PGIMS Rohtak and also provide some high-end equipment which would even help in adult critical care and diagnostic. 611 patients were reached through the support as reported by PGIMS doctors.

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#### Key findings:

##### Strengthened healthcare infrastructure of PGIMS:

- The project helped to strengthen healthcare infrastructure of PGIMS Rohtak to provide critical care.
- The improved infrastructure helped and **would continue to help the institute address the healthcare needs of the community for the foreseeable future** as the six high-end medical equipment provided have a **life of around 10 to 20 years.**

##### Preparedness for possible third wave of Covid

- The project aimed to equip the medical institute to be better prepared for the third wave of Covid with special emphasis on creation of NICU/PICU units as there was a possibility predicted by experts of a third wave affecting children more adversely than adults. The high-end equipment like Neonatal Ventilator and

High Flow Nasal Cannula for Infant & children provided by SBI Card helped the PGIMS Medical College in being better prepared for critical care for children before the start of third wave of Covid.

#### Accessible and affordable quality critical care:

- **Several patients from these areas are referred to this hospital for critical care, who are mostly from low-income group.** All patients received **free access** to this high-end equipment with quality care. Many people **would not have been able to afford the same if it had been provided by a private health facility.**

#### Provision of critical care ensuring availability of high-end equipment:

- It was reported by the SBI Card team that they had observed during their discussions with various medical institutes that at times the government hospitals are not able to provide a treatment or diagnosis for critically ill patients due to non-availability of high-end machines. The patient then needs to be referred to a private institute where the charges are exorbitant. Many patients, especially from the low-income strata, from across the state are referred to the PGIMS. Thus, the project **ensured that no critical care patient coming to PGIMS is bereft of no cost treatment or diagnosis requiring the provided six high-end equipment.**

#### The project also had several indirect benefits which were not envisaged at the start of the project:

- Due to the **availability of the high-end equipment, Fluorescence in Situ Hybridization (FISH) provided by SBI Card**, they have been **awarded a research grant worth INR 5 crores** with an emphasis on lung cancer and breast cancer by the Indian Council of Medical Research (ICMR).
- These high-end devices helped provide **training to the medical graduate and post-graduate students on the latest high-end equipment** leading to building competencies of medical students. The availability of some of these high-end instruments has resulted in **consideration of initiating new training courses in near future**
- These high-end machines like High-definition Rigid Bronchoscopy System are providing better imagery and findings. These were being used in some research reports by doctors at PGIMS which have been **published in medical journals.**

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#### Key Recommendation(s):

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- The improved infrastructure helped and would help the institute address the healthcare needs of the community for the foreseeable future as the six high-end equipment provided have an average life of around 10 to 20 years. The support was beneficial for the PGIMS and also the community. Hence, such **high-end equipment support could be given to other similar health facilities which have a high load of critical cases.** Also, at PGIMS, **other infrastructure gaps can be identified for strengthening.**

For the detailed background, approach, and methodology **section 2 and 3** can be referred to and analysis of the assessed impact of all the projects can be found in the respective project sections titled **“Project wise findings- Section 4 onwards”** including recommendations in the report.

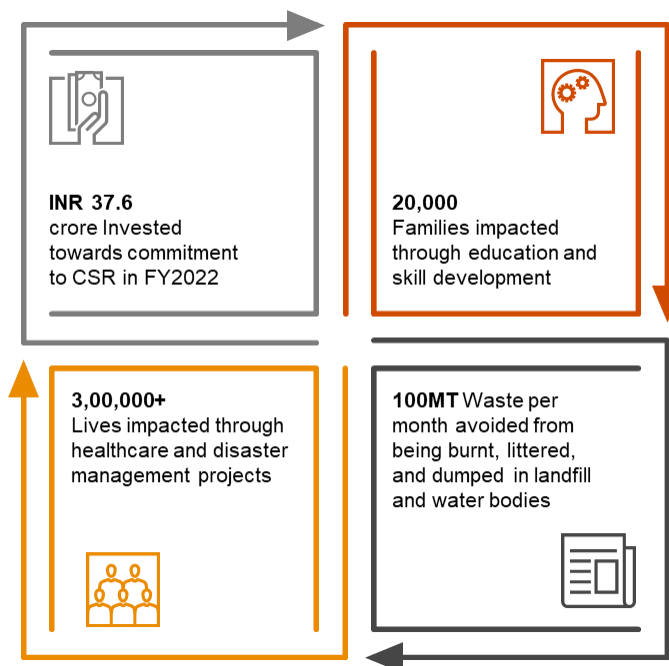


## 2. Background of the Study

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### Background

**SBI Cards and Payment Services Limited (SBI Card)** is committed to **simplifying the lives of its stakeholders through trust and excellence**. Being a responsible corporate citizen, it has **integrated Corporate Social Responsibility** in the way it conducts its business. It has taken up innovative CSR projects with an **aim to create sustainable impact by facilitating access, enhancing collaboration and capacity building**. The Company's CSR **vision** is for an inclusive society where everybody has access to opportunities, financial security and quality life and CSR **mission** is to be a significant contributor in India's growth story by undertaking innovative, technology driven and impactful CSR programs with underprivileged communities.<sup>7</sup>



The above schematic gives a snapshot of the Corporate Social Responsibility (CSR) initiatives undertaken by SBI Card in the Financial Year 21-22 as per SBI Card Annual report 2021-22.<sup>8</sup>

The thematic focus areas of SBI Card under CSR are shown below:

**Figure 1: SBI Card CSR thematic areas<sup>9</sup>**



<sup>7</sup> Source: SBI Card Annual report 2021-22 <https://www.sbicard.com/sbi-card-en/assets/docs/pdf/who-we-are/notices/sbi-card-annual-report-fy-2021-22.pdf> (Page 88)

<sup>8</sup> *Ibid* (Page 53) The above data / information has not been reviewed or validated as part of the impact assessment study.

<sup>9</sup> *Ibid* (Page 52 – 53)

## CSR projects under impact evaluation

SBI Cards and Payment Services Limited (SBI Card) has been implementing a gamut of interventions for communities in & around their geographical presence. PW has been engaged by SBI Card to provide support and assistance for an independent review and impact assessment of its multiple Corporate Social Responsibility (CSR) Projects as identified by the Management to be carried out in several phases. In the **first phase**, this study was commissioned to carry out **impact assessment of 8 CSR projects** implemented by SBI Card across India to understand the direct and indirect impacts of their CSR interventions on the communities. MoUs with the implementing partners were signed by SBI Card who supported them to implement these CSR programmes on ground. As highlighted by SBI Card, their role was to assess the need & strength of implementing partners, design the projects, provide financial support and undertake continuous monitoring.

The below schematic presents the sector wise grouping of the 8 projects which formed a part of impact assessment:

**Figure 2: Sector wise grouping of SBI Card eight CSR projects<sup>10</sup>**



<sup>10</sup> Ibid (Page 94 – 95)

The following table depicts the overview of the 8 CSR projects which were covered under the impact assessment study:

S. No.	Sector	CSR project name	Project period /Review period	Implementing Partner	Project Location(s)	Project Reach <sup>11</sup>
1.	Healthcare	Centre for palliative care and end of the life care to provide palliative care services, home care and outpatient services, to terminal cancer patients and non-cancer patients	Jan 2021 – Sep 2021	Rotary Club of Banjara Hills Charitable Trust (SPARSH)	Telangana, Hyderabad	791 primary beneficiaries (terminally ill patients) as reported by Sparsh hospice team
2.	Disaster Management	Strengthening infrastructure of COVID Care Centres (CCC) in Hyderabad and Visakhapatnam; along with distributing medical kits and food kits	Jun 2021 – Mar 2022	Samdrushti Kshamata Vikas Evam Anusandhan Mandal (SAKSHAM)	Hyderabad, Telangana & Visakhapatnam, Andhra Pradesh	<ul style="list-style-type: none"> <li>176 CCC beneficiaries (moderate &amp; severe Covid patients) as reported by Saksham and SBI Card</li> <li>1,233 &amp; 500 households for food &amp; medical kits (middle, low-income group, geriatric, and differently abled people) as reported by Saksham and SBI Card</li> </ul>
3.	Disaster Management	Equipment support for COVID Care Centres in Gurugram	Jun 2021 – Nov 2021	Yuva Unstoppable	Gurugram, Haryana	Moderate & severe Covid patients
4.	Healthcare	Supporting capex and operating expenses including food and medical care of 200 abandoned, destitute and homeless elderly	Jan 2021 – Mar 2021	Saint Hardayal Educational and Orphans Welfare Society (SHEOWS)	Delhi and Garhmukteshwar	200 homeless elderlies
5.	Environment	Innovative mechanism for management of plastic waste	Feb 2021 – Jan 2022	Indian Pollution Control Association (IPCA)	East Delhi, Gautam Buddha Nagar	30,000 beneficiaries

<sup>11</sup> Source: As per reports shared by SBI Card and / or Implementing partners for projects 1 to 7

S. No.	Sector	CSR project name	Project period /Review period	Implementing Partner	Project Location(s)	Project Reach <sup>11</sup>
6.	Healthcare	Smile on Wheels	Dec 2020 – Nov 2021	Smile Foundation	Agra -Urban & Rural (Uttar Pradesh), Delhi, Gurugram (Haryana), Chennai (Tamil Nadu)	88,392 beneficiaries as reported in the project annual report
7.	Disaster Management	Strengthening healthcare infrastructure of RNT Medical College, Udaipur	May 2021 – Aug 2021	International Association for Human Values (IAHV)	Udaipur, Rajasthan	All ICU patients requiring 14 high end ventilators provided
8.	Healthcare	Strengthen healthcare infrastructure at (PGIMS) in Rohtak, Haryana	Feb 2021 – Oct 2021	Americares India Foundation	Rohtak, Haryana	<p>611 patients as reported by PGIMS doctors who used the below 6 high-end devices:</p> <ul style="list-style-type: none"> <li>• High-definition Rigid Bronchoscopy System</li> <li>• Polysomnography System (Level 1)</li> <li>• Fluorescence in Situ Hybridization (FISH) Machine &amp; Consumables</li> <li>• Neonatal Ventilator with HFO</li> <li>• High Flow Nasal Cannula for Infant &amp; children</li> <li>• Bubble C PAP machine with RAM cannula</li> </ul>

Above projects are discussed in detail in respective project sections.



### 3. Scope of the study, approach & methodology



### 3. Scope of the study, approach & methodology

#### Scope of the study

PW was engaged to conduct an independent impact assessment study of the 8 CSR projects mentioned in the above section. The scope of work includes understanding the project implementation plan and reviewing the Key performance indicators (KPIs) as defined by the Management under the framework for implementing the CSR project for the outputs, outcomes, and impact of the Project. Framework used was Inclusiveness, Relevance, Efficiency, Convergence, and Sustainability framework (the 'IRECS') (defined later) as agreed with the Management. The objective of the study was to assess the outcomes and impact created on the stakeholders covered under the project and provide recommendation on the project performance for Management's evaluation. The scope of work included the following:

1. To assess SBI Card's CSR initiative performance as per the pre-defined targets defined in the MoU signed with Implementing Agency for the respective CSR Project under review;
2. To assess the impact created by Project on ground and on larger ecosystem, as applicable;
3. To gather feedback of key stakeholders for respective CSR project and to provide the feedbacks to the Management for their further incorporation of the same in implementation of the programme, if any;
4. Further, how respective CSR Project undertaken by the Company are broadly mapped with the Sustainable Development Goals (SDGs) and Environmental, Social, Governance (ESG)<sup>\*12</sup> vision of the Company
5. To provide recommendations for respective CSR Project on the project performance for Management's evaluation

This report intends to provide the findings/recommendation of assessments conducted by PW for 8 CSR projects covered under the study. The focus of the review was to assess the impact created by these 8 CSR projects of SBI Card, identify and highlight the areas of improvement in these different CSR projects of SBI Card to enable better project monitoring and tracking for Management's consideration.

#### Overall study limitations

The study undertaken has some limitations with regards to interaction with stakeholders and data collection. Based on the type of projects, due to unavailability of the baseline data, comparative analysis could not be done. However, to the extent possible we have used retrospective indicators for the same. The limitations are as below:

- The PW team interacted with most of the identified stakeholders but could not interacted with primary beneficiaries in some of the projects due to –
  - the nature of **Project 1 (Centre for palliative care and end of the life care to provide palliative care services, home care and outpatient services, to terminal cancer patients and non-cancer patients)**, the primary beneficiaries (for the duration from January 2021 to September 2021) were terminally ill patients who have passed away. Hence, in consultation with the SBI Card team and Sparsh hospice team, the PW team conducted interactions only with the caregivers/ friends/ relatives. Further, the caregivers were scattered in geography; therefore, the data collection was done telephonically to maximise the coverage ensuring the quality of the assessment. Consequently, the findings of the study were based on the viewpoints of the caregivers and depends on the inputs of the other stakeholders.

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<sup>12</sup> Detailed review of ESG vision was not a part of the scope

- the beneficiary data was not accessible owing to the patient data confidentiality and privacy constraints in Project 3, Project 7, and Project 8 and hence patients could not be interacted with.
  - the project closure and shifting of equipment to a new facility in **Project 2 (Strengthening infrastructure of COVID Care Centres in Hyderabad and Visakhapatnam; along with distributing medical kits and food kits)** and **Project 3 (Equipment support for COVID Care Centre in Gurugram)**, hence the patients could not be identified and interacted with.
  - the beneficiaries of food and medical kits were differently abled people and scattered across locations in **Project 2 (Strengthening infrastructure of COVID Care Centres in Hyderabad and Visakhapatnam; along with distributing medical kits and food kits)**, it was difficult to mobilise them and hence, in depth interviews (IDIs) instead of Focus Group Discussions (FGDs), were carried out telephonically with beneficiaries of food kits and medical kits.
  - elderlies being mostly neuro-patients or very old and having difficulty in speaking in **Project 4 (Supporting capex and operating expenses including food and medical care of 200 abandoned, destitute and homeless elderly)**. Hence, in consultation with the SHEOWS team and SBI Card, interactions with a few elderlies for capturing the case studies was carried out.
- In **Project 5 (Innovative mechanism for management of plastic waste)**, the residents who participated in the Focus Group Discussion were also mostly from a concentrated area near the MRF facility and the team could not undertake quantitative survey of the residents since residents were scarcely available at the time of the field visit and mobilising residents for quantitative survey was a challenge.
  - In **Project 6 (Smile on Wheels)**, some of the key stakeholders (e.g., Doctor of Delhi and Agra location, project coordinator of Gurugram, community mobiliser of Gurugram and Agra) had moved to a different location / project or were not present during the field visit as the impact assessment was scheduled to be conducted at least one year after the closure of the project as per compliance. Thus, they could not be reached during the survey. Similarly, interactions could not be conducted with panchayat head, ANMs, district officials, government health facility doctors. Hence, their perspectives could not be considered for this impact assessment. However, interactions were conducted with most of the other key stakeholders including project beneficiaries, doctors (of Gurugram), project coordinators (of Delhi and Agra), community mobiliser (of Delhi) and implementation partner staff.
  - In **Project 7 (Strengthening healthcare infrastructure of RNT Medical College, Udaipur)**, owing to unavailability of data, exact **patient load during the project period could not be ascertained. Although it was reported by the Doctors at RNT as well as SBI Card team that the institute had a very high patient foot fall.**

The study has been conducted based on the time period mentioned and agreed as period of assessment for the respective projects in consultation with SBI Card and the impact assessed based on the said period only.

## Methodology

The impact of the CSR projects was assessed using the IRECS framework. IRECS is geared to provide overall feedback on the efficacy of implementation as well, as its efficiency in terms of achievement of the desired project outputs with reference to inputs. IRECS framework measured the performance of programme on five parameters – Inclusiveness, Relevance, Effectiveness, Convergence and Sustainability. Overview of areas assessed under each of these five parameters is provided below:

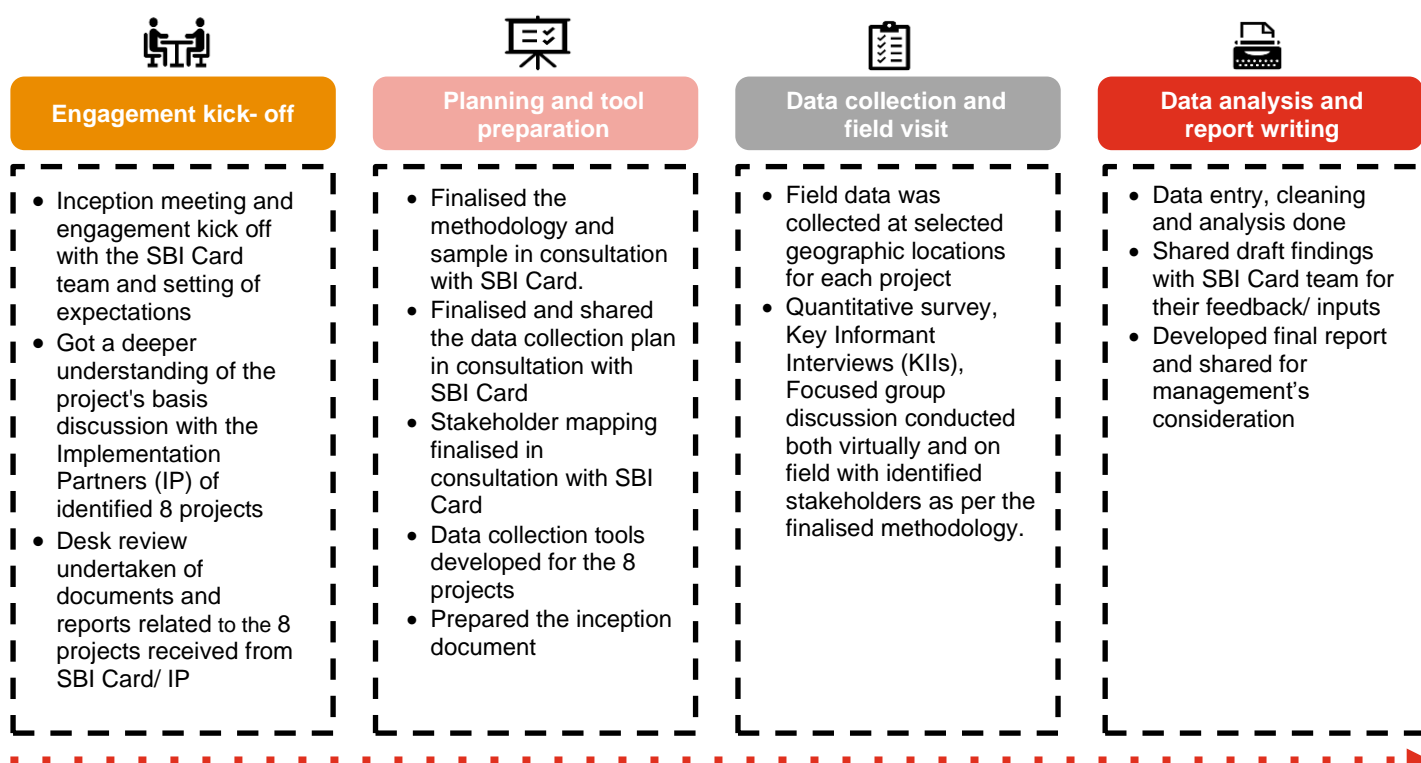
**Figure 3: IRECS Framework and key evaluation parameters**

Key Evaluation Parameters under IRECS				
Inclusiveness	Relevance	Effectiveness	Convergence	Sustainability
Ability of different stakeholders (particularly poorest and most marginalised) to access the benefits of activities and derive equitable benefits from assets created.	Are the services/ inputs/ institutions facilitated in the project able to meet community priorities? Are the services provided needed by beneficiaries?	How effectively the activities have been able to manage / mitigate community expectations? How efficiently have the resources been deployed, monitored, and utilised?	Degree of convergence with government/other partnerships; relationship between individuals, community, institutions, and other stakeholders	How will the projects help beneficiaries sustain in the long run?

## Approach

The impact assessment study used the integrated and cohesive approach to assess the social impact of 8 CSR projects implemented by SBI Card. The following step by step approach enabled the research team to evaluate the direct impact on the lives of project beneficiaries. An outline of the methodology to address the process for **8 CSR projects** is highlighted in the following figure:

**Figure 4: Study Methodology**



### 1. Engagement kick-off stage:

PW team initiated the assignment by conducting an inception meeting with the SBI Card CSR team. Post the inception meeting, PW team prepared a formal request for information including the required list of documents for desk research to validate as well as augment our understanding about the SBI Card projects. PW also

discussed with SBI Card their desired outputs for the projects, documented understanding of the same before proceeding to next phase of the assessment. Based on the desk review and the interactions with SBI Card and implementation partner the stakeholders were mapped for the study.

## 2. Planning and tool preparation:

The documents available with SBI Card (i.e., Memorandum of Understanding and project closure report, progress reports, etc.) were shared and PW team started the desk review of the project documents. In consultation with SBI Card the methodology of each of the eight projects and stakeholder mapping was finalised. The projects where direct beneficiaries /caregivers were available a mixed method approach was followed with quantitative and qualitative interaction while in the remaining projects the approach of qualitative assessment was followed (refer Table 1). Post this, an inception document containing the scope of work, methodology and approach with timelines was shared with the SBI Card team.

Basis the desk review of the documents, the team developed the tools for data collection and field visit plan in consultation with SBI Card team. At the same time, PW team started interacting with the project implementing agencies to sensitise them on the impact assessment requirements and communicating the dates for field visit.

### Sampling:

Based on the nature of some projects a **mixed methodology and qualitative research methods** was adopted. The sample size for **quantitative data collection** was estimated at **95% confidence level and 5% margin of error** for the population universe.

Interactions were planned for all projects based on the study methodology after mapping the key stakeholders with whom the focus group discussions, in-depth interviews and Key informant interviews were done (Refer table for the details.)

**Table 1: Sample covered and stakeholders for data collection<sup>13</sup>**

#	Sector	CSR project under impact assessment	Methodology	Sample size	Sampled Location for the study	Stakeholders interacted with
1.	Healthcare	Centre for palliative care and end of the life care to provide palliative care services, home care and outpatient services, to terminal cancer patients and non-cancer patients	Mixed Method approach (Qualitative and quantitative assessment)	131	Hyderabad	<ul style="list-style-type: none"> <li>Caregiver (quantitative)</li> <li>Sparsh team</li> <li>SBI Card team</li> <li>Beneficiaries</li> </ul>

<sup>13</sup> Field visits were conducted in all projects to map impact and interact with key stakeholders.

#	Sector	CSR project under impact assessment	Methodology	Sample size	Sampled Location for the study	Stakeholders interacted with
2.	Disaster Management	Strengthening infrastructure of COVID Care Centres in Hyderabad and Visakhapatnam; along with distributing medical kits and food kits	Qualitative assessment	-	Hyderabad	<ul style="list-style-type: none"> <li>• CCC management staff &amp; doctors</li> <li>• SAKSHAM team</li> <li>• SBI Card team</li> <li>• Beneficiaries</li> </ul>
3.	Disaster Management	Equipment support for COVID Care Centres in Gurugram	Qualitative assessment	-	Gurugram	<ul style="list-style-type: none"> <li>• CCC management</li> <li>• Deputy CS</li> <li>• Yuva Unstoppable team</li> <li>• SBICSPL team</li> </ul>
4.	Healthcare	Supporting capex and operating expenses including food and medical care of 200 abandoned, destitute and homeless elderly	Qualitative assessment	-	Garhmukteshwar and Delhi	<ul style="list-style-type: none"> <li>• SHEOWS team</li> <li>• Doctors, nurses, and other staff</li> <li>• SBICSPL team</li> </ul>
5.	Environment	Innovative mechanism for management of plastic waste	Qualitative assessment	-	Gautam Budh Nagar and Delhi	<ul style="list-style-type: none"> <li>• Residents</li> <li>• Ragpickers</li> <li>• East Delhi Municipal Corporation (EDMC)</li> <li>• IPCA team</li> <li>• Facility workers</li> <li>• SBICSPL team</li> </ul>

#	Sector	CSR project under impact assessment	Methodology	Sample size	Sampled Location for the study	Stakeholders interacted with
6.	Healthcare	Smile on Wheels	Mixed Method approach (Qualitative and quantitative assessment)	139	Delhi, Gurugram, Agra	<ul style="list-style-type: none"> <li>Community (quantitative)</li> <li>Community mobiliser</li> <li>Smile Foundation team</li> <li>Doctors</li> <li>SBICSPL team</li> </ul>
7.	Disaster Management	Strengthening healthcare infrastructure of Ravindra Nath Tagore (RNT) Medical College, Udaipur	Qualitative assessment	-	Udaipur	<ul style="list-style-type: none"> <li>RNT Medical college management &amp; doctors</li> <li>SBICSPL team</li> </ul>
8.	Healthcare	Strengthen healthcare infrastructure at (PGIMS) in Rohtak, Haryana	Qualitative assessment	-	Rohtak	<ul style="list-style-type: none"> <li>PGIMS management &amp; doctors</li> <li>Americares team</li> <li>SBICSPL team</li> </ul>

### 3. Data collection and field visit:

The team collected data from beneficiaries and other stakeholders. Data collection was conducted both virtually and on field in consultation with SBI Card. Interaction with the implementing partners, beneficiaries and other project stakeholders were held for understanding the projects' impact, as well as the sustainability aspect of the programme and long-term benefits. Additionally, consent was taken from the respondents where we have used photos, case study, other stakeholder interview testimonials provided for the purpose of the impact assessment.

#### **4. Data analysis and report writing:**

The data entry was done, and the collected data was cleaned for the analysis. The analysis of the data collected from the study was carried out and the inferences and findings were summarised, and a final report was developed for management's consideration post incorporation of feedback from SBI Card. The report also incorporates the broad mapping of all the projects with the UN Sustainable Development Goals (SDGs) and Environmental, Social, Governance (ESG) vision of the Company.





# Project-wise impact assessment





4. Project 1: Centre for palliative care and end of the life care to provide palliative care services, home care and outpatient services, to terminal cancer patients and non-cancer patients (Rotary Club of Banjara Hills Charitable Trust)

#### 4. Centre for palliative care and end of the life care to provide palliative care services, home care and outpatient services, to terminal cancer patients and non-cancer patients

### About the project<sup>14</sup>

BI Card initiated a project to augment **Centre for palliative care and end of the life care to provide palliative care services, home care and outpatient services, to terminal cancer patients and non-cancer patients** in January 2021 with implementing partner Rotary Club of Banjara Hills Charitable Trust. The project provides palliative care services, home care and outpatient services, to terminally ill patients with life limiting diseases residing at the SPARSH hospice facility (an initiative run by Rotary Club of Banjara Hills Charitable Trust). **Community awareness sessions were also conducted about the need & importance of palliative care and the services offered at the Sparsh hospice centre.** The SBI Card funding supported the **Capex expenses** (Eeco 5 seater A/c car, Air Sterilizer, Power Sprayer-Petrol Engine, Oxygen Cylinders, Oxygen Concentrators, Kiosk, Standees, Canon Power Shot, Lenovo Laptop, HP Laser Jet Printer, Steel Bookshelf, Washing Machine) and **Opex expenses** [Material expenditure (nature of spend for every material expenditure), Travel and conveyance, Resource cost, Printing & Stationery, Communication cost, Rent, Maintenance Expense – Monitoring Cost, Salaries] of the Sparsh Hospice.

