



Impact Assessment of the CSR Project Jijamata Hospital and Women's Healthcare Center for Cochin Shipyard Ltd

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**Cochin University of
Science and Technology**



**SCHOOL OF
MANAGEMENT STUDIES**

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Executive Summary

This report presents the assessment of the impact of Cochin Shipyard Ltd.'s (CSL) CSR initiative, Jijamata Hospital and Women's Healthcare Center at Sindhkhed Raja in Buldhana district of Maharashtra. The overarching objective of the project is to support the primary healthcare ecosystem of the region by providing affordable medical care services for the rural population in Sindhkhed Raja and the adjoining areas. Under this project, the company funded Jijau Srushti Matruteerth Trust, the NGO partner for building the hospital and setting up the related facilities including a mobile clinic. The hospital began full-scale operations in August 2022. The impact assessment study, carried out by School of Management Studies, CUSAT aims to evaluate the various dimensions of the project's impact, following the OECD DAC Evaluation Criteria. The study followed a mixed method research design, combining qualitative and quantitative research approaches.

Qualitative research involved semi-structured interviews with project functionaries, volunteers, and beneficiaries. Quantitative research was based on sample surveys among beneficiaries of the hospital

using a structured questionnaire. Data from qualitative research and beneficiary survey indicates that the project scores well on all OECD DAC dimensions of relevance, coherence, effectiveness, efficiency, impact, and sustainability. It was found that the project is highly relevant to the needs of the target population as there is a clear need for affordable medical care in the region as evident from the experiences shared by the targeted beneficiaries. Furthermore, the project aligns well with the needs of the people, and with national and international developmental objectives, indicating the coherence value of the project as per the evaluation framework.

High level of beneficiary satisfaction with respect to various aspects of the services delivered by the hospital underlines the effectiveness of the project. Low cost of services compared to the other medical care facilities in the region indicate the operational efficiency of the hospital. Regarding the sustainability aspect of the project, the assessment determines that the essential institutional and financial prerequisites are established, guaranteeing sustainability at this phase of the project's development. The project's impact is evaluated as substantial, given the positive transformations observed in people's lives.



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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
JHWHC	Jijamata Hospital and Women's Healthcare Center
CHC	Community Health Centre
SC	Sub Centre
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage



1 Introduction

This report presents the evaluation of the impact generated by the CSR initiative, Jijamata Hospital and Women's Healthcare Center (JHWHC) of Cochin Shipyard Ltd (CSL). The report provides a summary of the CSR project, details of the methodology employed for the assessment, and an analysis of the project's impact on pertinent dimensions.

As part of the CSR project, CSL funded the establishment of a health care facility named Jijamata Hospital and Women's Healthcare Center

Sindhkhed Raja is a small taluk headquarters town in the backward tribal district of Buldhana in Maharashtra. The implementation partner for this project is Jijau Srushti Matruteerth Trust (JSMT), an NGO which operates several social service institutions and initiatives in this region. The project aims to proactively contribute to improving healthcare access for the rural population in Sindhkhed Raja and adjoining areas where affordable medical care facilities are limited. The hospital turned fully functional in August 2022.

1.1 Cochin Shipyard Ltd



Cochin Shipyard Limited (CSL), a public sector undertaking, is the largest ship building and maintenance facility in India. Established in 1972 as a Government of India company, CSL has grown into a dynamic and globally recognized company, contributing significantly to the country's maritime prowess.

This Miniratna located in Kochi, Kerala, plays a pivotal role in strengthening India's shipbuilding industry, catering to a diverse market of vessels ranging from sophisticated naval ships to cutting-edge merchant vessels. India's first indigenous aircraft carrier of the Indian Navy, INS Vikrant which was successfully launched in 2021 was built by Cochin Shipyard.

The company's Corporate Social Responsibility (CSR) mission lays emphasis on advancing inclusive growth in the society. In addition to strongly aligning its core business operations with a commitment to societal well-being and environmental sustainability, CSL has taken up several proactive social responsibility initiatives that focused on empowering marginalized sections of the society through multiple interventions. The company's social interventions range from public health, sports, education, rural development, women empowerment, to environmental conservation. These initiatives are aimed at enhancing quality of life of people while championing environmental and ecological causes for sustainable development.

1.2 School of Management Studies, CUSAT

The impact assessment was carried out by School of Management Studies, CUSAT. SMS is a part of Cochin University of Science and Technology (CUSAT) which is one of the premier institutions in higher education sector in the country with a NIRF (National Institutional Ranking Framework) ranking of 37. It carries the distinction of being one of the oldest business schools in the country. The school operates in the university's robust ecosystem for research, consulting and entrepreneurship resulting in a steady stream of research and consulting projects.



1.3 Project Implementation Agency



The implementation partner for the CSR project is Jijau Srushti Matruteerth Trust (JSMT), a registered NGO headquartered at Sindhkhed Raja. JSMT is a sister organisation of Maratha Seva Sangh (MSS), another NGO with its headquarters in Nagpur. JSMT was established specifically for socio-economic development of Sindhkhed Raja, the birth place of Rajmata Jijamata, the mother of Chhatrapati Shivaji Maharaj.

1.4 Background and Context of the CSR Project

Primary health care is widely regarded as the corner stone of effective health care system in any society. It provides integrated curative and preventive healthcare to communities. Given its importance in ensuring Universal Health Coverage (UHC) and accomplishment of the Sustainable Development Goals (SDGs), primary health care is a high priority area of intervention for societies and governments across the world. Though 65% of India's population resides in villages, their access to basic rural health services is quite fragmented. For majority of the rural population, basic health service is linked to the primary health care infrastructure.

Despite some remarkable strides made over the years in public health, benefits of the existing infrastructure still continue to be out of reach for some sections of the society owing to social/physical exclusion or the inadequacies in the delivery system, especially in rural India. According to a study,



absenteeism, and vacancies in health service cadre plague the system across the country (The Lancet, 2015). The primary health care infrastructure in India rests on the three pillars of Sub Centre (SC), Primary Health Centre (PHC) and Community Health Centre

(CHC). A Sub Centre (SC) serves as the initial interface between the community and the healthcare system, whereas a PHC functions as a referral unit for six SCs. It is staffed by a medical officer with support from paramedical personnel. On the other hand, a CHC serves as a referral hub for four PHCs and is required to be staffed by a minimum of four medical specialists. As per the Rural Health

Statistics (2021-22), there were 161,829 Sub Centres in India; 1,57,935 of which functioned in rural areas. Primary Health Centres functioning across rural and urban areas in India in 2022 stood at 31,053. About 24,935 of these PHCs were located in rural areas and 6,118 in urban areas. Assessment of the National Health Mission shows that the shortfall across the country in SCs, PHCs, CHCs are about 24%, 29% and 38% respectively (NHM,2020).

1.5 Jijamata Hospital and Women's Healthcare Center (JHWH)

Sindhkhed Raja, is a town and taluk headquarters located in the Buldhana District of Maharashtra. This small town is located about 430 kms from the state capital Mumbai. Sindhkhed block houses four PHCs which cater to 108 villages with a total population of 1,59,869. The number of households is 38,045. There are at least 105 villages at Sindhkhed Raja Taluka. Agriculture is the main source of livelihood of the people in the district, cotton and soyabean being the major crops under cultivation.

Jijamata Hospital and Women's Healthcare Center, situated in Sindhkhed Raja is a medical care facility set up by Jijau Srushti Matruteerth Trust (JSM) with the funding support from CSL with the broad vision of providing affordable, accessible and quality health care services to people living in rural remote areas. The specific objectives of JSMT as articulated in the project documents are as follows:

1. To provide an affordable primary and preventive healthcare services.
2. To create a cooperative healthcare model with people's participation in the process.
3. To create health awareness among vulnerable segments of the society.
4. To reduce avoidable health expenditure among vulnerable segments of the society.
5. To connect vulnerable segments of the society with the available government health care schemes.
6. To focus on early diagnosis and treatment of



Sindhkhed Raja is a Municipal Council city in district of Buldhana, Maharashtra. The Sindhkhed Raja Municipal area has population of 16,434 of which 8,553 are males while 7,881 are females as per report released by Census India 2011. It is the birthplace of Jijabai, mother of Shivaji. Males constitute 52% of the population and females 48%. Literacy rate of Sindhkhed Raja city is 82.03% marginally lower than state average of 82.34%. About 75% of population is employed in agriculture sector.

