

IMPACT ASSESSMENT OF THE CSR PROJECT
ANANTHAKRIPA
FOR
COCHIN SHIPYARD LTD



SCHOOL OF MANAGEMENT STUDIES
COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY
Kochi 682 022

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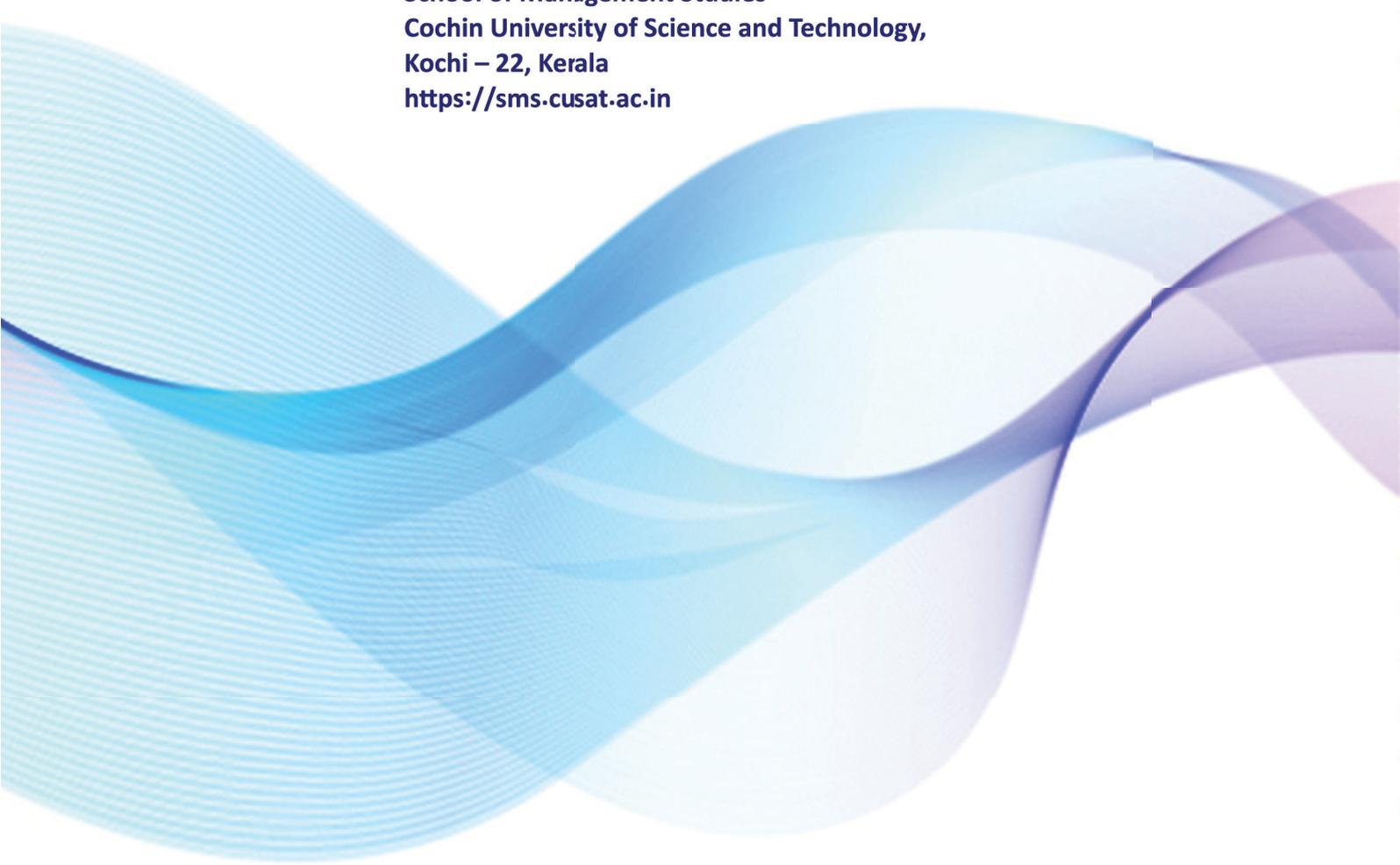
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EXECUTIVE SUMMARY

Cochin Shipyard Ltd (CSL) envisages a strategic role for its CSR initiatives to ensure that the company's CSR reflects its ethos and values and acts as a platform for contributing to society as a responsible corporate citizen. Being a Miniratna public sector undertaking, the company envisions itself as a proactive participant in furthering the nation's development agenda. The company has been undertaking socially relevant, impactful, and sustainable CSR projects in line with its broad CSR vision. Consistent with the national development priorities, the CSR projects of the company are spread across a gamut of beneficiaries, oriented towards empowering socially and economically underprivileged sections of societies. The major focus of the social initiatives of CSL has been on promoting the country's development goals to ensure inclusive and sustainable growth of communities.

This report presents the assessment of the impact of the CSR project undertaken by the company titled *Ananthakripa*. Under the project, the company funded the cost of building an accommodation facility for patients and their bystanders who visit Thiruvananthapuram for advanced medical treatment in the various government medical establishments in the city from different parts of Kerala and the neighbouring districts of Tamil Nadu. The 12,000 square feet facility which was opened to the public in 2018 has been catering to the rising need for affordable accommodation for people who need to stay in the city for an extended period of time for availing tertiary medical care services in the city. CSL empanelled School of Management Studies, CUSAT to assess the impact of the project on the targeted beneficiaries. The framework for assessing the impact followed a modified version of the OECD DAC framework for the evaluation of developmental and humanitarian projects by

which the impact of the project was assessed in terms of the evaluation criteria of *relevance, effectiveness, impact, and sustainability*. A mixed-method research design consisting of both qualitative and quantitative research elements was used for conducting the impact assessment study. In the qualitative phase of the study, semi-structured interviews with the beneficiaries of the facility helped reveal the need and relevance of the project *Ananthakripa*. Quantitative research which consisted of a questionnaire-based survey among the beneficiaries helped extract the effectiveness and the satisfaction of beneficiaries with the facilities and services offered at *Ananthakripa*.

Analysis of data from both phases of the study shows that the project has been impactful in terms of providing support to the targeted audience. Qualitative research conducted among beneficiaries clearly underscores the relevance of the project by highlighting the need for ancillary facilities such as subsidised accommodation services in cities that are popular destinations for affordable tertiary medical care as the financial burden of incidental expenses on food and accommodation add to the misery of affected families and reduce the accessibility of medical care. The project also scored high on beneficiary satisfaction with respect to the services and facilities provided. In terms of the OECD DAC dimensions, the project was assessed to have delivered high levels of performance as well.