The **objectives of the project** are as follows:

To provide palliative care service to add value and provide comfort in the end-of-life days of terminally ill patients

To provide emotional support to the patient's family members through counselling

Enhanced community awareness about palliative and end-of-life care

Following schematic represents the key aspects of project implementation:



Project reach: **791 terminally ill** beneficiaries



Project period: **January 2021 - September 2021**



Project location: **Hyderabad, Telangana**

### About the Implementing agency

Rotary Club of Banjara Hills Charitable Trust was started in the year 2011 in Hyderabad, Telangana. The trust is working dedicatedly for the care of terminally ill cancer patients. Sparsh Hospice palliative care centre

<sup>14</sup> Source: As per MoA signed between Sparsh Hospice and SBI Card

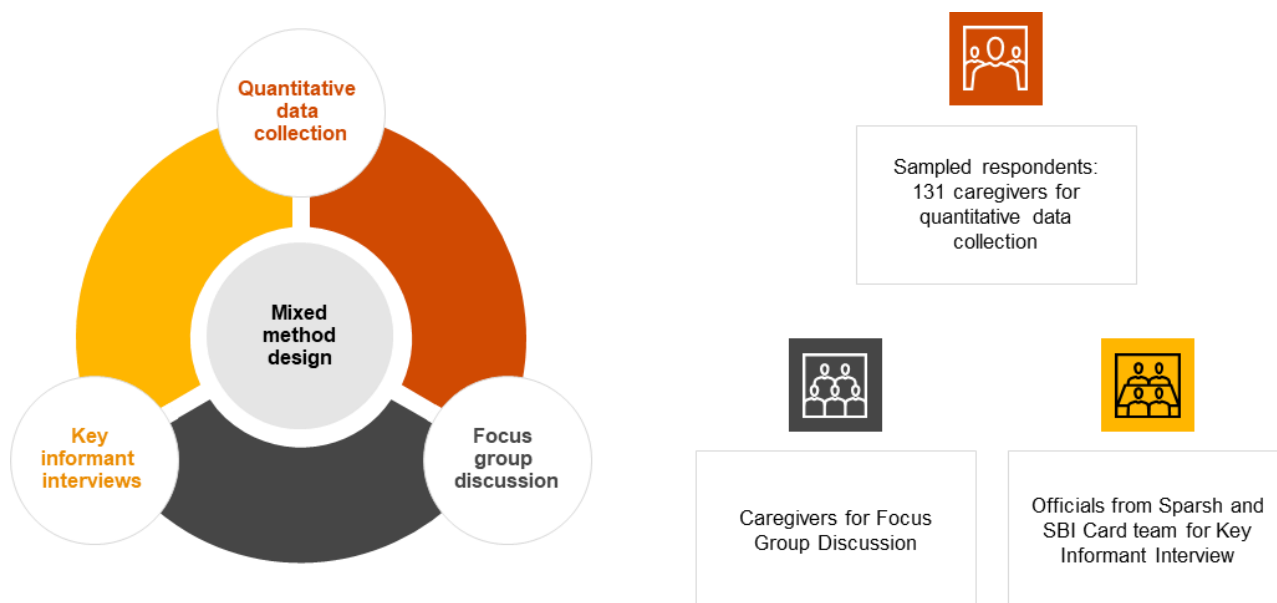
established by this trust is one of its kind in Hyderabad serving people of Andhra Pradesh and Telangana.<sup>15</sup> Sparsh Hospice is a Centre for Palliative Care for terminally ill cancer patients. When the 'treatment to cure' is no longer effective, patients opt for hospice care, where making the remaining life of the patient better is the main agenda. Palliative care helps in moderating physical pain and emotional sorrow by making it easier to bear for the patient and their family members. At Sparsh Hospice palliative care is provided by a team of qualified doctors, nurses, caregivers, and counsellors to ensure better symptom management and care for terminal patients.

The caregivers at Sparsh provide services to the overall situation management with the patient and their family and not just the disease. The patients feel better when their symptoms and problems are resolved through physical, spiritual, social, or psychological care. Additionally, Sparsh also provides support to the patient's family members by offering emotional support through counselling to prepare them to accept the imminent departure of their loved ones. All services at the Hospice are provided free of cost which include accommodation and food, medical professional services, equipment and pharmaceutical goods, hygiene and sanitation products etc. used in treatment given to patients.<sup>16</sup>

## Method of impact assessment

The study was initiated by **conducting an inception meeting with the SBI Card** officials. Post that, a list of requisite documents was shared with the SBI Card CSR team for conducting the desk review. **Basis the documents received**; PW team **conducted the desk review** of project documents **to develop more understanding** about the project. Accordingly, a **mixed method research** design was adopted for the study. The **key stakeholders** of project were **identified and mapped to capture their opinions and feedback**.

Due to the nature of the project provided it was observed that the **primary beneficiaries** (terminally ill patients) **have passed away** and interactions with them was not possible. Hence, **in consultation with SBI Card** and the Sparsh team the **quantitative data collection was carried out with the caregivers** of the beneficiaries. The study included the **usage of quantitative and qualitative research tools** (focus group discussions and key informant interview) for data collection as mentioned below:



A plan was developed for **quantitative and qualitative interactions with the key stakeholders identified** (as mentioned above) **and accordingly virtual/ telephonic/ in-field interactions were undertaken**. Interactions

<sup>15</sup> Source: <http://www.doaram.com/organization/rotary-club-of-banjara-hills-charitable-trust> as retrieved on 07 June 2023

<sup>16</sup> Source: <https://www.sparshhospice.org/donate/> as retrieved on 10 April 2023

with **131 caregivers** was done by **simple random sampling technique** and the sample was estimated at **95% confidence level and 5% margin of error**.

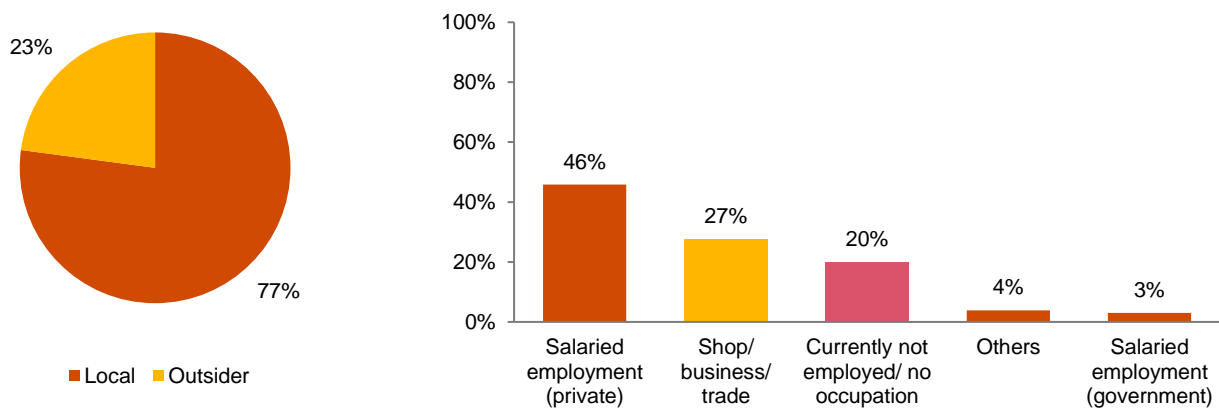
## Key findings

### Profile of the caregivers

A total of 131 caregivers were interviewed to understand the impact of intervention. As reported by the hospice team, the **sole criteria for the intake** of new patients were that the **patient should have a terminal illness** like cancer, dementia, Alzheimer, etc. As depicted in the below graphs, out of the 131 caregivers interviewed, 23% of the caregivers were outsiders (non-localite). In addition, **46% of the caregivers were salaried employees** (private), 20% were unemployed while 4% stated that they work in agricultural farms and / or as house maids.

**93% of the caregivers were immediate family members** while others were relatives and friends. Refer below for a snapshot of the geographic distribution and primary occupation of the caregivers.

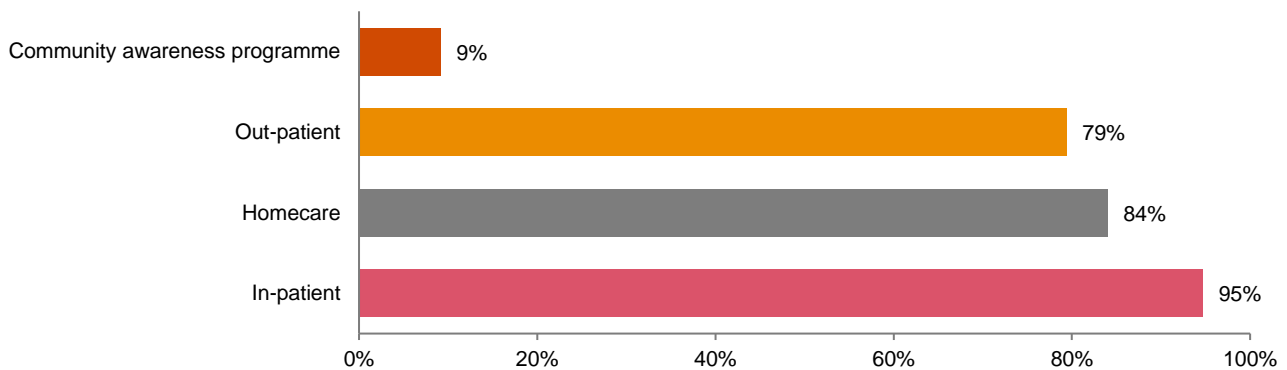
Figure 5: Profile of the respondents



### Awareness of the support provided by SBI Card

The caregivers were aware of the following support provided by SBI Card:

Figure 6: Awareness about the support provided under the project (n=131) \*



\*Multiple Coding Questions, Responses may add up to more than 100%

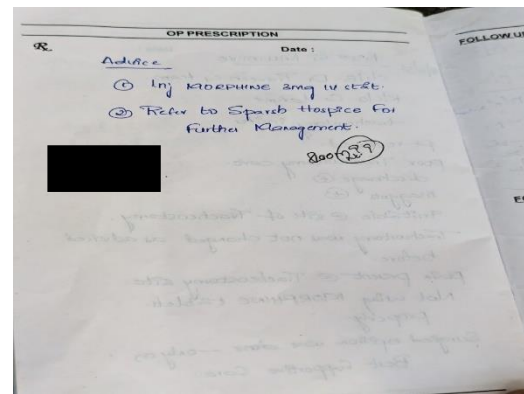
It was observed that the **highest awareness (95%)** was regarding the “**In-patient services**” extended by the Sparsh hospice centre while the **community awareness programmes (9%)** was the **least known** among the caregivers for the set of support services provided in the project. These community awareness sessions were about the need & importance of palliative care and the services offered at the Sparsh hospice centre.

The caregivers stated that **before** they got the patient **admitted at Sparsh**, they were running from hospital to hospital and the average cost was **INR 6-8 Lakhs** in trying to cure the patient from cancer (curative care) and the caregivers were not aware of palliative care need and support. Majority (**63%**) of the caregivers got to know about the hospice centre from **word of mouth**, 20% from referrals by government hospitals / corporates, 1% stated that they came to know about the hospice from magazines & pamphlet. Some caregivers were themselves aware. Further, **referral linkage is in-place** with nearby cancer healthcare institutions like Basavatarakam Indo American Cancer Hospital & Research Institute, MNJ Cancer Hospital & Radium Institute, Nizam’s Institute of Medical Sciences) as reported by Sparsh team. Refer below figure for the out-patient record and referral note of a patient from Basavatarakam Indo American Cancer Hospital to Sparsh hospice.

**Figure 7: Out-patient record of a beneficiary before availing services from Sparsh**

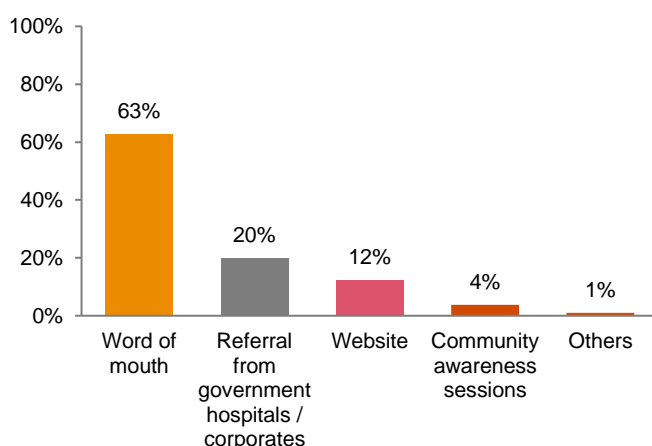


**Figure 8: Referral to Sparsh hospice from another hospital**

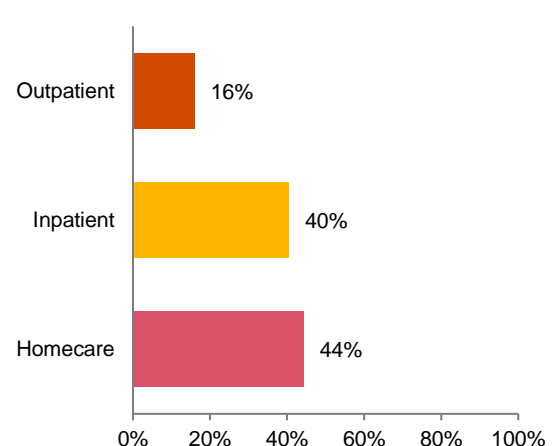


44% caregivers informed that they used the hospice for availing homecare services. All the 131 caregivers stated that they did **not have to pay any fees** for the services (IP/HC/OP) at the hospice centre. **Out of the 131 caregivers who were interviewed, 53 availed in-patient services, 20 availed out-patient services and 58 availed homecare services.**

**Figure 9: Source of information about the hospice (n=131)**



**Figure 10: Services availed from the hospice (n=131)**



## Services availed and support provided by SBI Card

The caregivers stated that **Covid did not affect the implementation** of activities. All the patients and the caregivers who were availing the services regardless of utilising IP (In-patient)/OP (Out-patient)/HC (Homecare) services, did not face any challenge from the hospice centre and staff. However, due to Covid restrictions, mobility was a challenge for OP/HC services availing caregivers. The caregivers availing the HC services stated that the **hospice staff put in extra efforts** as they reached the patients more frequently and also used video calls for consultation. As reported by the caregivers, the hospice staff have been providing them with **bereavement support** through regular calls and visits **post the demise** of the **patient**.

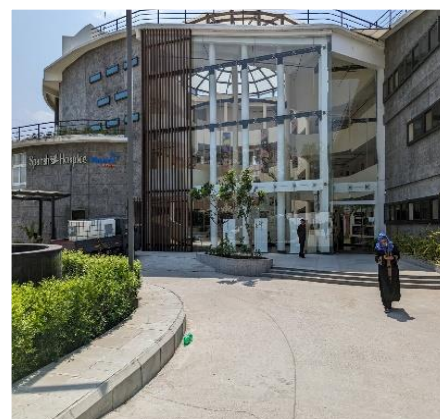
According to the Sparsh team and the caregivers, **social stigma and lack of proper palliative care** were the **key concerns/challenges** faced by the terminally ill patients due to which the need for the SBI Card project was felt. For diseases like cancer where the malignant wounds have unbearable smell and odour, etc., the families were unable to provide adequate care for the patients and there was a dire need of palliative care and end of life care for such patients. For these patients, usually the treatment method is aggressive, and the patients die in ICU alone and in pain without even knowing who they are, where they are, where their family members are, etc., which forces the patients to lead the final days of their lives in an undignified way whereas end of life should be dignified and as pain free as possible. Sparsh team alleviates all these problems as the staff are expert in providing high quality palliative care.

During the interaction with the Sparsh team, it was informed that **earlier the centre** was operating in a 14-bed facility having 7 beds for males and females each. It had issues like **less capacity and gender issues** (as males could not be admitted into female wards and vice versa). There were many instances when there was vacancy in respective ward, however the waiting list patient was of a different gender which led to increase in waiting list and also reducing the occupancy rate in the available ward. Post, the SBI Card funding they shifted the hospice centre to the current 100 bed facility along with support from other donors, philanthropists, etc. Now, they have enough space and infrastructure to cater to the community needs.

Sparsh had to postpone patient intake in the past before SBI Card came on board as they had issues like small facility, lack of manpower, equipment, etc. With the support from SBI Card, the facility was expanded which led to availability of beds, more comfortable stay, improved wound management, availability of medicines & consumables, and better-quality equipment. Boarding and lodging became much better for the patients and the family. The hospice provided **free of cost facility** which would **otherwise take INR 5,000 /- day** which helped patients and their family to save money and provided mental peace for being able to access palliative care treatment at a crucial stage of their lives.

Apart from in-patient and out-patient services, homecare service has also seen substantial improvement since SBI Card came on-board. **Post SBI Card support**, they were able to support **400 people on an average instead of the 70 earlier** which has helped **increase the capacity** of the hospice by almost **six folds**. Sparsh team also reported the funding and support from SBI Card has resulted not only in the increased capacity of patient management but has also helped in **improvement in the quality of services**.

Majority (95%) of the caregivers stated that they used the hospice centre for palliative care related to cancer. During the discussion with the SBI Card and Sparsh team it was revealed that post the project closure SBI Foundation is supporting the hospice and caters exclusively for homecare services. For (in-patient and out-patient) services the Sparsh hospice centre has been seeking support from individual and other corporate donors. Further they have **two shops (a restaurant and a coffee shop)** which provides rental income as reported by the Sparsh team.



**Figure 11: Front view of the Sparsh hospice**



The Sparsh team stated the hospice is currently able to meet the demands for all the facility by the patients and community. **Currently**, they have around **75% occupancy rate** on an average. The Sparsh team highlighted that if this program was not supported by SBI Cards there would have been dire implications for the patients & community. They would be constrained to restrict their reach, care, and services to limited numbers basis what funding they had from individual donors, philanthropists, etc. They would have not been in a situation to cater to patient and community needs without the support.

Summary of impact created

• Impact of in-patient services:

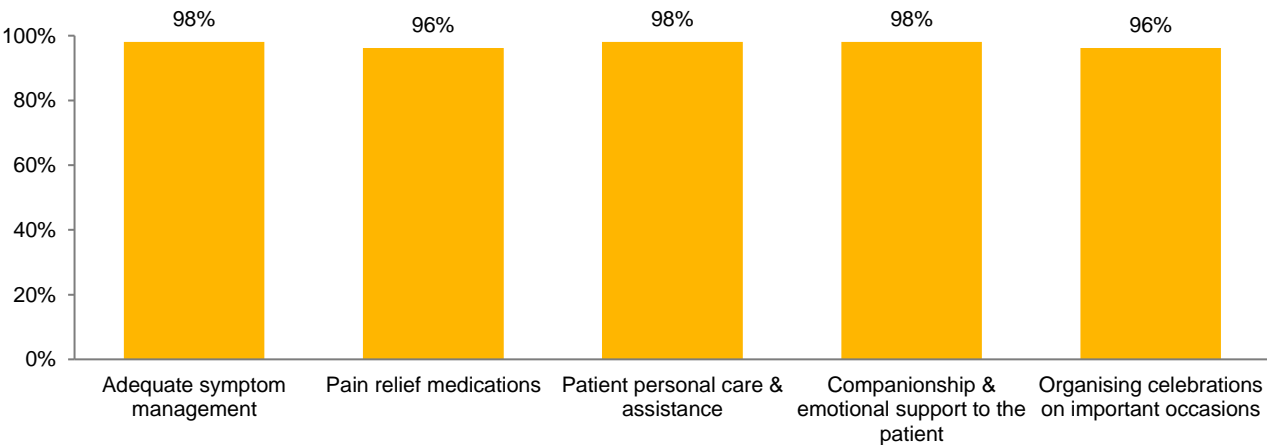
The hospice provides in-patient services to beneficiaries who need to be admitted as they require specialised care by the doctors, or their families are not able to take care of them at home or the patient wishes to spend their last days in the hospice. The hospice has 4 wards (2 each for male and female patients) and 1 private ward (in the top floor of the building) for patients who can choose to pay for the hospice services. The wards have nurses present at all times and the doctors also make daily rounds to assess the conditions of the patients. The wards also have a facility to accommodate 1 caregiver alongside the patient.



Figure 12: Female ward

**The hospice has served 195 in-patients during the project period.** The caregivers stated that they used services like pain relief medications, symptom management, changing of wound dressing, patient personal care & assistance, emotional aid, counselling, companionship, celebrating important occasions (like festivals, birthday, anniversary, etc.). The following graph illustrates the kind of services which were provided in the hospice to the 53 patients who had availed in-patient services.

Figure 13: Services provided in the In-patient (n=53) \*



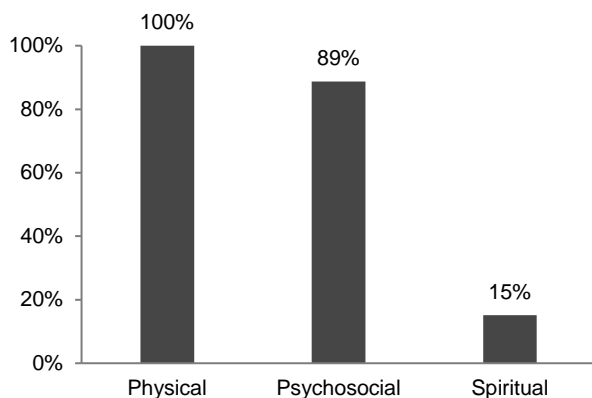
\*Multiple Coding Questions, Responses may add up to more than 100%

94% of the caregivers (n=53) stated that the doctors used to care & treat for the patient. All of them stated that the **doctors came on time in case of emergency**. The below graph depicts the frequency of the doctor/ nurse/ social counsellor visit to the patient.

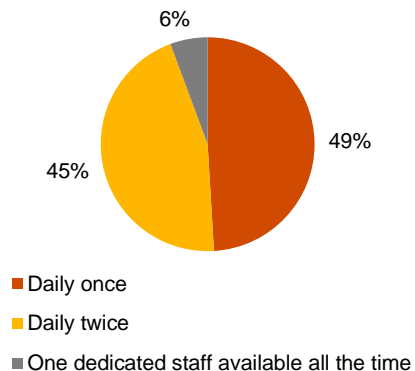
The caregivers informed that the hospice provided **nutritious food and has a hygienic environment**. Some of the caregivers revealed that they had stayed in the hospice with the patient and also ate the meals which were provided to the patient.

The caregivers reported that the hospice focuses on alleviating following kind of pain.

**Figure 14: Hospice focus on type of pain treatment (n=53) \***



**Figure 15: Frequency of visit of doctor/ nurse to the patient (n=53)**

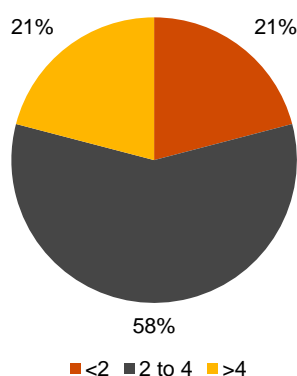


*\*Multiple Coding Questions, Responses may add up to more than 100%*

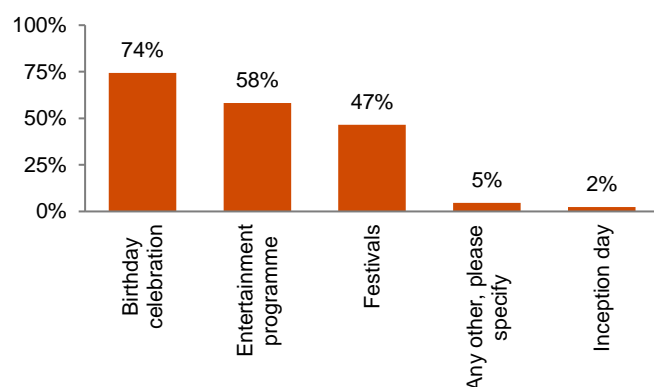
**100% and 89% of the respondents reported that the hospice focusses on physical and psychosocial pain treatment. However, few caregivers (15%) reported that the hospice focuses on alleviating spiritual pain. 85% of the caregivers (n=53) stated that the patient experienced reduction in the pain level while their stay at the hospice.** For addressing the physical pain, the hospice staff used to provide pain relief, symptom management and changed wound dressing as required. In order to alleviate psychosocial and spiritual pain, the hospice staff maintained a friendly atmosphere and also celebrated important occasions (like festivals, birthday, anniversary, etc.). Some caregivers also stated that the **patients were so fond of the hospice staff**, the comfortable & friendly environment at the hospice that the patients **chose to breath their last** in the hospice.

**81% of the caregivers (n=53) stated that there was multiple engagement with the patients to keep them entertained & engaged.** The frequency of engagements done in the last 6 months of the association of the patient with the hospice during the project period and types of engagement are depicted in the charts given below:

**Figure 16: Frequency of engagements done in the last 6 months of the association of the patient with the hospice during the project period (n=43)**



**Figure 17: Type of engagements (n=43) \***



*\*Multiple Coding Questions, Responses may add up to more than 100%*



Some of the caregivers recalled that their **patients were suffering from depression, anger and anxiety and felt like giving up**. However, the hospice staff came specially to meet & interact with the patients and tried to make them laugh, open up and be comfortable which helped the patients with the mental agony they faced. Further, the caregivers highlighted that counselling was also done which provided mental peace, courage and support to the patients and the family as well. Hence, the **efforts by the hospice staff** made them **come out of the negative mental state**. The caregivers stated that the **behaviour and attitude of the staff** towards them and the patient was **like a family** and that there was a **good interpersonal communication** between the patient and the hospice staff. They further added that the hospice staff was always **empathetic and respectful towards the privacy of the patients**.

**Figure 18: Communication between the patient and the hospice staff (n=53) \***



*\*Multiple Coding Questions, Responses may add up to more than 100%*

The caregivers stated that the hospice made the **patient and themselves feel cared and loved for**. They highlighted that the engagements like singing, magical shows, book reading, celebrating important occasions like birthday, festivals, anniversary, etc. were done to keep the patients engaged. Some caregivers also stated that the hospice staff used to send them videos of the patient spending their time during Covid and other exigency when they could not visit the centre. Few caregivers also highlighted that the hospice staff **fulfilled the last wishes** of the patients which provided **happiness and satisfaction** to the patients.

The caregivers were asked about the various hospice parameters (Services, availability of equipment & consumables, attitude & behaviour, engagement with the patient, emotional aid & counselling to the patient and family) on a scale of 1-5 (1 being the lowest and 5 being the highest). **All the caregivers** who availed the in-patient services **rated the hospice '5' on all the parameters**. All of them stated that the hospice met their and the patient's expectations. The caregivers highlighted that the patients had a **comfortable, engaging, happy and peaceful environment in the hospice** due to which the **patients and their family** got **mental peace** as their patient **received adequate palliative care**. The patients **departed in a peaceful, dignified and pain-free manner** in the presence of their family and hospice staff.

**CS Natarajan** (name changed) - a 45+ years old man, a localite of Hyderabad and a patient of stage IV oral cancer had a cavity in the mouth as the cancer cells were removed during the chemotherapy sessions in the other healthcare institutes. The caregiver informed that the patient was in severe pain and spent around INR 5 Lakhs in curative care running from hospital to hospital. Then they got referred to Sparsh from a nearby cancer hospital.

Post visiting the Sparsh hospice, they got to know that the patient is terminally ill and requires palliative care. Post hearing the news, the patient and family were devastated and could not accept it. However, the support, emotional aid & counselling by the Sparsh staff helped them in accepting the same. Currently, the patient is availing the in-patient services from the hospice. The patient has no pain now due to the symptom management & pain relief medications provided by the hospice and the staff has good interpersonal communication with him. He further highlighted that the quality of life has improved post getting admitted in the Sparsh hospice.

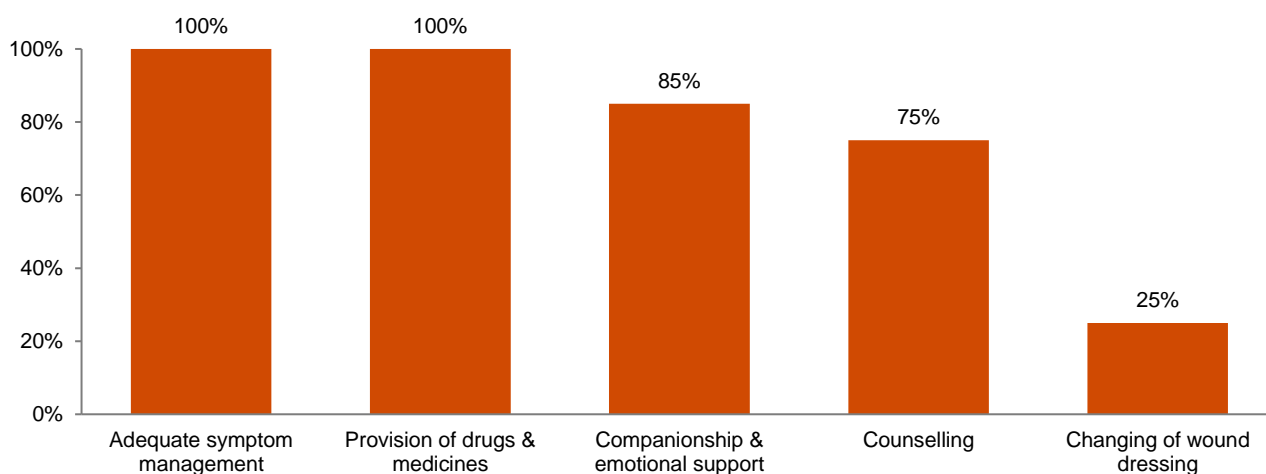
- **Impact of out-patient services:**

The hospice provides out-patient services to the beneficiaries who do not need to be admitted or do not chose the same due to various reasons like wishing to stay with the family, social stigma, etc. The out-patient visit is done by the patients/ caregivers for availing services like changing of wound dressing, adequate symptom management, provision of drugs & medicines, companionship & emotional support, and counselling.