- various diseases through mass screening campaigns.
7. To inculcate healthy habits among vulnerable segments of the society
8. To help meet healthcare needs of senior citizens and women in the area
9. To identify and treat cataract patients, thus preventing blindness.
10. To serve as a platform within the health sector for vulnerable segments of the society, aimed at creating an affordable, accessible, and preventive healthcare system for all.



The 6000 Sq. ft. hospital has served around 6,000 people in the period August 2022-October 2023. The health care facilities provided include general OPD, ophthalmic OT, emergency room, pathology lab, OPDs in ophthalmology, cardiology, and neurology, x-ray, ECG, NCD clinic, physiotherapy, Ayurveda centre, dental clinic, and tele-consultation.

2 Framework and Methodology of Assessment

2.1 Objectives of the study

Objectives of the impact assessment were identified as:

1. Assessing the overall impact of the CSR project in terms of the OECD evaluation criteria for social projects, *namely relevance, coherence, effectiveness, efficiency, impact, and sustainability*. Specifically, the following sub-objectives were identified:
 - Examine the extent to which the project addresses relevant local needs and concerns.
 - Evaluate the extent to which the project effectively carries out the service operations to serve the beneficiaries.
 - Evaluate the impact of the CSR project on the health outcomes and the quality of life of the residents in the rural area.
 - Assess whether the project is sustainable and whether the benefits are likely to continue after project completion.
2. Identify any challenges or barriers if any, for further improvement of the CSR project.

2.2 Framework for Assessment

OECD DAC Evaluation Criteria was used for assessing the impact of the CSR project. This widely used framework proposes evaluation of six dimensions of a social project or activity, namely Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability.

- i. **Relevance:** Relevance is about whether the CSR initiative responds to the needs of the beneficiaries, needs of the country, and partner/institution, policies, and priorities of the larger social context. In the context of the present assessment study, *relevance* refers to the extent to which the project objectives align with the needs and priorities of the target population and the larger community in Sindhkhed Raja and nearby areas. Relevance shows the extent to which the project addresses local needs and concerns.
- ii. **Coherence:** Coherence indicates the compatibility of the project intervention with other interventions in a country, sector or institution. The extent to which other interventions support or undermine the intervention and vice versa.

- i. **Effectiveness:** This refers to the extent to which the project has achieved the planned results. The current project can be termed effective if the hospital has been able to positively intervene in the primary health care services for women and aged in the community.
- ii. **Efficiency:** The extent to which the project delivers outputs in an economic and timely way. In the present assessment, cost effectiveness with which the services are delivered to the beneficiaries can be regarded as a proxy for efficiency for a primary healthcare service facility.
- iii. **Sustainability:** Sustainability examines the project's long-term viability and the likelihood of continuance of its operations. In the present study's context, the assessment of the potential capacity of the project to carry itself forward and sustain itself will be carried out.
- iv. **Impact:** Impact indicates the overall impact of the CSR project on the target population. Positive impacts of the project on various aspects of well-being, such as accessibility and affordability of healthcare will be analysed in this study.

2.3 Methodology

Considering the breadth of impact assessment, the study followed a mixed method research design combining the elements of qualitative and quantitative research approaches. Qualitative research phase of the study involved semi-structured interviews with the potential and actual beneficiaries. Qualitative research findings, in conjunction with the quantitative study results are planned to inform the assessment of *relevance*, *effectiveness*, and *impact* dimensions of the project. Review of literature and secondary data in the area of public health and rural healthcare infrastructure along with the review of project documents helped in the assessment of coherence dimension of the evaluation criteria.



Qualitative research was included in the study to enable acquiring insights directly from target beneficiaries of the projects and other key informants without the rigidities of quantitative research. Qualitative approaches facilitate a more profound understanding of patients' perspectives, without the constraints associated with structured queries common in quantitative surveys. Uninstructed interviews motivate participants to reconstruct their experiences and reality in their own words. Face to face depth interviews were selected to encourage open discussions and detailed exploration of issues, capturing a diverse array of opinions and experiences. The research questions identified for the qualitative phase of the study were:

- What is the relevance of this hospital for the people living in the area from the target beneficiaries' perspective?
- What are their opinions, experiences, and observations about the services provided ?
- What impact has the facility made on their medical care needs ?

The quantitative research was based on the sample surveys among beneficiaries of the hospital using a structured questionnaire in Marathi. Data collection was conducted in the period October-November. Field work was carried out by enumerators proficient in local language with educational qualification in Social Work. Enumerator training was provided prior to the data collection.



Figure 2.1: Methodology & framework



Data cleaning, and analysis was done using statistical software packages. Analysis results were considered to assess relevance, effectiveness and impact dimensions of the project. Desk review of project documents, physical verification and observation at the site were also conducted as part of the study.

with the hospital and to facilitate open exploration of their perspectives on personally relevant issues connected to medical care needs and their experience with the hospital and to facilitate open exploration of their experiences. Field assistants proficient in Marathi were deployed to help the assessment team in conducting the interviews.

3.2 Data Analysis

Codes, and grouping of codes into themes were performed independently by the members of the evaluation team from the transcribed data. Several iterations preceded before saturation in themes and consensus among independent coders were achieved. Principal themes and sub-themes that emerged from the analysis of the transcribed data after triangulation are discussed under the relevant research question in the following sections. Real names of the participants have been replaced by fictitious names to mask the identity of the participants.

3.2.1 Relevance of the project

The themes relevant to the research question '*What is the relevance of the project for the people living in the area from the target beneficiaries' perspective*' were the *need for affordable medical care, lack of locational accessibility, and gaps in services rendered by public sector PHCs*. These insights indicate that the hospital project is highly relevant to the needs of the targeted population in the region. Affordable medical care for primary health care in this rural area fills a definite gap in public health delivery in the villages covered by the project. Locational accessibility is also enhanced for target beneficiaries by this project. Detailed themes pertinent to the relevance of the project is presented in the following sections of this chapter.

3 Analysis and Findings

Part I: Qualitative Phase

3.1 Data Collection and Analysis Design

Depth interviews were conducted with two categories of key informants to understand the needs of the beneficiaries and assess their satisfaction with the services provided by the CSR project. The first category consisted of beneficiaries from the medical care centre, and the second category included members of the beneficiaries' families. The beneficiaries were either met at the hospital, during a medical camp organized by the hospital, or at their homes. The interviews mostly lasted about 25-30 minutes. A pre-prepared interview guide with a checklist of broad areas of inquiry was used as a general guide for conducting the interview as a *guided conversation*.

Interviews were conducted in an informal conversational manner to encourage participants to share their perspectives on personally relevant issues connected to medical care needs and their experience

I. Need for affordable care

Data analysis reveals that affordability of medical care is a concern among people in the region. Depth interviews with the beneficiaries very clearly highlight this aspect of health care ecosystem of the region. Direct costs related to medical care, incidental expenses due to loss of working days, indirect and hidden costs in medical care are the sub-themes associated with the main theme of *need for affordable care*.

Direct costs of treatment: Participants of the study expressed their concerns about the costs incurred for medical care. Poor economic background often prompts people to avoid or delay seeking medical help. This was evident from the account of one of the participants, Kamala, 71, who was diagnosed with cataract in one of the medical camps organised by JHWHC.

“For minor issues, we don't go to hospitals. But last year, I had to be taken to Jalna as fever wouldn't subside even after taking medicines from the pharmacy in the town. In Jalna, it cost around two thousand rupees in total. Doctor said that my sugar level was high and I had to continue to take medicines for treating the condition. But we did not go back for further treatment. My son can't afford the expenses at Jalna hospitals”

Poornima, 35 years old who helps her husband in their farm says,

” My mother in law is 78 years old; her vision is blurred. We took her to a town hospital, only to understand that her treatment will not be affordable for us. It was my neighbour Radha who told me about JHWHC. We got the surgery done at JHWHC at much lower cost”.