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LIST OF ABBREVIATIONS

| | |
|-----------|---|
| CSL | Cochin Shipyard Limited |
| CSR | Corporate Social Responsibility |
| OECD DAC | Organization for Economic Co-operation and Development (OECD) Development Assistance Committee |
| SMS CUSAT | School of Management Studies, Cochin University of Science and Technology |

1

INTRODUCTION

Impact assessment studies are undertaken to evaluate the impact of social and developmental initiatives on targeted beneficiaries and other stakeholders. The outcomes of impact analysis can help organizations to make evidence-based decisions in the design, planning, and implementation of programmes for better effectiveness and sustainability.

This report presents the results of the impact assessment of *Ananthakripa*, the CSR initiative by Cochin Shipyard Ltd. The assessment study was conducted by the School of Management Studies, Cochin University of Science and Technology (SMS CUSAT). The assessment is based on the review of documents and data provided by the company, semi-structured face-to-face interactions with a sample of beneficiaries, and a wider questionnaire survey conducted among the actual beneficiaries. A modified OECD DAC framework is used for the assessment of the impact of the project. The study finds evidence of the positive impact of the project on the targeted beneficiaries on all selected dimensions of impact evaluation, viz., relevance, effectiveness, impact, and sustainability. Our analysis also shows the potential areas of improvement for enhancing the impact and sustainability of the project.

1.1 About Cochin Shipyard Ltd

Cochin Shipyard Limited (CSL) was incorporated in the year 1972 as a fully owned Government of India company. Presently, the Government of India holds 72.86% of equity

share capital in the company. In the last four decades, the company has emerged as a forerunner in the Indian shipbuilding & ship repair industry and a well-known player on the global shipbuilding front. The company has *Miniratna* status. The yard has facilities to build vessels up to 1.1 lakh tons and repair vessels up to 1.25 lakh tons. Cochin Shipyard built India's first indigenous aircraft carrier, INS *Vikrant*. The company's stated CSR mission is to help the cause of inclusive growth by contributing to improved quality of life in society and helping the environment and nature for sustainable development.

1.2 About the agency conducting impact assessment

Established in 1964, the School of Management Studies, Cochin University of Science and Technology (SMS CUSAT) carries the distinction of being one of the oldest business schools in the country. CUSAT is one of the premier institutions in the higher education sector with a NIRF ranking



of 41. SMS CUSAT offers AICTE-approved MBA programs in full-time (four semesters) and part-time (six semesters) modes, in addition to a Doctoral Program (Ph.D.) in both Full time and Part time Modes. The major strength of the institution lies in its well-established team of faculty with a rich record of research and consulting and the active alumni



network which includes CEOs and senior bureaucrats in the civil service.

1.3 About the implementation Agency

Sevabharathi is a not-for-profit organization conceived in the year 1982 with the mission of providing services in the social, cultural, educational, and health sectors. The organization has a presence across the country in various spheres of social work with the help of its strong and wide volunteer base. Services of this NGO range from medical assistance, adult education, vocational training, and rehabilitation of street children to the upliftment of socially and economically weaker sections of society. In Kerala, Sevabharathi is headquartered in Thiruvananthapuram.

1.4 About the CSR project under study – *Ananthakripa*

Ananthakripa is a CSR initiative of Cochin Shipyard Ltd which started its operations in the year 2018. The *Ananthakripa* project had its origins in the proposal submitted to CSL by Sevabharathi for financial assistance to construct a building to house accommodation facilities for patients and their bystanders who visit Thiruvananthapuram for



medical treatment. Sevabharathi owned a plot of land near Government Medical College, Thiruvananthapuram where they wished to build a 12,000 square feet four-storied building with other essential amenities like blood bank, ambulance, and parking space for the benefit of people from economically backward sections who are in need of accommodation in the city in connection with their medical treatment. The proposal for funding was accepted by the company's Executive Committee of

CSR after detailed discussions and a site visit by the company team to assess the merit and relevance of the project. Subsequently, funding of INR 1.5 Cr. was sanctioned under the project for the construction of the building after the final approval of the Board of CSL. As per the agreement signed between CSL and Sevabharathi, CSL agreed to financially support the construction of the 12,000 square feet building which could accommodate around 130 people. As the project document of the company noted, the envisaged objectives of *Ananthakripa* were in accordance with the CSR policy of CSL. The agreement was signed on August 30, 2016. The project was completed and formally inaugurated by the CMD of CSL on March 25, 2018.

Under this project, free accommodation facility is provided to the patients and their bystanders who visit Thiruvananthapuram for tertiary medical care in the city. The scheme also includes free accommodation along with doctors' assistance round the clock and rehabilitation assistance for the cured. It is estimated that around three lakh people from all over Kerala seek medical care in Thiruvananthapuram in a day as the city is home to several institutions in the tertiary medical care sector such as Thiruvananthapuram Medical College, Regional Cancer Centre, Sree Chithra Institute etc. The vast majority of the beneficiaries of these hospitals are from economically weaker sections of society for whom expenses related to food and accommodation in addition to the cost of treatment often prove to be inhibitive. It was against this background that the project *Ananthakripa* was envisaged and implemented. The implementation agency for the project is Sevabharathi, a not-for-profit organization registered under Societies Registration Act. The facility was opened to the public on 25/03/2018. The 12000 sq. ft facility spread over four floors has separate dormitories and individual rooms for men and women with designated space for a kitchen, and other amenities. The impact assessment study was conducted to evaluate the social impact of the project against this backdrop.

2

EVALUATION AND IMPACT ASSESSMENT METHODOLOGY

This section of the report presents the details of the methodology used for the impact assessment such as the objectives of the study, the framework used for impact assessment, and the methods of data collection.

2.1 Objectives of the Study

The broad objective of the impact assessment study is to evaluate the social impact of the *Ananthakripa* project with respect to the target beneficiaries and other stakeholders. The primary area of impact assessment will be the relevance and effectiveness of the project vis-à-vis the stated objectives and the real needs of the targeted beneficiary group. Utilization of the facility and beneficiary satisfaction with respect to the services rendered by the project will also be assessed. The assessment will also look at how the services rendered compare with the alternative facilities of similar nature and the level of awareness about this service among prospective beneficiaries and other stakeholders. Assessment will also cover the post-project maintenance of assets generated under the project and suggest policy guidelines for their sustenance. The scope of the assessment will be limited to the project implementation during the time period 2019-2022.

The findings of the impact assessment are expected to be used for the further improvement of the day-to-day management and the general administration of the facility. The inputs from the assessment can also be used for the effective design and implementation of future CSR programmes of the company. The implementation agency of the project (Sevabharathi) also will benefit from the impact assessment as the inputs from the study have the potential to inform and improve

the implementation and governance of the said project.