The doctors and nurse interact with the patient to understand their present condition and do the check-up and treatment (if applicable). The opportunity is also utilised by the hospice staff to assess the lifecycle of the terminally ill patient, mental condition of the patients & caregivers and proceed with the necessary steps. The hospice has **served 160 out-patients** during the **project period**.

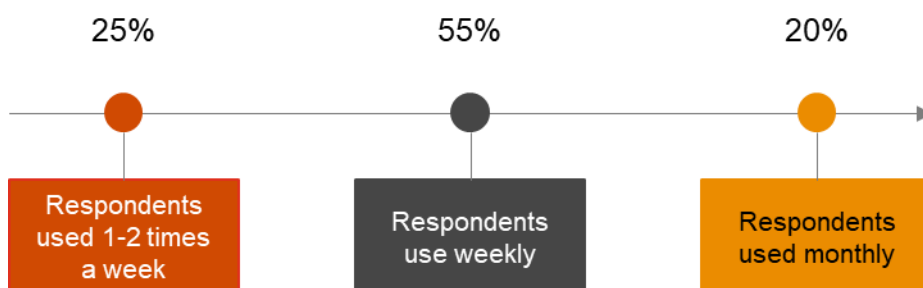
The graph below illustrates the purpose and the frequency for which the caregivers availed the out-patient services:

**Figure 20: Reasons for availing out-patient services (n=20) \***



*\*Multiple Coding Questions, Responses may add up to more than 100%*

As reported, **adequate symptom management (100%)** and **provision of drugs and medicines (100%)** were the most used services, while changing of wound dressing (25%) was the least used service by the out-patients. **55% of the caregivers (n=20)** stated that they **used** the out-patient services on a **weekly basis**.



All the caregivers stated that the hospice had sufficient skilled manpower to cater to the patient & the caregiver requirements.

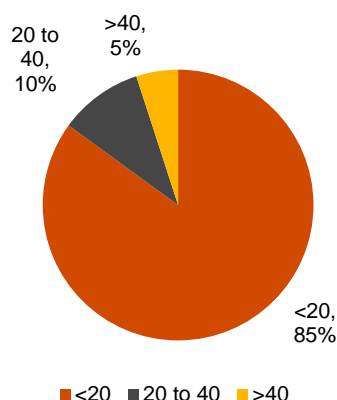


**Figure 19: Doctor's prescription & dosage timings in an out-patient case sheet as observed during the assessment visit**

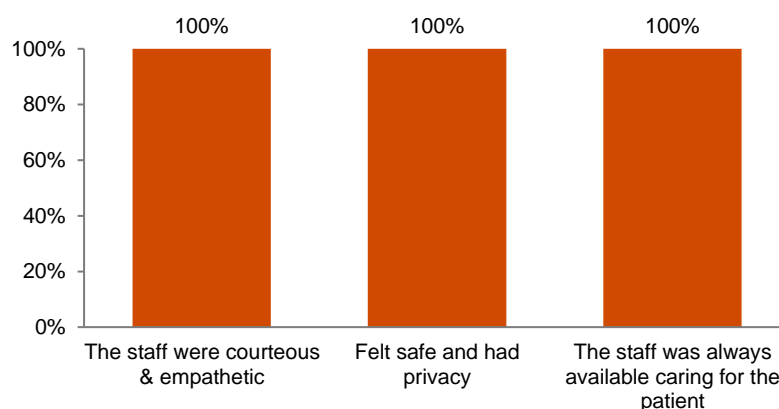
The caregivers stated that the **average waiting time** till the patient was **attended by the hospice staff** was around **10-15 minutes**. They further informed that it was spent in **assessing the condition of the patient from the check-ups and discussion with the family/ attendant**.

The caregivers and the patients **never faced any difficulty in accessing** the care & during the **waiting time**. They were always assured that they would be treated with utmost care, professionalism, and quality without fail and on time. The caregivers also stated that the patient's and family's **privacy was respected at all times** while availing the services. The graph below depicts the average waiting time and patient's perception on interaction with the hospice staff.

**Figure 21: Average waiting time (in minutes) (n=20)**



**Figure 22 Patient's perception on interaction with the hospice staff (n=20) \***



*\*Multiple Coding Questions, Responses may add up to more than 100%*

The caregivers stated that the behaviour and attitude of the staff towards the caregivers and the patient was like a family. They reported that there was a good interpersonal communication and report between the patient and the hospice staff. The **staff called** the patient fondly with **personal pronouns like mom, brother, sister**, etc. and provided companionship, emotional support & counselling to the patient and the caregivers. Hence, they felt respected, cared for, and **encouraged to communicate actively & openly** due to the hospitality.

The caregivers were asked about the various hospice parameters (Services, availability of equipment & consumables, attitude & behaviour, engagement with the patient, emotional aid & counselling to the patient and family) on a scale of 1-5, 1 being the lowest and 5 being the highest. All the caregivers who availed the out-patient services rated the hospice '5' on all the parameters. The caregivers stated that due to the **quality palliative care provided by the hospice**, the patient and family **knew** that quality care is **always** in their **reach** which provided them with **reassurance that they have someone to support them**. The companionship, emotional aid and counselling helped **maintain high morale** of the patient and family which led to **alleviation of pain and comfort of life**. All of this had a positive outcome on the patient as they got to **spend their remaining life with good care** and family which helped in a **peaceful and dignified departure** as stated by the caregivers.

- **Impact of homecare services:**

The hospice provides homecare services to beneficiaries who cannot visit the centre or does not chose the same due to various reasons like the patients wish to stay with the family, social stigma, etc. Before the SBI Card support, there was a waiting list for availing homecare services and the Sparsh team was not able to cater to the demand. Now they are able to cater to the patients and revisit them (if needed) as compared to earlier they had to prioritise the visits and follow-ups based on the severity of the patient case. The homecare visit is

done either as a follow-up care done by the hospice staff or due to the request made by the caregivers/ patients. The support provided by SBI Card also included increase in provision of four Eeco 5-seater A/C cars for the purpose of homecare visits which helped improve the reach. The homecare visit team comprises of the nurses, social counsellor, and doctor.

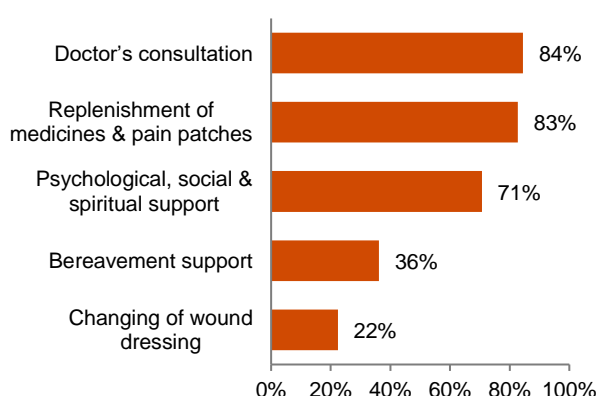
The homecare visit is done for providing services like changing of wound dressing, doctor's consultation, replenishment of medicines & pain patches, psychological, social & spiritual support, and bereavement support. The team also utilises the homecare visit as an opportunity for spreading awareness in the community about palliative care. The doctor accompanies the homecare team on the first visit to the patient and then subsequently on a need basis. The hospice has **served 436 homecare patients** during the **project period**.



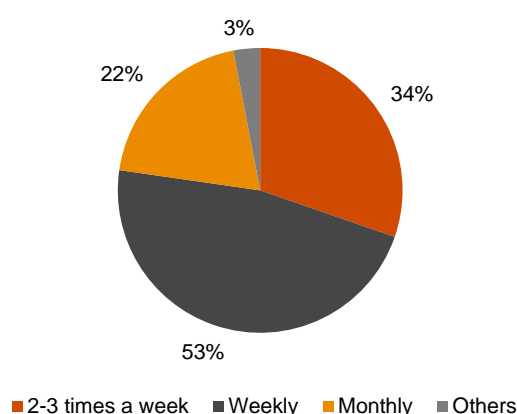
**Figure 23: Homecare van provided by SBI Card**

The caregivers stated that the hospice always met their needs and **even went beyond** in making **interpersonal connection** with the patient & treated them all as a family member. The hospice staff also gave **training to the caregivers** to cater to the patient efficiently at home, **identify end of life stage** and accordingly take actions. The following charts depict the purpose and frequency of using the homecare services.

**Figure 24: Reasons for availing homecare services (n=58) \***



**Figure 25: Frequency of availing the services (n=58)**



*\*Multiple Coding Questions, Responses may add up to more than 100%*

As reported, **Doctor's consultation (84%)** was the **most availed** homecare service while **changing of wound dressing** was the **least availed (22%)** homecare service. **Most patients availed** the homecare services **on a weekly basis (53%)**. All the caregivers (n=58) informed that they **always got the requested service** from the hospice and in a **timely manner**.

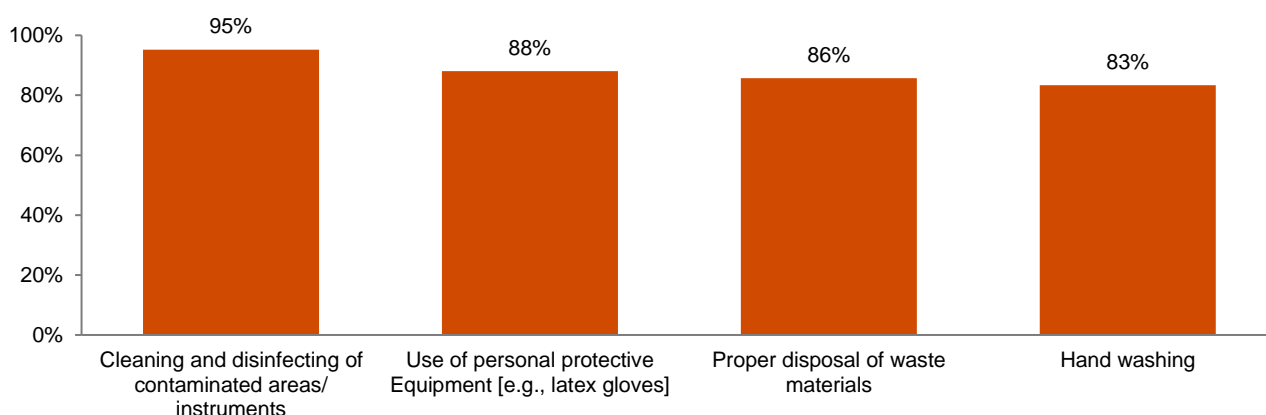
Mostly, it was **within 2 to 3 hours** since they made the request and maximum by next day. But **none** of them said that they faced any **delays/ cancellations** of the request. The caregivers reported that it built a trust, rapport and interpersonal relationship between the hospice staff, patient, and family. 60% of those stated that the doctor came for the homecare visit followed by nurse and social counsellors depending on the severity of the patient condition and support required.

**84% of the caregivers (n=58)** stated that the hospice staff provided **training** to the caregivers and family to **provide better palliative care** at home. The doctors, nurse and social counsellor came to assess the condition

of the patient and what is the best palliative care option for them. They gave **training on nutritious diet, pain management, hygiene**, evaluating if the patient requires end of life care and what needs to be done in case of emergencies, etc.

**81% of the caregivers** stated that they also received training on **end-of-life care**. **72%** of the caregivers (n=58) stated that the hospice staff provide training on **infection prevention** methods. The following graph depicts the topics on which the staff conducted the training on:

**Figure 26: Content of training given by the hospice staff on infection prevention methods (n=42)**



*\*Multiple Coding Questions, Responses may add up to more than 100%*

The caregivers were asked about the various hospice parameters (Services, availability of equipment & consumables, attitude & behaviour, engagement with the patient, emotional aid & counselling to the patient and family) on a scale of 1-5, 1 being the lowest and 5 being the highest. All of them stated that the hospice met their and the patient's needs.

The caregivers highlighted that the patient **got relief from the pain** and with the help of the counselling and emotional support extended by the hospice staff, the patients and the family were **able to accept the inevitable** outcome. All this had a positive effect on them and the patient. The **caregivers could better understand & empathise** with the patient and take improved care of the patient at home after they started availing the homecare services of the hospice. Even, **post the patient passed away**, the hospice staff gave the **bereavement support** over call or in person which immensely **helped in accepting and moving on** from the inevitable.

**Sajitha** (name changed) - a 55+ years old woman hails from Nizamabad, Hyderabad. She has no children and her husband Mr. Vinod Rai passed away an year ago who was suffering from lung cancer. She informed that her husband received good quality and free of cost homecare and in-patient palliative care from the Sparsh hospice before he passed away.

Post her husband's departure she was devastated and all alone. She informed that Sparsh team has helped in accepting the departure of her husband and trying to move on by extending bereavement visit and counselling support to her. The hospice staff has been in regular touch with her through calls and visits. She highlighted that the Sparsh team is the only family that she has now and lovingly calls them son/ daughter. She is thankful to the Sparsh and SBI Card for the support her husband and she got from the project.

The caregivers stated that the Sparsh hospice staff came and **helped both the patient and the family**. They **felt like giving up** but the palliative care, personal touch, interpersonal communication, and emotional aid & counselling from the **Sparsh hospice** helped them to **deal with it**. Others stated that the Sparsh staff told them

about symptoms to watch out for, in the end-of-life stage, what and how to do, even fulfilled the last wishes of the patients. All the caregivers unanimously stated that the hospice staff treated them and the patients like family and the holistic quality palliative care **enabled a respectful, pain free and dignified departure** of the patient. The counselling about end-of-life care and continuing bereavement support have helped the caregivers' family accept the inevitable and try to move on.

- **Awareness sessions and overall impact of all the services:**

The Sparsh team **focuses on creating awareness** in the community and institutions by reaching out to the society to create more awareness on **palliative care amongst the health care professionals and the general public** by visiting hospitals and by travelling across the rural areas of Telangana. Their outreach programmes have sensitised many government bodies, student bodies, corporate bodies, rural gram panchayats and individuals.

The sessions spread awareness & **communicate the concept of Sparsh Hospice** and free palliative care services among personal and professional network. The awareness programs on palliative care create a sense of awareness on prevention of cancer too. During the **project period**, Sparsh has conducted **4 physical community awareness sessions** and the **rest** of the sessions were conducted on **social media** due to the **Covid pandemic**.

**9% of the caregivers** (n=131) were **aware** of the community awareness sessions provided under the programme. Out of those, **only 8%** (n=12) stated that Sparsh conducted awareness sessions **in their city/ village** regarding importance of palliative care, provide comfort, emotional support & counselling. The aspects covered in these sessions included **importance of palliative care and end of life care, enhancing quality of life of patients, well-being of family members by emotional aid & counselling, and information about the services & hospitality at the hospice facility**. The awareness sessions **led to a great extent of increase** in awareness like palliative care and end of life care, positive behavioural changes like accepting & making the departure of the patient dignified, increased community awareness and participation in holistic engagement with the patients, and increased empathy and support to the patient.

## IRECS Analysis

Basis the interactions with the key stakeholders and desk review of the documents, **the impact of the project was evaluated on 'IRECS framework'**. The IRECS analysis summary has been presented in below table:

**Table 2: IRECS Analysis of Project 1**

Parameter	Assessment from study
Inclusiveness	The support provided by the project is inclusive in nature as it <b>provides benefits to all the terminally ill patients irrespective of their disease, gender, geographic location, occupation, income, etc.</b>
Relevance	<p>The support provided is relevant in nature as according to the Sparsh team and the caregivers social stigma and lack of proper palliative care were the key concerns/ challenges faced by the terminally ill patients due to which the need for the SBI Card project was felt.</p> <p><b>Before the support</b> by SBI Card, there was very <b>little awareness</b> on palliative care &amp; the <b>hospice had only 14 bed capacity</b> which was <b>not able to cater to the demands of the community</b>. Hence, the hospice had to keep <b>patients in waiting list</b> before providing services to them. For diseases like cancer, malignant wounds which have unbearable smell and odour, etc. families were <b>unable to care for in the society</b>. There</p>



Parameter	Assessment from study
	was a dire need of good quality palliative care and end of life care which was <b>met by implementation of this project</b> .
<b>Effectiveness</b>	<p>94% of the caregivers (n=53) stated that the doctors used to care &amp; treat for the patient. All of them stated that the <b>doctors came on time in case of emergency</b>. And there was <b>good interpersonal communication</b> between the patient and the hospice staff. The caregivers informed that the hospice provided the patients with <b>nutritious food and has a hygienic environment</b>. <b>85% of the caregivers</b> (n=53) stated that the <b>patient experienced reduction in the pain level</b> while their stay at the hospice.</p> <p><b>All the caregivers</b> (n=20) availing the out-patient services stated that the hospice had <b>sufficient manpower to cater</b> for the patient &amp; the caregivers and the hospice <b>fully met</b> the patient's and their <b>needs</b>. The caregivers stated that the <b>average waiting time</b> till the patient was attended and cared for by the hospice staff was around <b>10-15 minutes</b>.</p> <p><b>All the caregivers</b> (n=58) availing the homecare services informed that they <b>always</b> got the <b>requested service</b> from the hospice and in a <b>timely manner</b> and <b>without any cancellations</b>. <b>84% of the caregivers</b> (n=58) stated that the hospice staff <b>provided training</b> to the caregivers and family to <b>provide better palliative care at home</b>. <b>81% of the caregivers</b> reported that they <b>also received training on end-of-life care</b>.</p> <p>Hence, this project is effective as it was able to cater to the needs of the beneficiaries.</p>
<b>Convergence</b>	There are <b>linkages with the existing health facilities</b> (Basavatarakam Indo American Cancer Hospital & Research Institute, MNJ Cancer Hospital & Radium Institute, etc.) as reported by the Sparsh hospice team for referral of patients when they require palliative care support. There is also <b>support from the government officials</b> as they visit the hospice (upon invitation by the Sparsh team) for spreading awareness on palliative care and the services provided at the hospice.
<b>Sustainability</b>	For (in-patient and out-patient) <b>services</b> the Sparsh hospice centre has been seeking support from <b>individual and other corporate donors</b> . Further, they have <b>two shops</b> (a restaurant and a coffee shop) which provides <b>rental income</b> , and the hospice also has a <b>private ward</b> in the top floor of the building for people who can <b>afford to pay for the services</b> which results in <b>income generation</b> for the hospice which they <b>spend on expenses for monthly operations</b> of the centre.

## Alignment to UN SDGs and SBI Card's ESG vision

The project is also aligned with Sustainable Development Goal: 3 – Ensure healthy lives and promote well-being for all at all ages.<sup>17</sup>



The project is also aligned with the ESG focus area identified by SBI Card: "Inclusion and Diversity".<sup>18</sup>

<sup>17</sup> Source: <https://sdgs.un.org/goals>

<sup>18</sup> Source: <https://www.sbicard.com/sbi-card-en/assets/docs/html/personal/esg/index.html>

## Recommendation(s)

- There is a **low level of awareness on need for and importance of palliative care** and many patients and their family members are **not aware of the various services** which are available for the same. Hence, for similar natured CSR projects, it is suggested to align the project stakeholders through **regular awareness programmes** on the different project related activities so that the project **can reach out to larger group of people** for the project to be able to provide palliative care support.
- **100% and 89%** of the **respondents** reported that the **hospice focusses on physical and psychosocial pain treatment. However, few caregivers (15%)** reported that the **hospice focuses on alleviating spiritual pain**. Hence, the **hospice needs to focus on treating the spiritual pain** as well to **address the psychological and spiritual issues of patients and their caregivers**.





5. Project 2: Strengthening infrastructure of COVID Care Centres in Hyderabad and Visakhapatnam; along with distributing medical kits and food kits (SAKSHAM)

## 5. Strengthening infrastructure of COVID Care Centres in Hyderabad and Visakhapatnam; along with distributing medical kits and food kits

### About the project

SBI Card initiated a project for **strengthening the infrastructure of Covid Care Centres (CCCs) along with distributing medical kits and food kits in Hyderabad and Visakhapatnam**. This project was initiated in June 2021 for **serving the middle and low-income group, geriatric, and differently abled people who lacked proper resources** for required treatment through **strengthening infrastructure of CCC**. Under this project healthcare equipment, consumables, medicines etc. were provided to two CCCs as mentioned below:

- 30 bed CCC at **Durgabai Deshmukh hospital** in Telangana (15 bed ICU and 15 bed step up unit)
- **Dr. Hedgewar hospital** in Vizag, Andhra Pradesh (70 bed health care unit)

The project was implemented by Samadrishti, Kshamata Vikas Evam Anusandhan Mandal (Saksham). The MoA for the project was signed in August 2021. It was **agreed between SBI Card and Saksham** that **post the project duration**, the **equipment** would be **handed over to the Saksham** team to use them as they **deem fit to ensure the long-term usage** of the equipment.<sup>19</sup>

Multiple components were funded under this project, which included **healthcare equipment, consumables required in the two CCCs** in Telangana and Andhra Pradesh (as mentioned above). Additionally, **provision of community/ medical Kits** (which included basic equipment for home care) for **patients with mild Covid symptoms** and **distribution of food kits** were undertaken to **isolated families & differently abled individuals** identified through the Saksham help line. The schematic presenting the key aspects of the project<sup>20</sup>, list of equipment provided in both the hospitals and the composition of the food kits & medical kits are given below:<sup>21</sup>



Project reach: **1233 Households (HHs) for food kits, 500 HHs medical kits, 176 beneficiaries** for the two CCCs



Project period: **June 2021 - March 2022**



Project location: **Andhra Pradesh, Telangana**

**Table 3: List of equipment provided in Durgabai Deshmukh Hospital**

S. No.	Description / Instrument	Total quantity
1.	Multipara (5 para) monitors	12
2.	Defibrillators	1

<sup>19</sup> Source: MoA between SBI Card and Saksham

<sup>20</sup> Source: Project reach was informed by Saksham team and SBI Card

<sup>21</sup> Source: MoA between SBI Card and Saksham

S. No.	Description / Instrument	Total quantity
3.	Modern ventilator (Adult)	1
4.	Syringe pumps	10
5.	6 KW High Frequency X-ray machine	1
6.	Computed Radiography Solution	1
7.	Ultrasound – Colour doppler	1
8.	12 channel ECG model	1

**Table 4: List of equipment provided in Dr Hedgewar Hospital**

S. No.	Description / Instrument	Total quantity
1.	Defibrillators (Philips)	1
2.	ECG machines – Multichannel (Cardiovit)	1
3.	Multipara (5 para) monitors – EDAN	5
4.	Syringe pumps (Infutek)	5
5.	Modern full-fledged ventilator (Adult) (Maquet)	2
6.	6 KW High Frequency X-Ray machine	1
7.	Oxygen cylinders purchase	16

**Table 5: Composition of food kit<sup>22</sup>**

S. No.	Description / Instrument
1.	Atta/ rice
2.	Sugar
3.	Tea
4.	Chili powder
5.	Coriander powder (Dhaniya powder)
6.	Turmeric powder (Haldi)

<sup>22</sup> Source: MoU and as reported by SBI Card

S. No.	Description / Instrument
7.	Rava (Suji)
8.	Cooking oil
9.	Washing soap
10.	Bath soap
11.	Biscuits
12.	Cloth mask
13.	Potatoes
14.	Onions

**Table 6: Composition of medical kit**

S. No.	Description / Instrument
1.	Pulse oximeters
2.	Thermometers
3.	Spirometers
4.	Essential medicines
5.	Sanitiser
6.	Masks
7.	Steam vapouriser

## About the Implementing agency

Samadrishti, Kshamata Vikas Evam Anusandhan Mandal (Saksham) is a charitable national organisation registered at Nagpur. Saksham was established with an aim to bring all the persons with various disabilities in the mainstream of our nation.

Saksham believes that the differently abled people are not a burden on the society but are assets for the nation. Although Saksham is presently dedicated to the service of visually impaired, it is also committed towards supporting differently abled people and other social initiatives to strengthen the society like environment, healthcare, etc.<sup>23</sup>

<sup>23</sup> Source: <https://sakshamseva.org/aboutus/the-organization/> as retrieved on 10 April 2023

## Method of impact assessment

The impact assessment study was carried out by PW to assess the impact that has occurred since the project was implemented. Prior to initiating the study, PW conducted an inception meeting with SBI Card to understand the project and discuss further requirements. Post the meeting, a list of required documents was shared with the SBI Card's CSR team. Basis the documents received; PW team started the desk review to develop more understanding about the project.

PW team worked on the development of a **structured qualitative methodology** for evaluating the project, which included desk review of the project documents and qualitative methods for **capturing stakeholder opinion and feedback (through Key informant interviews & In-depth interviews)**. Interaction with beneficiaries who availed services in the CCC could not be undertaken owing to the **project closure and shifting of equipment** to a new facility. Since the beneficiaries were **differently abled people and scattered** across locations it was difficult to mobilise them, hence, in depth interviews (**IDIs**) were carried out **telephonically** with **beneficiaries of food kits and medical kits**. The qualitative study was carried out with the following stakeholders.



CCC management staff of Durgabai Deshmukh hospital, Telangana



Officials from Saksham and SBI Card team



Beneficiaries who got the food kits and medical kits

A plan was developed for in-person interactions with key stakeholders mapped for the project in consultation with SBI Card. The survey tool included separate key informant interviews (**KII**) for **SBI Card** and **Saksham** officials. **IDIs** were conducted with the identified stakeholders (**doctors and CCC management staff**) of the project during the **field visit (in-person)** at **Durgabai Deshmukh hospital**, Hyderabad, Telangana.

## Key findings

### Summary of the impact created

- **Disaster response and emergency preparedness:**

As highlighted by SBI Card, the **project was initiated with an aim to provide adequate healthcare facilities** during Covid in these locations. It also aimed to provide good quality and **free of cost care** to all. The CCC doctors and the Medical Director of Durgabai Deshmukh hospital, Telangana informed that the **CCC did not have equipment and consumables** for patient management **before** the SBI Card project. The intervention in both locations **helped doctors and the staff to manage case load** of **moderate** and **severe** Covid patients with the availability of **multipara monitors, ventilators**, and other support provided. Most of the patients stayed for a week and there were **no casualties** in the CCC. Subsequently beneficiaries were **treated and discharged** from the hospitals.

The doctors and the Medical Director stated that the project supported the end of the second wave. Before the support from SBI Card was received, they continued treating patients, but had to prioritise treatment based on

the equipment available at that time and the severity of the patient's condition. The District Administration, doctors and nurses were anticipating subsequent Covid waves and highlighted that the equipment support provided by SBI Card helped them in better emergency preparedness for future Covid waves (if any).

- **Access to good quality and free of cost health care:**

During the interactions with the implementing partner and SBI Card CSR team, it was highlighted that the **healthcare facilities were located** around **residential area** where middle- and low-income group people lived catering to their demands due to **lack of adequate facilities in the nearby CCCs**. There were **high number of Covid cases in the community** and the nearby healthcare facilities & CCCs were **not able to cater to the needs**. Hence, the **healthcare facilities** (Durgabai Deshmukh hospital, Telangana and Dr. Hedgewar hospital, Andhra Pradesh) were **provided with equipment support** and chosen to operate as temporary CCCs due to the need of the hour.