Indirect and hidden costs: Apart from the out-of-pocket expenses related to hospital and medicine bills, indirect costs also act as a deterrent for people in the villages. Loss of daily wages on account of hospital visits and hospitalisation are common difficulties dissuading families and individuals from seeking healthcare in the above cases. Gopal, a farmer from Adgaon village says,

“Money is a big problem for us. I work in the soyabean field. I cannot even think of skipping work for hospital visits during harvest season”.

Another farmer from the village also narrates similar experiences of unaffordability of medical care even in more serious issues such as loss of vision due to cataract for his mother.

“I have heard from others in the village that a hospital in Jalna has facilities for surgery. It is difficult for my mother to manage daily chores with partial eyesight. But how do I take her to hospital? I will lose workdays in the field and daily wages. The whole family depends on this income, which is not much after all. Also, I am not sure if we would be able to afford surgery. I would have liked to take her to the hospital otherwise. ”

ii. Need for locational accessibility

Lack of adequate facilities for medical treatment in the villages is also a limiting factor when it comes to seeking healthcare by the villagers in the region. A recurring theme in the healthcare-seeking behaviour of villagers in the area is reluctance to seek care for chronic diseases such as hypertension, diabetes, etc., which are slow-developing and hence do not require immediate attention until later stages. Since regular hospital visits would mean traveling to Jalna, most people simply ignore their symptoms or dismiss them altogether as inconsequential. Thukaram, a 63 years old farmer shares his experience with seeking treatment for diabetes as:

“The primary reason for not going to Jalna is to save time. When we travel to Jalna and return, it takes almost a full day. The doctor informed me that I have sugar-related issues. I took some medicines for about a month but stopped once they finished. It's challenging to visit the doctor regularly for check-ups, considering the loss of a day's wages. Honestly, I don't feel that I have a problem, although I do feel very tired these days.”



iii. Gaps in services

Analysis also reveals gaps in service delivery in the primary healthcare system in this area despite the presence of physical infrastructure. The unavailability of doctors and paramedic staff is a common issue noted by most participants. The villagers recount their experiences with nonfunctional and closed primary healthcare centres, which are consequently not used by the villagers. Mahesh, a police Patil, observes:

‘We cannot depend on the PHC here; it is almost always closed. A lady staff visits periodically and distributes vitamin tablets for pregnant women. They also have vaccines for children. But for routine care, the PHC here is not reliable, as the doctor is not available on all days.’

3.2.2 Effectiveness of the project

The themes relevant to the research question, *'What are the beneficiaries' opinions, experiences, and observations about the services provided?'* pertain to beneficiary satisfaction with various service delivery dimensions, such as affordability, patient-friendly service, trust, and satisfaction with the quality of medical care services provided by JHWHC. From the experiences and observations shared by the beneficiaries, we conclude that the project has effectively met the beneficiaries' requirements and the overall objective of making healthcare affordable and accessible to the rural dwellers of Sindhkhed Raja.

I. Affordability of Services

Most beneficiaries approached for the project point out affordability as an important aspect of the services in the hospital. Diagnostic services attached to the mobile clinic are provided free and those who need specialised care are referred to either JHWHC or bigger hospitals at Jalna. Patients who have had cataract surgery in JHWHC were particularly appreciative of the affordability of care in the hospital.

Kasabai, 73 years, who is engaged in cattle farming along with her husband is a satisfied beneficiary of the hospital. She received surgical treatment for cataract in September 2023 as it was way more affordable than alternative options in the cities.

“I was suffering from blurred vision for the last 5 years. I had no one to take care of me, and also not much money to get it treated. The city hospital said it would cost around 30,000 which was too expensive for us. So, we decided not to get it treated. It was our *sarpanch* who advised me to go to Jijamata. Here it cost only 12,000, and they even allowed us to pay in instalments”.

ii. Accessibility of primary healthcare

Locational proximity is also a significant benefit for beneficiaries. Beneficiaries also highlighted the convenience of the mobile clinic, which extended healthcare services to even more remote areas. Proximity to their homes has made it easier for them to access healthcare services. One respondent shared,

“Living in a remote village, having a hospital nearby is a blessing. We no longer have to travel long distance”

Another elderly patient noted,

“Hospital visits are not easy affairs for us. My son has to take me to the hospital. It takes about an hour and half to Jalna”.



iii. Friendly Staff

The presence of a friendly and accessible staff was a crucial factor in the beneficiaries' positive experiences. Many emphasized the warmth and empathy they felt from the hospital staff. Most beneficiaries described the doctors and staff in the hospital as “*kind*”, and “*approachable*”. A direct quote from an interviewee illustrates this sentiment:

“The staff here treat us like family. Their kindness makes the whole experience less intimidating, and we feel comfortable seeking medical help.” - Malati, 30 years, who accompany her mother-in-law for her hospital visits.

“Doctor saab was a young man, very pleasing and kind. He asked me to come next week for the eye surgery. I got a reminder two days before the day of my appointment”- Keshav, a 78 years old villager.

iv. Quality of Care

Most beneficiaries who received services from the hospital reported satisfaction with the outcome of their treatment. Madhur, a 70-year-old man retired from the army, had lost eyesight in one of his eyes due to post-surgery infection following cataract surgery at a hospital in Aurangabad. He had a pleasant experience with Jijamata Hospital after undergoing cataract surgery for the other eye.

“Jijamata Hospital is a blessing for me. I was devastated when my functioning eye also developed problems due to cataract. I was almost certain that I would not go for surgery again in my life because of my past experience. I came here only after repeated demands from my sons; also, the loss of vision had started affecting daily life. Now, I am happy. I can see with my left eye.”

3.2.3. Impact

The research question, 'What impact has the facility made on the lives of people in the targeted areas?' is intended to shed light on the broader influence of the project on the target population, beyond the operational effectiveness. The analysis of qualitative interview data guided by this research question yielded a theme: a positive impact on the quality of life for the elderly, in addition to visible changes in the affordability and accessibility of medical care.

I. Quality of life for women and the elderly

The major target segments for the project are women and the elderly, low-priority sections of the society in the rural agrarian communities of the project area. Often, women and aged people in non-productive age categories in poor families receive low priority in healthcare, especially in cases where healthcare is preventive or diagnostic rather than curative. Non-communicable, lifestyle diseases, and eyesight issues associated with old age are hardly considered as something that requires urgent attention by families,

unlike infectious diseases or maternal and neonatal healthcare. Patients with chronic lifestyle diseases such as diabetes, hypertension, etc., need regular, long-term, and continuous care. Rural families are hardly in a position to follow such healthcare practices due to socio-economic reasons. The economic background of families also influences their healthcare decisions, as evidenced by the prevalence of cataract-related partial blindness among the poor.

A 90-year-old female beneficiary noted, 'I simply didn't know treatments exist for the loss of vision. I am very old, and as one gets old, one starts losing all faculties like vision and hearing. Not just me, nobody in this village knew that eyesight could be regained. I am lucky that the medical camp came to our village. We would have never gone for eye-checking otherwise.'

II. Improved Access to Primary Healthcare

A recurring observation made by the beneficiaries approached by the study was the positive impact on accessibility and affordability of medical care in the region brought about by the hospital. Many were appreciative of the positive changes the hospital has made regarding the accessibility of cost-effective health care in the region, against the background of financial challenges families faced. One interviewee remarked,

“Before this hospital, we struggled when we had to see a doctor for minor emergencies. In our PHC, the doctor is not available on most days. Now, we can seek help from this hospital as the doctor is available every day. There are some private clinics, but fees are high. So, we used to avoid seeking medical help unless it is very critical or urgent”.

Proactive measures like the mobile clinic is another factor contributing to the accessibility of care for the targeted beneficiaries.

Sivprasad is a 72 year old veteran farmer. It was the mobile clinic van from JHWHC which turned his life back to bright days. His general health was deteriorating and he could hardly do any

productive work due to fatigue. His medical condition was diagnosed in one of the medical camps. Sivprasad says,

“Such medical camps reach out the people ...they encourage people to speak out their medical problems...somebody had eye problem, somebody had digestion problem, somebody had problems in walking. These camps have helped us realise that these conditions can be corrected”

Thus, it can be concluded that the project has had some positive impact on the lives of people and their families who have been beneficiaries of the project.