2.2 Project Approach and Detailed Methodology

The framework for assessing the impact follows a modified version of the OECD DAC framework for the evaluation of developmental and humanitarian projects. The project is assessed in terms of the evaluation criteria of *relevance*, *effectiveness*, *impact*, and *sustainability*. Deviating from the original OECD criteria, the *efficiency* dimension is not considered considering the nature of the present project under assessment.

The primary focus of the impact assessment is the beneficiaries of the project. Considering the breadth of impact assessment, the study follows a *mixed-method* research design combining the elements of qualitative and quantitative research approaches. Specifically, an exploratory sequential design wherein qualitative research precedes the quantitative research phase was used for the study. The qualitative phase involved semi-structured face-to-face interviews with actual beneficiaries. The qualitative data analysis and inference was aimed at expressing the relevance of the project and informing the process of designing the questionnaire for the survey which was conducted among the actual beneficiaries of the services. The impact study adopted a four-phase structured methodology for evaluation as illustrated below. The adopted methodology ensured that OECD DAC evaluation criteria were followed throughout to effectively capture the impact of the programs.





Phase 1: Review of project documents and research design development

In the initial phase of the study, the evaluation team reviewed the documents related to the *Ananthakripa* project. The major document was the MoU signed between CSL and Sevabharathi, the implementation agency. After developing an understanding of the project, specific objectives and the scope of the study were formulated. The review of the MoU was critical in arriving at the project approach and methodology.

Phase 2: Qualitative data collection and analysis

The qualitative phase consisted of semi-structured interviews with actual beneficiaries of *Ananthakripa*. The impact assessment team had one-to-one interviews with ten beneficiaries. Interviews with the beneficiaries were conducted to assess the need and relevance of the project to the targeted beneficiaries. The interactions with the office bearers of the implementation agency helped to further understand the project, its objectives, and its

impact, as well as the sustainability strategy for ensuring the long-term benefits of the project. The qualitative phase inputs were used to develop the data collection instrument for the quantitative survey which constituted the third phase of the study.

Phase 3: Quantitative survey and analysis

A survey among the beneficiaries who availed of the service was conducted to assess the satisfaction levels and to obtain the perceptions and experiences of the beneficiaries. Sample units were selected by simple random sampling method. The targeted sample size was 250. The complete list of people who stayed in *Ananthakripa* from the registration records maintained by the front desk was used as the sampling frame for random sampling. After eliminating the incomplete questionnaire forms, the final sample size stood at 229.

Phase 4: Analysis and reporting

Data analysis was conducted using appropriate statistical tools and the final report was prepared and submitted to CSL.

3

DATA ANALYSIS

Qualitative Data Analysis: Beneficiary Interviews

The major questions addressed by the qualitative phase of research were as follows: ‘What is the relevance of *Ananthakripa* and similar facilities for people who visit Thiruvananthapuram for medical care from the beneficiaries’ perspective? What are their opinions, experiences, and observations about the services provided in *Ananthakripa*? The interviews were semi-structured in nature. Ten beneficiaries were interviewed to explore the research questions listed above. A theme-based approach was used for analyzing the data. This entailed a close analysis of the interview data in order to identify common themes relating to the research questions. The themes that emerged from the interviews included their reflections on the need and relevance of the facility, the lack of affordability keeping people away from accommodation services in the private sector, and their views on the various dimensions of services in *Ananthakripa*. Specifically, the following major themes emerged from the data for the research questions. Personal identifiers such as names and locations of participants were changed to maintain confidentiality.

Research Question 1: From the beneficiaries’ perspective, what is the relevance of *Ananthakripa* and similar facilities for people who visit Thiruvananthapuram for medical care?

(i) The private cost of medical treatment: The financial burden of medical care does not come from diagnosis and treatment alone. This was underscored by the majority of cases in the study. Though the tertiary hospitals in government sector provide free/subsidised treatment to the poor, the study reveals that some had to depend on private centres for diagnostic services for costly procedures like MR due to various reasons like the long wait for their turns in the government hospital. Transportation, food, and lodging also

contributed significantly to the cost of seeking medical care in serious illnesses. Patients have to pay for transportation, especially in scenarios where the patient has to travel long distances to Thiruvananthapuram for the tertiary care facilities.

A participant noted, “Our family had no options other than government hospitals for the cancer treatment of my father. He was referred to Regional Cancer Centre for treatment by the Medical College Hospital in Thrissur. Though the family is grateful for the free medical treatment, the incidental expenses for travel, food, and accommodation were something we were not prepared for”. Hospitalization may well require more than one adult to accompany the patient and this leads to even more expenses on food and lodging. Most often, patients would require more than one form of treatment depending on the type and stage of the disease, especially cancer. Patients requiring multiple forms of treatment including surgery and chemotherapy incur a higher expenditure. It can be a huge drain on the resources of families belonging to the middle or lower-income group.

(ii) Loss of livelihood due to illness: In addition to the out-of-pocket drain of money, the loss of workdays also worsened the financial stability of the whole family. The primary earning member of the family in the majority of cases were daily wage workers, and the loss of livelihood during and after the diagnosis period affected most families. In some cases, other earning member/s of the family also had to stop working to take the sick to the hospital and care for them during the hospital stay. The poor become poorer even when they are provided free or subsidized diagnosis and treatment in government facilities.

(iii) Accessibility of services and financial background of families: The most recurrent and visible theme that emerged from the interviews was the financial status of people who seek free

accommodation services in facilities that are set up for this purpose in the city. The majority of families in our study described their financial circumstances as dire. Financial difficulties prompt patients and their families to explore free accommodation services or financial assistance to fund accommodation in the private sector. Some families even delayed their treatment decision due to financial problems. As many of them in our sample did not have enough financial savings prior to the diagnosis, the expenses related to diagnosis, treatment, and travel compounded the financial difficulty. Therefore, the vital importance of free/subsidised accommodation facilities in enhancing the *accessibility* of tertiary healthcare to the poor in the state by furthering the ecosystem of affordable medical care and thereby supplementing the public healthcare system in this direction is clearly evident from the experience shared by the participants of the study.

Research Question 2: What are their opinions, experiences, and observations about the services provided in *Ananthakripa*?

The experience of most participants shows that moving to the city from a rural or remote location for treatment impacts individuals and families owing to a broad range of emotional, practical, social, and financial factors. The availability of accommodation services mitigated the severity of these factors, highlighting the pivotal role the service played. The support offered by the accommodation service emphasised the need and value of the service. Participants had the opportunity to reflect on their experience of staying in *Ananthakripa* post-treatment and reported positive evaluations of the services received. Safety, hygiene, and availability of food were pointed out by many as the most important factors they observed in the facility. Participants of the study also feeling g of ease and safety as participants felt accepted and supported, knowing that the facilities such as *Ananthakripa* were set up for people like them who are going through similar situations in their lives.

