

Supported by



Submitted by



Gift of Life – Child Heart Surgeries

Impact Assessment Report
FY 2023-24

Implemented by



Table of Contents

List of Abbreviations	03
Setting the Scene	04
Executive Summary	06
Project Dashboard	10
Research Design	13
Evaluation Results	18
Analysis using Evaluation Frameworks	32
Final Reflections	36

List of Abbreviations

- **CHD** Congenital Heart Disease
- **CSR** Corporate Social Responsibility
- **DPDP** Digital Personal Data Protection
- **FY** Financial Year
- **ICU** Intensive Care Unit
- **KII** Key Informant Interview
- **NHA** National Health Authority
- **NHM** National Health Mission
- **OECD-DAC** Organisation for Economic Co-operation and Development – Development Assistance Committee
- **PHC** Primary Health Centre
- **PM-JAY** Pradhan Mantri Jan Arogya Yojana
- **RBSK** Rashtriya Bal Swasthya Karyakram
- **SDG** Sustainable Development Goals

Setting the Scene

About this Report

This Impact Assessment Report presents an independent evaluation of the Gift of Life – Child Heart Surgeries initiative supported by Coromandel International Limited during FY 2023–24 and implemented by Sri Sathya Sai Health & Education Trust (Sri Sathya Sai Sanjeevani Centres for Child Heart Care). The assessment has been carried out by Chrysalis Services to examine the effectiveness and outcomes of the intervention.

The study follows a mixed-methods approach, combining primary data collected through beneficiary interactions, telephonic surveys, key informant interviews, and facility-level observations, as well as a review of project documentation and secondary data. The analysis is structured across key result areas to assess program delivery, service quality, and emerging outcomes.

Field-based assessment was undertaken at the Navi Mumbai centre in Maharashtra, complemented by telephonic engagement with beneficiaries across multiple states. The evaluation emphasises understanding beneficiary access, treatment experience, and continuity of care, while also capturing stakeholder perspectives on program implementation.

The findings presented in this report are grounded in field evidence and aim to provide actionable insights to strengthen program delivery and enhance the long-term impact of such healthcare-focused CSR initiatives.

About Coromandel and its CSR interventions

Coromandel International Limited is one of India's leading agri-solutions providers and a part of the Murugappa Group, a well-established business group with a strong legacy of trust and performance. Headquartered in India, the company plays a critical role in supporting the agricultural sector through a wide range of products and services, including fertilisers, crop protection solutions, bio-products, and retail services for farmers. With a strong distribution network and farmer-centric approach, Coromandel is committed to enhancing farm productivity and rural prosperity.

Aligned with its core philosophy of sustainable growth and inclusive development, Coromandel International Limited actively undertakes Corporate Social Responsibility (CSR) initiatives that focus on improving the quality of life in rural and underserved communities. The company's CSR efforts primarily focus on key thematic areas, including health and nutrition, education, sustainable agriculture, water conservation, and community development. Through these initiatives, Coromandel aims to address critical grassroots challenges while contributing to long-term socio-economic development.

A significant aspect of the company's CSR approach is its emphasis on community participation and capacity building. By working closely with local stakeholders, frontline workers, and implementing partners, Coromandel ensures that its interventions are need-based, scalable, and sustainable. Its programs often integrate awareness generation, behaviour change communication, and access to essential services, thereby creating meaningful and measurable impact at the community level.

About – Gift of Life

The Gift of Life initiative under Coromandel International Limited's CSR framework focuses on providing life-saving pediatric cardiac treatment to 100 children diagnosed with Congenital Heart Disease (CHD), primarily from economically vulnerable agricultural families. The surgeries were supported by Sri Sathya Sai Sanjeevani Centres for Child Heart Care, located in Nava Raipur (Chhattisgarh), Palwal (Haryana), and Navi Mumbai (Maharashtra), and were delivered free of cost to beneficiaries.

Through this initiative, Coromandel enabled a comprehensive continuum of care, including early screening and diagnosis, pre-operative stabilisation, surgical and catheter-based interventions, inpatient and post-operative care, and structured follow-up support. The program not only addresses critical healthcare needs and reduces child mortality associated with CHD, but also alleviates the significant financial burden on low-income families, enabling children to lead healthier lives while strengthening access to specialised pediatric cardiac care.