Part II: Quantitative Data Analysis - Beneficiaries Survey

This section of the report outlines the analysis of survey data gathered from a randomly selected sample of 180 beneficiaries who have utilized the services of the hospital. The contact information of these beneficiaries was obtained from registration records maintained by the hospital. Responses were solicited from either the patients themselves or their immediate family members, who usually accompany patients during hospital visits.

3.1 Sample Profile

Table 3.1 Sample profile

Gender profile of respondents		No. of Children in the family	
Male	95	Zero	57
Female	94	One	69
Others	1	Two	52
Occupation of the primary earning member		Above two	12
Not employed	51	No of girl children	
Farming	112	Zero	80
Daily Wage	17	One	77
Others	10	Two	23
Education profile		3 & above	10
No formal education	107	Women in the family	
Primary education	54	Zero	1
Secondary education	22	1	30
Higher education	7	2	60
Size of the family		3 & above	99
Less than 4	56	Annual family Income	
More than 4	134	Below 1 lakh	70
		1-2 Lakhs	26
		2-3 Lakhs	3
		3 & above	1

The sample profile is consistent with the demographic characteristics of the rural population in Sindhkhed Raja. Predominantly, respondents hail from economically disadvantaged backgrounds, with an annual income of less than 1 lakh. The primary source of income for the majority of families is derived from farming and agricultural labour. Approximately 50% of the beneficiaries surveyed have no formal education, while around 25% have received only primary education.

An overwhelming 84% of the surveyed families consist of two or more women. Moreover, more than half of the families (70%) have children, with 58% of these families having female children. Notably, none of the participants covered in the survey reported instances of permanent disability or chronic illness in their families. The sample profile indicates that the beneficiaries of the hospital are indeed from the socio-economic and demographic landscape of the rural population in the targeted areas of the project.

3.3 Insurance Coverage

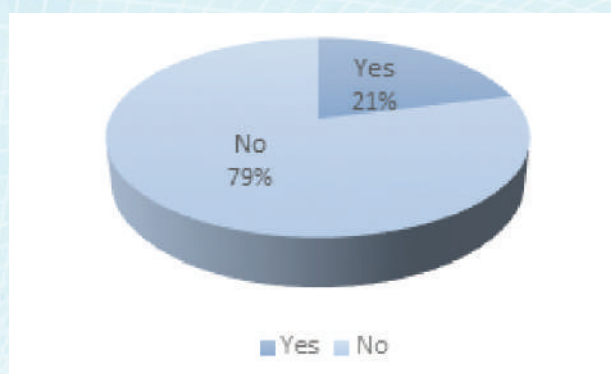


Fig 3.1: Insurance Coverage

The majority of beneficiaries lacked insurance coverage, with only 21% having access to insurance for their medical care services. This emphasizes the critical role of affordability in healthcare. Families without insurance may neglect preventive and non-critical care due to the absence of accessible and affordable healthcare services.

3.4 Access to free/subsidised medical care under government scheme

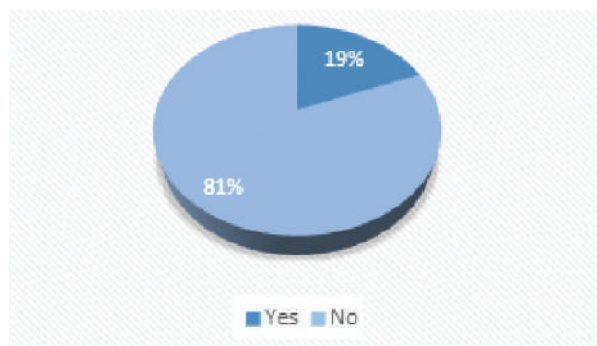


Fig 3.2: Availing free/subsidised medical care under government scheme

Following the trend seen in insurance coverage, a significant 81% of respondents stated that they are not covered by or aware of any specific government scheme providing free or subsidized medical treatment. Given that there are several government schemes for free medical care for the poor for major medical treatments, this finding underscores the low awareness levels regarding schemes for free or subsidized medical care among the people in the villages of this area.

3.5 Facility used for first referral medical care

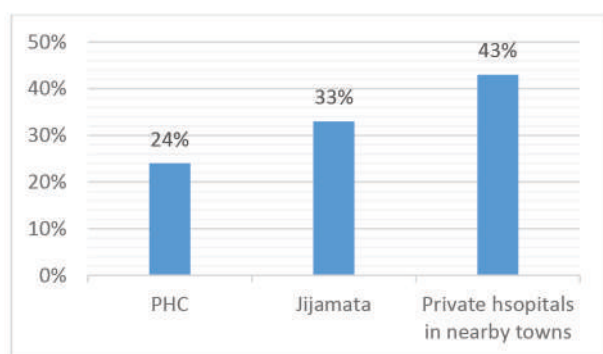


Fig 3.3: Facility for first referral

The majority of beneficiaries rely on private clinics or hospitals in towns for their initial medical services (42%). Notably, 33% opt for Jijamata hospital for their primary level medical care, indicating a notable level of acceptance among those who have utilized its facilities. Only 24% of respondents indicated Primary Health Centers (PHCs) as their preferred primary medical care centre.

3.6 Source of awareness

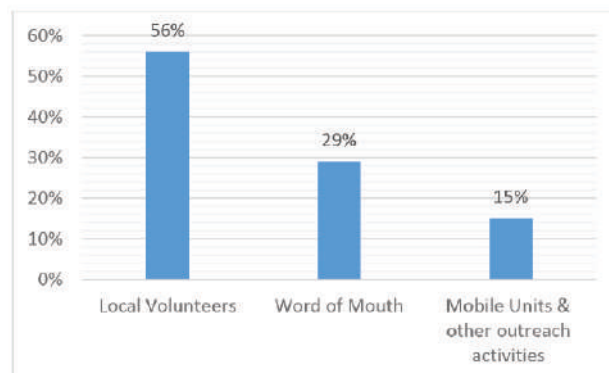


Fig 3. 4: Source of awareness

The primary source of awareness about the hospital was identified as individuals in the neighbourhood. Additionally, word of mouth from other patients or their families proved to be a crucial factor in raising awareness about the hospital's services.

3.7 Type of Services Used

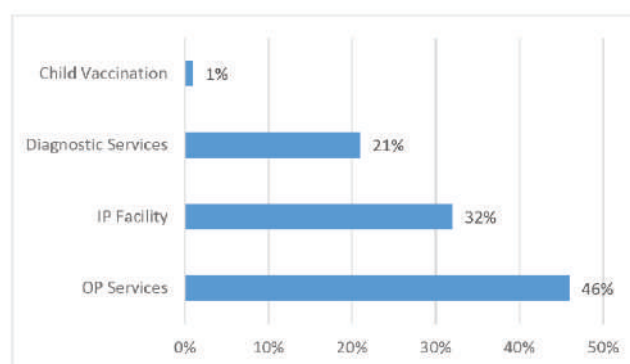


Fig 3.5: Type of Services Used

Most people had availed the outpatient facilities of the hospital for minor ailments and concerns. About 46% have used the in-patient services. 99% has used the medical camp facility. Diagnostic facility was used by only 32%.

3.8 Use of Medical camp Services

Medical camps are clearly the major source of patient base for the hospital. 99% of respondents have used the medical camp facility at least once.