A more detailed description of three cases presented below throws more light on the typical socio-economic background of beneficiaries and their experience with *Ananthakripa*.

Case 1

Ramakrishnan, 60 years, a native of Kammanthara village in Palakkad district stayed in *Ananthakripa* for 17 days following his surgery in Regional Cancer Centre for throat cancer. He was referred to RCC by a local hospital in Palakkad. In RCC, he was advised to undergo surgery followed by 30 rounds of radiation. 30 rounds of radiation at the rate of five per week took 45 days after the post-operative care of 10 days. Though the surgery and follow-up treatment were done in a government facility, incidental food, travel, and accommodation expenses in a far-away city would have been prohibitively expensive. The family didn't have the financial wherewithal to stay even in one of the lowest rungs of the private lodging facilities which came at Rs.400 per day. Here, *Ananthakripa* came as a "true blessing" as Santha, Radhakrishnan's wife puts it. She says, "Finding money for food and accommodation was the most intimidating challenge for us. Medical care was more or less taken care of by the hospital". Ramakrishnan was a carpenter working on a daily wage. The disease had already taken a toll on the family financially due to the loss of days due to illness and medical expenses. During their stay in RCC for the surgery and on the days of radiation, the wife walked up to Thiruvananthapuram medical college, one kilometer away from RCC to avail of the free meal packets scheme run by various NGOs. They chanced upon *Ananthakripa* as they went about enquiring about possibilities other than private lodges. When queried about their satisfaction with the services and facilities, this family reported high satisfaction. However, the most important aspect for them was the very availability of this facility.

Case 2

Joseph, 48 years, hails from Chalakkudy, Thrissur district is under treatment in Regional Cancer Centre for Rectal cancer. Joseph was

working in the Middle East as a construction worker when the illness struck him around the fag end of the year 2021. At RCC, he underwent several rounds of radiation followed by two surgeries. During the entire period of radiation and the first surgery, Joseph stayed in *Ananthakripa* together with his son Anil (23 years). They got to know about the facility through another patient from their hometown who had stayed in *Ananthakripa* in connection with his treatment some time back. The family did not even consider private lodging facilities for financial reasons. Though Joseph was working in the middle east when he was diagnosed with cancer, his entire income was being spent on running the family expenses and servicing the family debt. The hospital expenses while in the UAE had also made a huge hole in his pocket by the time he returned. Financial difficulties were so bad that they had to reschedule the surgery once as they did not get accommodation in any of the free-accommodation facilities. During the second surgery and the follow-up care, they chose to stay in another facility as single-room accommodation was not available in *Ananthakripa* and they could not have managed with a common bathroom as a colostomy bag was attached in the second surgery which necessitated more privacy. This was the sole suggestion they offered when asked for areas of improvement in services and facilities. Satisfaction with all aspects of services was reported to be high and they were full of appreciation for having such a facility in the city for patients and bystanders. In Anil's words, "for us, the availability of free accommodation facility was a huge relief as we were in the middle of a lot of hardships, economic burden, loss of job and the disease itself". This feeling was echoed by other participants as well.

Case 3

Mariamma who is still under treatment at RCC for thyroid cancer stayed at *Ananthakripa* together with her husband Sebastian several times during 2021-22. They availed of this facility whenever they had to be in Thiruvananthapuram for undergoing radiation treatment during the period of one year following surgery. For their first visit to the

city for the surgery and post-surgery care period, they stayed in a private lodge facility near RCC. However, the accommodation and incidental expenses for food proved to be expensive for them, prompting them to explore institutions offering accommodation at subsidised rates. Sebastian who is a tile worker came to know about *Ananthakripa* through Sevabharathi volunteers from his hometown Cherthala in Alappuzha. Sebastian considers safety for female patients and bystanders as the most important aspect of the facility in addition to the affordability factor. "In the event of not finding a free and safe accommodation would have led us to seek medical care in nearby hospitals for follow-up treatment even at a higher cost. Facilities like *Ananthakripa* made the best of cancer treatment in the state accessible for us".

Conclusion

The qualitative part of the study aimed at exploring the relevance of *Ananthakripa* from the beneficiaries' perspectives and how a facility like *Ananthakripa* benefits targeted beneficiaries. The most remarkable aspect of the utility of such services that emerged from the qualitative study was the burden of incidental expenses in tertiary healthcare on services other than medical treatment. The financial impact of illness such as cancer is a serious issue for patients who must fund their treatment with help from friends and family members. Although government hospitals cover most of the costs of treatment, patients and their families still encounter several additional financial barriers, especially on money for food and accommodation. In most cases, patients who were working at the time of diagnosis had to fully stop regular employment following the diagnosis and treatment. The indirect costs of loss of income of family members supporting the patients are also a serious issue for most families. Therefore, free/subsidised accommodation services for patients and bystanders are enablers of the accessibility of medical care services for the financially disadvantaged sections of society.

At a psychological level, the patients and families go through an emotionally difficult journey as well. Traveling long distances from one’s home town to Thiruvananthapuram for tertiary care was difficult in itself for many. Getting adjusted to a new city, being away from home, finding accommodation arrangements etc contributed to psychological discomfort for both patients and bystanders. Exclusive accommodation services for patients and bystanders helped build a feeling of community which proved to be helpful in mitigating some of their fears and discomfort.

Quantitative Data Analysis – Part 1: Beneficiaries Survey

This part of the report presents the analysis of the results of the survey data. The survey was conducted among a random sample of 229 beneficiaries who have availed of the accommodation facility in *Ananthakripa*. The registration records maintained by the *Ananthakripa* office served as the sampling frame. Responses were collected from either patients or bystanders who stayed with the patients during their stay in *Ananthakripa*.

3.1 Sample Profile

Section 3.1 provides the sample profile of respondents in terms of their gender, home district, user status etc.

3.1.1 Gender

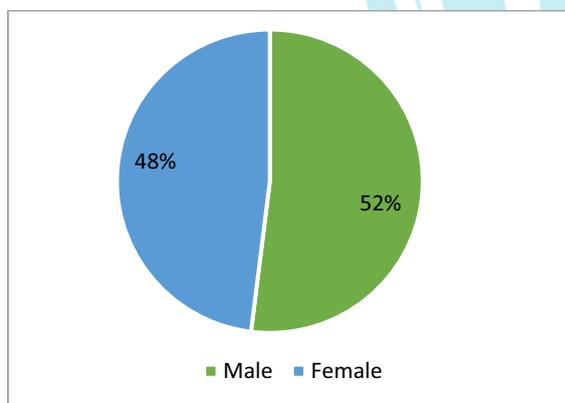


Figure 3.1 Gender profile of respondents

The sample had almost equal representation of male and female patients.