Image 1: A child with caretaker in the hospital premises

EXECUTIVE SUMMARY



Image 2: Sri Sathya Sai Sanjeevani Hospital – entrance gate and facility exterior

Project Name:

Gift of Life – Child Heart
Surgeries

Implementing Partner:

Sri Sathya Sai Health and
Education Trust

Project Assessment Period

FY 2023-24

Project Location: Implementation centres at Nava Raipur (Chhattisgarh), Palwal (Haryana), and Navi Mumbai (Maharashtra); beneficiaries covered across multiple states in India

Coverage: 100 children diagnosed with Congenital Heart Disease (CHD)

Target Group: Children (below 18 years) from economically vulnerable agricultural families

Activities



Identification & Screening: Early detection of CHD through screening and cardiology consultations



Pre-operative Care: Diagnostic assessments including echocardiography and stabilization prior to surgery



Surgical Intervention: Open heart surgeries and catheter-based cardiac procedures



Inpatient Care: ICU care, diagnostics, medicines, physiotherapy, nutrition, and hospital stay support



Post-operative Care & Follow-up: Structured follow-ups at 1 month, 3 months, 6 months, and annually



Support Services: Free accommodation, food, and counselling support for patient attendants

Assessment Sample

- 35 caregiver surveys
- 3 Key Informant Interviews (KIs) with hospital staff
- 2 KIs with implementing partner
- On-site beneficiary interactions during hospital visit
- Facility observation at Navi Mumbai centre



Performance Snapshot



The programme has led to **strong improvements in child health and physical functioning**, with 97% of children now able to perform age-appropriate activities without difficulty and 96% reporting overall health improvement



Significant gains in physical development and recovery were observed, with 94.29% reporting improved weight gain, 88.57% higher energy levels, and 85.71% reduction in breathlessness



The intervention has contributed to reduced **illness burden and improved immunity**, with 74.29% of children experiencing fewer infections and health complications



The programme has delivered **substantial psychosocial impact**, with 94.29% of caregivers reporting a significant reduction in stress and 85.71% observing improvements in children's behaviour and social interaction



It has ensured complete **financial protection for beneficiary families**, with 100% reporting zero out-of-pocket expenditure for treatment and a majority (51.43%) estimating that private treatment would have cost between ₹5-10 lakh



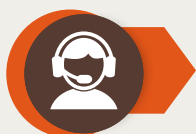
Despite geographic spread, **non-medical expenses remained relatively low**, with 68.57% of families spending only ₹5,000-₹20,000, primarily on travel



The programme demonstrates a **comprehensive and integrated care** model, with 100% of children receiving surgical treatment supported by diagnostics, medicines (85.71%), and follow-up care (65.71%)



Strong emphasis on **caregiver communication and support** is evident, with 85.71% reporting very clear explanations of treatment and post-care guidance



The intervention maintains **high standards of service quality and patient experience**, reflected in 97.14% positive staff behaviour ratings and 100% satisfaction with hospital hygiene



The programme ensures **continuity of care post-treatment**, with 77.14% of children currently under follow-up care or medication

SDG Alignment



Coherence with Policies and Programs

- National Health Mission (NHM)
- Rashtriya Bal Swasthya Karyakram (RBSK) (early screening and child health focus)

What worked well



Targeted Reach to High-Risk Children: Successfully identified and treated children with severe CHD from economically vulnerable backgrounds



Free Access to Life-Saving Cardiac Care: Eliminated financial barriers through completely free, high-quality treatment



End-to-End Continuum of Care: Integrated services from diagnosis to surgery, recovery, and follow-up ensured seamless care delivery



High Quality, Patient-Centric Care Delivery: Strong clinical expertise, infrastructure, and caregiver communication enhanced trust and satisfaction



Significant Health and Recovery Outcomes: Enabled improved physical functioning, recovery, and return to normal childhood activities



Financial and Psychosocial Relief for Families: Reduced caregiver stress and protected households from catastrophic health expenditure



Image 3: Child-focused awareness messages displayed within the hospital

1.PROJECT DASHBOARD



Image 4: Hospital ward with patients under care and monitoring

Project Dashboard

Project Name

Gift of Life - Child Heart Surgeries

Objective

To provide life-saving pediatric cardiac surgeries to children with Congenital Heart Disease (CHD) from economically vulnerable families, ensuring timely treatment and improved survival outcomes through completely free care.