The temporary CCCs **led to increased capacity** of the districts to **treat and accommodate a greater number** of patients and **ensured the timely administration of the medical treatment** to the patients. The Medical Director and doctors of Durgabai Deshmukh hospital, Telangana reported that **high-quality equipment was a value add and provided access of quality Covid care to the patients**. It also helped in **strengthening the health infrastructure as most of the equipment were lifesaving and essential**. The doctors highlighted that the medical **equipment provided by SBI Card** under the project were of **reputed brands and best quality**. The equipment though costly, justified the cost with the quality it offered.

The **patients could access good quality and free of cost Covid care** which was very **difficult to obtain** especially for **middle- and low-income group** people at that time of Covid in the project locations. It **relieved them of financial burden of high-cost intensive treatments** in other private healthcare facilities. The **quality health care, free of cost saved the lives of critical Covid patients** which **otherwise** would have **costed them INR 10-15 Lakhs** (as reported by the Medical Director and doctors of Durgabai Deshmukh hospital) **outside for treatment, ventilation support, stay, etc.**

- **Distribution of food kits:**

The nationwide lockdown in India affected marginalised communities such as differently abled people severely. With no means of livelihood or mobility, they were stranded amidst a global pandemic with little or no resources. The **beneficiaries** stated that most of them were differently abled and most of them also **lost their jobs and affording ration for themselves & their families' sustenance was a major challenge** for them during the Covid period. All the beneficiaries stated that they faced the challenge of food security and were **managing** the same by **borrowing money**, from **ration distributed by state government**, etc. Some of them went hungry for days or had to cut down on food to survive another day.

The beneficiaries stated that they **all received the food kit once** which **lasted** for around **twenty days** on an average each for a **family of four** members; and adequate Covid protocols like social distancing, hygiene etc. were followed during distribution. The beneficiaries reported that the **food kits helped them and their families** in **fulfilling** the much-needed **nutritional intake for those twenty days** providing them food security and relief.

- **Provisioning of medical kits:**

The medical kit **support was provided to mild Covid positive patients and who couldn't afford** a basic medical kit. Hence, affording **medical equipment like spirometer, essential medicines, face masks, sanitizers, etc. for preventing and treating Covid was a major challenge** for them. Also, the fear of spreading infection to family members and the financial stress due to the incurring costs associated with isolation (in case required) was prevalent in the beneficiaries.

The beneficiaries stated that they **all received the medical kit once** and the kit **included perishable items (face masks, sanitizers, essential medicines, etc.)** and other **equipment like thermometer, steam vapouriser, spirometer, etc. which are still being used** by them and their family.

The beneficiaries highlighted that the **medical kits were helpful** in supporting them and their families' by **limiting further spread of the Covid disease to family members and others in the community**. However, **few of the beneficiaries** stated that they **faced challenges in using the medical kit components** and had to seek help from either the internet, family, or friends for the same.

- **Contributing to the healthcare infrastructure post project closure:**

Although the CCCs have been closed post the second wave of Covid, but the full functionality of the equipment aims to cater to the general community in need of healthcare which continues in the Vivekananda Medical Trust hospital, Vishakhapatnam, Andhra Pradesh till date.



**Figure 27: Syringe pumps in emergency room, Vivekananda Hospital, Andhra Pradesh**

As reported by the Saksham team, the equipment has been transferred to appropriate healthcare facilities (in consultation with SBI Card) and are still being used to treat patients in the ICU ward, emergency ward and labour room in the Vivekananda Medical Trust hospital. As reported by the Saksham team, the equipment has been transferred to appropriate healthcare facilities (in consultation with SBI Card) and are still being used to treat patients in the ICU ward, emergency ward and labour room in the Vivekananda Medical Trust hospital.



**Figure 28: Multipara monitors in Vivekananda Hospital, Andhra Pradesh**

## IRECS Analysis

Basis the interactions with the key stakeholders and desk review of the documents, **the impact of the project was evaluated on 'IRECS framework'**. The IRECS analysis summary has been presented in below table:

**Table 7: IRECS Analysis of Project 2**

Parameter	Assessment from study
Inclusiveness	The <b>support</b> provided from the project <b>reached out to all</b> the intended beneficiaries, <b>irrespective of caste and gender</b> . Most of the <b>beneficiaries belonged to the lower strata of the society, differently abled, unemployed</b> , etc. Equipment provided in the CCC, food and medical kits <b>catered to the needs</b> of the individuals of <b>all ages, gender, and socio-economic strata</b> . Thus, the project is <b>inclusive</b> .
Relevance	<p><b>Existing health care facilities</b> in the project locations <b>lacked infrastructure</b> such as <b>ventilators</b> required to support patients during the pandemic.</p> <p>The <b>beneficiaries who availed the food and medical kits</b> stated that most of them <b>lost their jobs and affording ration, basic medical equipment</b> like spirometer, essential medicines, face masks, sanitisers, etc. for <b>preventing and treating the Covid</b> became a</p>

Parameter	Assessment from study
	<p><b>challenge.</b> Hence, there was a <b>requirement for providing adequate healthcare, medical and ration kits</b> during the Covid period in these <b>locations</b>.</p> <p>The <b>support</b> extended by SBI Card <b>helped support the nutritional requirement</b> during the limited period and <b>management of Covid cases in the community</b> during the pandemic making it <b>relevant</b> for the <b>geography</b>.</p>
Effectiveness	<p>The <b>CCCs were located around residential areas</b> with <b>high number of Covid cases</b> in the community and the <b>nearby health facilities were unable to cater to their needs</b>. The <b>additional infrastructure in the area enhanced the capacity of these existing health facilities to handle increasing number of Covid positive patients</b> thus proving to be <b>effective</b>.</p> <p>The doctors and the Medical Director stated that the <b>project supported the end of the second wave. Before the support</b> from SBI Card was received, they continued treating patients, but <b>had to prioritise</b> treatment based on the <b>equipment available</b> at that time and the <b>severity of the patient's condition</b>.</p> <p>The beneficiaries highlighted that the <b>medical kits were helpful</b> in supporting them and their families' by <b>limiting further spread of the Covid disease</b> to family members and others in the community. However, <b>few of the beneficiaries</b> stated that they <b>faced challenges in using the medical kit components</b> and had to <b>seek help from either the internet, family, or friends</b> for the same.</p>
Convergence	<p>The initiative was <b>implemented in partnership</b> with the concerned <b>government authorities like District Administration, doctors, and nurses to fulfil the larger community need</b>. Thus, making the project <b>convergent</b>.</p>
Sustainability	<p>SBI Card provided <b>support for the provision of equipment like advanced ventilators, syringe pumps, defibrillators, multi para monitors, etc. Post the project duration, the equipment support</b> in Telangana and Andhra Pradesh CCCs has shifted to other healthcare facilities in consultation with SBI Card to <b>ensure the long-term usage by the community</b>.</p> <p>As reported by the Saksham team, the <b>equipment is currently being used to treat patients in the ICU ward, emergency ward and labour room</b> in the Vivekananda Medical Trust hospital. Hence, making the project <b>sustainable</b>.</p>

## Alignment to the UN SDGs and SBI Card's ESG vision

The project aligned with Sustainable Development Goal: 3 – Ensure healthy lives and promote well-being for all at all ages.<sup>24</sup>



The project also aligned with the ESG focus area identified by SBI Card: "Inclusion and Diversity".<sup>25</sup>

<sup>24</sup> Source: <https://sdgs.un.org/goals>

<sup>25</sup> Source: <https://www.sbicard.com/sbi-card-en/assets/docs/html/personal/esg/index.html>



## Recommendation(s)

- The **beneficiaries highlighted that the** medical kits including perishable items and others were helpful **in supporting them and their families' by** limiting further spread of the Covid disease to family members and others in the community. Beneficiaries may be provided **more guidance** on the usage of the **medical kit components** (like the thermometer, steam vapouriser, spirometer etc.) as few of the beneficiaries stated that they faced challenges in the same.



## 6. Project 3: Equipment support for COVID Care Centre in Gurugram (Yuva Unstoppable)

## 6. Equipment support for COVID Care Centre in Gurugram

### About the project

The second wave of Covid caused havoc in India and had severe ramifications on country's healthcare and economic systems. Patients were facing problems and were struggling to avail medical facilities due to the overwhelmed healthcare infrastructure. The **project was envisaged** when the MoU was signed in May 2021 between Yuva Unstoppable (implementing partner) and SBI Card with an **aim to support district authorities with few equipment required in the COVID Care Centre (CCC)**.

SBI Card initiated a project for **Equipment support for COVID Care Centre in Gurugram at Tau Devi Lal Stadium**, which was converted to a temporary COVID Care Centre (CCC) in Islampur Colony, Sector 38. A **100-bed makeshift COVID-facility with oxygen support at each bed** was set up at the CCC. It was **run and managed by the health department of the Gurugram district**. SBI Card and Yuva Unstoppable **collaborated in tackling the situation** in Gurugram (Haryana) to **ensure health services in the region by procurement and provision of Ventilators, BiPAP machines and Rapid Antigen Test kits** to support the COVID Care Centre<sup>26</sup>. The equipment would support in the treatment of Covid positive patients. The list of equipment provided in the Islampur Colony, Sec 38 CCC is as follows:

**Table 8: List of equipment provided in CCC Islampur Colony**

S. No.	Description / Instrument	Total quantity
1.	Ventilator – (make Philips)	10
2.	Ventilator – (make Drager)	2
3.	BiPAP	20
4.	Rapid Antigen Test (RAT) Kit	45,300

The below schematic presents the key aspects of project implementation:<sup>27</sup>



Project reach: Mild and severe covid positive patients



Project period: **May 2021 - November 2021**



Project location: **Gurugram**

<sup>26</sup> Source: As per details shared by Yuva Unstoppable through project closure report submitted to SBI Cards and interactions held with the Yuva Unstoppable team

<sup>27</sup> Source: MoU signed between Yuva Unstoppable and SBI Card

## About the Implementing agency

Yuva Unstoppable is an India registered leading NGO founded in 2006 with a mission to empower children and youth through various initiatives. Through its grassroot-level programs, Yuva Unstoppable today has emerged as one of the leading NGOs in India with initiatives towards education, infrastructure upgradation and health & hygiene.

Since its inception in 2005, YUVA has launched several programs – School Transformation Program (WASH facilities), Education Scholarship Scheme (Udaan), Digital Smart Classrooms, YUVA Ambassadors, Covid Relief Initiatives and several other community-based programs. Today, YUVA has empowered more than 6 million vulnerable beneficiaries directly and indirectly including 4,100 schools with improved sanitation, water, access to technology, scholarships, nutrition, vaccination etc. and the journey is unstoppable.<sup>28</sup>

## Method of impact assessment

A **qualitative study method** was deployed to undertake the impact assessment study **in consultation with SBI Card**. The study was initiated by conducting an inception meeting with the SBI Card CSR team and a list of requisite documents was shared with SBI Card. Basis the documents received; the team conducted the desk review to develop more understanding about the project.

PW team worked on **development of a structured qualitative methodology for evaluating the project in consultation with SBI Card**, which included desk review of secondary literature and project documents and qualitative methods such as Key Informant Interviews (KIIs) for capturing stakeholder opinion and feedback. **Qualitative interactions** were conducted basis the nature of the project, as the CCC was temporary, and the beneficiary data was not accessible owing to the patient data confidentiality and privacy constraints. **The following key stakeholders were mapped and finalised** in consultation with SBI Card:



CMO Office, Civil hospital staff, Gurugram



Officials from Yuva unstoppable and SBI Card team

A plan was developed for **in-person interactions** and the tool included separate key informant interviews (KII) for officials from **Yuva unstoppable and SBI Card**. **In-person interviews** were conducted during the **field visit** with the identified stakeholders (**Administration & management of Civil hospital, Gurugram and CMO Office**) of the project.

## Key findings

### Summary of impact created

- **Disaster response and emergency preparedness:**

During the second wave of Covid, a major challenge was the shortage of equipment in healthcare facilities to deal with the pandemic as the requirement was urgent and specific. The Deputy Civil Surgeon (CS) stated that the **doctors and nurses were facing shortage of test kits and ventilators** which created challenges in the

<sup>28</sup> Source: <https://yuvaunstoppable.org/#> (As retrieved on 10 April 2023)

**testing and treatment** of the **Covid positive patients**. The SBI Card support through this **project helped in providing good quality equipment** which was the need of the hour for the patient management.

The Deputy CS further highlighted that due to Yuva Unstoppables' planning and support from SBI Card & District Administration, the process of procuring the **ventilators, BiPAP machines and test kits took just 1.5-week time**. Some equipment took hardly two to three days to be procured while other took a week or less than 1.5 weeks which led to **immediate setup and usage of equipment** in the COVID Care Centre. This **helped the District Administration in being able to tackle the rising Covid cases** by utilising the **timely availability** of the required equipment resulting in **extending care to the maximum number** of Covid cases. The **District Administration, doctors and nurses** were **anticipating subsequent Covid waves**, and the equipment support helped them in preparing better for **disaster response and emergency preparedness**.

- **Access to good quality and free of cost health care:**

During the interactions with Yuva Unstoppable and SBI Card team, it was highlighted that the **CCC was setup in the stadium** which was **located around slums & residential areas** focusing to meet the needs of the patients due to **rising number of Covid positive cases** in the community. Though, some healthcare facilities were available in the vicinity, they were not sufficient to meet the needs of the patients. Hence the **site was chosen to operationalise a temporary CCC** by the District Administration as per the need of the hour. The CCC benefitted the community by providing access, free of cost and quality Covid care to the patients.

The temporary CCC led to **increased capacity of the district to treat and accommodate a greater number** of patients and ensured the **timely administration of medical treatment** to the patients. The patients could **access good quality and free of cost Covid care** which was very **difficult** to obtain specially for **middle- and low-income group** people at that time who were **unable to afford high-cost intensive treatments** from other private healthcare institutions. The quality health care at free of cost **saved the lives of the critical Covid positive patients** which **otherwise would have costed higher**.

- **Contributing to the healthcare infrastructure post project closure:**

As reported by the Yuva Unstoppable team and the Deputy CS, that the **CCC has been brought to a closure and dismantled post the second wave** of Covid, however, the **equipment provided to the CCC continues to be functional** in the Civil Hospital, Sector 10 and Polyclinic, Sector 31 Gurugram till date and **caters to the general community treatment**.

As reported by the Yuva Unstoppable team, the **equipment is currently being used to treat patients** in the **ICU ward, emergency ward and labour room** in the Polyclinic, Sector 31 and Civil Hospital, Sector 10. As informed by the Deputy CS, to maximise the usage of the equipment support provided by SBI Cards, there is a plan to inaugurate 32 bedded ICU ward in the Civil hospital soon which shall **ensure the long-term sustainable impact** of the project undertaking towards **public healthcare**.

- **Helped in curtailing the spread of Covid infection:**

As highlighted by the Deputy CS, the **project provisioned additional supply of 45,300 Rapid Antigen Test (RAT) kits** (apart from the government supply which was provided to the CCC) which **helped in testing and rapid diagnosis** of the Covid infection in the patients visiting the CCCs. This helped in **identification and prompt isolation** of the patient from the rest of the community. Mild Covid positive patients were suggested home isolation and treatment of severe Covid positive patients was undertaken at the CCC. This **helped in breaking the transmission and spread of the infection** to other people. Thus, indirectly the test kits helped in **curtailing the spread of the Covid infection**.



**Figure 29: Functional Philips ventilator provided by SBI Card in Polyclinic, Sector 31, Gurugram**

The **CCC had already started** its operation, but the **limited availability of equipment** was a **hindrance** to cater to a greater number of patients which was **reduced after the SBI Card intervention**. He also stated that the **equipment provided by SBI Card** were of **high quality and standards** as ventilators and BiPAP machines were already present in the temporary CCC but were not of the quality which SBI Card provided. He added that they **did not face any challenge due to the quality** of the equipment. However, he stated that the health infrastructure in the region needs further strengthening to cater to the health priorities.

## IRECS Analysis

Basis the interactions with the key stakeholders and desk review of the documents, **the impact of the project was evaluated on 'IRECS framework'**. The IRECS analysis summary has been presented in below table:

**Table 9: IRECS Analysis of Project 3**

Parameter	Assessment from study
<b>Inclusiveness</b>	The support provided from the project <b>reaches out to all</b> the intended beneficiaries, <b>irrespective of caste and gender</b> . Equipment provided in the CCC <b>catered to the needs of the individuals of all ages, gender, and socio-economic strata</b> . Thus, the project is inclusive.
<b>Relevance</b>	<b>Existing health care facilities</b> in the project location <b>lacked infrastructure</b> such as <b>ventilators, BiPAP machines, RAT kits</b> required to support patients during the pandemic. The support extended by SBI Card <b>helped in management of Covid</b> cases during the pandemic making it <b>relevant</b> for the geography.
<b>Effectiveness</b>	The <b>project location had high number of case load</b> in the community and the <b>nearby health facilities</b> were <b>not able</b> to cater to the <b>needs</b> . The <b>additional infrastructure</b> in the area had <b>enhanced the capacity</b> to handle <b>increasing number of Covid positive patients</b> thus proving to be effective. However, the CCC started towards the end of the second wave of the pandemic when cases were slackening. The District Administration, doctors and nurses were anticipating subsequent Covid waves, and the equipment support helped them in preparing better for disaster response and emergency preparedness.
<b>Convergence</b>	The initiative was <b>implemented in partnership</b> with the concerned <b>government authorities like District Administration, doctors, and nurses to fulfil the larger community need</b> . Thus, making it <b>convergent</b> to existing <b>government healthcare systems</b> .
<b>Sustainability</b>	SBI Card had provided support for the provision of equipment like ventilators, RAT kits, BiPAP machines, etc. Though the <b>project duration is over</b> and the temporary <b>CCC is closed</b> but the project <b>equipment is still being used</b> in the Civil Hospital, Sector 10 and Polyclinic, Sector 31 Gurugram. As reported by the Yuva Unstoppable team, the <b>equipment is currently being used to treat patients in the ICU ward, emergency ward and labour room</b> in the Polyclinic, Sector 31. The Deputy CS reported that there is a plan to inaugurate 32 bedded ICU ward in the Civil hospital in future. Hence, the <b>project equipment</b> is in <b>usage</b> , making it <b>sustainable</b> .

## Alignment to the UN SDGs and SBI Card's ESG vision

The project aligned with Sustainable Development Goal: 3 - Ensure healthy lives and promote well-being for all at all ages.<sup>29</sup>



The project aligned with the ESG focus area identified by SBI Card: "Inclusion and Diversity".<sup>30</sup>

### Recommendation(s)

- The **District Administration, doctors and nurses** were **anticipating subsequent Covid waves**, and the equipment support helped them in **better preparation** along with **strengthening the health infrastructure** of Gurugram. As discussed with the stakeholders, the health infrastructure in the region needs strengthening, hence, additional support from SBI Card could be provided to **further strengthen the health infrastructure to cater to other health priorities of the region** as well.

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<sup>29</sup> Source: <https://sdgs.un.org/goals>

<sup>30</sup> Source: <https://www.sbicard.com/sbi-card-en/assets/docs/html/personal/esg/index.html>



7. Project 4: Supporting capex and operating expenses including food and medical care of 200 abandoned, destitute and homeless elderly (SHEOWS)



## 7. Supporting capex and operating expenses including food and medical care of 200 abandoned, destitute and homeless elderly

### About the project

SBI Card initiated a project for **Supporting capex and operating expenses including food and medical care of 200 abandoned, destitute and homeless elderly in Delhi and Garhmukteshwar (Uttar Pradesh)**. SBI Card signed **Memorandum of Agreement (MoA)** with **Saint Hardayal Educational and Orphans Welfare Society (SHEOWS)** in January 2021 to implement the project. The objective of the project was to provide capex and operating expenses for care of 200 abandoned, destitute and homeless elderly with an aim to enhance their health and wellbeing. The capex component was for SCU and fowler beds for patients, rescue vehicle for rescue of the homeless elderly to bring them to SHEOWS ashram, patient transfer vehicle to transfer patients from Delhi ashram to Garhmukteshwar ashram, and genset for continued electricity availability at the ashram. The opex component was for the support of food expenses, medical care, recreation activities and day-to-day support. Following activities were to be undertaken as a part of the project -

- Providing safe and secure environment with nutritious food, clothes, shelter, and basic daily needs for elderly residents at Vridha Ashrams run by SHEOWS in Delhi and Garhmukteshwar
- Periodic check-up, regular physiotherapy treatment and daily administering of medicines to be ensured for the elderly residents. For critical patients – patients with cancer, special eye care needs, tuberculosis, any major operations; to be referred to All India Institute of Medical Sciences (AIIMS) as referral hospital
- Provide homely environment including organising leisure activities, celebration of festivals and special events
- In case of demise of elderly in Ashram, ensuring that they are cremated properly, and all rituals are performed according to the religion of the deceased
- Maintain tracker for socio-health profile of each elderly homeless resident
- Maintain necessary records and obtain approvals as required under various laws/government bodies for this project
- Procurement of capital items like Special Care Unit (SCU) beds, fowler beds, rescue vehicle, vehicle for transfer of beneficiaries and generator.

The below schematic presents the key aspects of project:<sup>31</sup>



Project reach: **200** homeless elderly



Project period: **Jan 2021 - Mar 2021**



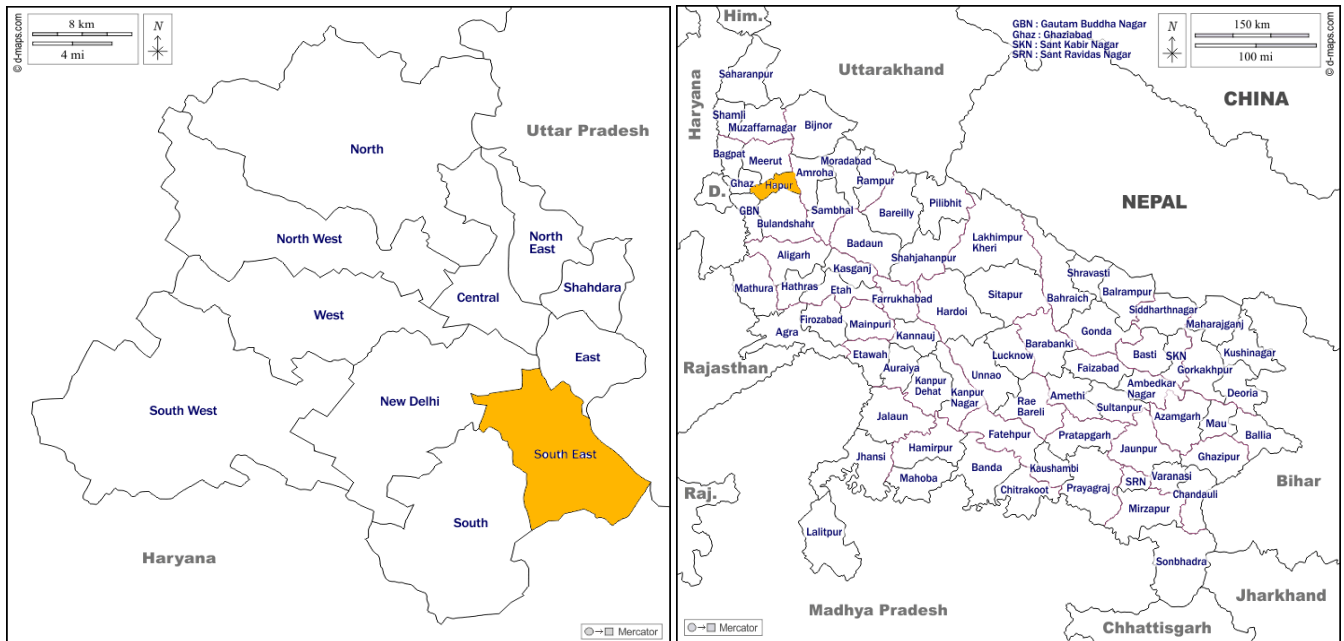
Project location: **Delhi and Garhmukteshwar**

SHEOWS cared for **200 abandoned, homeless and destitute elderly** as noted during the discussions with the officials from SHEOWS. The project got support and funding from SBI Card for capex and operational expenses for the same. The elderly were provided with nutritious food, curative primary and preventive requisite medical care, safe and secure environment. It also conducted leisure activities, celebrated festivals,

<sup>31</sup> Source: Addendum to the Corporate Social Responsibility Master Agreement shared by SBI Card

and special events. Additionally, during the time of Covid, ration for 1500 people was distributed to the vulnerable sections of the society in the vicinity of the Ashrams.

## Project intervention in the districts of South-East Delhi in Delhi and Hapur in Uttar Pradesh



Source: <https://d-maps.com/>

## About the Implementing agency

SHEOWS is an old age home working to save lives of the abandoned, destitute, and homeless elderly across Delhi NCR, and Uttar Pradesh. Starting from rescue to providing the elderly with a second home, it is a place where the elderlies are medically treated, provided with comfortable accommodation, healthy and nutritious food, etc. free of cost.

Their aim is to serve every destitute, orphan, needy and abandoned elderly with a strong belief of helping old-aged people and spreading awareness of elderly care. It would not only give them a new life but also reduce the cases of elder abuse in society. SHEOWS believes in the notion of “*Vasudeva Kutumbakam*” meaning the whole world is our family which inspires them to serve every needy old aged as our own family member.<sup>32</sup>


## Method of impact assessment

Impact Assessment study was carried out to assess the impact that has occurred since the project was implemented. Prior to initiating the study, an inception meeting was conducted with SBI Card to get more understanding on the project and discuss the requirements. Post the meeting, a list of requisite documents was shared with the SBI Card’s CSR team.

PW team did a desk review of the documents received and then worked on the **development of a structured qualitative methodology** for evaluating the project using qualitative methods for capturing stakeholder opinion and feedback (through Key informant interviews & focus group discussions). The beneficiaries in this project were elderlies with poor health conditions (primarily suffering from dementia, Alzheimer’s disease etc.) and the

<sup>32</sup> Source: <https://www.sheows.org/about-us/> as retrieved on 24 April 2023

availability of the elderlies for interaction was limited and hence, interactions were done with only a few elderlies (wherever possible) to capture case studies. In consultation with SBI Card, a qualitative methodology was deployed for interactions with **key stakeholders mentioned as follows**:

	Medical Staff in the SHEOWS Ashram
	Other Staff in the SHEOWS Ashram
	SHEOWS official
	SBI Card official

A plan was developed for **in-person interactions** and the tool included separate key informant interviews (KII) for SBI Card and SHEOWS officials. FGDs **were conducted** from the identified stakeholders (doctors and nurses, and other staff) of the project during the field visit (in-person).

## Key findings

Ageing in India is exponentially increasing due to the gains that society has made in terms of increased life expectancy. The elderly Indian population is one of the fastest growing in the world. However, India lacks the basic infrastructure and expertise to support the health and welfare of the elderly. For most Indian senior citizens, the biggest concerns are - healthcare costs and lack of financial support and isolation. Additionally, most of the elderlies are not accorded the dignity of care they deserve. The challenges faced by an elderly are - lack of physical infrastructure which is a major deterrent to providing comfort to the elderlies, difficulty in elder care management and lack of companionship.

These problems are aggravated for the destitute elderlies who unfortunately are homeless as being homeless, they have no support, in terms of family, community and social support. They also have no way to generate income or any store of money that can support the most basic of their requirements like shelter and food. Often, they are suffering from geriatric diseases and have no option for treatment or management of these diseases. They also suffer from loneliness and lack social support and are depressed with deteriorating mental health.

To support these destitute homeless elderlies, this project was undertaken by SBI Card with SHEOWS as the implementing partner. The aim of the project was to support the operational expenses to cater to the needs of rescued elderlies for shelter, food, medicine, and recreational activities. Assets like Special Care Unit (SCU) beds, fowler beds, rescue vehicle, vehicle for transfer of beneficiaries and genset for continuous electricity supply were also supported by the SBI Card under the project to create infrastructure systems for the support of these elderlies. The assets provided by SBI Card under the project are still functional and in continual use, as on the date of assessment. SBI Card is also supporting SHEOWS in capacity building to develop their capabilities by process strengthening so that SHEOWS may be able to raise funds from other avenues and different donors.