3.1.2 Type of respondents

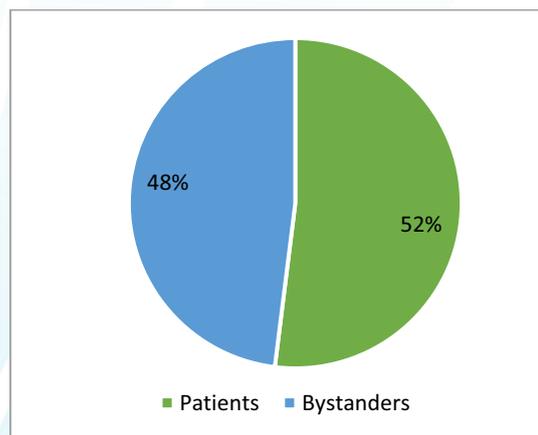


Figure 3.2 Type of Respondents

Care was taken to ensure that the respondents were the actual beneficiaries who have used the *Ananthakripa* facility. Respondents included both patients and bystanders.

3.1.3 District-wise distribution of respondents

Table 3.1 District-wise Distribution of respondents

| District | No of respondents | Percentage |
|--------------------|-------------------|-------------|
| Kollam | 46 | 20% |
| Alappuzha | 27 | 12% |
| Thrissur | 27 | 12% |
| Thiruvananthapuram | 27 | 12% |
| Palakkad | 24 | 10% |
| Pathanamthitta | 17 | 7% |
| Malappuram | 12 | 5% |
| Ernakulam | 11 | 5% |
| Kottayam | 10 | 4% |
| Kozhikode | 9 | 4% |
| Idukki | 5 | 2% |
| Kasargod | 5 | 2% |
| Kannur | 4 | 2% |
| Outside Kerala | 3 | 1% |
| Wayanad | 2 | 1% |
| Total | 229 | 100% |

Respondents were mostly from the southern and central districts of the state, with Kollam topping the list with 20%.

3.1.4 Occupation of the primary earning member

Table 3.2 Occupation of the primary earning member

| Employed in | Number | Percentage |
|---------------|--------|------------|
| Govt Sector | 5 | 2% |
| Self-employed | 7 | 3% |
| Agriculture | 9 | 4% |
| Pvt Sector | 13 | 6% |
| Daily Wage | 195 | 85% |
| Total | 229 | 100 |

The employment profile of the primary earning member of the family reveals the economic status of the beneficiaries. As clearly evident from table 3.1.4, a large majority of respondents who sought services in free/subsidised short-stay facilities are from economically backward sections as 85% of the respondents reported the job of primary earning members as daily wage work. Considering the fact that sample was drawn using a random sampling method, it can be concluded that the services of the project are reaching the right target segment, i.e., the economically disadvantaged.

3.1.5 Family Income

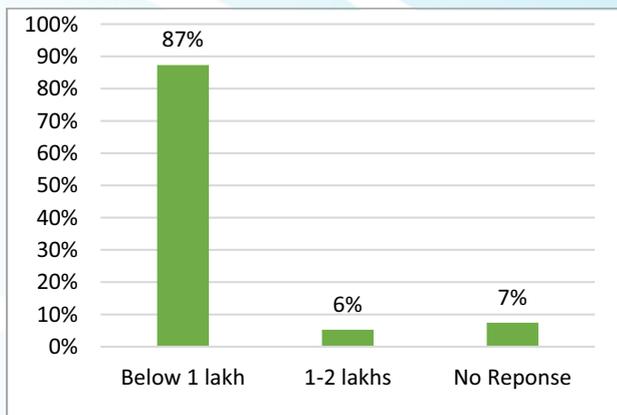


Figure 3.4 Family Income

The economic status of the beneficiaries is evident from the average family income figures given in table 3.4. Most beneficiaries covered in the study have an annual income of less than Rs.1 lakhs. The economic status of beneficiaries revealed by the data is consistent with the findings in table 3.2.

3.1.6 User Status

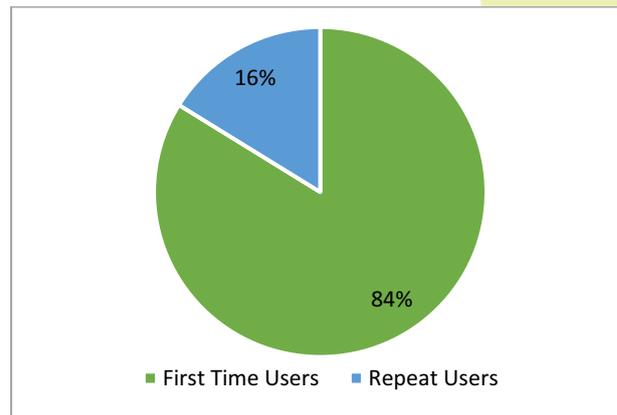


Figure 3.5 User Status

It was seen that 84% of the respondents were first-time users.

3.2 Purpose of visit to the city

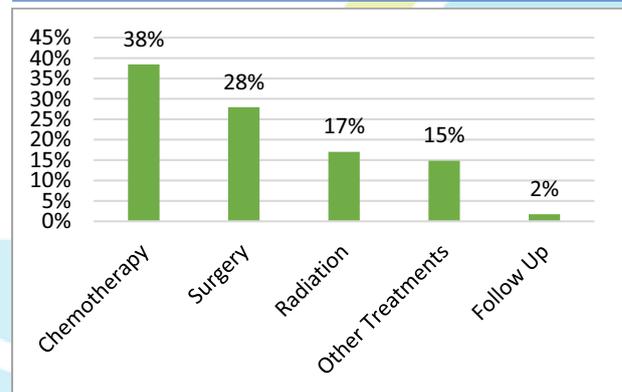


Figure 3.6 Purpose of visit to the city

Chemotherapy was the major reason for the respondent’s visit to the city, with 38% saying so. Surgery and treatments related to cancer care were the other major reason for their visit.

3.3 Mode of Travel

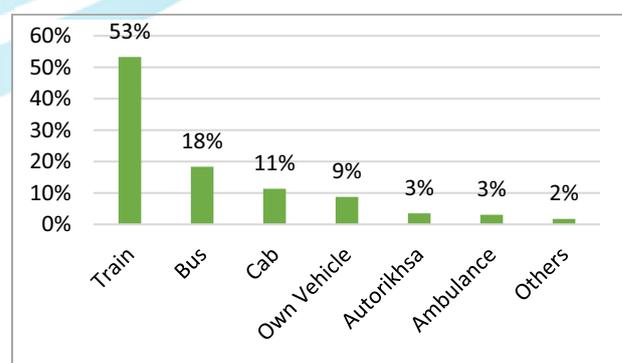


Figure 3.7 Mode of travel used

The vast majority relied on public transport services for their travel to the city because they could not afford any other option. Lack of access to comfortable travel was also one of the major reasons that prompted people to look for extended after-care accommodation in the city following the medical procedure. There were respondents who opined that it was their inability to pay for ambulance services for their journey home, that prompted them to extend their stay in the city and recover their health so that they could be in a better frame of health to undertake their journey home. This underscores the high relevance of such a facility to the target beneficiaries.