Thematic Area

Pediatric Healthcare

Key Interventions



Screening & Diagnosis: Identification of CHD cases through consultations and diagnostics



Surgical Care: Open heart and catheter-based interventions



Inpatient Care: ICU, medicines, diagnostics, nutrition, and recovery support



Follow-up: Scheduled post-operative monitoring



Patient Support: Free accommodation, food, and counselling for caregivers

Implementation Reach

- Centres: Nava Raipur (Chhattisgarh), Palwal (Haryana), Navi Mumbai (Maharashtra)
- Coverage: Beneficiaries from 9 states across India
- Total Surgeries: 100

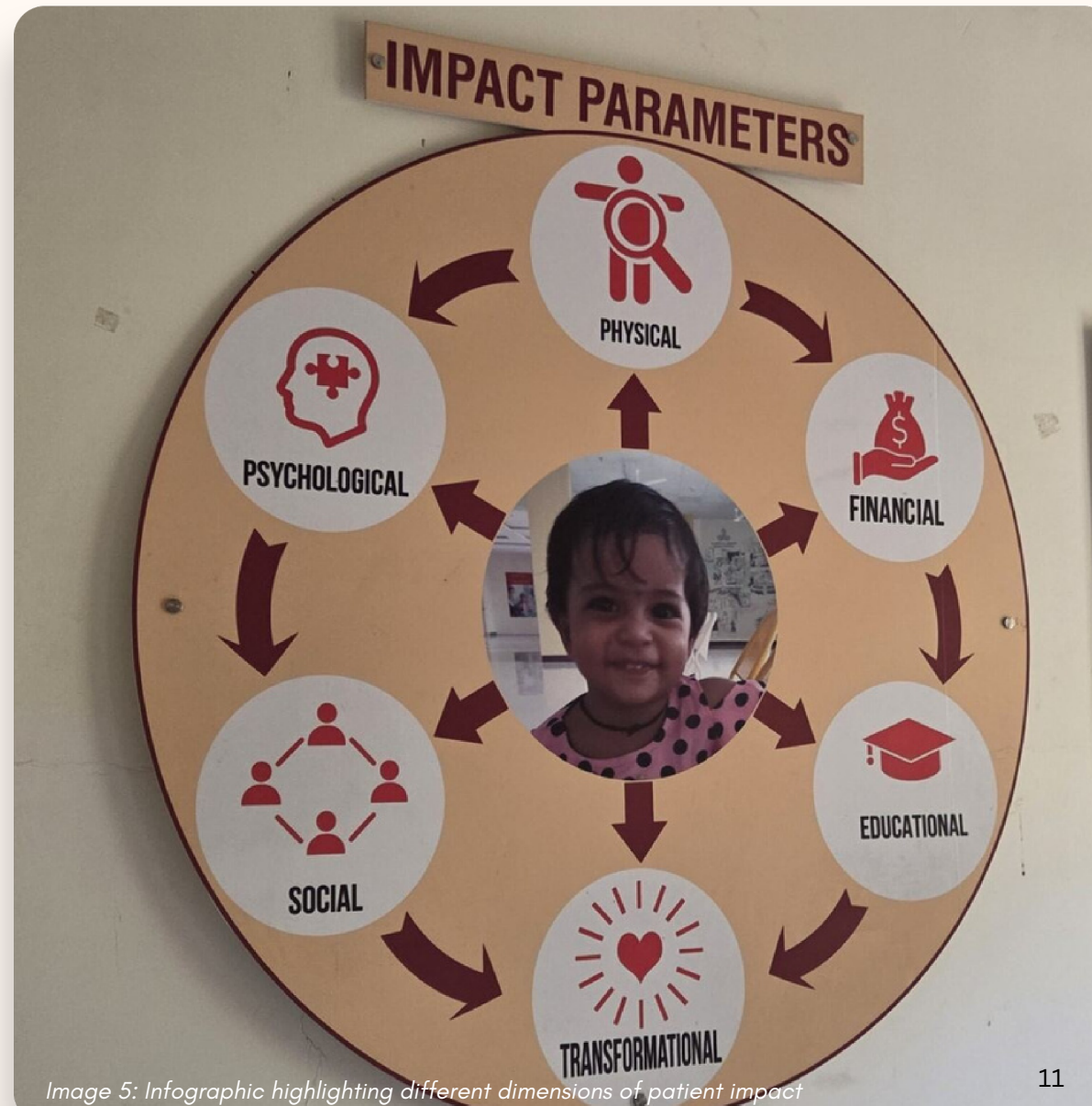


Image 5: Infographic highlighting different dimensions of patient impact

Beneficiary Profile

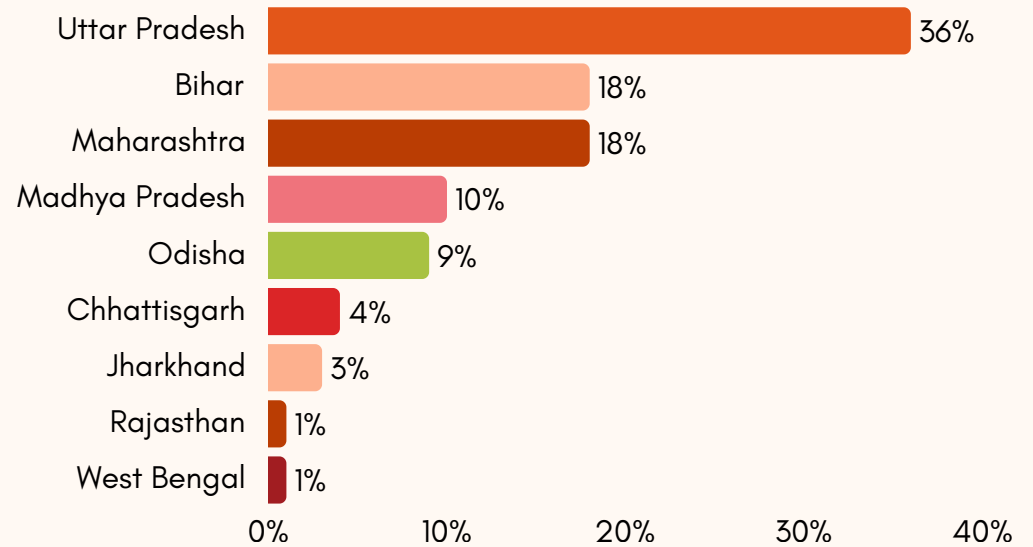
Total Beneficiaries: 100 children

Gender



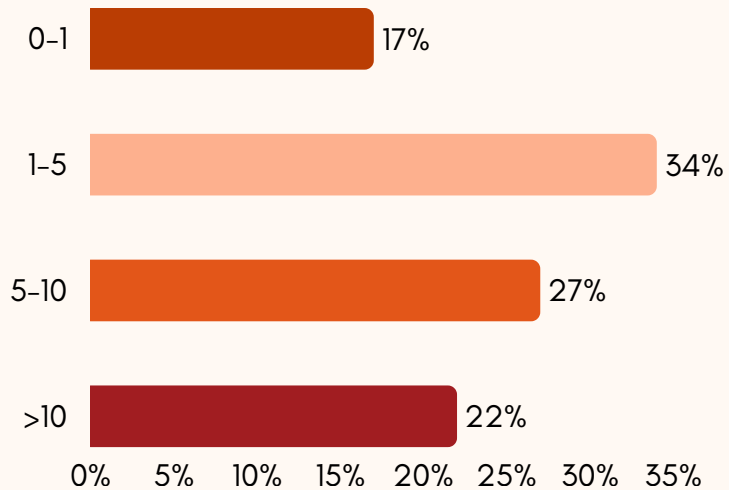
Graph 1: Beneficiary Profile - Gender