## Summary of impact created

- **Better living conditions for the homeless elderlies:**

The stakeholders shared that the homeless elderlies who have been abandoned are in a very poor state physically and mentally. These elderlies are abandoned and become homeless because either they are lost due to neuro-problems like dementia, or they don't have a family. In some unfortunate instances, they turn homeless when they become independent and their family stops supporting them. In any of the cases, most of these elderlies have no support left and even after their rescue, it is unlikely for them to reunite with kin. **They are rescued with the help of rescue vehicles and are brought primarily to the Ashram in Badarpur, Delhi (some elderlies are also rescued from areas near to the Ashram at Garhmukteshwar, who are taken to the Ashram at Garhmukteshwar).** After being rescued, each beneficiary is provided with a unique ID on the basis of his/her registration date at SHEOWS as was revealed during the interaction with SHEOWS officials. These homeless elderlies after being rescued get one of the most basic needs of shelter fulfilled. It was observed during the field visit and discussion with SHEOWS official and staff that **the shelters include facilities for comfortable stay like beds, lifts, geysers, television, clean water, open space to move around, etc. There is also provision for medical facilities in the Ashram.** The Ashrams have 24 hours on-duty staff for assistance and a big entrance for entry and exit making it a safe and secure shelter for the elderlies. The **Ashrams are regularly cleaned and sanitised every day to keep it free from germs.** Overall, the Ashrams provide the much-needed shelter to these destitute homeless elderlies.

**Laxmi Amma** (name changed) - a 75+ years old elderly woman, was a farmer and when her son and husband had died years ago, she started living in an old-age ashram in Rohtak. After getting to know the whereabouts of her daughter, she left the Rohtak ashram and came to Tilak Nagar in Delhi to find her daughter Kamala in the year 2021. When she reached the place, she got to know that her daughter had already left Tilak Nagar and she felt abandoned and without any support. She contacted her Rohtak ashram, but she was refused a refuge there this time.

She was distraught as she did not know where to go. The residents of the Tilak Nagar locality contacted SHEOWS, and she was rescued and brought to the SHEOWS Delhi Ashram by the SHEOWS rescue van. At the time when she was abandoned with old age and health ailments with no support system, rescue by the SHEOWS's team was lifesaving for her. She feels safe, secure and happy now that she is living in the SHEOWS Ashram. She is grateful for all the provisions (shelter, food and care) she has received in the Ashram.

**Ujjwala Amma** (name changed) - a 65+ years old elderly woman, originally hails from Nanded, Maharashtra. She lost all her five kids when they were very young. She came to Delhi with her husband for work. She and her husband used to work as a construction worker. After shifting to Delhi for work, her husband also started to be very ill and could not work, so she started earning a living for both of them. After her husband died, she went to her native place to live with her relatives. However, she came back to Delhi to get her pension, her family informed her that they will not be able to further support her living and to search for support elsewhere.

She was abandoned by her own kin did not know where to go. SHEOWS team rescued her and brought to the Delhi Ashram by the SHEOWS rescue van where she lived for five years. Later, she was shifted to the SHEOWS Garhmukteshwar Ashram and has been living there for two years now. The Ashram supported her in providing shelter when she was distraught. She is cared for and treated with dignity. She now helps other residents of the Ashram who are new or who need to be looked after constantly.

- **Enhanced nutrition for the homeless elderlies:**

The elderly beneficiaries at the Ashrams were provided with timely balanced diet of three course meal (breakfast, lunch, and dinner) for nutrition. The diet contains low fat and green leafy vegetables. Doctors also

suggest customised meals based on the medical and health needs of the beneficiaries on a case-to case basis (such as beneficiaries suffering from diabetes, hypertension, etc.) **by regular medical check-up** and laboratory tests as needed. Based on the medical check-up and lab tests, the nutritional diet is ascertained, and food is prepared accordingly for the specific cases as required. For all other residents who do not require a specific meal and are in general good health, a general nutritious meal is prepared according to meal chart for the week which is same for the staff as well as the elderlies. The **food is prepared hygienically in the in-house kitchen with omission of human intervention** wherever possible like using roti maker for making rotis and using vegetable chopper for chopping vegetables. Also, masks, gloves, hair nets, aprons are used in preparation of the meals which further ensures hygiene in the preparation of food. Other than the meals, the beneficiaries are also provided with **milk and tea** in the morning and evening. This helps the elderlies in fulfilling their daily nutritional requirements.

- **Improved health conditions of the homeless elderlies:**

The destitute homeless elderlies who are rescued by the SHEOWS team are provided with immediate medical care by health professionals as they first arrive at the ashram (as some of the rescued, are in such a poor state that they could lose their lives if immediate medical attention is not extended provided). As communicated by the SHEOWS staff, doctors visit the Ashrams in two shifts – morning and evening and regular general health check-up of all beneficiaries is undertaken after recording their vitals like temperature, blood pressure, sugar, etc. **Regular pathological tests** like blood test (Haemoglobin, LFT, etc.) were also conducted to monitor the health of the elderlies. Based on the vitals and health complaints by the elderlies, medical attention is provided including medicines. **Physiotherapy sessions** are conducted daily with the elderlies to help them reduce pain, to improve joint movements and to increase mobility. Elderlies are identified for physiotherapy on the basis of recommendation by the medical doctors and assessment by physiotherapist. A record of the physiotherapy sessions is also kept for reference. There is also a provision of **special care unit** to attend to the cases of critical cases with advanced medical facilities like oxygen support, ventilators, etc. The doctors informed that at the time of rescue, these elderlies were generally suffering from multiple ailments and were in very poor health conditions. The holistic medical care provided at the Ashrams helped the elderlies in improvement of their overall health.

**Amir Baba** (name changed) - a 60+ years old elderly man, hails from Murshidabad, West Bengal. He spent his earlier life as a daily wage labour in Kolkata and Delhi and later worked as helper in truck to make a living. The owner of the transport business admitted him in the hospital and helped in getting emergency medical care, but he had no place to go after his surgery was completed. Post the surgery, he was unable to walk and hence it was difficult for him to work to earn his living. The hospital connected with the SHEOWS team so that he could be provided support. He was rescued by SHEOWS team and brought to the SHEOWS Delhi Ashram in 2019 by SHEOWS rescue van from Ram Manohar Lohia Hospital.

The Ashram provided him with good food, care and support including physiotherapy sessions for his orthopaedic issues. This has helped him to alleviate the pain and now he is able to walk. Ashram also provided essential social support in the form of organising recreational activities like singing, dancing, bhajan sessions and games which help him keep engaged and feel better. He is treated with respect and is very happy and thankful for the support.

- **Augmented social conditions and mental state for the homeless elderlies:**

The SHEOWS staff organised **regular recreational activities** for the elderlies. Activities like singing, dancing, painting, yoga, bhajan sessions (in-person and virtual), ball games, movie screening and mobile games, etc. to keep the elderly active both physically and mentally. As revealed during the conversation with SHEOWS staff, it was found that these **elderlies are referred to as “Amma” and “Baba”, giving them a sense of family and respect**. These recreational activities and support helped the elderlies feel a sense of social bonding, belongingness and homeliness which resulted in their improved mental state.

**Shivnarayan Baba** (name changed) - a 75+ years old elderly man, hails from Kanpur, Uttar Pradesh. He is one of the oldest residents of the Ashram. He used to work as Quilt seller in Kanpur and Hardoi areas in earlier days and later at Vaishno Devi. He suffered a heart attack once while travelling and was treated at Balaji Hospital. After he survived the attack, he had nowhere to go and was not able to work. He has no relation with his family and doesn't remember their whereabouts.

The SHEOWS team rescued by the SHEOWS rescue van and brought him to the Delhi Ashram. He stayed in Delhi Ashram for the first year after being rescued and has been living in the Garhmukteshwar Ashram for the past 12 years after that. He has been cared for like family all these years in the Ashram. He got shelter, proper meals and everyone treats him with love and respect. He also avails physiotherapy sessions which help him a lot in old his old age. He passes his time by watching bhajans on television and by taking part in activities like singing and dancing.

## IRECS Analysis

Basis the interactions with the key stakeholders and desk review of the documents, **the impact of the project was evaluated on 'IRECS framework'**. The IRECS analysis summary has been presented in below table:

**Table 10: IRECS Analysis of Project 4**

Parameters	Assessment from study
<b>Inclusiveness</b>	This project covered under the study is inclusive in nature as it caters to one of the most vulnerable sections of the society – the destitute homeless elderlies irrespective of gender, social category, or economic status. <b>Assets created like rescue vehicle, patient transfer vehicles, Genset, ICU beds, fowler beds, etc. at the Ashrams with the CSR funding support of SBI Card are used by all the elderlies</b> with no preference to any set of elderlies. Further, they have been able to derive equitable benefits from assets (rescue vehicle, patient transfer vehicles, Genset, ICU beds, fowler beds, etc.) created.
<b>Relevance</b>	The project <b>addressed the requirement of the destitute of homeless elderlies and the SHEOWS Ashrams for their services to these elderlies and hence, are of relevance to its beneficiaries</b> . The benefits have been recognised by the rescued elderlies and SHEOWS officials as they have highlighted the use of amenities and operational support as useful.
<b>Effectiveness</b>	The SHEOWS Ashrams caters to <b>the essential needs of the homeless elderlies</b> . The elderlies got holistic care in the Ashram. The elderlies reported that they felt an overall improvement in their life. There has been an improvement in the nutrition, health and mental state and social conditions in the lives of the homeless elderlies. Hence, the project has been effective in its implementation.
<b>Convergence</b>	The project is implemented by SHEOWS and got <b>support from government institutions like civil hospitals and police station</b> in the form of call-in for identification and rescue of destitute homeless elderlies in need. Further, SHEOWS <b>refers the critical cases to All India Institute of Medical Sciences (AIIMS)</b> . The project also got support from community in terms of call-in and individual donations. This coordination shows convergence with different stakeholders within the community.



Parameters	Assessment from study
<b>Sustainability</b>	The assets provided by SBI Card under the project are still functional and in continual use, as on the date of assessment and SBI Card is helping SHEOWS in developing their capability by capacity building to raise funds from more avenues and different donors. This would lead to sustainability of the project in the future.

## Alignment to UN SDGs and SBI Card's ESG vision

The project is also aligned with Sustainable Development Goals: 1- No Poverty, 2-Zero Hunger, and 3-Good health and well-being.<sup>33</sup>

**1 NO POVERTY**



**2 ZERO HUNGER**



**3 GOOD HEALTH AND WELL-BEING**



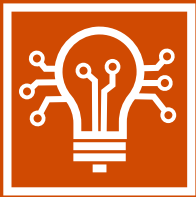
The project is also aligned with ESG focus areas identified by SBI Card: "Inclusion and Diversity".<sup>34</sup>

## Recommendation(s)

- The caregivers at the Ashram are continuously supporting the elderlies in their day-to-day life ranging from changing their diapers, helping them in taking a bath and in clothing them, helping them to take meals and medicines on time, provide medical assistance, and help them take part in recreational activities like singing, dancing, etc. During the discussion with the staff, the team was informed that few caregivers were trained in-house through on-the-job training by imparting them practical exposure by experienced staff, however it is recommended that caregivers should be provided **further training on geriatric care** which will help in strengthening the care process and help new caregivers.

<sup>33</sup> Source: <https://sdgs.un.org/goals> as retrieved on 24 April 2023

<sup>34</sup> Source: <https://www.sbicard.com/sbi-card-en/assets/docs/html/personal/esg/index.html> as retrieved on 27 April 2023



## 8. Project 5: Innovative mechanism for management of plastic waste (IPCA)



## 8. Innovative mechanism for management of plastic waste

### About the project

SBI Card initiated a project for **Innovative mechanism for management of plastic waste**. SBI Card signed **Master Service Agreement (MSA)** with **India Pollution Control Association (IPCA)** in February 2021 to implement the project. The objective of the project was to develop sustainable supply chain and strengthen segregation and collection of plastic waste. The project aimed to develop, strengthen, and further sustain these linkages and achieve appropriate plastic waste management.

Under the project, a dry waste collection centre and a recycling facility for low-grade plastic (which is neither collected nor recycled) was to be established to add value to non-commercial low-grade plastic waste and motivate waste workers to collect and segregate more plastic waste and increase their income.

The proposed Dry Waste Collection centre had to have a capacity to process 2 MT of dry waste per day. The recycling facility had to have the processing capacity of 30 MT plastic waste per day<sup>35</sup>. The expected produce from the recycling plant was 2000 plastic sheets which were to be sold in the market<sup>36</sup>.

Following activities were undertaken as a part of the project -

- Setting up the dry waste collection centre
- Running of dry waste collection centre
- Setting up recycling facility for low grade and non-commercial plastic waste
- Establishing sustainable supply chain for recycling plastic boards<sup>37</sup>

Additionally, awareness activities with stakeholder were undertaken.<sup>38</sup>

The below schematic presents the key aspects of project: <sup>39</sup>



Project reach: **30,000** beneficiaries



Project period: **Feb 2021 - Jan 2022**



Project location: **Delhi and Greater Noida**

IPCA identified **one location in Geeta Colony, East Delhi for setup of Material recovery Facility (MRF) and one location for Plastic Recycling Facility in Greater Noida with the help of Municipal Corporation of Delhi (MCD) erstwhile East Delhi Municipal Corporation (EDMC) and Greater Noida Industrial Development Authority** as noted during the discussions with the officials from IPCA. The project gets support from Municipal Corporation of Delhi – Shahadra South Zone by letting the use of space for MRF and dumping of waste by Municipal tippers at MRF. The **setting up of the MRF** was completed in July 2021 and the **setting up of the Recycling Facility** was completed in August 2021 as highlighted by the official from IPCA.

<sup>35</sup> Source: PWM Certificate shared by SBI Card

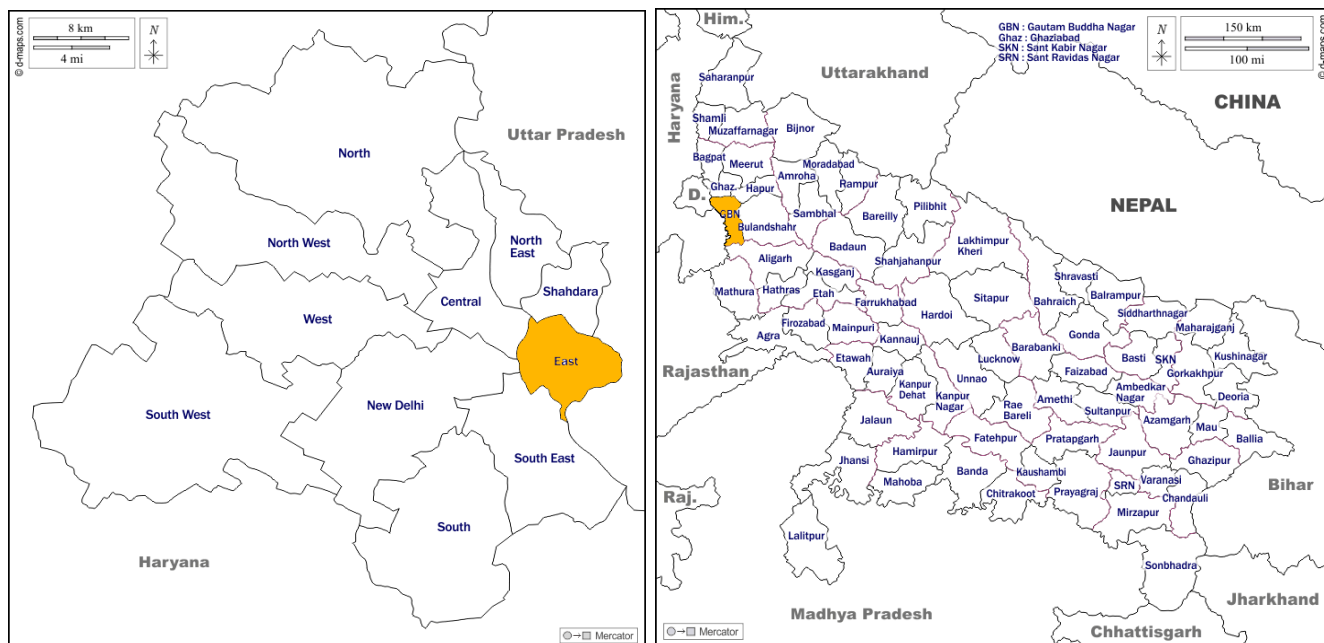
<sup>36</sup> Source: Master Service Agreement between SBI Card and IPCA shared by SBI Card

<sup>37</sup> Source: Ibid

<sup>38</sup> Source: Project Closure Report shared by SBI Card

<sup>39</sup> Source: Ibid

## Project intervention in the districts of East-Delhi in Delhi and Gautam Buddha Nagar in Uttar Pradesh



Source: <https://d-maps.com/>



Figure 30: Conveyor belt at MRF



Figure 31: Baler at MRF



**Figure 32: Hot & Cold Press at Recycling Facility**



**Figure 33: Shredder at Recycling Facility**

## About the Implementing agency

Indian Pollution Control Association (IPCA) is a not-for-profit organisation conceived in 2001 by a group of environmentally conscious individuals who firmly believed at promoting environmentally sustainable practices at individual, community, institutional and industrial level. IPCA is registered under the Society Registration Act, XXI of 1860 and also registered under 80G and 12A act of Income Tax. IPCA is an ISO 9001:2015, ISO 14001:2015 & ISO 45001:2018 certified organisation and pioneer in preparing and executing Extended Producer Responsibility (EPR) Action Plan for Plastic Waste Management (PWM). IPCA has rich experience in formulating and executing community engagement program as well as developing infrastructure for effective management of waste and air.

IPCA is authorised Plastic Waste Recycler by Central Pollution Control Board (CPCB) and authorised Producer Responsibility Organisation (PRO) by Chandigarh Pollution Control Committee. IPCA is also expert committee member in the committee constituted by Ministry of Environment, Forest, and Climate Change of India (MoEFCC), CPCB, Govt of NCT of Delhi, Govt. of J&K, Govt. of Uttarakhand, and Municipal Corporation of Delhi.

IPCA has started its journey with door-to-door collection of municipal waste followed by segregation and composting. In the journey of over two decades, IPCA has worked extensively with various stakeholders including waste workers, waste generators and policy makers to develop sustainable supply chain of waste material. IPCA is also working on the project of Air Quality Monitoring and its management, Environmental Education and Awareness, improving lifestyle of waste workers.<sup>40</sup>

## Method of impact assessment

Impact Assessment study was carried out by PW to assess the impact that has occurred since the project was implemented. Prior to initiating the study, PW conducted an inception meeting with SBI Card to get more understanding on the project and discuss the requirements. Post the meeting, a list of requisite documents was shared with the SBI Card's CSR team.

<sup>40</sup> Source: <https://www.ipcaworld.co.in/about> as retrieved on 24 April 2023

PW team did a desk review of the documents received and then worked on the development of a structured qualitative methodology for evaluating the project using qualitative methods for capturing stakeholder opinion and feedback (through Key informant interviews & focus group discussions). **The following key stakeholders were mapped and finalised** with a focus on including personnel and partners who were directly managing or were involved during the implementation:

	Material Recovery facility workers
	Ragpickers / Municipal Tippers
	Recycling Facility workers
	Residents
	MCD official
	IPCA official
	SBI Card official

A plan was developed for **in-person interactions** and the tool included separate key informant interviews (KII) for MCD, SBI Card and IPCA officials. FGDs **were conducted** from the identified stakeholders (MRF workers, ragpickers / municipal tippers, recycling facility workers and residents) of the project during the field visit (in-person).

## Key findings

There has been a substantial growth in the production and consumption of plastics in the country. In the absence of adequate waste collection and segregation process, the management of the waste created by discarded used plastics items, especially single use plastic primarily used for packaging of Lays, Kurkure, etc. has become a challenging task. Unscientific dumping and disposal of the waste generated in the urban areas results in deterioration of the environment. Sustainable management option for proper disposal of the waste generated, especially plastic waste, is the need of the hour.

The project aims to provide a sustainable solution to the growing problem of plastic waste management by developing a sustainable supply chain for recycling of low-grade single use plastic. The project is doing so by multi-pronged approach by focussing on awareness generation, incentivise the collection and segregation of

**single use plastic for recycling and income generation** by production of an innovative product from recycled plastic which can be used as a replacement for plywood.

During our interactions with IPCA official, it was noted that the project has got **support from government institutions** like MCD - Shahdara Southwest (erstwhile East Delhi Municipal Corporation), Greater Noida Industrial Development Authority and Uttar Pradesh Pollution Control Board in the form of providing requisite help and approvals such as approvals for use of set-up of MRF was given by MCD, they also ensure that the daily waste collected by the municipal tippers of the area is unloaded at MRF for segregation. Further, daily records for the amount of waste collected and processed are maintained at the facility. Also, IPCA periodically reports the data on waste processing to MCD.

It was also reported by the IPCA official that the project was able to attain operational support break-even. The revenue generated continued to be used for the operational expenses like salaries for the employees, machine operation costs and addition of machinery to scale-up the capacity.

### Summary of impact created

- **Increased awareness on waste segregation:**

During our discussions with the stakeholders – IPCA official, MRF workers, residents and SBI Card official, it was reported that **awareness sessions on waste management were held** with the community to promote behavioural change regarding household level waste segregation. Awareness sessions on the **topics of waste generated at household level, hazards related to improper handling of waste, and segregation of waste at household level** were conducted with the residents as informed by the residents and the IPCA official. This **helped elevate the awareness regarding waste handling and source segregation** among the residents and brought about a degree of behavioural change in the practice of source segregation at household level.

- **Improved health conditions of the residents and ragpickers:**

The practice of proper disposal of waste through source segregation at the household level and subsequent cleaning of the areas through collection of low-grade plastic waste utilised under the project **helped in improving the cleanliness of the surroundings**, as noted during the conversation with residents, ragpickers and municipal tippers. As recorded during the conversations with the residents, the incidences of water logging have reduced due to minimised ad-hoc dumping of plastic and other waste in the locality. This has, in turn, resulted in the **lowered disease spread** in the community especially, the water borne diseases. This brought positive impact on health of the residents and ragpickers as they fell sick less often than before when the surrounding was unclean and there was improper waste dumping in the community.

“Earlier the sewage was blocked due to unmanaged disposal of plastic which ended up in drains and blocked them. This led to breeding of mosquitoes in the area which resulted in prevalence of diseases in the community. But now, due to MRF, the incidences of diseases are reduced as now there is a proper management of plastic waste.”

- A woman resident residing in the vicinity of MRF

- **Livelihood creation and income enhancement:**

The project has generated employment opportunities with safe and stable work environment for workers of the recycling facility and MRF as was revealed during discussions with the recycling facility workers, MRF workers and IPCA official. During our interaction with the MRF facility workers, it was revealed that there has been enhancement in their income, **now that they earn an average of INR 10,000 per month against INR 4,000-5,000 per month earlier working as ragpickers**; with better working conditions (facility



is providing them with SoPs, safety equipment, etc.). Now they feel more secure working in the facility than earlier when they used to independently work as waste collectors/ragpickers.

During our interactions with the ragpickers, it was revealed that the project has also **helped enhance the income of the ragpickers from daily wages of INR 100 before the project to INR 250** at present. Earlier there was no incentive on the collection of low-grade plastic but now they are incentivised to collect low grade plastic which is easily available in the community surroundings.

- **Nutritional and educational enhancement for ragpickers / MRF facility workers / Recycling Facility workers and their family due to increased income:**

As revealed by the ragpickers, MRF facility workers and recycling facility workers that earlier these stakeholders were not able to afford nutritious food items such as fruits and green vegetables due to lack of monetary resources. Also, due to financial constraints, such families were not able to fulfil the educational needs of their children. However, **as a result of the enhanced income due to the project, they are now able to enhance their nutritional intake and are also able to spend on the education of their children.** This has substantially added to their way of living and helped in furthering the potential improvement of their families' lives in the future.

- **Plastic waste reduction and recycling:**

During the discussions with all the stakeholders – residents, IPCA official, Municipal Corporation of Delhi (MCD) official, ragpickers, municipal tippers, MRF facility workers and recycling facility workers, it was a recurring observation that as per the design of the project, there has been a **reduction of low-grade plastic waste from the community** as it is being segregated, collected, processed and recycled in the project where MRF facility and the recycling facility are working at **optimum capacity**. A total of **550.88 MT** of plastic waste has been processed during the project period at the recycling facility.<sup>41</sup>

The **final product is a water-resistant sheet from which value-added basic products are build in-house, such as dustbins, vase, chairs, tables, etc.** The plastic sheet is also bought by vendors to use as a **substitute of plywood** which, as reported by the IPCA official, has seen a demand from the market and this demand pull has helped develop and sustain the complete supply chain. During the project period **3,340 Ecare boards were produced.**

This has resulted in the positive impact on the environment by cleaning the environment (dumps/landfills/dhalaos) from the accumulation of plastic waste which otherwise takes a very long time for degradation and assimilation into the environment naturally.

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<sup>41</sup> Source: Project Closure Report shared by SBI Card (Assuming the sourced plastic is completely utilised every month)



**Figure 34: A display of value-added products made from recycled plastic**



**Figure 35: Waste bins made from recycled plastic**

## IRECS Analysis

Basis the interactions with the key stakeholders and desk review of the documents, **the impact of the project was evaluated on 'IRECS framework'**. The IRECS analysis summary has been presented in below table:

**Table 11: IRECS Analysis of Project 5**

Parameters	Assessment from study
<b>Inclusiveness</b>	This project covered under the study is inclusive in nature as it caters to community, the residents irrespective of gender, social category, or economic status. <b>The residents benefit by improvement in the cleanliness of their community surroundings. The project at core provides help to one of the most vulnerable sections of the society – the ragpickers. The material recovery facility operational under the project benefits all sections of the community</b> with no preference to any set of community members. Further, they have been able to derive equitable benefits from the assets (MRF facility, Recycling facility) created.
<b>Relevance</b>	The project <b>addressed the pressing requirement of the locality and environment at large at a smaller focused scale as a pilot project that can be scaled and replicated.</b> The benefits have been recognised by the community members (residents), ragpickers, IPCA official and MCD official as they have highlighted the grave environmental problem of accumulation of plastic waste being addressed by the project. This reflects the relevance of the project.
<b>Effectiveness</b>	The project caters to <b>the essential need of the low-grade plastic waste management.</b> It was reported during the interaction with facility workers, that the MRF facility and the recycling facility are working at <b>optimum capacity</b> and have a positive impact on the community environment. There has been an improvement in the community environment; income, health, and nutrition in the lives of the ragpickers and facility workers. The residents benefit in terms of cleanliness of their surrounding and their increased awareness regarding waste management. The project shows effectiveness in its implementation.
<b>Convergence</b>	The project is implemented by IPCA and got support from government institutions like MCD - Shahdara Southwest (erstwhile East Delhi Municipal Corporation), Greater Noida Industrial Development Authority and Uttar Pradesh Pollution Control Board in the form of <b>providing requisite help and approvals.</b> Further, IPCA periodically submits the data on waste processing to MCD. This helps strengthen the convergence in the project.

Parameters	Assessment from study
<b>Sustainability</b>	The assets established with the support provided by SBI Card under the project are functional and in continual use, as on the date of assessment. As reported by IPCA official, the <b>project was able to attain operation support break-even</b> and is now generating revenue which is further being utilised to scale up and/or optimise operation through addition of machinery. Also, as reported by the IPCA official, the project has seen increasing demand-pull and appears to be economically and operationally sustainable.

## Alignment to UN SDGs and SBI Card's ESG vision

The project is aligned with Sustainable Development Goals: 3 - Ensure healthy lives and promote well-being for all at all ages, 8 - Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all, 11 - Make cities and human settlements inclusive, safe, resilient and sustainable, 12 - Ensure sustainable consumption and production patterns, 13 - Take urgent action to combat climate change and its impacts, 15 - Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss.<sup>42</sup>



The project is also aligned with ESG focus areas identified by SBI Card: “Climate Change”, “Inclusion and Diversity” and “Waste Reduction and Recycling”.<sup>43</sup>

## Recommendation(s)

- As reported by the material facility workers, they are provided with safety equipment like gloves, masks, boots, etc., to shield them from hazards of waste handling. The conveyer belt in the MRF also helps improve the efficiency of the process as the MRF facility workers can stand straight and don't have to bend repeatedly which also helps them from a health perspective. However, it is recommended to **introduce further automation wherever possible in the process chain** to reduce human intervention which will help reduce their exposure to potential health related hazards.
- It was noted during the interactions with the residents that the awareness sessions have helped them increase their awareness on waste segregation at source but complete acceptance of the practice of segregation at household level still evades the desired level. It is recommended that **more awareness activities could be organised** in the community which are more engaging for complete adoption of waste segregation at household level. Hence, this is an area where the project could focus to strengthen and further scale up **activities for mobilising the community** like door-to-door campaign and participatory activities to build a stronger bond with the community.