3.4 Source of Awareness about Ananthakripa

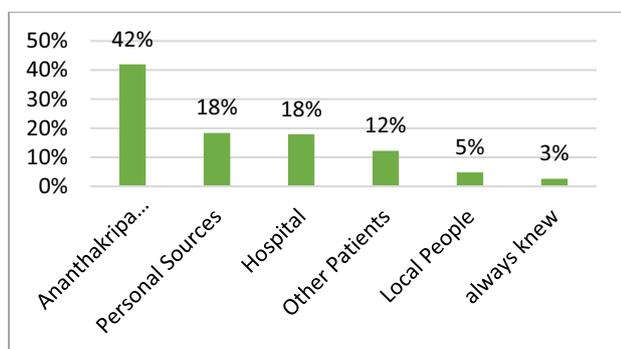


Figure 3.8 Source and Awareness about Ananthakripa

Ananthakripa volunteers were an important source of awareness about the facility. Around 42% of respondents came to know about Ananthakripa from the Ananthakripa volunteers in the city’s major hospitals. The hospital staff was also an important source of information besides personal sources of patients.



3.5 Awareness of the funding organization

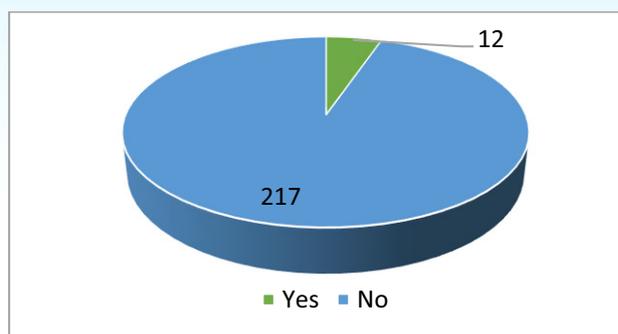


Figure 3.9 Awareness of funding organization

A large percentage of respondents were not aware of the funding agency of Ananthakripa. Only 5% of the respondents knew about the role of CSL as the funding organization.

3.6 Awareness of similar facilities

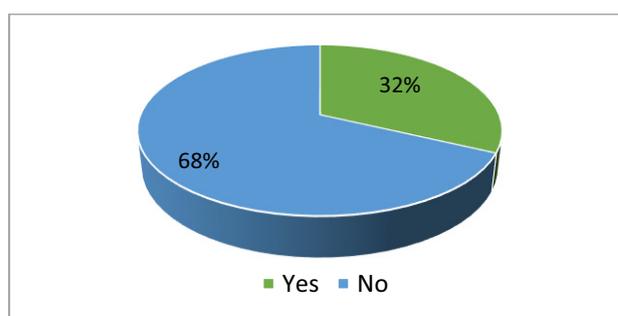


Figure 3.10 Awareness of similar facilities

When queried about awareness of similar facilities, 32% of respondents were aware of other institutions in the city providing free/subsidised accommodation for patients and bystanders.

3.7 Source of Awareness (similar facilities)

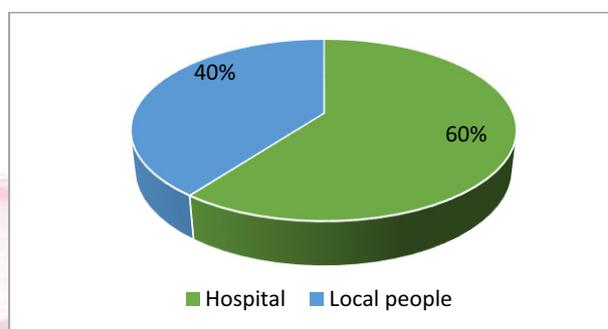


Figure 3.11 Source of awareness (similar facilities)

Hospital sources and local people were the sources of information about institutions offering

accommodation facilities. Local sources include autorickshaw drivers, local shops near the hospitals etc.

3.8 Usage of similar facilities

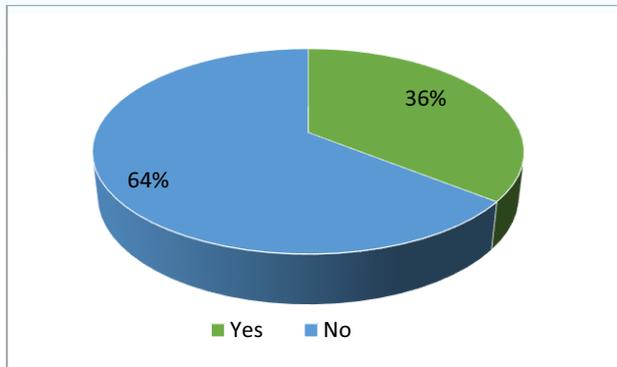


Figure 3.12 Usage of similar facilities

Among 73 respondents who were aware of other institutions offering accommodation services, 26 (34%) had stayed in at least one of those facilities.

3.9 Reasons for choosing to stay in Ananthakripa

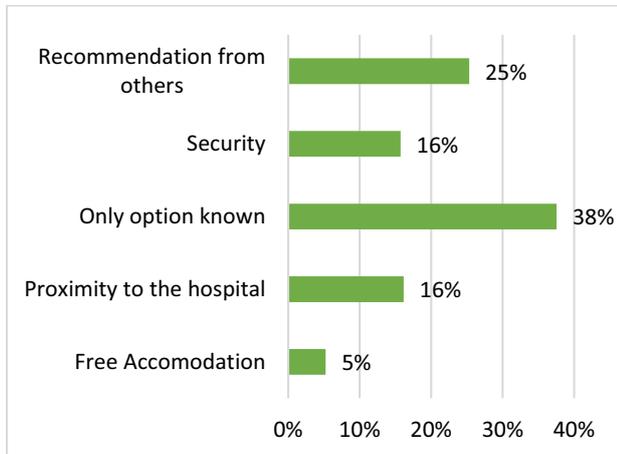


Figure 3.13 Reasons for choosing

The majority of respondents chose *Ananthakripa* as it was the only option known to them. Positive word of mouth also seems to have influenced this choice as 25% of respondents made the decision based on recommendations from others.