Origin State of Beneficiaries



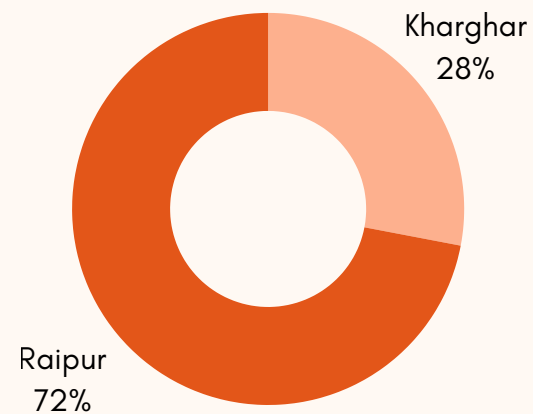
Graph 3: Beneficiary Profile - Origin State

Age



Graph 2: Beneficiary Profile - Age Distribution

Treatment Centre



Graph 4: Beneficiary Profile - Treatment Center

2.RESEARCH DESIGN



Image 6: Inpatient ward environment within the hospital facility

Our Approach

The study adopted a mixed-methods approach to assess the effectiveness of the Gift of Life – Child Heart Surgeries initiative in delivering accessible, high-quality pediatric cardiac care. The approach was designed to capture both aspects of service delivery and beneficiary experiences.

Primary data was collected through direct interactions with beneficiary families, telephonic surveys, key informant interviews, and on-site observations. This was complemented by a review of project records and secondary data to ensure triangulation.