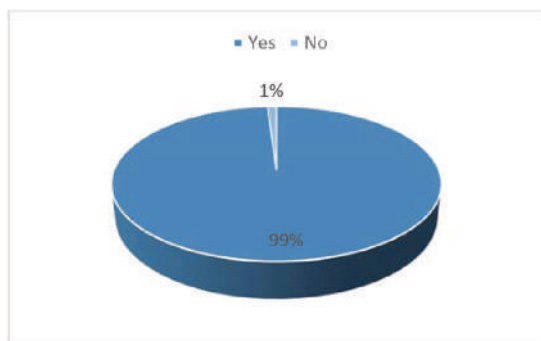


Fig 3.6: Use of Medical camp Services

3.9 Type of services at the medical camp

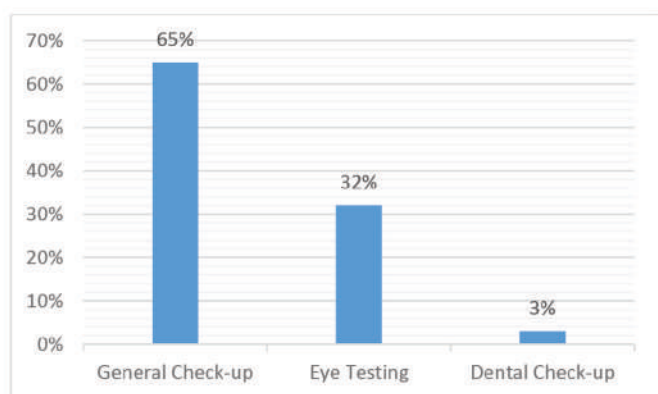


Fig:3.7 Type of services availed at the medical camp

Majority of beneficiaries avail the service of general health check up at the medical camp. Around 32% of beneficiaries used the medical camp for eye testing.

3.10 Satisfaction with the medical camp service

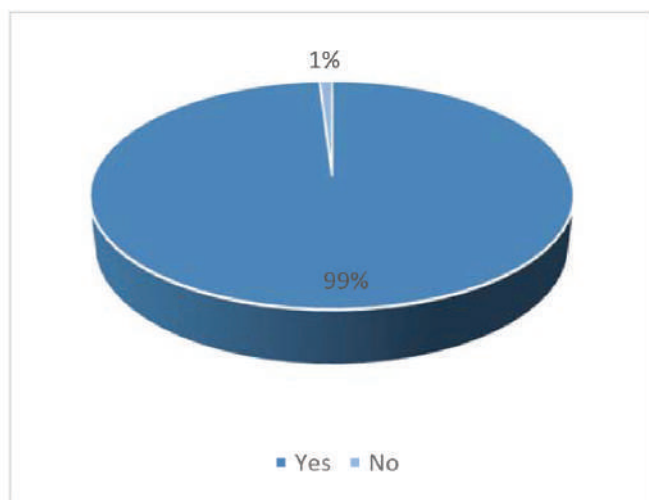


Fig 3.8 Satisfaction with the medical camp service

Among those who have availed the medical camp services, almost all (99%) report that their needs were met adequately by the camp.

3.11 Frequency of Service Usage

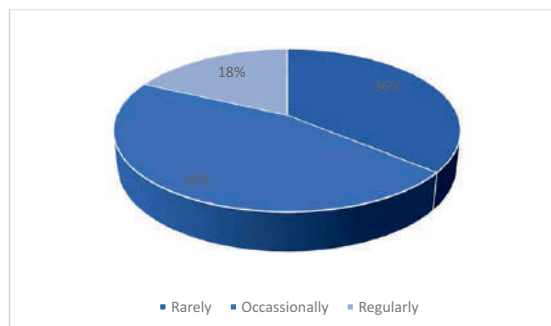


Fig 3.9: Frequency of Service Usage

Majority of the people use Jijamata hospital service occasionally (46%) or regularly (18%). This indicates that Jijamata hospital plays a significant role as a provider of healthcare services in the community.

3.12 Overall Satisfaction with the Services of Jijamata Hospital

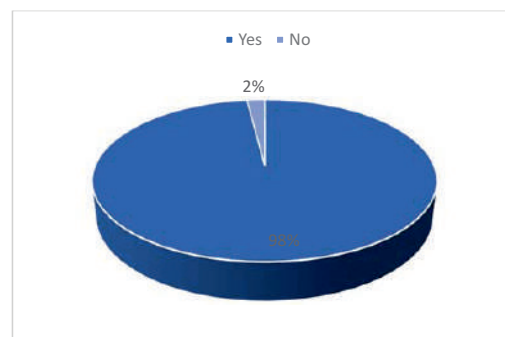


Fig 3.10: Satisfaction with the Service of Jijamata Hospital

Majority of the respondents (98%) are satisfied with the services provided by the Jijamata hospital.

3.13 Satisfaction scores with respect to services

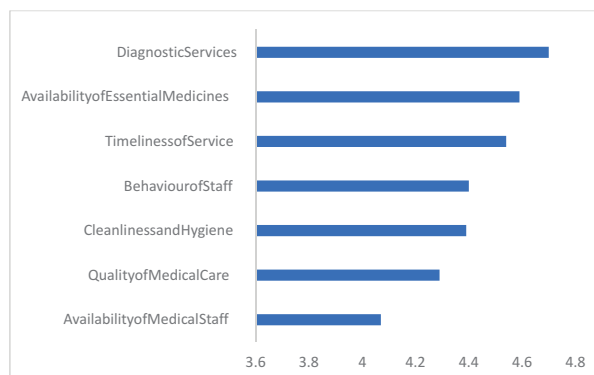


Fig 3.11: Satisfaction with Services/Facilities

Satisfaction with all dimensions of services at Jijamata Hospital was consistently rated high by the beneficiaries. The satisfaction levels were measured on a 5-point scale with anchor points ranging from 'Very Satisfied' to 'Very Dissatisfied.' The assessed dimensions of service included Availability of Medical Staff, Quality of Medical Care, Availability of Essential Medicines, Diagnostic Services, Timeliness of Service, Behaviour of Staff, Cleanliness, and Hygiene. As illustrated in the figure, all service dimensions received scores above 4. Among them, Diagnostic Services achieved the highest score (4.70), while the Availability of Medical Staff received the lowest rating (4.07).

3.14 Impact on beneficiaries

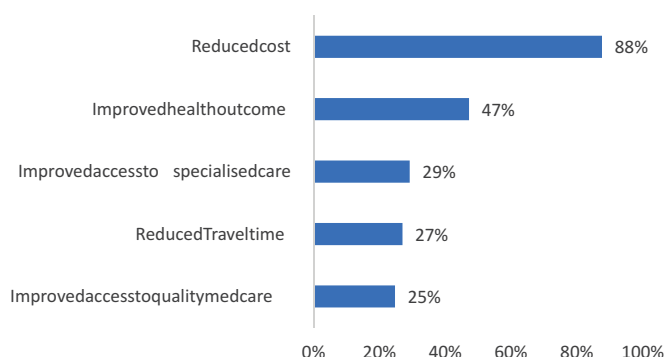


Fig 3.12: Impact on beneficiaries

When asked about the ways in which the hospital had enhanced their access to healthcare services, the majority (88%) identified the reduced cost of treatments as the most significant outcome. Other notable benefits mentioned by the target beneficiaries included improved access to quality medical care, reduced travel time, improved access to specialized care, and enhanced health outcomes. Remarkably, 47% of beneficiaries believe that the hospital has contributed to an improvement in their overall health outcomes.

3.15 Jijamata's Impact on the Community

The majority of respondents express the view that the presence of Jijamata Hospital in the community contributes to a reduction in healthcare expenses (83%) and provides access to specialized medical care (17%). Moreover, a significant number of respondents believe that the hospital plays a role in saving both travel time and costs, thereby enhancing healthcare accessibility for the community (25%). Additionally, a substantial portion of respondents feel that the hospital has instilled greater confidence in healthcare services among the local

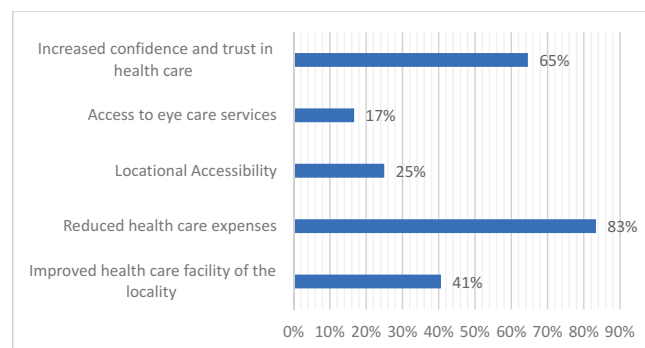


Fig 3.13: Jijamata's Impact on the Community population (65%) and has contributed to the overall improvement of healthcare facilities in the locality (41%).