3.10 Alternative options under consideration

Free accommodation facilities run by other charity organizations, and low-cost lodge facilities

were the alternative options the respondents would have considered if they had not got accommodation at *Ananthakripa*.

3.11 Satisfaction scores with respect to services

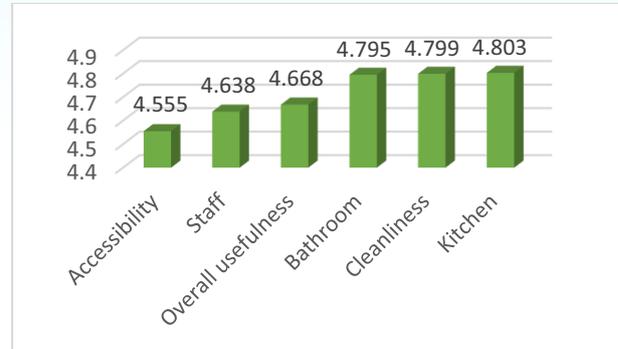


Figure 3.14 Satisfaction scores

Satisfaction with respect to all dimensions of services related to *Ananthakripa* was rated high by the beneficiaries. Satisfaction was measured on a 5-point scale of anchor points from *Very poor* to *Excellent*. Respondents were queried on dimensions such as staff behaviour, accessibility of the location, Bathroom facilities, and cleanliness. As evident from the data presented in Figure 3.13, all scores are above 4.5 on a scale of 1 to 5. Kitchen facilities obtained the highest score and accessibility of the location scored the lowest.



3.12 Revisit Intention



Figure 3.15 Revisit Intention

An overwhelming 226 out of 229 respondents would choose to stay at *Ananthakripa* if they had to visit the city again for medical treatment. This indicates a very high level of beneficiary satisfaction with the facilities offered by *Ananthakripa*.



more people-friendly. Of all the suggestions, the one on the provision of single room facility had the highest frequency. Several respondents opined that single-room facilities would greatly help those who come to stay after undergoing chemotherapy sessions. Another noteworthy suggestion is the need for improving how the staff in the facility interacts with the beneficiaries.

3.13 Advocacy Intention



Figure 3.16 Likelihood to recommend

Consistent with the findings on revisit intention, a very high level of beneficiary satisfaction is reflected by the high percentage of respondents who reported that they are likely to recommend the facility to others.

3.14 Problems faced in *Ananthakripa*

Most respondents (226 out of 229) reported no specific problem connected with their stay in *Ananthakripa*. Only three respondents reported unsatisfactory experiences during their stay, and all three related to staff behaviour.

3.15 Suggestions for improvement

This open-ended question generated some suggestions from the beneficiaries for improvement of the services which included an increase in the number of rooms, single rooms with attached bath facilities for chemotherapy patients, separate dorm facility for children, and training for staff to be

Part 2 Secondary Data Analysis

This part of the chapter deals with the analysis of data from the records of the implementation agency. The data is useful in unearthing the general profile of beneficiaries.

Facility Utilization

The analysis is based on the data on user registrations during the period May 2019 – June 2022. The total number of registrations was 2196. The average number of days of stay was found to be 8.23 days, with a maximum of 67 days and a minimum of 1 day.

Table 3.3 District-wise distribution of beneficiaries

| District | No of beneficiaries | Percentage |
|--------------------|---------------------|------------|
| Thiruvananthapuram | 259 | 12% |
| Kollam | 452 | 21% |
| Pathanamthitta | 154 | 7% |
| Alappuzha | 215 | 10% |
| Kottayam | 104 | 5% |
| Idukki | 46 | 2% |
| Ernakulam | 120 | 5% |
| Thrissur | 264 | 12% |
| Palakkad | 220 | 10% |
| Malappuram | 125 | 6% |
| Kozhikode | 59 | 3% |
| Wayanad | 17 | 1% |
| Kannur | 53 | 2% |
| Kasaragod | 40 | 2% |
| Outside Kerala | 68 | 3% |
| Total | 2196 | 100 |

4

FINDINGS AND CONCLUSION

This chapter provides an evaluation of the impact of the project based on the data analysis presented in the previous chapter. The evaluation follows the guidelines of the OECD DAC framework. In this framework for evaluation, a social project is evaluated on the basis of its relevance, effectiveness, efficiency, impact, and sustainability. For the assessment of the present project, the efficiency criterion was not considered for assessment as this dimension was not considered appropriate for a project of this nature.

4.1 Relevance

Relevance of the project is one of the most important parameters for the evaluation of the social impact of any social initiative. Relevance stands for the extent to which the project is well-matched to the requirements of the targeted beneficiaries and the cause envisioned by the project. The analysis of this dimension of the project reveals the potential benefits to the larger society.

As per the project document of the company, *Ananthakripa* was conceived to address the problem of insufficient facilities for patients and bystanders who are in need of accommodation services after medical treatment in the city of Thiruvananthapuram. The city is a major destination for tertiary medical care in the state and the border districts of the neighboring state of Tamil Nadu. Government Medical College, Sree Chitra Tirunal Institute for Medical Sciences & Technology, Regional Cancer Centre, and SAT Hospital are some of the prominent hospitals in the government sector which provide affordable medical care to lakhs from all over the state. The problem of inadequate facilities for affordable after-treatment accommodation services in the city is a pressing issue. Lodging facilities operated by private sector players are often

beyond the means of the vast majority of people who avail the medical care services in the city hospitals in the government sector. The hospitals do not provide accommodation for patients beyond the minimum prescribed for treatment and post-treatment owing to the already-stretched infrastructure. Though there are some non-profit institutions that offer free/subsidized accommodation services to poor patients, the capacity falls far below the demand. It was against this background that CSL took up the project under its CSR programmes.

Lack of adequate facilities for after-treatment accommodation for patients and bystanders can even limit the accessibility of services for economically weaker sections of the state as the availability of services does not directly translate to access if the supportive ecosystem is lacking or inadequate. In this context, *Ananthakripa*, scores high on relevance as the cause of providing free accommodation facilities to patients and their bystanders who visit the city can greatly enhance the accessibility of medical care to the target audience of economically weaker sections of society. The *relevance* dimension of the project is captured well by the findings of the survey on the income category, alternative options, and mode of



travel. The survey revealed that almost 70% of the beneficiaries depended on public transport for traveling to the city. The inability to pay for ambulance services/private transport for their journey back home prompted a large majority of beneficiaries to look for accommodation facilities in the city and the alternative option would have been the private lodging facility which was expensive for most. Therefore, by contributing to the larger ecosystem of affordable healthcare to the masses, Ananthakripa is socially relevant and aligned with the CSR mission of CSL of inclusive growth. The project is also consistent with the Sustainable Development Goals of accessible and inclusive health care to all.