The assessment incorporated perspectives from multiple stakeholders, including parents of beneficiaries, hospital staff, and the implementing partner. Field visits to the Navi Mumbai centre enabled validation of treatment processes, patient care services, and the overall functioning of the facility.

Chrysalis Methodology

RESEARCH



- Stakeholder consultations and project familiarisation
- Review of project documents and secondary data
- Identification of key assessment indicators

VALIDATION



- Cross-verification of responses across stakeholders
- Triangulation with secondary data and project records
- Internal quality checks during and after data collection

DESIGN



- Development of research tools (survey, KII guides, observation checklist)
- Finalisation of sampling plan
- Fieldwork planning and coordination

DATA ANALYSIS



- Consolidation of qualitative and quantitative data
- Thematic analysis of beneficiary experiences and service delivery
- Alignment of findings with project objectives

DATA COLLECTION



- Direct interactions with beneficiary parents at the hospital
- Telephonic surveys with beneficiary families
- KIIs with hospital staff and the implementing partner
- Facility and process observations

REPORTING



- Synthesis of key insights and findings
- Preparation and review of draft report
- Finalisation of report

Sampling Plan

The study employed a purposive sampling approach to capture insights from key stakeholders directly involved in the intervention. The sample was designed to reflect both service providers and beneficiaries, ensuring a balanced understanding of program implementation and outcomes.

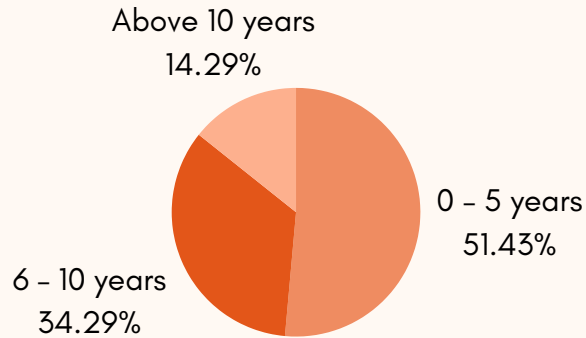
Stakeholder/ Cohort	Tools of study	Achieved Sample Size
Parents of Children with CHD (Primary Beneficiaries)	Direct Interaction	Parents present during hospital visit
Beneficiary Parents / Families	Telephonic Survey	35 Surveys
Hospital Staff (Doctors, Nurses)	Key Informant Interviews (KII)	3 KIIs
Implementing Partner (Sri Sathya Sai Health & Education Trust)	Key Informant Interview / Secondary Data	2 KIIs
Infrastructure & Process Observation	Direct Observation	Navi Mumbai Centre



Image 7: Main building Entrance, Sri Sathya Sai Sanjeevani Hospital, Maharashtra

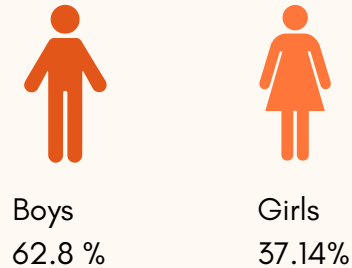
Respondent Profile

Age of Children



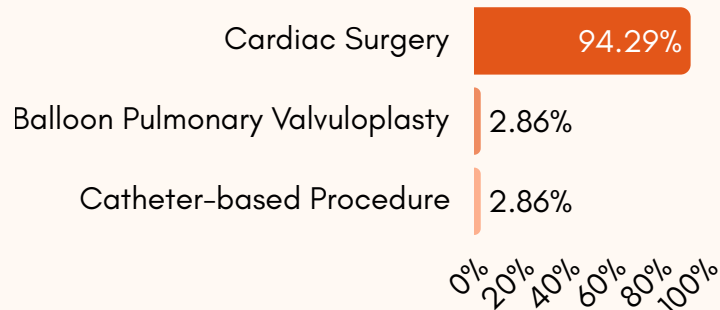
Graph 5: Respondent Profile - Age

Gender Distribution (of children)



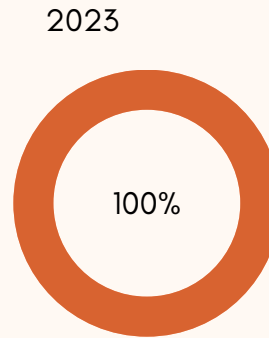
Graph 6: Respondent Profile - Child's Gender