3.16 Challenges Faced

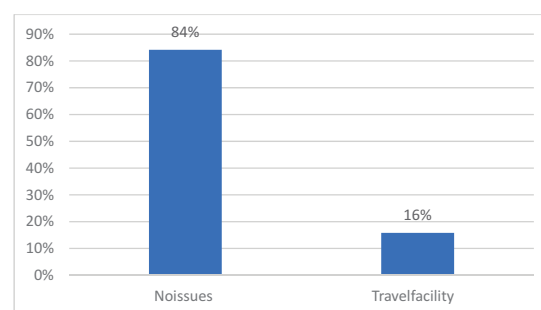


Fig 3.14: Challenges faced in accessing the facility

Eighty-four percent of patients did not report any specific challenges, indicating that the vast majority were able to access the required hospital facilities without major difficulties. Conversely, 16% of patients reported issues related to travel facilities, such as unavailability of public transportation and the absence of a bus stop near the hospital, as challenges in accessing services. Overall, the study suggests that Jijamata Hospital is generally accessible to the majority of patients.

3.17 Factors that Discourage Patronage

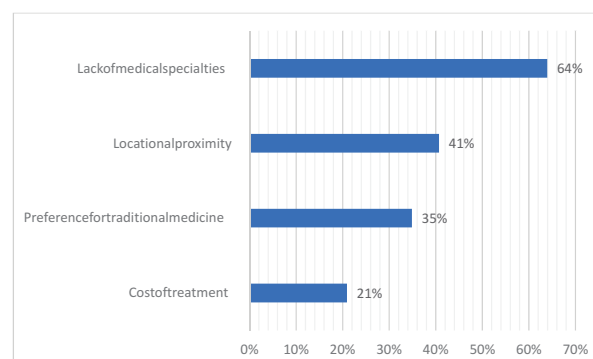


Fig 3.15: Factors for Considering Alternative Health Care Facilities

When asked about the factors that might lead them to choose alternative healthcare facilities over Jijamata Hospital, the absence of medical specialties emerged as the most critical factor (64%). Additionally, 41% cited proximity to their location, while 35% expressed a preference for traditional medicine. This finding also asserts that cost of treatment at Jijamata is considered less or reasonable compared to other hospitals. Only 21% of respondents think that cost of treatment is factor that would make people look for alternatives.

3.18 Comparison with alternative options

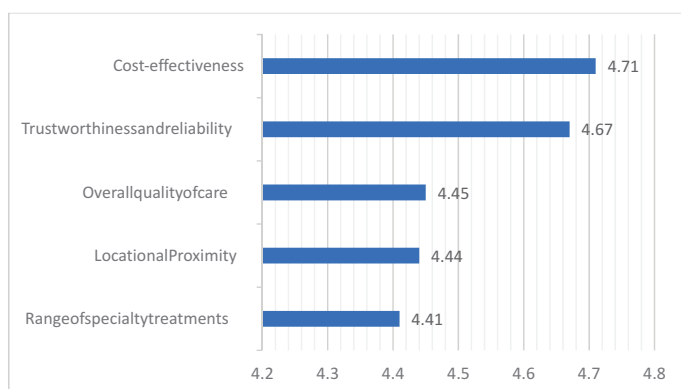


Fig. 3.16: Comparison with Other Hospitals

The table above illustrates the feedback from beneficiaries regarding how the Jijamata hospital facility stacks up against other healthcare alternatives in terms of utilitarian and service quality aspects. Participants rated their perceptions on each aspect using a 5-point scale, with anchor points ranging from "Much Worse" to "Much Better." Reflecting the findings on beneficiary perceptions of the hospital's impact on their well-being, Jijamata received the highest score (4.71) for the cost-effectiveness of medical care. Trustworthiness and reliability of services also garnered a high score of 4.67. In summary, respondents consistently rated Jijamata higher than nearby healthcare centres across all aspects, with the lowest score being for the range of specialty offered (4.41)

3.19 Challenges with alternative options

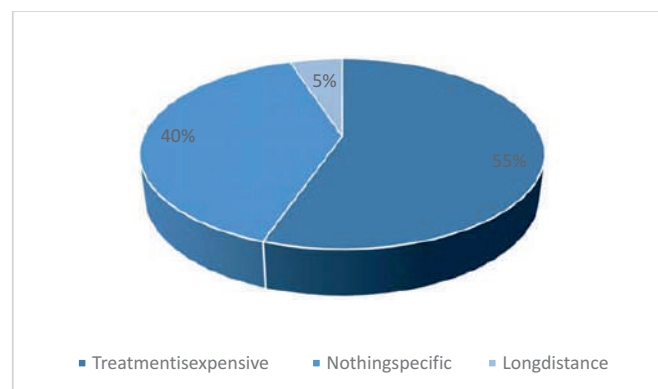


Fig 3.17: Challenges with alternative options

The figure indicates that the primary challenge associated with alternative medical facilities in the locality is the cost of treatment, as reported by the majority (55%) of respondents. Accessibility of location is also identified as an issue by several people.

3.20 Areas of improvement

The open-ended question generated suggestions from beneficiaries regarding ways to enhance the services and utility of the hospital. The survey highlighted that the most frequently recommended improvement, as suggested by respondents, pertained to the expansion of specialties such as paediatrics and gynaecology. Furthermore, a number of respondents emphasized the necessity for improved transportation facilities to enhance accessibility to the hospital.

4 Impact Assessment of the Project

Drawing on the findings from the qualitative and quantitative phases of the study, this section presents the comprehensive assessment of the impact of the CSR project. The evaluation framework adheres to the OECD DAC criteria, as explained earlier.

4.1 Relevance

Relevance criterion of social project evaluation addresses the alignment of the project's aims and activities with the beneficiaries' actual needs, and priorities. The principal objective of the establishment of Jijamata hospital was providing affordable primary and preventive healthcare services to the local population in the rural region of Sindhkhedh Raja. The targeted areas of this project which come under Sindhkhed Raja Taluk are deficient in medical care facilities at affordable costs making this hospital highly relevant to the region. Results from the qualitative research also affirms the felt need for affordable medical care in this area.

The cost of treatment at private clinics emerged as a significant factor discouraging many villagers from seeking immediate medical care in several cases. The direct expenses incurred, including consultation charges and the cost of medicines, along with indirect costs such as travel expenses and hidden costs from the loss of labor days, diminished the affordability of the medical care system in these villages. Although Primary Health Centers (PHCs) in the areas have good physical infrastructure, they largely failed to fill this void due to operational inefficiencies. Many villagers do not consider PHCs as reliable facilities for primary medical care, except for child vaccines and nutrient supplements for pregnant women, as doctors and paramedical staff are not available every day. Survey results indicating that the majority of beneficiaries are not covered by insurance or any government scheme for free/subsidized medical care further emphasize the relevance of affordability of care. Therefore, the lack

of affordable care underscores the significance of this hospital facility established under CSR.

Issues in locational accessibility are another factor that emphasizes the relevance of a facility with affordable costs in the region, especially in the case of cataract surgeries. For cataract-related treatments, people depend on hospitals in Jalna or Aurangabad, which are far from most villages in the region, pushing the total cost of care higher due to travel-related expenses.

Out-of-pocket expenses for medical care in cities act as a deterrent for most families, even if they are offered free or subsidized treatment from NGO-run or charity hospitals. This rationale becomes increasingly compelling in cases involving low-priority elderly family members. After-surgery care also remains a concern when hospitals are in far-away towns and cities. Old patients invariably depend on younger male members of the family for travel and hospital stay, who in many cases are the sole breadwinners of the family. Residents of the villages reported hardships due to the absence of affordable and accessible medical care centres, clearly affecting their healthcare-seeking behaviour. A nearby facility for surgery and after-care, therefore, can break down some of the resistance or barriers in accessing treatment for cataracts.

4.2 Coherence of the project

As outlined earlier in the methodology chapter of the report, coherence measures the alignment of the project with other interventions and policies in a country or sector. It gauges the extent to which a social project or intervention integrates into a particular system, ensuring a harmonious approach while avoiding duplication of efforts. We find this CSR project to be well-aligned with certain national and international developmental objectives and policy directions.