<sup>42</sup> Source: <https://sdgs.un.org/goals> as retrieved on 27 April 2023

<sup>43</sup> Source: <https://www.sbicard.com/sbi-card-en/assets/docs/html/personal/esg/index.html> as retrieved on 27 April 2023





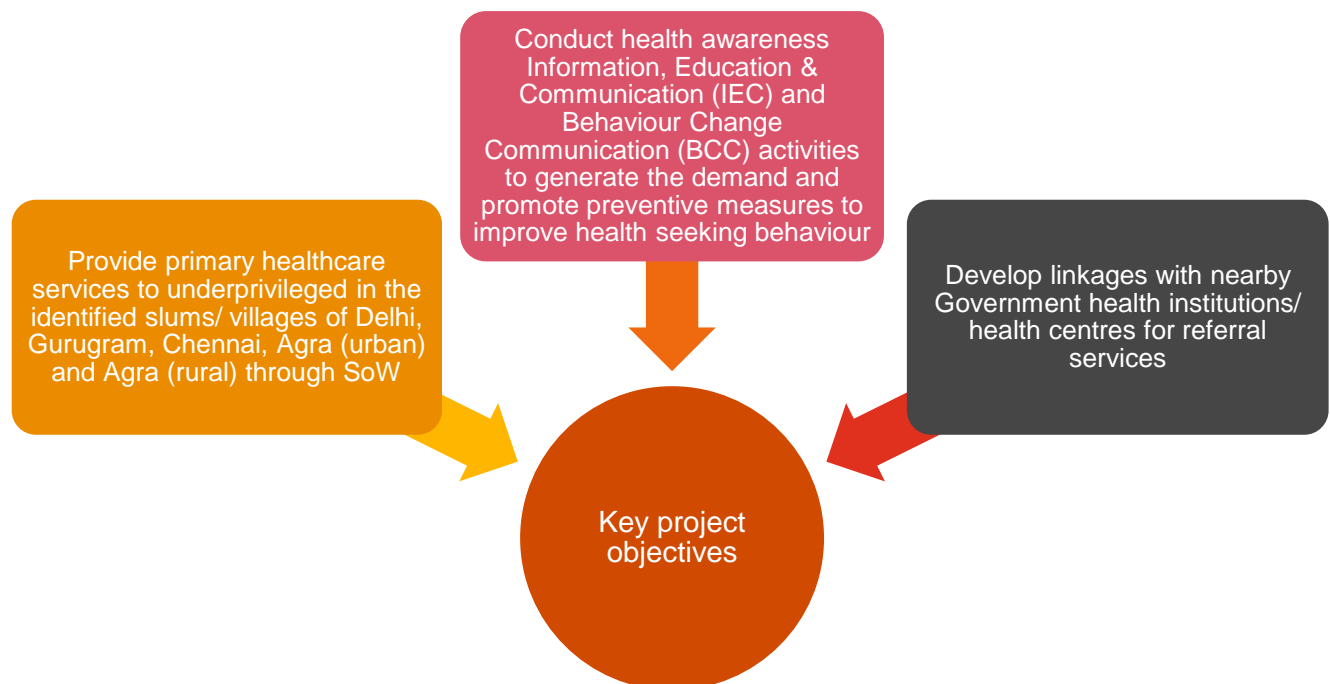
## 9. Project 6: Smile on Wheels (Smile Foundation)

## 9. Smile on Wheels

### About the project

SBI Card initiated a project for increasing access to primary healthcare services – Smile on Wheels in Agra, Delhi, Gurugram and Chennai in December 2020. SBI Card along its implementation partner, Smile Foundation has implemented a multi-centric project with an objective of **providing a comprehensive range of primary health care services to the under-privileged community in remote rural areas and slums through an equipped mobile medical van – ‘Smile on Wheels (SoW)’**. The project intended to make primary healthcare available, accessible, and affordable for the underserved population in the slums/ villages of Delhi, Gurugram, Chennai, Agra (Urban) and Agra (Rural) through preventive, promotive & curative services at their doorsteps. The project areas were identified where there was more slum population, a high concentration of SC/ST population, daily wage labours, domestic workers and low-income population who do not have a health facility in proximity. The shortlisted areas were then consulted with the Chief Medical Officer (CMO) and medical officers and then finalised.

The key objectives of the project include<sup>44</sup>:



As reported by Smile Foundation representatives, the project also aimed at decrease in disease burden, reduction of out-of-pocket expenditure thus help save money of the indigent community and provide doorstep services specially for aged people without a caregiver, disabled & mothers with infants.

The project aimed to benefit over 79,200 beneficiaries across the 5 locations<sup>45</sup>. However, the project was able to benefit 88,392 patients, which was more than the initial set target<sup>46</sup>.

Smile on Wheels was run by a team of medical and paramedical professionals. Further, the mobile medical unit (MMU) had a community mobiliser and a community health officer (project coordinator). The van followed a

<sup>44</sup> Source: Addendum dated 2 Dec 2020, to Master Service Agreement between SBI Card and Smile Foundation

<sup>45</sup> Ibid

<sup>46</sup> Source: Project Annual report by Smile Foundation for Dec'20-Nov'21

roster and visited a location twice a month on fixed days. Smile on Wheels (SoW) was fully equipped MMU with the following equipment and facilities:

- First aid kit
- Point of Care (POC) tests kit
- Oxygen Cylinder
- Nebulizer
- Examination table
- Power Backup (inverter)
- Public address system
- Weighing machine
- Covid Safety Kit (Thermal scanner, Oximeter, Personal Protective Equipment (PPE) Kits for Staff, Sanitizer)

The entire team in the MMU team followed adequate Covid protocols when visiting the field locations and were provided PPE kits, masks, and sanitizer under the project as reported by the SBI Card team.

The below schematic presents the key aspects of project<sup>47</sup>:



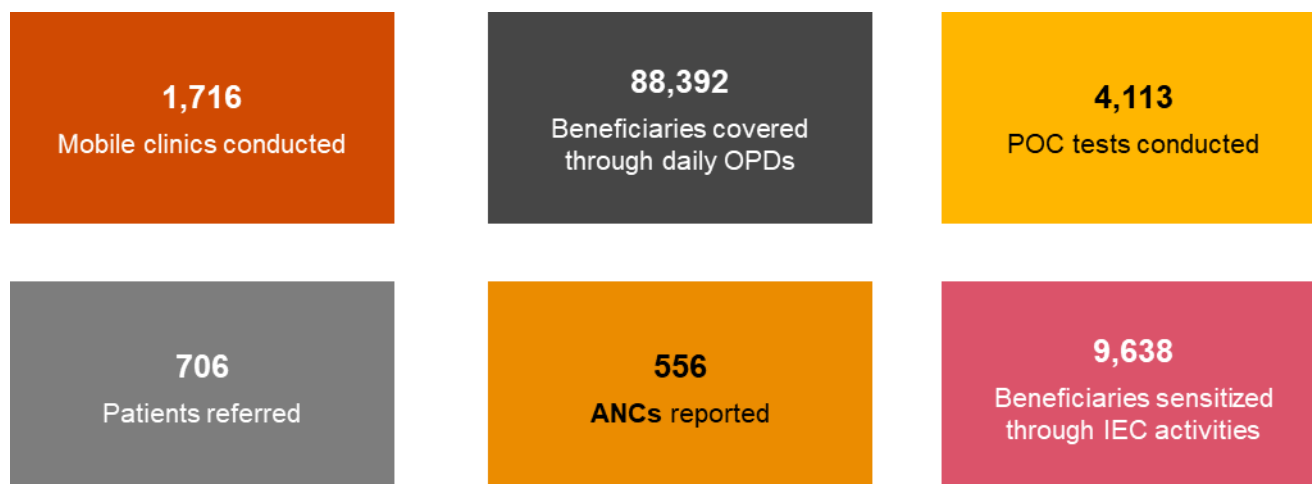
Key activities conducted under the project include:

1. Provision of services during out-patient department (OPD) sessions
  - a. Screening of patients.
  - b. Medicine Disbursal- Based on Doctors' assessment and suggestion, pharmacist provided the medicines to patients as per need.
  - c. Point of Care Tests- Based on Doctor's diagnosis, POC tests were conducted by Nurse/ Auxiliary Nursing and Midwife (ANM).
  - d. Referral Mechanism- The patients were also referred to various health care institutions as per the need.
2. IEC & BCC Activities
  - a. The activities primarily aimed at behaviour change in the community and to sensitise them about the health care aspects.
3. Covid activities
  - a. Thermal scanning in the Community.
  - b. Awareness on Covid Precautions and Vaccination.
4. Follow up for complete Antenatal care (ANC) and Postnatal care (PNC)

<sup>47</sup> Source: Addendum dated 2 Dec 2020 to Master Service Agreement between SBI Card and Smile Foundation and Project Annual report by Smile Foundation for Dec'20-Nov'21

The mobile OPD vans provide curative services for common ailments, ante and postnatal services, counselling on immunisation (mother and child), dressing of wounds, Rapid Test (Blood sugar, Blood Pressure (BP), blood & urine), referral services for tertiary care, free distribution of medicines and IEC activities to the targeted population particularly women and children in need.

The key achievements of the project are summarised in the chart below<sup>48</sup>:



## About the Implementing agency

**Smile Foundation** is a national non-profit development organisation that was founded in 2002 and currently serves 15,00,000 children and their families each year through over 400 live welfare projects in education, healthcare, livelihood, and women empowerment in over 2,000 remote villages and slums across 26 Indian states. The Smile Foundation enhances the capacity of grassroots organisations as part of its civic-driven approach model, with the goal of developing and establishing a fully self-sustaining in-country funding system.<sup>49</sup>

## Method of impact assessment

A **mixed methodology**-based Impact Assessment study was carried out by PW for the project in consultation with SBI Card. Prior to initiating the study, PW conducted an inception meeting with SBI Card to get a detailed understanding on the project implemented and finalised the scope of work. Post the meeting, a list of requisite documents was shared with the SBI Card's CSR team, and a preliminary meeting was conducted with the implementation partner - Smile Foundation and a review of the documents shared by SBI Card was conducted.





Based on the desk review and discussions with the SBI Card and Smile Foundation team, all the **key stakeholders of project were identified and mapped** for capturing their opinion and feedback. The **mixed method research design** adopted for the study included **quantitative survey** of beneficiaries and **qualitative in-person/ virtual interactions** (key informant interviews & In-depth interviews) for other identified key stakeholders.

A sample of **139 beneficiaries (patients)** was finalised for the quantitative survey. Sample was estimated at a **95% confidence level and 5% margin of error**. Selection of patients was done by simple random sampling technique wherein the beneficiaries were randomly chosen from the list of beneficiaries of the intervention area. The **sampled locations were Delhi, Gurugram, Agra (urban) and Agra (rural)**.

<sup>48</sup> Source: Project Annual report by Smile Foundation for Dec'20-Nov'21

<sup>49</sup> Source: Smile Foundation SoW-Renewal Proposal Final shared by Smile Foundation

The following key stakeholders were mapped and finalised with a focus on including beneficiaries and key stakeholders who were directly managing or were involved during the implementation:

	Doctor of the MMU
	Officials from Smile Foundation and SBI Card team
	Community Mobiliser and project coordinator/ community health officer
	Beneficiaries (patients) who attend OPD sessions

## Key findings

### Profile of the respondent beneficiaries

A total of **139 respondents** were surveyed for the quantitative interactions. These included beneficiaries who had availed OPD services from the MMU. The **survey was conducted across 4 project locations which included Hastal and Brijwasan Village in Delhi, Wazirabad in Gurugram, Karbala slum in Agra (urban) and Nainana Jat in Agra (rural)**. Among the total respondents, 67 were from Delhi, 30 from Gurugram and 42 from Agra.

**77.5% of the respondents were females.** The age of the respondents varied from 18 to 80 years with **56.8% in the age group of 30 to 53 years**. Nearly three-fifth of the respondents (56.8%) had an average monthly family income of below INR 10,000 while two-fifth of the respondents (40.3%) had income in the range of INR 10,000 to 20,000. The **target beneficiaries belong to low-income group with most engaged as daily wage labourer**.

Figure 36: Gender (n = 139)

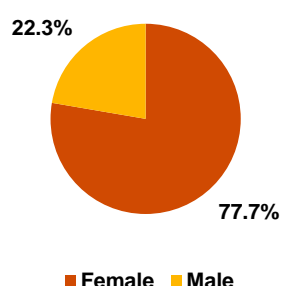
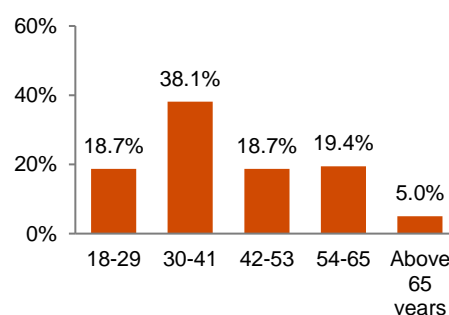
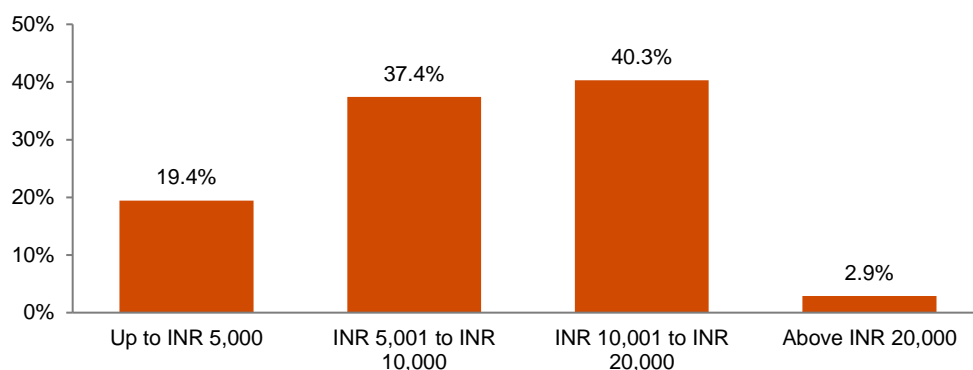


Figure 37: Age Group (n = 139)



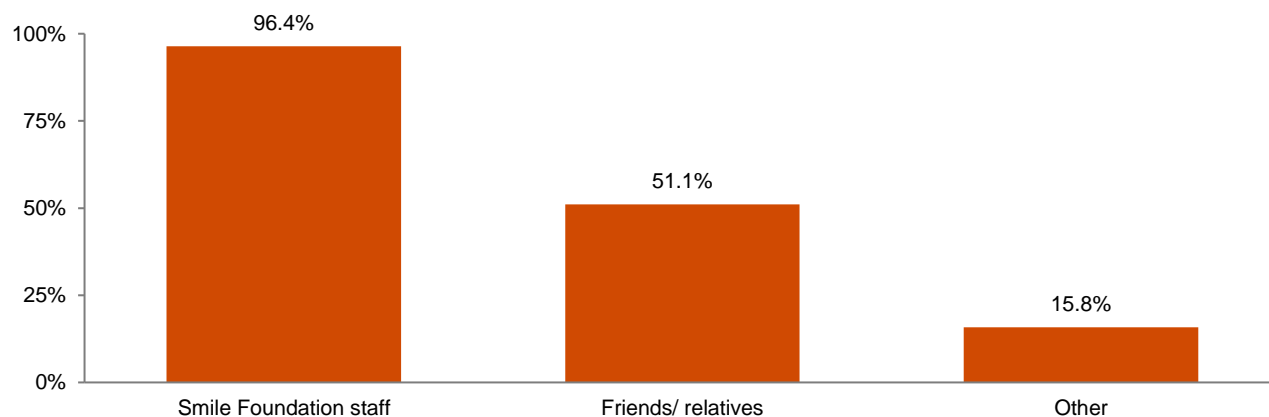
**Figure 38: Average family monthly income (n = 139)**



### Services provided by MMU

All the respondents were able to recall the MMU and services availed. It was reported by the respondents that the MMU would visit their location every fortnight on a fixed day of the week. It was reported by all that they generally had prior information on when and what time the van was going to visit their location. As highlighted in the chart below, the **primary source of information about the MMU and its arrival at the site was Smile Foundation staff (96.4%) and friends/ relatives (51.1%)**. During interaction with the community, it was informed that the community mobiliser, driver, and project coordinator of Smile Foundation informed them about the MMU. It was also reported by project coordinators that coordination with key stakeholders like **Pradhan, Sarpanch, Ward member, Accredited Social Health Activist (ASHA), Anganwadi worker (AWW), school principal and teachers** was done a day prior to the visit who then informed the community. **In Agra respondents also revealed that a day before the arrival of the van, announcements were made at the local mosque for information of all.** Further, several respondents also reported that when the van came to their locality, it always stood at the same spot every time and announced its arrival by blowing the siren thus making it easy for community members to know about the van arrival. During interactions, project coordinators revealed that on an average the MMU would cater to 60 to 70 patients daily.

**Figure 39: Source of Information (n = 139)**

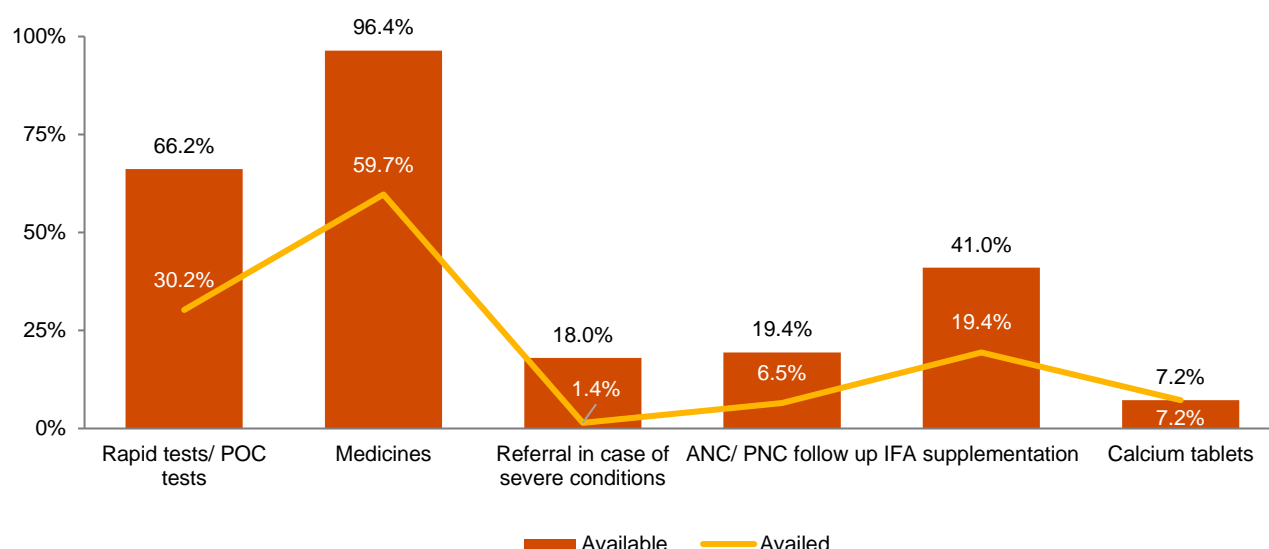


*\*Multiple Choice Question, Responses may add up to more than 100%*

All the respondents had attended the OPD services and were screened for common ailments. The respondents were asked about the services which were available at the MMU and which of those services they availed during the project period. **The available services reported by the respondents included medicines (96.4%), POC tests (66.2%), Iron folic acid supplementation (IFA) (41%), ANC/ PNC follow-up (19.4%),**

referrals in case of severe conditions (18%) and provision of calcium tablets (7.2%). The three top of mind health services reported to be availed included medicines (59.7%), POC tests (30.2%) and IFA tablets (19.4%).

**Figure 40: Services available vs availed as reported by respondents (n = 139)**



*\*Multiple Choice Question, Responses may add up to more than 100%*

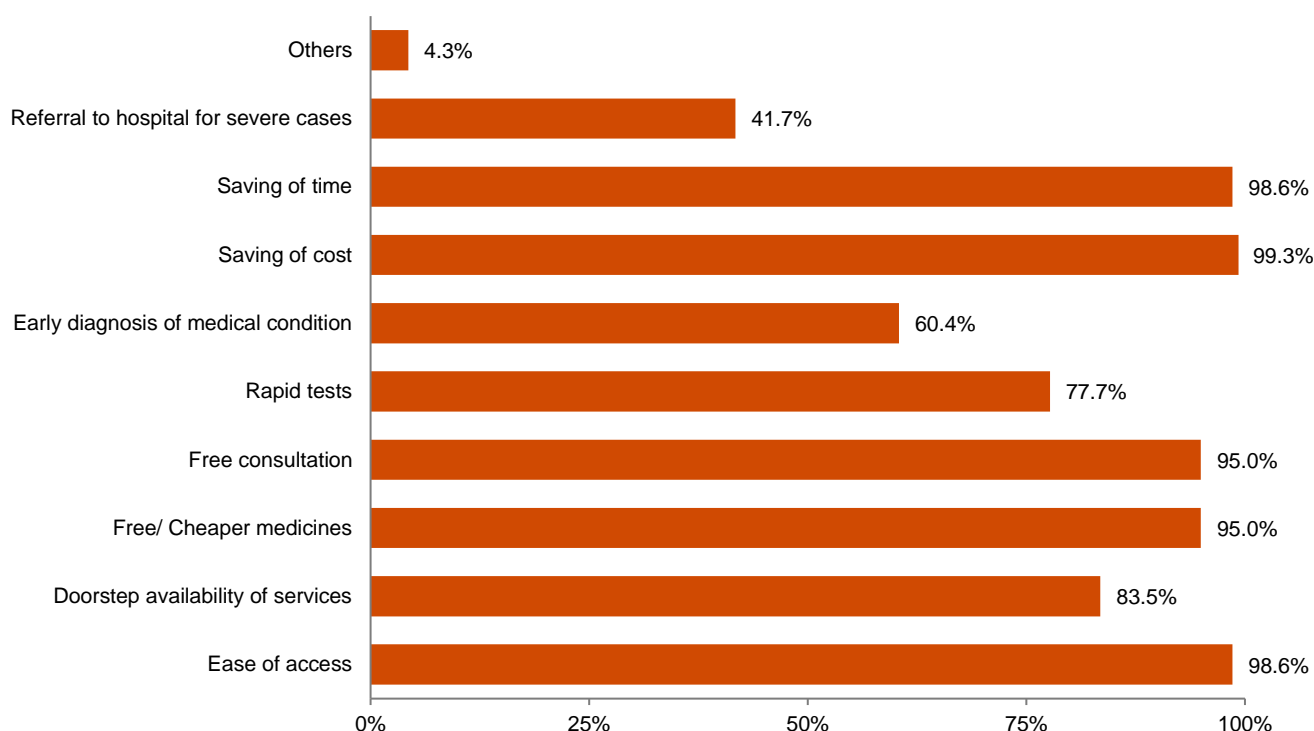
## Summary of the impact created

### Benefits of MMU

The respondents were asked about the benefits of the MMU which operated in their locality. As highlighted in the chart below, **key benefits reported by the beneficiaries include saving of cost (99.3%), ease of access (98.6%), saving of time (98.6%), free medicines (95%), free consultation (95%) and doorstep availability of services (83.5%)**. Additionally, the reported benefits also included **free instant POC (rapid) tests (83.5%), early diagnosis of medical condition (60.4%) and referral for severe cases (41.7%)**. These additional three benefits further help in communicating to the community the importance of early diagnosis, referral and timely testing which is a key part of the programme aiming at behavioural change of the community towards seeking health services.

During the interactions it was reported that in government hospitals there usually is a high footfall of patients, so it becomes very difficult for elderly, women, and children to stand in queues for long periods of time. Hence, the MMU was reported to be beneficial for these population categories and further reported to **help in reducing the patient load in secondary and tertiary care**. Further, the availability of medicines is inadequate at the government health facilities which forces the patients to visit again the next day or avoid taking the medicine. Earlier, people would not go to hospitals for check-ups during the onset of symptoms for a disease owing to the reasons mentioned above, however, because of the availability of the MMU the beneficiaries availed medical consultation at the initial stages of their ailment in the MMU. Hence, required POC tests, detection and treatment could be done before the condition became severe. The doctors and project coordinators reported that the intervention was **reported to help in reducing the disease burden of scabies as the community sought treatment for the same** due to the accessibility to MMU.

**Figure 41: Benefits of MMU (n = 139)**



### Expectant mothers availing regular check-ups

To identify and provide medical care to expectant mothers, the MMU team took their details from the Anganwadi workers (AWWs) and then reached out to them for the basic healthcare check-up and counselling to motivate them to avail ANC/PNC care from government hospitals, thus contributing to safe motherhood. **For these expectant mothers, it was reported by the project coordinators that Haemoglobin and sugar test were conducted along with regular check-ups during the period of pregnancy. Owing to ease of access to health services due to MMU they were able to get basic check-ups done regularly.** They were counselled by the MMU doctor who noted down all their vital details. Their weight was also regularly checked and in required cases, they were referred to government hospitals for further consultation. Their immunisation status was also checked and if not immunised then they were asked to go to the local AWW or their details were shared to the Anganwadi centre. **A key impact reported by the project coordinators was that the expectant mothers started coming for regular basic check-ups from the first trimester whereas earlier, expectant mothers would come even to the MMU only in the second or third trimester.**

### Capacity building of frontline health workers

It was reported that the project also **supported the capacity building of the frontline health workers (ASHA/ AWW)** as the programme works along with them thus helping improve service delivery in the long run. Also, the project coordinators mentioned the **programme supported the frontline workers how to better use their data available on expectant mothers for efficient follow-up** to provide required healthcare services. A challenge reported in follow-up for ANC/PNC care was that in several cases, the migrant expectant mothers often relocated back to parents or in-laws place for the delivery and thus there was no childbirth data available for such cases.

### Referrals and regular follow-ups to ensure health services are availed

**Referral service was one of the crucial components of the MMU service to make available necessary diagnostic and curative health care.** It was reported by the project coordinator that a referral prescription was given to the patient. Follow-up was done with the referred patients during the next visit to that location. It was



informed that the patients were asked to show the lab report, prescription slip, etc. to ensure they had gone to the referred government health facility. For instance, the MMU doctor would give patients with high BP or high blood sugar level, required medicines, and refer them to the government health facility prescribing them to get checked at a health facility in the next 24 hours. Next day the MMU team conducted a follow-up of referred patients to government hospitals and nearby charitable hospitals to ensure they had gone to the health facility. **A challenge reported in referrals by MMU team was the mindset of people of not seeking care from secondary or tertiary health facilities often citing long queues and unavailability of medicines as the key reasons.** In case the patient had not gone to the health facility the team tried to convince them to go. Such patients were also further requested to do check-ups every three months. It was reported by SBI Card team that towards addressing these challenges, targeted awareness sessions were conducted by the MMU team. One challenge reported in follow-ups was when the beneficiaries provided wrong contact numbers and follow-up with them was only possible when they would next come to the MMU. Follow-up with such beneficiaries was done through home visits by the team when the MMU next visited the location.