Type of Treatment Received

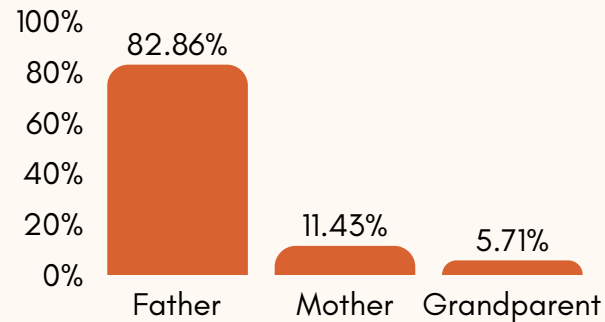


Graph 7: Respondent Profile - Type of treatment received

Year of Treatment

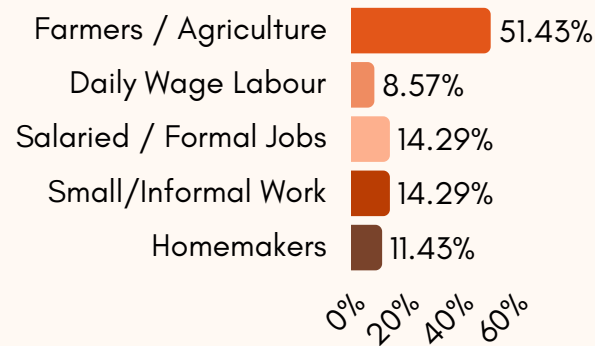


Respondent Relationship with Child



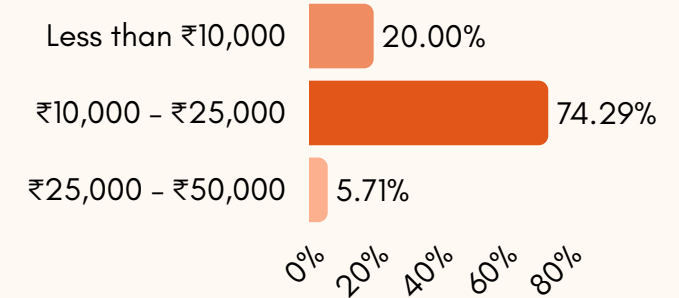
Graph 8: Respondent Profile - Relationship with child

Occupation



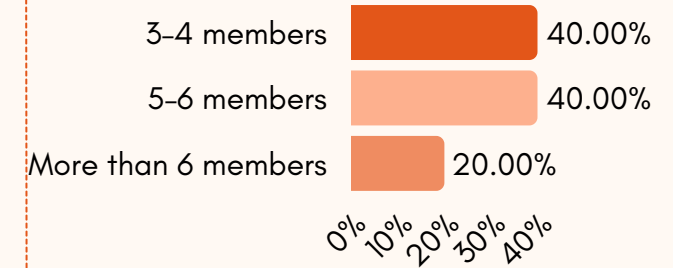
Graph 9: Respondent Profile - Occupation

Monthly Household Income



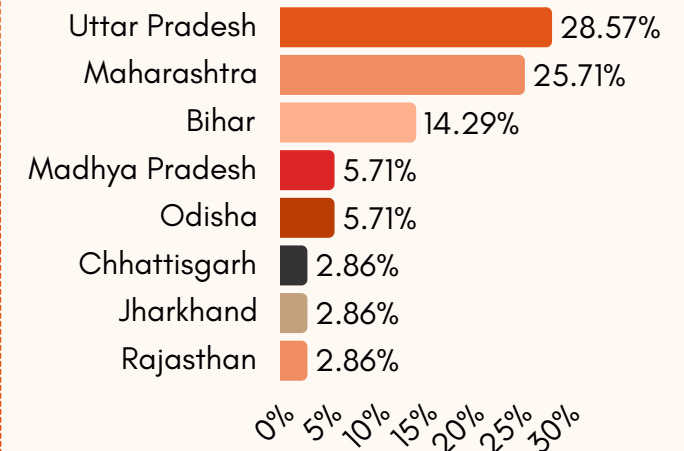
Graph 10: Respondent Profile - Monthly Household income

Household Size



Graph 11: Respondent Profile - Household size

Geographic Distribution (State-wise)



Graph 12: Respondent Profile - State-wise

Ethical Considerations

The study adhered to established ethical standards to ensure the dignity, safety, and rights of all participants, particularly children and vulnerable community members accessing public services.