The stated objectives of the project, along with the current activities under it, contribute to advancing UN Sustainable Development Goal (SDG) 3: 'To ensure healthy lives and promote well-being for all at all ages.' Furthermore, the project aligns with the objectives of the National Rural Health Mission (NRHM) of the Government of India, aiming to provide accessible, affordable, and quality healthcare to the rural population, particularly vulnerable groups. Women and the elderly were conceived to be the primary beneficiaries of the services of the hospital. As per reports, there is only one doctor for every 10,000 people in rural India compared to 10 doctors in urban areas. Lack of awareness, shortage of accessible care, affordability, etc., are major reasons for this sad state of affairs, making India home to the world's largest blind population. The NGO sector makes a massive contribution in the field by organizing the majority of cataract surgeries performed in the country. Still, the supply gap in affordable surgery and after-care remains huge. The shortage of ophthalmic surgeons is a major reason. The majority of people who are in need of medical care for blindness and vision disability reside in rural regions, whereas most doctors are based in urban hospitals.

The coherence dimension of the project is also evident in the activities of the hospital, primarily benefiting the aged population in the area. This alignment with the project furthers the objective of 'a Society for all Ages' under the National Programme for the Health Care of the Elderly (NPHCE). The interventions of this CSR project also align with the company's CSR policy of fostering inclusive growth.

4.3 Effectiveness

The evaluation encompasses assessing the achievement of the intervention in meeting its objectives and planned results, including any variations in outcomes among different groups. The project's objective of providing affordable primary healthcare to the local community was assessed through both qualitative interviews and the quantitative survey among the beneficiaries of the project. As discussed in detail in the data analysis chapter, the project has been effective in providing an

affordable and more accessible alternative for primary medical care services. Majority of beneficiaries are satisfied with the services provided by the hospital. Satisfaction with all dimensions of services at Jijamata Hospital was consistently rated high by the beneficiaries. Cost of treatment and quality of treatment especially in cataract surgeries were pointed out as the significant aspect of the services rendered by Jijamata. About 20% of respondents in the survey use the services of the hospital regularly for their healthcare needs. Another 40% use the services whenever a medical emergency occurs in their family for which speciality services are available in Jijamata Hospital.

Medical camps are useful in two ways. One, these camps help generate awareness among people about the curability of cataract-induced blindness, the treatment options, affordability and accessibility of care. Unlike hospitals in cities or medical camps by city hospitals, the medical camp model of Jijamata hospital can offer continuity of care by providing referral to a surgical centre and follow-up services to patients after surgical interventions through its wide network of volunteers who are mostly from these villages themselves. Early detection of conditions such as diabetes, and hypertension is also facilitated by the camps.

4.4 Efficiency

This dimension assesses whether an intervention's resources can be justified by its results, examining the efficiency of input utilization. When comparing the fees charged for services at JHWHC with alternative options available to the community, it becomes evident that the medical service charges are notably lower. Therefore, it can be assumed that operational cost efficiency is high, given that the hospital is currently covering operational expenses with revenue generated from services, and these charges are significantly lower than the prevailing rates for similar services. Considering the nature and the objectives of the intervention, benchmarking against other service facilities available in the area was considered as an appropriate measure of efficiency of operations in the present context.

4.5 Impact

Impact reflects the eventual social implication and long-term effect of the intervention. Since the project is still in the early stages of its operations, assessing social impact is challenging and likely to suffer from limited accuracy. The level of accuracy in evaluating social impact improves substantially as the organization advances further in its journey towards achieving the stated objectives and as the systems and practices mature.

Despite the above-mentioned limitation, this study attempts to gauge the impact on the local community based on insights from the qualitative study and the survey. The enhanced quality of lives for beneficiaries and families in the region brought forth by the project deserves mention here. As previously reported, a significant portion of the hospital's beneficiaries are elderly individuals. Study shows that blindness and visual impairment due to cataract among the old are generally considered as natural and unavoidable part of old age. Cataract is the major cause of blindness in India. Though cataract is treatable through surgery, significant proportion of affected population still do not have access to surgery and treatment. This is where rural medical camps were able to make positive interventions. The restoration of eyesight after cataract surgery for the aged population extends beyond immediate health benefits for the individual. The entire family benefits from having a member regain their vision and independence, enabling them to once again be a confident and active member, helping the family with childcare when parents are engaged in farming activities.

The project has positively influenced the affordability of medical care in the region as well. Against the backdrop of non-operational PHCs in most areas, significance of affordable care for the local community is high. The cost of treatment at Jijamata Hospital is considerably less than at alternative facilities in the private sector in the region. There are substantial cost savings for beneficiaries in medical services, especially in cataract treatment. In addition to savings in out-of-pocket (OOP) spending, indirect costs associated with travel and the loss of daily wages are also comparatively less owing to locational

advantages of the hospital to the residents of Sindhkhed Raja and adjoining areas.

4.6 Sustainability

Sustainability of a project refers to the financial, economic, social, environmental, and organizational capacities of the systems needed to maintain net benefits over time. The evaluation team thoroughly examined all available project documentation to understand the organization and governance of the hospital. Key informant interviews were conducted with the key functionaries of the project and the non-profit implementation partner that built the hospital. The evaluation concluded that the NGO Jijau Srushti Matruteerth Trust (JSMT) is committed to continuing its support for the hospital's mission. The organization holds a significant and profound interest in the long-term social welfare of the region, being intricately woven into the socio-cultural fabric of the area. In addition, as discussed earlier in this report, wide volunteer base of the NGO partner is a definite positive for ensuring sustainability of operations and keeping it cost-efficient.

Although the long-term social impact, rather than surplus generation, is the ultimate objective of the project, generating sufficient funds is crucial for the long-term financial sustainability of the hospital's effective operations and to optimize the social returns from CSR spending. Financial sustainability in the near future seems positive, as the hospital generates enough income to cover operational expenses. However, the risk of disruption in income generation cannot be completely ruled out, as the major proportion of the operational revenue comes from service fees from a single service, cataract surgery. Despite the fact that the cost of treatment for cataract surgeries is considerably less than the prevailing charges levied by hospitals in the city, Jijamata Hospital is able to generate enough income from the surgeries to meet the operational expenses at present. But going forward, financial difficulties are bound to arise if the number of surgeries declines as demand gets exhausted. Increase in fees for services rendered, be it cataract surgery or any other service, is not an option as it would mean undermining the mission of providing affordable healthcare for target beneficiaries. Therefore, financial sustainability of operations will be a challenge for future operations of the hospital.

However, at this stage of the lifecycle of the project, the evaluation concludes that the required institutional, and financial conditions for ensuring sustained positive effects are in place, ensuring sustainability.

5 Conclusion

This impact assessment study was carried out with the objective of evaluating the impact of Cochin Shipyard's CSR project, *Jijamata Hospital and Women's Healthcare Center* (JHWHC), situated in Sindhkhed Raja, Maharashtra. JHWHC, situated in Sindhkhed Raja is a medical care facility set up by Jijau Srushti Matruteerth Trust (JSMT) with the funding support from CSL with the vision of providing affordable, and accessible quality medical care to the rural community in Sindhkhed Raja and neighbouring areas. The six dimensions of the OECD DAC Evaluation Criteria for social projects - *Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability* - were systematically applied to comprehensively analyse the project's performance. Mixed method research approach comprising qualitative interviews and a beneficiary survey was followed to collect and analyse data for assessing the project outcomes.

Based on the analysis of data collected from qualitative interviews and beneficiary survey, the project was evaluated on all dimensions of the OECD DAC criteria namely *relevance, coherence, effectiveness, efficiency, impact, and sustainability*. The study concludes that the project scores high on *relevance, and coherence*. Jijamata hospital established under the CSR project emerges as a healthcare facility that aligns with the beneficiaries' actual needs and priorities in this under-served rural area. Its focus on affordability, accessibility, and quality service care, especially in the case of cataract surgeries, makes it a relevant and meaningful initiative to address the healthcare challenges faced by the local population. The CSR project, also demonstrates a high level of coherence by aligning with national and international developmental objectives and policies.

affordable healthcare for the rural population in the project location. The project's focus on the elderly population further supports the objectives of the National Programme for the Health Care of the Elderly. Furthermore, the project is also in alignment with the company's broader CSR policy of fostering inclusive growth. Hence, the study considers the CSR project to be high in coherence dimension of the evaluation criteria.