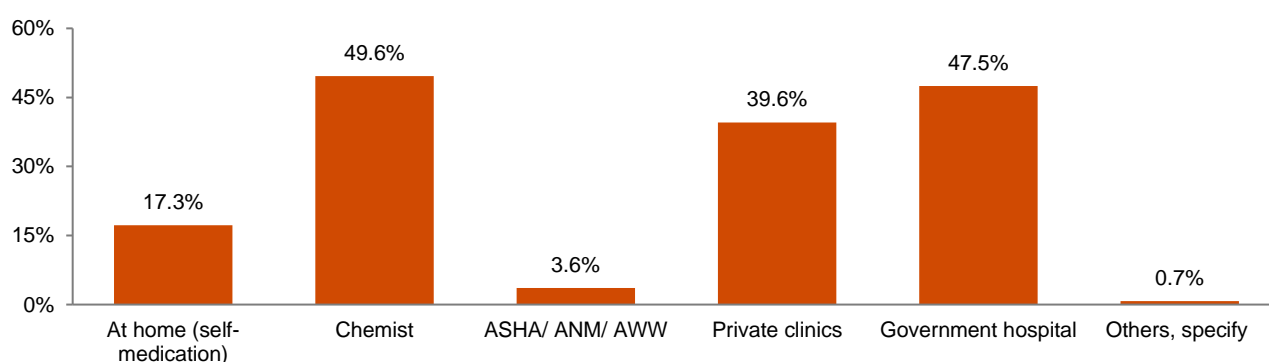
### Reduction in out-of-pocket expenditure

All the services were available free of cost through the MMUs operated in the five project locations by SBI Card. The respondents were asked what cost they would have incurred had they availed these health service from other government and private hospitals. The respondents reported that when they visit government health facilities, they do not need to pay any money for the consultancy, medicines and POC tests done, however payment is required at private clinics or when buying medicines from the chemist. **Among those who went to private clinics, local unqualified doctors, or chemists, it was reported that on an average they needed to incur a median cost of INR 350 on consultation, INR 150 on POC tests and around INR 250 when buying medicines.**

The POC tests primarily were availed by beneficiaries for Blood Sugar, Blood Pressure, and blood test. Other tests reported during the interactions with key stakeholders to be conducted at the MMU included Urine Pregnancy Test (UPT), Haemoglobin test, Typhoid, Malaria, Chikungunya, and Dengue. **In terms of medication received from MMU, it was reported by respondents that they primarily took medication for fever (69.1%), BP (48.9%), cough & cold (46.8%), pain in knee/leg/head (36.7%), skin allergies (25.2%) and diabetes (12.9%).**

The respondents were asked where they went for availing health-related services **prior to the operationalisation of the MMU**. As highlighted in the chart below, **the beneficiaries reported that they primarily went to chemist (49.6%), government health facility (47.5%), and private clinics (39.6%).** Further, just over one-sixth (17.3%) also reported to use home remedies which is very common among the lower income population who look to seek health services only when the medical condition becomes severe instead of seeking health services at the onset of symptoms.

**Figure 42: Availing health-related services prior to MMU (n = 139)**



The project locations do not have a government health facility in vicinity. This forces the community to either go to a private clinic or use home remedies or directly buy medicines from the chemist based on a past

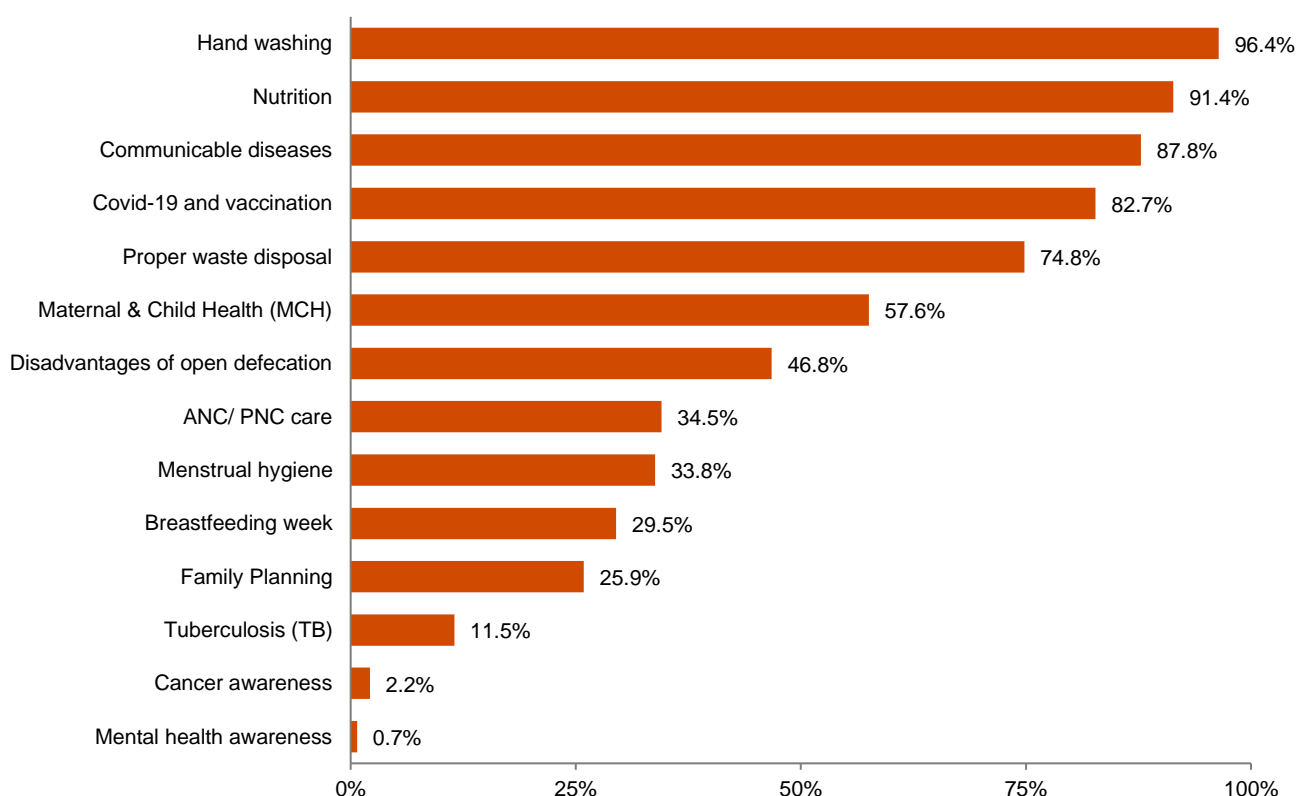
prescription. However, owing to the cost incurred at a private clinic, especially in severe cases, the community members need to travel to a government health facility. When any member of a family becomes ill, primarily one of the earning members who are daily wage labours need to take a leave of a day or half a day to go to the hospital. **The stakeholders reported that these community often needs to make a choice between availing health service and seeking health care.** These underprivileged communities mostly choose livelihood and avoid seeking healthcare. **Among those who reported to be visiting the government hospital (n = 98), it was highlighted that it results in a loss of median cost of INR 450 per day in terms of daily wages.** Further, it was reported that they had to spend almost INR 40 to 100 in a day on the commute to and from the government hospital which further eats into their meagre savings.

However, **when the MMU was operational, the community was able to get the free medical health services** in their locality for which they were not required to spend on commute. It **helped save the out-of-pocket expense** which was also a focus of the project. Hence, the stakeholders opined that an **indirect benefit is making the family save money which earlier used to be spent on travel to seek healthcare services.** Further, it was reported that due to high footfall in government hospitals the waiting time is several hours and often they are required to return next day as the doctor visiting hours had ended or hospital pharmacy had closed. **At the MMU, it was reported that the time required for consultation was very less (on an average approximately only 22 minutes) and thus there was no requirement of taking a leave from work** resulting in saving of both cost and time.

### Increased awareness on health aspects

The beneficiaries were further probed on the awareness activities carried out under the project. During the interactions it was informed that the MMU team provides awareness on varied health topics. The **most recalled health awareness topics included hand washing (96.4%), nutrition (91.4%), communicable diseases (87.8%), Covid preventive measures (82.7%) and proper waste disposal (74.8%).**

**Figure 43: Awareness topics recalled (n = 139)**



Awareness sessions were reported to be pre planned for each location specially on special days like TB Day, cancer awareness day etc. and focussed on communicable (Skin diseases, malaria, typhoid) and non-communicable diseases (diabetes, BP, cancer). Further, **based on the location specific disease burden (like skin infection, viral, Covid etc.) the awareness activities were designed.** Awareness sessions was conducted by Nurse/ANM, Doctor and community mobiliser. In rural areas women were gathered in Anganwadi centres for awareness generation as part of Mahila Mandal meetings focussing on ANC, PNC, menstrual cycle, personal hygiene, breast cancer, Cleanliness, Covid preventive measures etc. Banners and pamphlets were often used as IEC materials. **Project coordinators reported that the community awareness levels had increased as a result of the intervention during the project period.**

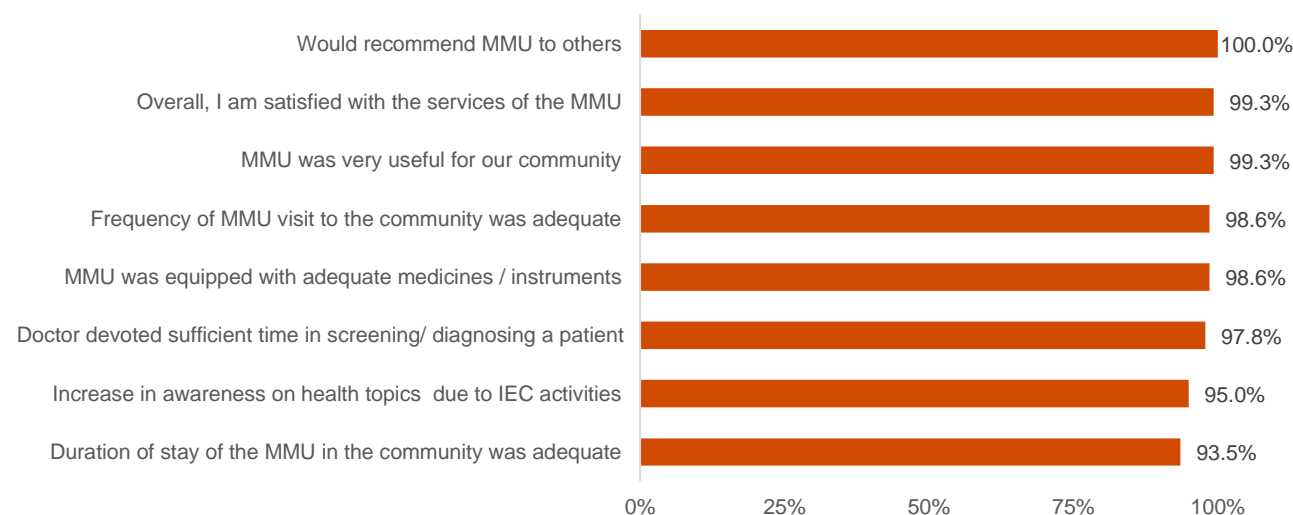
As **Covid** was prevalent during the project period, **community was made aware of the preventive measures and were informed to go to the nearest government health facility for vaccination.** During Covid it was reported that a key focus of awareness sessions was on hand wash, sanitizer usage, using masks, maintaining social distancing, availing vaccinations etc. **Further, Covid kits were also distributed which comprised of masks and sanitizers.**

Further, stakeholders reported that the **beneficiaries also need to make a change in lifestyle and food habits along with taking medicines for diseases like high blood pressure or diabetes,** but they were neither willing to continually adopt the healthy lifestyle change behaviours and nor go to the government health facilities to continuously take these medicines.

### Community perceptions about the MMU service

The respondents (n = 139) were read out a list of statements and had to either agree, stay neutral or disagree with the statement. As represented in the below charts, majority of beneficiaries agreed that the IEC activities resulted in increased awareness of health topics (95%), the MMU was considered to be **very useful for the community (99%),** agreed that its **frequency (98.6%) and duration (97.8%) was adequate** for the community. During interactions it was reported that the duration of visit by MMU in a location was also determined by the availability of community accessing the MMU service. Accordingly, the van would visit two sites in a day if the population was low and if the population at a site was comparatively larger then only one site a day was visited by the MMU. Further, **all respondents agreed that they would recommend availing MMU services to others with 99.3% expressing satisfaction with the health services provided** by the MMU and 99.3% found it very useful for the community. The graph below highlights the communities' perspective on quality of healthcare provided, its easy access and availability of services.

**Figure 44: % of respondents agreeing to below statements (n = 139)**



## Improved medical consultation through MIS data

Management Information System (MIS) was a vital component of the programme and is an initiative to make the mechanism more transparent, accessible, and robust. The MIS included complete patient details such as name of patient, fathers name, age, gender, location, date and time of visit, phone number, Aadhaar number (not mandatory), key vitals, disease & medicines history, referral details etc. Further, for women, gynaecological details such as number of children, age of children, immunisation status etc. was also noted. It was explained that an OPD ID was created for each patient to help track the patient and get the details of their medical history at MMU, as often the patients did not have the old prescription. **Key benefits of MIS reported were ease in tracking and follow-ups and also ready availability of patient medical history thus ensuring better medical consultation.**

To ensure the MMU reached on time every day in each location, several measures were undertaken. Movement of the vehicle was tracked using AngleCam - mobile app-based monitoring tool. It helped track real time attendance as the field teams posted entry and exit photographs in the WhatsApp group also ensuring punctuality of the MMU. The photographs also captured longitude and latitude in each photograph helping in verification of the scheduled roster. These measures thus ensured that the desired services are being provided to the intended beneficiaries as envisaged under the project.

**It was observed that there was a dependency on the services of MMU and community were still hoping for the continuation of the programme** which in turn lead to lower health seeking behaviour and low access to other public or private health facilities around. **Hence, strengthening awareness sessions with support from the MIS data and focus on healthcare seeking practices was a required need so that even after exit of the project community continues to avail the health services.** This data would also help the MMU staff to liaison with the existing public health facilities who can provide additional support in the form of health camps or weekly diagnostic camps in the respective local areas.

After the van support ended, low income, travel time, cost incurred in travelling to government hospitals and high cost at private hospitals became a barrier in their health seeking and thus made them dependent on the MMU for continued provision of medical health services. All the beneficiaries requested that the Smile on Wheels should be made operational again as soon as possible as many are unable to seek timely healthcare services or not seeking them due to the issues mentioned above. It was also observed during the visit that a lot of population of the slums was migratory with several new unprivileged dwellers now residing in the location after a period of time. Further, stakeholders reported that in the absence of MMU, the beneficiaries often do not seek health services resulting in high incidence of diseases like scabies. The intervention was reported to help in reducing the disease burden of scabies during the project period as the community sought treatment for the same due to the accessibility to MMU.

## IRECS Analysis

Basis the interactions with the key stakeholders and desk review of the documents, **the impact of the project was evaluated on 'IRECS framework'**. The IRECS analysis summary has been presented in below table:

**Table 12: IRECS Analysis of Project 6**

Parameter	Assessment from study
Inclusiveness	The support provided from the project <b>reaches out to all the intended beneficiaries (marginalised communities) residing in slums/villages, irrespective of caste, gender, and income.</b> Most of the beneficiaries belong to the lower strata of the society which include daily wage labourers, domestic workers, etc. Nearly three-fifth of the respondents (56.8%) had an average monthly family income of below INR 10,000 while two-fifth of the respondents (40.3%) had income in the range of INR 10,000 to 20,000. Thus, the project is inclusive.

Parameter	Assessment from study
<b>Relevance</b>	The project areas were selected where there were more slum population, a high concentration of SC/ST population, daily wage labours and low-income population who do not have a health facility in proximity. Among those who reported to be visiting the government hospital (n = 98), it was reported to result in a loss of median cost of INR 450 per day. Further, it was reported that they had to spend almost INR 40 to 100 in a day on the commute to and from the government hospital which further eats into their meagre savings. The project is relevant as it <b>has been implemented in areas for which seeking healthcare was neither accessible nor affordable.</b>
<b>Effectiveness</b>	The project during the assessment period aimed to benefit over 79,200 beneficiaries across the 5 locations however was able to benefit 88,392 patients, which was more than the initial set target. <b>Some of the benefits of the Smile on Wheels reported by the beneficiaries include saving of cost (99.3%), ease of access (98.6%), saving of time (98.6%), free medicines (95%), It helped save the out-of-pocket expense which was also a focus of the project.</b> Further, majority of beneficiaries agreed that the IEC activities resulted in increased awareness of health topics (95%) and was considered to be very useful for the community (99%). Due to the availability of the MMU the beneficiaries availed medical consultation at the initial stages of their ailment. The intervention was reported to help in reducing the disease burden of scabies during the project period as the community sought treatment for the same due to the accessibility to MMU. Overall, the project was effective.
<b>Convergence</b>	<b>The initiative was implemented in partnership with all the required key stakeholders such as Pradhan, Sarpanch, Ward member, ASHA, AWW, school principal and teachers</b> who helped mobilise and reach the target population. The selection of these underserved areas was also done in consultation with the Chief Medical Officer and medical officers, thus, making it convergent.
<b>Sustainability</b>	<p>The project helped in capacity building of the front-line health workers and helped them in better usage of the available data thus helping improve service delivery in the long run.</p> <p>The areas which were being served by the MMU catered to low income and migrant population for whom the travel cost to access health care facilities, high cost at private hospitals and loss of daily wages often becomes a barrier in seeking healthcare services.</p> <p>Despite awareness of health-related issues provided during the project period, the beneficiaries were neither willing to continually adopt the healthy lifestyle change behaviours and nor go to government health facilities to continuously take medicines after the project ended.</p> <p>Hence, there is a continued dependency on MMU for seeking healthcare services. To ensure availing of health services from government hospitals after the MMU support ends, SBI Card can also consider <b>mapping of government health care facilities around the project locations and focus on improving the infrastructure of sub-centres and Primary Health Clinics (PHCs)</b> in these locations. This would help strengthen the sustainability aspect.</p>

## Alignment to UN SDGs and SBI Card's ESG vision

The project is aligned with Sustainable Development Goal: 3 - Ensure healthy lives and promote well-being for all at all ages.<sup>50</sup>



The project is also aligned with the ESG focus area identified by SBI Card: "Inclusion and Diversity".<sup>51</sup>

### Recommendation(s)

- To ensure availing of health services from government hospitals after the MMU support ends, SBI Card can also consider **mapping of government health care facilities around the project locations and focus on improving the infrastructure of sub-centres and Primary Health Clinics (PHCs)** in these locations in such future similar projects. The existing MIS data of MMU can also be leveraged to draw inferences on disease burden and trend in the locality.

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<sup>50</sup> Source: <https://sdgs.un.org/goals>

<sup>51</sup> Source: <https://www.sbicard.com/sbi-card-en/assets/docs/html/personal/esg/index.html>



## 10. Project 7: Strengthening healthcare infrastructure of RNT Medical College, Udaipur (IAHV)

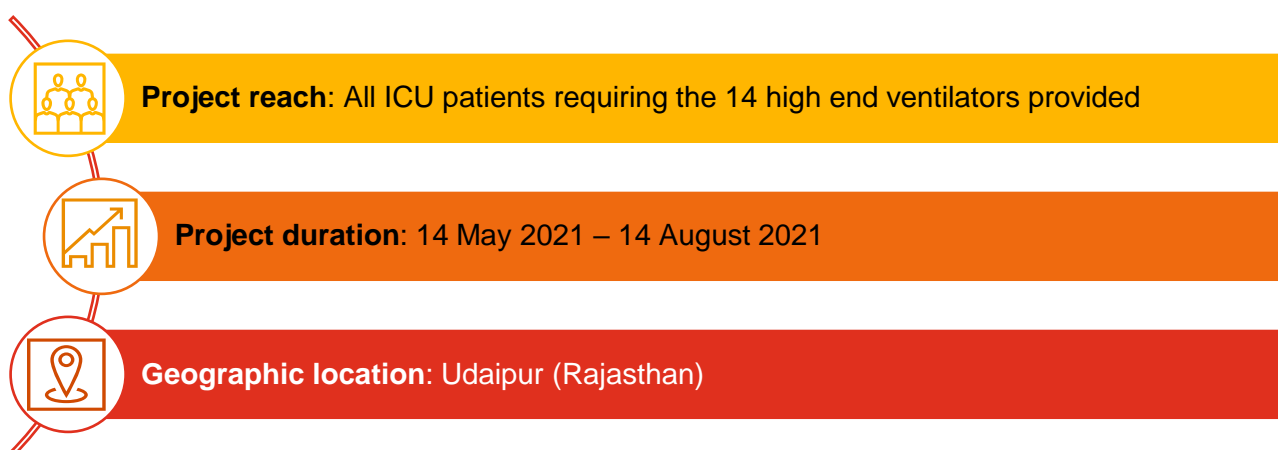
## 10. Strengthening healthcare infrastructure of RNT Medical College, Udaipur

### About the project

The second wave of the Covid pandemic in India brought about an exponential increase in cases, with health systems getting overwhelmed in most parts of the country. The second wave of the Covid pandemic began in mid-March 2021 and peaked in May 2021<sup>52</sup>. As per the request letter from Ravindra Nath Tagore (RNT) Medical college, Udaipur to SBI Card dated 3rd May 2021, over 1,200 Covid positive patient were daily reporting to the RNT Medical college and attached medical hospital with the need of admitting around 200 positive cases daily. The hospital had estimated that nearly 10% of the patients daily would require high end ventilators for close watch and treatment for critical care. The hospital had 70 ventilators, however during the second wave, the hospital further estimated a need of additional 50 ventilators and reached out to SBI Card for supporting in procuring some of them.

SBI Card initiated the project in May 2021 **to strengthen healthcare infrastructure as a requirement by RNT Medical College, Udaipur by providing 14 high end ICU ventilators** which aimed to strengthen healthcare infrastructure of the hospital during Covid pandemic in an effort to provide support to fight against the second wave of the pandemic<sup>53</sup>. To fulfil the requirement of RNT Medical College Udaipur, SBI Card provided 14 high end ventilators to the hospital under their CSR project. The project was implemented by International Association for Human Values (IAHV). These adult ventilators provided were advanced automatic ventilators which aimed to help the medical staff of the institute to provide accurate and efficient care to patients in intensive care unit (ICU) suffering from severe Covid infection and those requiring immediate high end medical care. During the interactions it was reported that these ventilators were initially deployed in the Super Speciality Block (SSB) and were later shifted to the temporary COVID Care Centre at ESIC hospital adopted by RNT medical college during Covid. Post closure of the temporary COVID Care Centre these adult ICU ventilators were provided to various departments within RNT medical college based on their need.

The below schematic presents the key aspects of project<sup>54</sup>:



<sup>52</sup> Source: Delta Variant SARS-CoV-2 infections in pediatric cases during the second wave in India, <https://www.icmr.gov.in/pdf/covid/papers/2021.12.09.21266954v1.full.pdf>

<sup>53</sup> Source: Addendum executed on May 14, 2021, to Corporate Social Responsibility Master Agreement dated February 08, 2021 between SBI Cards and IAHV

<sup>54</sup> Ibid



## About the Implementing agency

**International Association for Human Values (IAHV)** is an organisation that uses a human values-based approach in its initiatives for sustainable development leading to social, economic, and ecological harmony. IAHV with its network of volunteers, trainers, innovators, impact creators and experts have focussed on integrated development and sustainable developmental agenda since their inception in 2000. Their mission is to skill and empower individuals and communities through grassroots level initiatives, to make them socially and economically self-reliant. To foster the spirit of responsibility, and to strengthen rural India through the 5H Programme addressing issues of Health, Homes, Hygiene, Harmony in diversity and Human values.<sup>55</sup> International Association of Human Values (IAHV) had been working on Covid relief initiatives right from the start of the pandemic.

## Method of impact assessment

A **qualitative methodology** was adopted for the Impact Assessment of this project in consultation with SBI Card and IAHV team. A desk review of relevant project documents such as MoU and project reports were undertaken. Based on the desk review and discussions with the SBI Card and IAHV team, the key stakeholders of project were identified and mapped for capturing their opinions and feedback to assess the impact of the support provided by SBI Card under the CSR initiative.

The beneficiary data was not accessible owing to the patient data confidentiality and privacy constraints; hence no interviews could be done with the beneficiaries and a qualitative assessment was undertaken with other stakeholders involved in the project. Due to the strike in the hospital and unavailability of authorised personnel, the physical observation of ventilators on the day of the field visit was not possible.

A **key informant interview (KII) tool developed for SBI Card team members** was used for in-person interactions. Further, **IDIs were conducted with the other identified stakeholders (RNT medical college management and doctors)** during the field visit.

The key stakeholders identified for the survey included the following:



RNT Medical College management and doctors



Officials from SBI Card team

## Key findings

### Summary of the impact created:

- **Strengthened healthcare infrastructure of RNT medical college and support during Covid:**

The project **helped to strengthen the healthcare infrastructure of RNT medical college during Covid pandemic** in an effort to provide support to fight against the pandemic. **Further, it was envisaged that the improved infrastructure would be helpful for the medical college to address the healthcare needs for the foreseeable future as these high-end ventilators have a life of over 10 years.** These ICU adult ventilators were advanced automatic ventilators that would continue to help the institute to provide accurate

<sup>55</sup> Source: <https://www.iahv.org/in-en/who-we-are> as retrieved on 28 April 2023

and efficient critical care to ICU patients. **Post the pandemic these high-end ventilators were provided to different departments of the institute based on the requirement where they are currently being used.**

- **Access to quality and affordable health care:**

During the interactions with RNT medical college management and SBI Card team, it was informed that being a multi-speciality hospital, a high number of patients were being referred during the Covid pandemic. Further, it was reported that the institute adopted Employee State Insurance Corporation (ESIC) hospital (a central government hospital in Udaipur) to run a temporary Covid care centre where these high-end ventilators were installed to manage the high patient footfall during the second Covid wave. **The hospital and the temporary COVID Care Centre benefitted the community as it provided easy access to free of cost and quality Covid care treatment for the community during the severe second wave of the pandemic.** The support reported to save the lives of several moderate to severe Covid positive patients due to timely, quality, and affordable care. Further, it was reported that the same treatment for critical Covid cases in a private hospital could have costed over INR 10,00,000 (as reported by the doctors of RNT medical college) for ventilator support where patients were needed to be kept for multiple days in an ICU. However, RNT medical college, being a government health facility equipped with sufficient number of ventilators, was able to **provide free of cost medical care to all requiring critical care during the pandemic.**



**Figure 45: SBI Card provided ventilator (Image shared by IAHV)**

- **Improved critical care support:**

The primary objective of the project was to support in spreading the Covid infection during the second wave of the Covid pandemic and to have the medical facility available in a timely manner for the patients to provide lifesaving, good quality and free of cost healthcare to all in need. The primary objective of the project was to support in spreading the Covid infection during the second wave of the Covid pandemic and to have the medical facility available in a timely manner for the patients to provide lifesaving, good quality and free of cost healthcare to all in need. During the interactions with the RNT management team, it was reported that most of the patients in the institute were either Covid positive patients needing critical care or were referral patients, i.e., they were in severe condition and required immediate critical medical care. The RNT medical college management stated that the **much-needed timely support through SBI Card CSR initiative was at the time when the entire country's health facilities were facing shortage of ventilators due to the rapid rise in Covid positive cases.**

- **Additional procurement of ventilators:**

During the interactions, RNT medical college management stated that the high-end ventilators provided by SBI Card were of high quality and standards. These high-end ventilators helped to better manage the oxygen requirement of critical Covid positive patients as compared to previously available ventilators. Thus, **basis their performance during second wave of the Covid pandemic, RNT medical college procured more similar high-end ventilators** to be used in the temporary COVID Care Centre using other available funds, which further was reported to help in recovering more critical patients from Covid infection.

- **Increased capacity of the health care facility to attend to more patients:**

The high-end ICU ventilators provided by SBI Card had helped to better manage the Covid situation in the district as well as in the state of Rajasthan during the pandemic. It was reported that the use of these high-end devices in the hospital's Super Speciality Block (SSB) as well as the temporary Covid care centre supported by

the institute **lead to increased capacity of the institute as well as the district to treat higher number of patients thus ensuring the timely administration of the required treatment during the second wave of the pandemic.** The interaction with the management of the institute revealed that in the absence of these equipment support, the death rates in the hospital would have been higher during the pandemic. It was also reported that the institute with the help of these high-end ventilators was able to provide timely adequate level of oxygen support to critical patients thus saving many lives.