- **Informed Consent:** Participants were briefed on the purpose and nature of the assessment before data collection. Consent was obtained from all respondents, and for students, interactions were conducted in the presence of school authorities. Data collection aligned with the principles of the Digital Personal Data Protection (DPDP) Act, 2023, ensuring the responsible and purpose-specific use of information.
- **Confidentiality & Privacy:** All responses were anonymised and used only for assessment purposes. Any photographs or case narratives included in the report were documented with prior consent and used solely to illustrate infrastructure improvements and user experiences.
- **Voluntary Participation:** Participation was entirely voluntary, and respondents were free to decline or withdraw at any stage without any consequence.
- **Respectful Engagement:** Interactions were conducted in a respectful and non-intrusive manner across schools and PHCs, ensuring minimal disruption to academic and healthcare activities while prioritising participant comfort and well-being.

Limitations of the Study

- **Geographical Scope of Field Validation:** Field-based observations were conducted at the Navi Mumbai centre, while insights from beneficiaries in other locations were captured through telephone interviews. The findings, therefore, reflect a combination of in-person validation and remote stakeholder perspectives.
- **Reliance on Self-reported Feedback:** Beneficiary insights were primarily drawn from self-reported experiences collected through interactions and surveys, which may be influenced by recall or response bias.



Image 8: Healthcare staff engaged in routine activities within the hospital

3.EVALUATION RESULTS



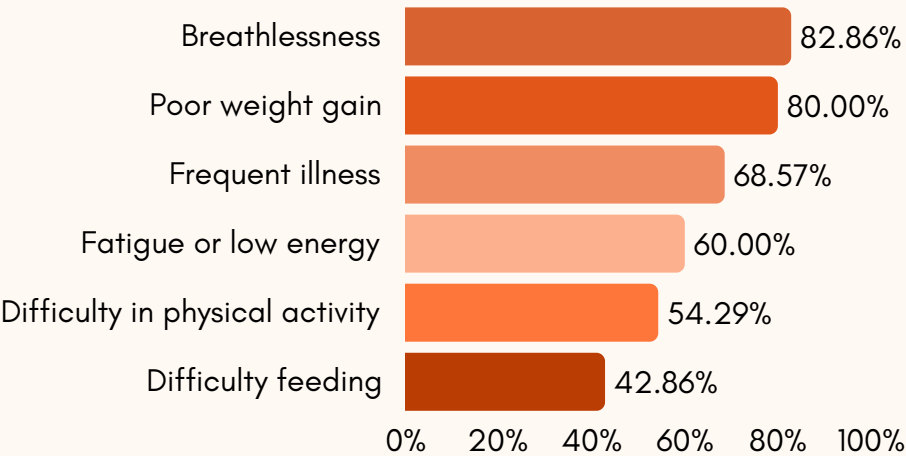
Image 9: Care delivery environment within the hospital ward

Improved Access to Life-Saving Cardiac Care Among Clinically Vulnerable Children

Children enrolled in the programme were largely in clinically vulnerable conditions prior to treatment, with symptoms significantly affecting their physical development and daily functioning. Caregivers reported that children commonly experienced breathlessness, poor weight gain, frequent illness, and fatigue, which limited their ability to engage in normal age-appropriate activities.

The programme has played a critical role in enabling access to specialised paediatric cardiac care for children who may otherwise have remained untreated or experienced significant delays. The high prevalence of severe symptoms at the time of entry reflects that the intervention is successfully reaching children at high medical risk and addressing an urgent unmet need among vulnerable populations.

What symptoms or issues did the child experience before treatment? (n=35, Multiple Response)



Graph 13: Pre-treatment Health Challenges among Children



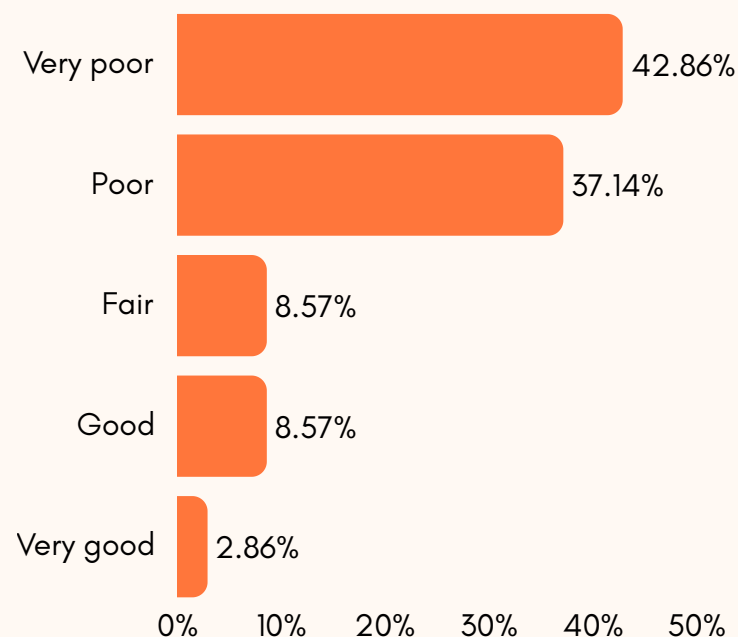
Image 10: Informational panel highlighting various Sanjeevani healthcare initiatives