On the *effectiveness* dimension, the project has proven to be effective, offering a highly rated, accessible alternative for primary medical care services in the area. Majority of beneficiaries expressed satisfaction, particularly in cost and quality dimensions of services. The high satisfaction levels, especially in critical aspects like cost and quality, coupled with consistent utilization patterns, underscores the effectiveness of the project. Thus, the evaluation supports the project's achievement in meeting its objectives, demonstrating its effectiveness in delivering affordable and accessible primary healthcare services. On the sustainability dimension of project, the evaluation concludes that the necessary institutional and financial conditions are in place, ensuring sustainability at this stage of the project's lifecycle. While financial sustainability appears positive in the near future, with income covering operational expenses, potential income disruption risks were acknowledged, highlighting the importance of generating sufficient funds to ensure the long-term effectiveness of the hospital's operations and optimize social returns from CSR spending.

The efficiency dimension of the intervention was evaluated by assessing whether the resources allocated justified the results achieved. The evaluation indicates that the hospital demonstrates efficiency in resource utilization by offering medical services at lower charges compared to alternatives in the community. In conclusion, despite being in the early stages, the project demonstrates positive outcomes, notably in enhancing healthcare affordability, addressing treatable blindness, and

improving overall quality of life for the community. The success of community healthcare camps and the tangible and intangible benefits experienced by beneficiaries, especially the elderly, emphasize the potential for the project to make meaningful and lasting positive changes in the lives of villagers, aligning with its mission and objectives.

5.1 Opportunities and Challenges

The project has undeniably made a tangible impact on its intended beneficiaries; however, several challenges threaten the sustainability and scalability of the program. These challenges manifest on both the demand and supply sides, with the most pressing issue being the financial sustainability of the JHWHC project. While the hospital demonstrates financial self-sustainability in operational terms, its reliance on cataract surgery services poses a significant vulnerability. Presently, the project receives no grants or donations to cover operational expenses, making

the expansion of the patient base crucial for survival. Unfortunately, increasing service fees contradicts the project's mission of providing affordable care to marginalized communities.

On the demand side, substantial efforts are required to enhance awareness among people in the target localities, influencing their health-seeking behaviours. On the service delivery side, securing reliable source of finance for operational costs poses a significant challenge, especially if expanding the range of medical services is on the agenda. Currently, the hospital covers operating expenses mainly through revenue generated from patient fees, predominantly from cataract surgeries. Another critical challenge lies in ensuring the availability of services provided by quality doctors for specialized care. The struggle to attract doctors to rural hospitals is a pervasive issue faced by medical facilities, even in the government sector nationwide. The hospital's remote location in a rural region, while integral to its mission, hinders its ability to attract quality medical professionals.

APPENDIX

CSL Jijamatha

SMS 10-2023

Beneficiary Quire

- A) Name of the Respondent
- B) Name of the Investigator
- C) Date of Survey
- D) Name of the Supervisor
- E) Back Checking Date.....

Section 1: Demographics

- 1) Age:
- 2) Gender: Male ☐ Female ☐ Other ☐
- 3) Education Level: No formal education ☐ Primary ☐ Secondary ☐ Higher education ☐
- 4) Marital Status: Single ☐ Married ☐
- 5) Occupation of the principal breadwinner
- 6) Size of the family
- 7) Number of women in the family.....
- 8) Number of children below 14 in the family: -----
- 9) Number of girl children.....
- 10) Do the children get any nutrition/health care support from schools
- 11) Number of people with disability.....
- 12) Number of people with chronic diseases
- 13) Annual Family Income:
Below 1 lakh ☐ 1-2 lakhs ☐ 2-3 lakhs ☐ 3-4 lakhs ☐ Above 4 lakhs ☐
- 14) Place of Residence
- 15) Distance from Jijamata hospital (in kilometres):.....
- 16) Do you avail any health insurance cover under any government scheme
Yes ☐ No ☐
- 17) Do you come under any other government scheme for free/subsidised medical treatment?
Yes ☐ No ☐ If yes Please specify

Section 2

- 18) Where do you regularly go for first referral medical service?
a) PHC ☐ b) Private practitioners traditional medicine practitioners ☐ c) Other government hospitals ☐
- 19) Were you aware of the existence of the Jijamatha Hospital facility before this survey?
Yes ☐ No ☐
- 19 (A) If yes, how did you first hear about the hospital facility?

- a) Community outreach ☐ b) Mobile units of jijamata ☐ c) Word of mouth ☐ d) Local media
e) Other ☐ (please specify): _____

20) Have you ever used the jijamata hospital facility? Yes ☐ No ☐

20(A) If no, the reasons

20(B) If yes, what services have you availed? (Check all that apply)

- a) OP facility ☐ b) IP facilities ☐ c) Diagnostics facility ☐ d) Child vaccination ☐
e) Any other ☐ (specify)

21) Have you ever used the Mobile medical camp facility? Yes ☐ No ☐

21(A) If yes, What services did you avail?

22) Has the mobile facility met your healthcare needs adequately? Yes ☐ No ☐ Not sure ☐

23) Do you know anyone who has used this facility? Yes ☐ No ☐

23(A) If yes, were they satisfied with the services of the hospital? Yes ☐ No ☐

Section 3

24) How frequently do you or your family members use Jijamata hospital services?

Regularly ☐ Occasionally ☐ Rarely ☐ Never ☐

25) In what ways has the hospital facility improved your access to healthcare services? (Select all that apply)

Reduced travel time ☐ Reduced costs ☐ Access to specialized medical care ☐ Better
treatment options ☐ Improved health outcomes ☐ Other (please specify): _____

26) Have you ever been referred to bigger hospital by Jijamata owing to inadequate facilities?

Yes ☐ No ☐ Not sure ☐

26(A) If yes, please elaborate -----

Section 4

27) Please rate your satisfaction with the following aspects of the hospital

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Availability of medical staff					
Quality of medical care					
Availability of essential medicines					
Availability of diagnostic facilities					
Timeliness of service					
Behaviour of Staff					
Cleanliness and hygiene					

28) Are there any specific aspects of the hospital's facilities or services that you think need improvement?

Please describe.....

Section 5

29) Apart from using the Jijamata hospital facility, do you or your family members seek healthcare services from other sources? Yes ☐ No ☐

29(A) If yes, please specify the alternative sources of healthcare services you use or consider

☐ Traditional healers ☐ Neighbouring towns' hospitals ☐ Others

30) What factors influence your decision to use alternative healthcare options instead of the Jijamata hospital facility? (Select all that apply)

Proximity to your location ☐ Trust in traditional practices ☐ Cost of treatment ☐
 Availability of specific treatments ☐ Past experiences ☐ Others ☐ (please specify):

31) How satisfied are you with the alternative healthcare options you have used? (If applicable)

Very Dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very Satisfied ☐

32) Are there any challenges or limitations associated with the alternative healthcare options you use or consider? Please describe:.....

Section 6:

33) In your opinion, how does the Jijamata hospital facility compare to the alternative healthcare options you use or consider in terms of the following aspects?

	Much Worse 1	Worse 2	Similar 3	Better 4	Much Better 5
Proximity to your location					
Trustworthiness and reliability					
Cost-effectiveness					
Availability of specific treatments					
Overall quality of care					

34) How would you rate the overall impact of the hospital facility on the quality of life and well-being?

- a. No Impact at all [] b. Not much impact [] c. Neutral [] d. Fairly good impact[]
e. Very Big Impact []

35) How has the Jijamatha hospital facility impacted your life and the lives of your family members?
(Select all that apply)

- a. Improved health outcomes [] b. Reduced healthcare expenses[] c. Saved travel time and costs[]
d. Access to specialized medical care[] e. Increased confidence in healthcare services[]

36) What improvements or changes could make the Jijamata hospital facility a more preferred choice for healthcare services compared to the alternatives?

37) Are there any challenges or limitations you have encountered in accessing or using the hospital facility's services? Please describe:

Section 7: Additional Feedback

38) Do you have any suggestions or comments on how to further enhance the impact of the Jijamata hospital facility?.....

Thank you for participating in this survey



SCHOOL OF MANAGEMENT STUDIES



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