## IRECS Analysis

Basis the interactions with the key stakeholders and desk review of the documents, **the impact of the project was evaluated on 'IRECS framework'.** The IRECS analysis summary has been presented in below table:

**Table 13: IRECS Analysis of Project 7**

Parameter	Assessment from study
<b>Inclusiveness</b>	The support provided from the project reaches out to all the target beneficiaries irrespective of caste, gender, and income. The ventilators provided to RNT medical college <b>catered to the needs of the individuals (severe case patients) of all ages, gender, and socio-economic strata.</b> Thus, the project is inclusive.
<b>Relevance</b>	Existing health care facilities during the lockdown lacked infrastructure such as high-end ventilators required to support patients requiring critical care during the pandemic. The support by SBI Card <b>helped in the management of Covid cases during the second wave of the pandemic when an exponential rise in the Covid cases was witnessed,</b> making it relevant.
<b>Effectiveness</b>	Most of the patients of the institute were patients needing immediate critical medical care. The hospital and temporary COVID Care Centre benefitted the community as it <b>provided easy access to free of cost and quality Covid care to the community and lead to increased capacity of the hospital as well as the district</b> to treat higher number of patients during the second wave of the pandemic. The support reported to save the lives of several moderate to severe Covid positive patients due to timely, quality, and affordable care. It was reported that the <b>same treatment in a private hospital could have costed over INR 10 lakh where ventilator support was required if the patients needed to be kept for multiple days in an ICU during the second Covid wave.</b> The RNT medical college management stated that it was a <b>much-needed timely support</b> at the time when the entire country's health facilities were facing shortage of ventilators during the second wave of the pandemic. Thus, making the project effective.
<b>Convergence</b>	The initiative was implemented in <b>partnership with RNT medical college which is a government health facility.</b> The need assessment of the hospital was done by the specialist Doctors of RNT medical college and in line with the government directives to procure high-end ventilators during Covid. Thus, making it convergent.
<b>Sustainability</b>	SBI Card has provided support for the provision of high-end ventilators which are used in the ICU for critical patients. <b>The improved infrastructure would help the institute address the healthcare needs for the foreseeable future as these high-end ventilators have a life of over 10 years.</b> Post the pandemic these high-end ventilators have been provided to different departments of the medical college based on the requirement where they are currently being used. These ICU adult ventilators are advanced automatic ventilators that will continue to help the institute providing accurate and efficient care to ICU patients. Hence, making the project sustainable.

## Alignment to UN SDGs and SBI Card's ESG vision

The project is aligned with Sustainable Development Goal: 3 - Ensure healthy lives and promote well-being for all at all ages.<sup>56</sup>



The project is also aligned with the ESG focus area identified by SBI Card: "Inclusion and Diversity".<sup>57</sup>

## Recommendation(s)

- Considering high footfall of patients in the RNT institute and the initial need of 50 additional ventilators, SBI Card can consider providing more high-end ventilators to the institute or identify other gap areas of RNT or similar institute for strengthening.

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<sup>56</sup> Source: <https://sdgs.un.org/goals>

<sup>57</sup> Source: <https://www.sbicard.com/sbi-card-en/assets/docs/html/personal/esg/index.html>



11. Project 8: Strengthen healthcare infrastructure at PGIMS, Rohtak (Americares India Foundation)

## 11. Strengthen healthcare infrastructure at PGIMS, Rohtak

### About the project

India's second wave of Covid was calamitous. It became one of the largest humanitarian crises of the country with massive shortages of hospital beds, ventilators, oxygen cylinders, therapeutic drugs, and vaccines across hospitals in the country. Lack of preparedness of the health care system and inadequate human resource was also a key factor in the surge of Covid positive cases. Leading health experts had repeatedly warned of an imminent third Covid wave in India and raised concerns about the possibility of a third Covid wave affecting children more adversely than the adults<sup>58</sup>.

Learning from the second wave, states were mobilising resources and gearing up the health facilities to be prepared for the third wave of Covid with special emphasis for creation of Neonatal Intensive Care Unit (NICU) and Paediatric Intensive Care Unit (PICU). During discussions it was reported that the same adult ICU set up could not be used for treatment of children hence, to ensure that paediatric patients have provisions that meets their requirements, upgrading and upscaling of NICU and PICU facilities was in high demand. Hence, a need was identified to strengthen the NICU/PICU facilities at PGIMS Rohtak and also some high-end equipment which would even help in adult critical care and diagnostic. The upgrading and upscaling of the NICU with high end equipment like Neonatal ventilators, High Flow Nasal Cannula (HFNC) and Bubble Continuous Positive Airway Pressure (Bubble C PAP) was aimed to boost the infrastructure and to assure high quality medical services to critically ill children. The Bubble C PAP machine was reported to be required to treat infants whose lungs have not fully developed.

Healthcare is a key focus area of SBI Card; hence they initiated an 8-month (February 2021 – October 2021) project to provide **Medical Equipment support under CSR for Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences (PGIMS) Rohtak, Haryana to Strengthen healthcare infrastructure**. SBI Card and Americares collaborated to tackle the situation in Haryana (Rohtak) to ensure health services in the region by procurement and provision of 6 high-end instruments for PGIMS, Rohtak, which saw a high patient footfall during the Covid pandemic. The institute caters to patients across Haryana and neighbouring states including referral cases. During interactions with the PGIMS management it was reported that apart from Covid, other gaps were also identified where a lack of equipment was interfering in timely provision of critical adult patient care.

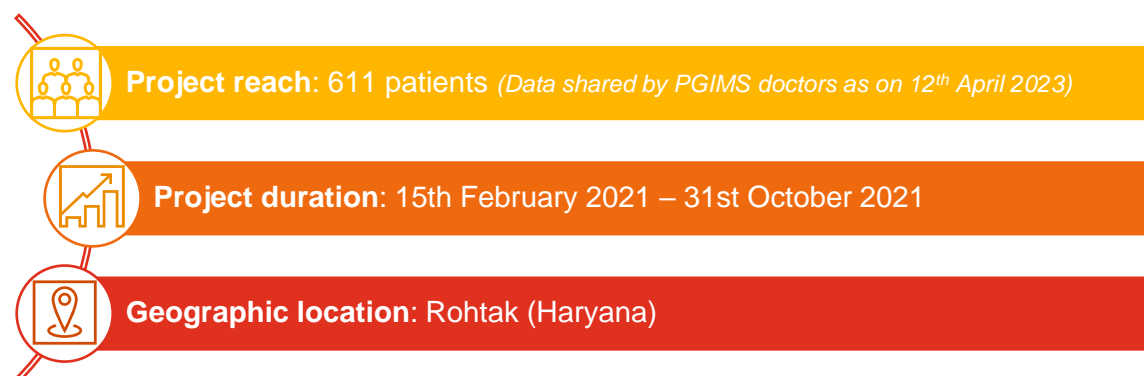
For instance, it was reported that the institute at that time witnessed a heavy load of cancer patients along with rising lung diseases during Covid pandemic which required biopsies, visualisation of tracts etc. which resulted in a need of High-definition Rigid Bronchoscopy System. Similarly, the pathology department was looking to procure Fluorescence in Situ Hybridization (FISH) machine as it is effective in diagnosis of blood cancer, paediatric & cytogenetics diseases. The institute similarly had a high load of sleep patients and thus had a requirement of Polysomnography System (Level 1).

As per discussions with SBI Card and PGIMS, it was highlighted that the lack of equipment was a limitation in treating patients due to which they were being referred to private hospitals which was unaffordable by the patients. During interactions it was reported that PGIMS was not able to get it funded through government as those funds were being channelised for other priorities and also procurement through government route was reported to take a very long time. Hence, the support was provided by SBI Card during that time.

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<sup>58</sup> Source: Bindal, M.K., Kumar, S., Maurya, A., Vartika, and Raman D., (2021). COVID-19 Third Wave Preparedness: Children's Vulnerability and Recovery. National Institute of Disaster Management, New Delhi 110042, [https://nidm.gov.in/PDF/pubs/TWPCVR\\_2021.pdf](https://nidm.gov.in/PDF/pubs/TWPCVR_2021.pdf)

The below schematic presents the key aspects of project<sup>59</sup>:



The list of equipment provided to PGIMS, Rohtak is as follows:

**Table 14: List of equipment provided to PGIMS, Rohtak<sup>60</sup>**

S. No.	Description / Instrument	Total quantity	Usage	Beneficiaries
1.	High-definition Rigid Bronchoscopy System	1	It is <b>used for identification and detection of respiratory illnesses like obstruction, tumors, and foreign bodies in airways</b> . It also helps in therapeutics like inserting stents in bronchial tubes required for narrowed airways leading breathing issues in patients. Due to lack of this procedure and its non-availability in government hospitals like PGIMS, people would seek care from private hospitals spending huge amount. With its installation at PGIMS, SBI Card aimed to provide a cost-effective procedure for the underprivileged.	General population needing specialised medical tests
2.	Polysomnography System (Level 1)	1	It is <b>used for patients with non-communicable diseases like diabetes, blood pressure, mental illnesses like anxiety and depression who suffer from sleeplessness</b> . Also, after Covid pandemic, many people were developing fear psychosis after recovering from Covid leading to anxiety and sleep disorder. The machine is highly accurate in detecting the sleep pattern disturbances. The project aimed that people from marginalised section of society could avail the benefit of this procedure at government facility at nominal cost compared to private hospitals.	
3.	Fluorescence in Situ Hybridization (FISH) machine & consumables	1	FISH is <b>used in diagnosis of cancer</b> and is highly expensive in private hospitals. As the load of cancer patient visiting the facility was high and mostly from underprivileged section of society, the	

<sup>59</sup> Source: Addendum dated 20 September 2021 to Master Agreement between SBI Cards and Americares

<sup>60</sup> Source: Final project report shared by Americares



S. No.	Description / Instrument	Total quantity	Usage	Beneficiaries
			support aimed to help provide affordable precise diagnosis and treatment of cancer for all.	
4.	Neonatal Ventilator with high-frequency oscillation (HFO)	3	High-frequency ventilation can <b>successfully manage life-threatening complications in premature infants with lung disease</b> . When initiated early, high frequency oscillatory ventilation may improve oxygenation and reduce risk of lung injury in neonates and infants. This was aimed to be used to treat the severely ill infants / children from general population at PGIMS free of cost.	Severely ill children with Covid like symptoms or otherwise needing Critical Care Support
5.	High Flow Nasal Cannula for Infant & children	4	The major indications for HFNC in neonates are respiratory distress syndrome, post-extubation, and apnea of prematurity. It could also be <b>used in pediatric emergency departments and during patient transport</b> . This aimed to help the infants / children especially of low wage earners who are critically ill with respiratory disorders and would be able to avail it at no cost at PGIMS.	
6.	Bubble C PAP machine with RAM cannula	4	It is <b>used to treat infants whose lungs have not fully developed</b> . The C PAP machine blows air into the baby's nose to help inflate his or her lungs and aimed to be helpful to treat infants and neonates / children at PGIMS Rohtak at an affordable cost.	

The interactions revealed that the brand and model of the above six instruments were recommended by the Hospital management based on quality, availability, cost, and feedback of after sales service. They were finalised through multiple discussions between the PGIMS management and SBI Card team.

## About the Implementing agency

**Americares India Foundation** is a health-focused relief and development organisation that responds to people affected by urban poverty or disaster with life-changing health programs, medicine, and medical supplies. Each year, Americares delivers innovative health programs and quality medical aid across India, making it India's leading Non-Profit provider of donated medicine and medical supplies<sup>61</sup>.

Americares India has been delivering life-saving medicines and medical supplies to health care providers in India for over 17 years through established partnerships with local non-governmental organisations to ensure the medicines reach the people most in need. They have deepened their commitment to the region in order to help more people live longer, healthier lives. From preventive care for children to emergency disaster relief for survivors of the Tsunami, floods, monsoons, and earthquakes in the region, Americares is committed to health of India and the surrounding region<sup>62</sup>.

## Method of impact assessment

<sup>61</sup> Source: <https://www.americaresindia.org/what-we-do/> (As retrieved on 02 May 2023)

<sup>62</sup> Source: <https://www.americaresindia.org/where-we-work-locations/> (As retrieved on 02 May 2023)



A **qualitative methodology** was adopted for the Impact Assessment of this project. The methodology for this project was finalised based on the discussions with SBI Card and Americares team. A desk review of relevant project documents of the assessment period shared by SBI Card and Americares team was undertaken. Based on the desk review and discussions with the SBI Card and Americares team, **all the key stakeholders of project were identified and mapped** for capturing their opinions & feedback and assess the impact of the support provided by SBI Card under the CSR initiative.

For the project, the beneficiary data was not accessible owing to the patient data confidentiality and privacy constraints. Hence, no interactions could be carried out with the beneficiaries. A separate key informant interview (KII) tool for both SBI Card and Americares team members was used for in-person/ virtual interactions. Further, In-depth Interviews (IDIs) were conducted with the other identified stakeholders (PGIMS medical college management and doctors who had used the high-end equipment provided) during the field visit.

The key stakeholders identified for the survey included the following:



PGIMS, Rohtak management team and doctors



Officials from Americares and SBI Card team

## Key findings

### Summary of the impact created

- **Strengthened healthcare infrastructure of PGIMS:**



**Figure 46: Bubble C PAP**

The project helped to strengthen healthcare infrastructure of PGIMS Rohtak to provide critical care. It also helped the institute to prepare for the expected third wave of Covid pandemic in an effort to provide support to fight against the pandemic. Further, **the improved infrastructure helped and would continue to help the institute address the healthcare needs of the community for the foreseeable future as the six high-end medical equipment provided have a life of around 10 to 20 years.** The six high-end equipment provided by SBI Card helped address the identified needs of the hospital and will continue to help the medical staff provide accurate & efficient preventive and curative care to critical patients. Further, other government and private hospitals who do not have these machines were

reported to refer the patients to PGIMS. The number of patients treated, or diagnosed using these machines during the intervention period as shared by PGIMS doctors on the day of the field visit is given in the table below:

**Table 15: Number of patients treated or diagnosed using the six medical equipment<sup>63</sup>**

S. No.	Description / Instrument	Number of devices	# of patients treated, or tests done
1.	High-definition Rigid Bronchoscopy System	1	54 (12 Diagnostic + 42 Therapeutic)
2.	Polysomnography System (Level 1)	1	134
3.	Fluorescence in Situ Hybridization (FISH) Machine & Consumables	1	20
4.	Neonatal Ventilator with HFO	3	190*
5.	High Flow Nasal Cannula for Infant & children	4	78
6.	Bubble C PAP machine with RAM cannula	4	135

\* The 190 babies treated using this equipment often requires it to be used for a long duration, ranging from few weeks to 6 months. In terms of ventilation days, the ventilators were being continuously used every day for 24 hours.



**Figure 47: High Flow Nasal Cannula for Infant & children**

• **Preparedness for possible third wave of Covid:**

The project aimed to equip the medical institute to be better prepared for the third wave of Covid with **special emphasis on creation of NICU/PICU units as there was a possibility predicted by experts of a third wave affecting children more adversely than adults**. The high-end equipment like Neonatal Ventilator and High Flow Nasal Cannula for Infant & children provided by SBI Card helped the PGIMS Medical College in being better prepared for critical care for children before the start of third wave of Covid. Further, the other high-end equipment provided to the institute helped in being better prepared for the general population.

• **Accessible and affordable quality critical care:**

The institute caters to critical patients across Haryana and neighbouring states. People from all social strata avail medical health services from PGIMS, Rohtak. **Several patients from these areas are referred to this hospital for critical care, who are mostly from low-income group**. Although, the third wave of Covid was not as severe as predicted, the project had helped treat critical cases for Covid and other diseases. However, it was reported that **instruments like Neonatal Ventilator with HFO have helped them to save lives of**

<sup>63</sup> Source: Data shared by PGIMS doctors as on 12<sup>th</sup> April 2023

certain critical cases of neonatal babies like in cases of brain haemorrhage which was earlier very difficult with a conventional ventilator. This was reported by PGIMS management to boost confidence of the doctors as availability of these machines elevates available treatment and care at PGIMS, making it at par with major government hospitals like All India Institute of Medical Sciences (AIIMS) and major private hospitals.

All patients received **free access** to this high-end equipment with quality care. Many people would not have been able to afford the same if it had been provided by a private health facility.

According to PGIMS doctors, the average approximate cost charged for these medical services at private hospitals is provided below:



**Figure 48: Neonatal Ventilator with HFO**

**Table 16: Cost of treatment/ tests using the equipment from private hospitals<sup>64</sup>**

S. No.	Description / Instrument	Cost (INR)
1.	High-definition Rigid Bronchoscopy System	INR 40,000 – INR 1,50,000 (based on the procedures required)
2.	Polysomnography System (Level 1)	INR 10,000 – INR 20,000
3.	Fluorescence in Situ Hybridization (FISH) machine & consumables	INR 50,000 – 70,000
4.	Neonatal Ventilator with HFO	INR 20,000 – INR 70,000 per day
5.	High Flow Nasal Cannula for Infant & children	INR 5,000 – INR 10,000 per day
6.	Bubble C PAP machine with RAM cannula	INR 5,000 – INR 10,000 per day

- Provision of critical care ensuring availability of high-end equipment:**

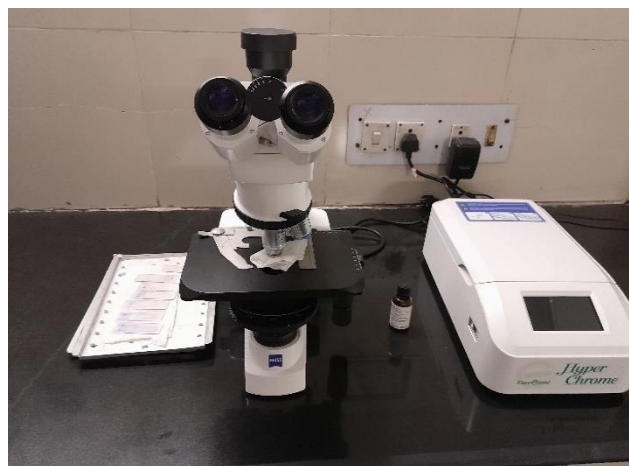
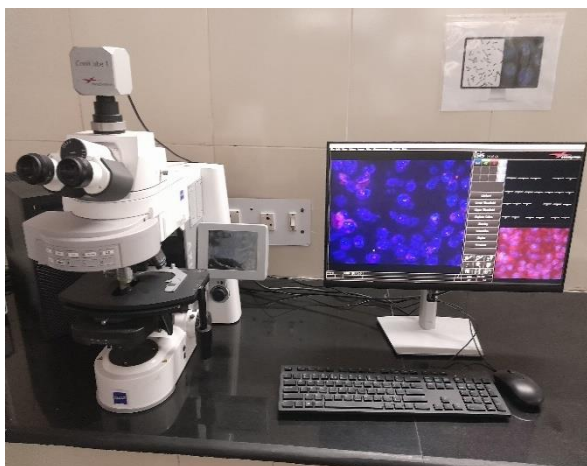
It was reported by the SBI Card team that they had observed during their discussions with various medical institutes that at times the government hospitals are not able to provide a treatment or diagnosis for critically ill patients due to non-availability of high-end machines. The patient then needs to be referred to a private institute where the charges are exorbitant. Many patients, especially from the low-income strata, from across the state are referred to the PGIMS. Thus, through this project, SBI Card team reported they **ensured that no critical care patient coming to PGIMS is bereft of no cost treatment or diagnosis requiring the provided six high-end equipment.**

Further, the project also had several **indirect benefits** which were not envisaged at the start of the project. These indirect benefits include:

<sup>64</sup> Source: Cost data shared by PGIMS doctors as on 12<sup>th</sup> April 2023

- **Access to research grants:**

It was reported by the PGIMS management that due to the availability of the high-end equipment, Fluorescence in Situ Hybridization (FISH) provided by SBI Card, **they have been awarded a research project worth INR 5 crores with an emphasis on lung cancer and breast cancer by the Indian Council of Medical Research (ICMR).** Based on the research work done by PGIMS, Rohtak using the FISH machine, the institute has been selected as a trial research centre for ICMR and would be provided similar research grants in future too to further support the treatment and care aspects on lung and breast cancer.



**Figure 49: Fluorescence in Situ Hybridization (FISH) machines**



- **Training of medical students on the latest high-end equipment and initiation of new training course:**

During the interactions it was reported by the PGIMS management that, these high-end devices helped provide **training to the medical graduate and post-graduate students on the latest high-end equipment**, which otherwise would not have been possible. Thus, this is also leading to building competencies of medical students and creating a pool of trained human resource.

The availability of some of these high-end instruments has resulted in **consideration of initiating new training courses in near future**. One such training reported by the PGIMS management was on sleep patterns using Polysomnography System (Level 1). This will help the medical institute offer new courses on latest technologies and help the students acquire new skills and improve their technical proficiency.



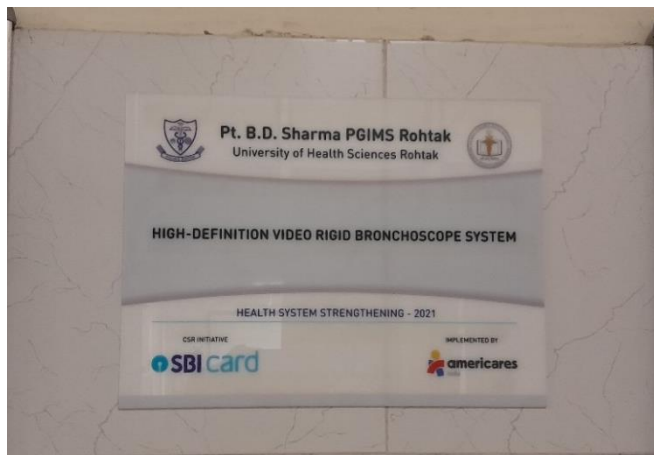
**Figure 50: Polysomnography System (Level 1)**

- **Publication of reports in Journals:**

It was reported that these **high-end machines like High-definition Rigid Bronchoscopy System are providing better imagery and findings. These were being used in some research reports by doctors at PGIMS which have been published in medical journals.** It was reported by the PGIMS management that this has also resulted in motivating the doctors involved.



**Figure 51: High-definition Rigid Bronchoscopy System**



**Figure 52: SBI Card support for High-definition Rigid Bronchoscopy System**

During the interaction with the PGIMS management, they shared two patient case studies of successful therapeutic and diagnostic cases conducted using High-definition Rigid Bronchoscopy System provided by SBI Card.

The same have been provided as follows -

**Seema (name changed)**, 13-year-old girl from Rohtak, Haryana presented with complaints of shortness of breath, cough of 2-month duration and on evaluation, found to have left upper lobe collapse due to foreign body in the left main bronchus. On detailed history check, she recollected an event when she had cough and lost a pin that she held between her lips while working for her school project.

She was tachypneic at admission, required oxygen supplementation. She was admitted and planned for **check bronchoscopy (using High-definition Rigid Bronchoscopy System provided by SBI Card) which revealed the pin with its head embedded with granulation tissue in the left upper lobe bronchus**. She was taken up for rigid bronchoscopy under sedation in the ICU under vigilant monitoring.

With careful manipulation with instruments and skilled set of hands, the pin was removed after clearing the granulation tissue surrounding it with cautery and simultaneous intermittent ventilation. She was intubated and put on mechanical ventilation and sedated for 6 hours post procedure. Repeat x-ray showed clearance of the collapse and she was extubated after clearing of the secretions with a check bronchoscopy. **After 2-days she was discharged free of symptoms.**

At a point of time when the doctors thought she might need surgical intervention, the availability of rigid bronchoscopy, cautery and a skilled team saved the life of a young girl. The news was published in some newspapers.

**Premjeet (name changed)**, 65-year-old gentleman from Sonipat, Haryana was a smoker and had complaints of dysphagia for three months and associated symptoms of generalised tiredness, loss of weight and loss of appetite. He then developed shortness of breath which progressed and became severe and associated with noisy breathing.

At admission, the **patient had severe respiratory symptoms and could not lie down straight due to cough and breathlessness**. The computed tomography of chest revealed a large oesophageal growth and compressing the trachea at the mid-level and causing significant narrowing and consequently his noisy breathing.

He **underwent check bronchoscopy to visualise the lesion and assessment**. The lesion was occluding the tracheal lumen significantly and the bronchoscope could not be negotiated further, and he was taken up for rigid bronchoscopy with anaesthesia support (using High-definition Rigid Bronchoscopy System provided by SBI Card) and coring was done to debulk the growth.

The tracheal lumen was opened, and patency attained, and he was shifted to ICU for monitoring and then later discharged on room air. **He was relieved of his symptom and was treated successfully.**

At a point of time when the doctors thought she might need surgical intervention, the availability of rigid bronchoscopy, cautery and a skilled team saved the life of a young girl. The news was published in some newspapers.

## IRECS Analysis

Basis the interactions with the key stakeholders and desk review of the documents, **the impact of the project was evaluated on 'IRECS framework'**. The IRECS analysis summary has been presented in below table:

**Table 17: IRECS Analysis of Project 8**

Parameter	Assessment from study
<b>Inclusiveness</b>	The support provided from the project reaches out to all the intended beneficiaries, irrespective of caste and gender. <b>The 6 high-end equipment provided to PGIMS Rohtak medical college catered to the needs of the individuals (severe case patients) of all ages, gender, and socio-economic strata.</b> Thus, the project is inclusive.
<b>Relevance</b>	The six high-end equipment provided by SBI Card <b>helped address the identified needs of the hospital and will continue to help the medical staff provide accurate &amp; efficient preventive and curative care to critical patients.</b> The project also aimed to equip the medical institute to be better prepared for the third wave of Covid with special emphasis on creation of NICU/PICU units as there was a possibility predicted by experts of a third wave affecting children more adversely than adults. Thus, making it very relevant in addressing the needs of the community.
<b>Effectiveness</b>	The high-end equipment support provided helped the PGIMS Medical College in being better prepared for critical care for children as well as for general population. Instruments like Neonatal Ventilator with HFO have helped to save lives of certain critical cases of neonatal babies like in <b>cases of brain haemorrhage which was earlier very difficult with conventional ventilator.</b> The quality critical care using the six high-end equipment is provided at <b>no cost to all the patients.</b> Had the same test or treatment been availed from a private facility, it would have been unaffordable for many. Also, trainings have been provided to medical students on these machines thus, building competencies of medical students and creating a pool of trained human resource. During the interactions, the PGIMS management reported the six high-end equipment have been a real value addition for their institute. Thus, through this project, SBI Card team reported they ensured that no critical care patient coming to PGIMS is bereft of no cost treatment or diagnosis requiring the provided six high-end equipment. This shows the effectiveness of the project.
<b>Convergence</b>	The initiative was implemented <b>in partnership with PGIMS which is a government health facility.</b> The need assessment of the hospital was done by the specialist Doctors of the institute. Thus, making it convergent.
<b>Sustainability</b>	The improved infrastructure helped and would help the institute address the healthcare needs of the community for the foreseeable future as the six high-end equipment provided have an average life of around <b>10 to 20 years.</b> <b>The six high-end equipment provided by SBI Card helped address the identified needs of the hospital and will continue to help the medical staff provide accurate &amp; efficient preventive and curative care to critical patients.</b>

## Alignment to UN SDGs and SBI Card's ESG vision

The project is also aligned with Sustainable Development Goal: 3 - Ensure healthy lives and promote well-being for all at all ages.<sup>65</sup>



<sup>65</sup> Source: <https://sdgs.un.org/goals>



The project is also aligned with the ESG focus area identified by SBI Card: “Inclusion and Diversity”.<sup>66</sup>

## Recommendation(s)

- The improved infrastructure helped and would help the institute address the healthcare needs of the community for the foreseeable future as the six high-end equipment provided have an average life of around 10 to 20 years. The support was beneficial for the PGIMS and also the community. Hence, such high-end equipment support could be given to other similar health facilities which have a high load of critical cases. Also, at PGIMS, other infrastructure gaps can be identified for strengthening.

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<sup>66</sup> Source: <https://www.sbicard.com/sbi-card-en/assets/docs/html/personal/esg/index.html>

# Thank you

DC2 (Confidential)

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