4.2 Effectiveness

Effectiveness measures the extent to which the stated objectives of the CSR project have been achieved. In this case, the utilization of the facility was taken to be the indicator of effectiveness by the evaluation team. It was found that the 2196 registrations were recorded in the log book maintained at the office of *Ananthakripa* for the time period, May 2019 to June 2022. The average occupancy of this 90-bed facility could not be ascertained due to the unavailability of data. However, going by the data received from the survey among the beneficiaries, the utilization of the facility is likely to be high as the respondents reported an average stay of over a month including the number of days for bystanders.

4.3 Impact

Impact is assessed on the basis of the level of satisfaction reported by the beneficiaries and beneficiaries' assessment of how beneficial the services rendered by the project were to them in dealing with the circumstances they found themselves in the course of availing medical treatment in the city and their stay in the city. Satisfaction scores for various dimensions of the services offered by *Ananthakripa* were found to be high as already reported in 3.11. As for the perceived benefit, the project scores high on this aspect as a vast majority of beneficiaries regarded

the facility as beneficial since the cost of lodging facilities in the city would have been expensive. Face-to-face interviews with the beneficiaries in the qualitative research phase also revealed the fact that many could not have even availed of the medical treatment in Thiruvananthapuram if they did not have such amenities for accommodation.

4.4 Sustainability

Sustainability looks at the likelihood that the benefits from this intervention will continue after the project. Since the relevance of the project and utilization of the facility is high, the demand for the services by *Ananthakripa* is high. Operating expenses of the facility which include costs of food and maintenance of the building are presently met by the implementation agency from donations. Manpower requirements are mostly covered by the volunteers attached to the implementation agency. Therefore, the present facility set up under the project is likely to continue to offer services to patients and bystanders who visit Thiruvananthapuram for medical treatment.

4.5 Conclusion

The impact assessment study shows that the CSR project *Ananthakripa* of Cochin Shipyard Limited is highly relevant to the needs of the target beneficiaries and the services of the project are well-delivered by the implementation agency. The facility for accommodation for patients and bystanders set up under the project *Ananthakripa* adds value to the ecosystem of affordable tertiary healthcare care in the entire state by enhancing the accessibility of quality medical care to the lower economic strata of the society. Facilities such as these address the hidden private costs of medical treatment when it comes to post-treatment care, where the patient has been discharged from the hospital but has not made it home, as routine visits/checks might still be needed at the hospital. And staying in a city such as Thiruvananthapuram for post-treatment care can be prohibitively expensive for people from the lower strata of society, as evidenced by the data.

Overall, the beneficiaries were satisfied with the quality of services provided by the project. The level of advocacy was also seen to be very high, further validating the level of satisfaction of the beneficiaries. The only area of improvement, though voiced by a very minuscule percentage of

respondents was in the area of staff behaviour. Another desired feature that the beneficiaries would like to have, was in the area of dedicated single-room facilities for patients who had undergone chemotherapy.



APPENDIX

| | | | |
|-------------------------|------------|-------------------|---------------|
| CSL <i>Ananthakripa</i> | SMS 082022 | Beneficiary Quire | Investigator: |
|-------------------------|------------|-------------------|---------------|

A Name of the respondent

B Name of the investigator

Date.....

C Name of the supervisor

D Back Checking date.....

I Respondent Background

| | | | | | | |
|---|---|--------------|----------------|-----------|-----------|---------|
| 1 | Patient or by-stander | Patient - 1 | By-stander - 2 | | | |
| 2 | AgeYears | | | | | |
| 3 | Gender | | | | | |
| 4 | Size of the family | | | | | |
| 5 | Occupation of the principal breadwinner | | | | | |
| 6 | Annual income of the family | Below 1 lakh | 1-2 lakhs | 2-3 lakhs | 3-4 lakhs | Above 4 |

II Basic Data

| | | | | | | |
|----|--|-----------------|------------|-------------|------------------|-----------|
| 7 | First time user or otherwise | Yes - 1 | No-2 | | | |
| 8 | If first time, what was the source of information about this facility..... | | | | | |
| 9 | Native district and place | | | | | |
| 10 | Mode of travel to reach the city | Own vehicle - 1 | Cab - 2 | Train -3 | Bus -4 | |
| 11 | Purpose of visit | Chemotherapy -1 | Surgery -2 | Radiation-3 | Routine check -4 | Any other |
| 12 | Number of days of stay in the hospital | | | | | |
| 13 | Number of days of stay in <i>Ananthakripa</i> | | | | | |

14. Which factor was most important to while choosing the stay-in facility after treatment

A Proximity to the hospital B Safety C Free of charge service

D This was the only facility I was aware of.

Below given are questions to assess the satisfaction level of beneficiaries with respect to various facilities and services offered by the facility. Ask the respondent to give a rating to each of the factors listed.

| | | | | | | |
|----|--|-------------|--------|-----------|--------|-------------|
| 15 | How convenient was the location of the facility to the user | 5 Excellent | 4 Good | 3 Average | 2 Poor | 1 Very Poor |
| 16 | How accessible was the facility by the preferred mode of transport | 5 Excellent | 4 Good | 3 Average | 2 Poor | 1 Very Poor |
| 17 | Behaviour of support staff in the facility | 5 Excellent | 4 Good | 3 Average | 2 Poor | 1 Very Poor |
| 18 | Cleanliness of the premises | 5 Excellent | 4 Good | 3 Average | 2 Poor | 1 Very Poor |
| 19 | Satisfaction with the following facilities | | | | | |
| | A Bathroom | 5 Excellent | 4 Good | 3 Average | 2 Poor | 1 Very Poor |
| | B Kitchen | 5 Excellent | 4 Good | 3 Average | 2 Poor | 1 Very Poor |

22. In your opinion, what is the most attractive aspect *Ananthakripa* for patients/bystanders visiting the city?
 A Location B Availability of food C Cleanliness
23. Have you faced any problem during your stay at *Ananthakripa*?
 A Yes B No
 If yes, please specify.....
24. What other alternative option would you have considered if this facility was not available?

25. Are you aware of any other organisation offering similar facility for patients Yes -1 No - 2
26. If yes, name the organisation
27. What was the source of information about these organisations
28. Have you ever used any of these facilities Yes – 1 No – 2
29. If yes, how was your experience with this facility Excellent Good Average Poor Very Poor
30. How did you come to know about *Ananthakripa*?
31. Are you aware about the funding agency of *Ananthakripa*?
32. Would you use this facility if you were to visit the city for similar purpose? Yes-1 No-2
33. How likely are you to recommend the facility to others in similar situation?
34. Do you have any suggestions for improvement?



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