Image 11: Information board indicating no-cost services for patients

Caregivers' perceptions of overall health further reinforce beneficiaries' vulnerability at enrolment, with a majority reporting poor or very poor health. This indicates that the programme is effectively targeting children in need of immediate medical attention.

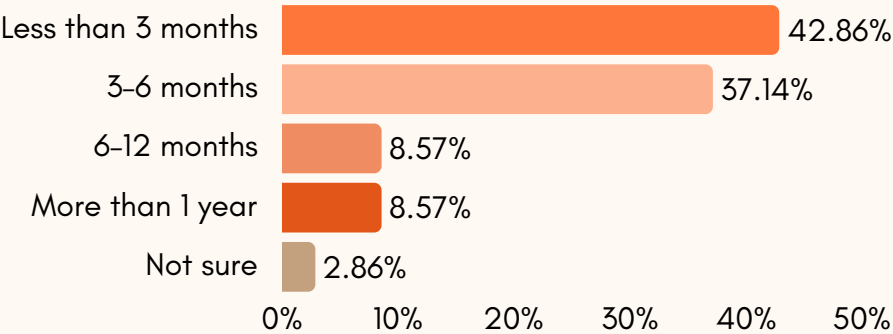
How would you describe the child's overall health before treatment? (n=35)



Graph 14: Overall Health Status Before Treatment

The duration of symptoms prior to treatment highlights the programme's role in bridging delays in access to care. Many children had been experiencing symptoms for extended periods, suggesting that the intervention is successfully reaching cases that might otherwise remain undiagnosed or untreated for long durations.

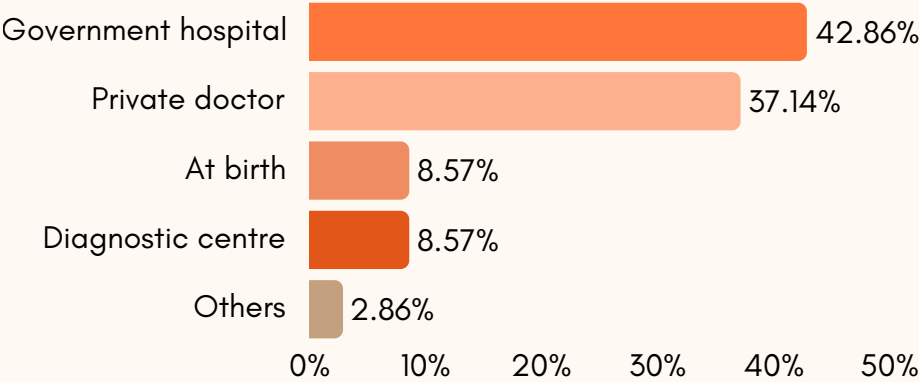
How long did the child have symptoms before treatment? (n=35)



Graph 15: Duration of Symptoms Before Treatment

The programme is accessed through a combination of formal and informal referral pathways. Families reported reaching the hospital through government facilities, private doctors, and other healthcare touchpoints, indicating strong integration with existing healthcare systems.

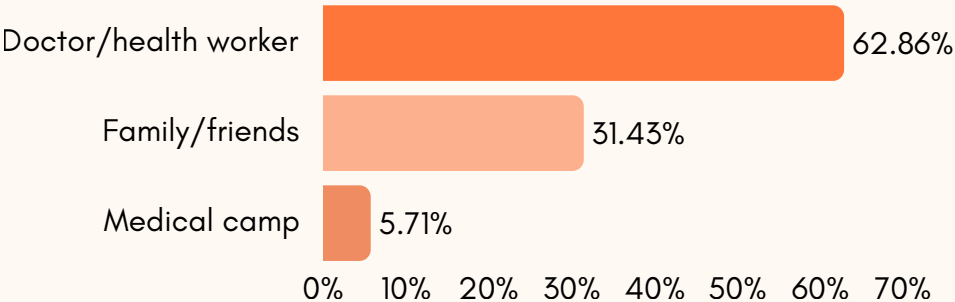
Where was the condition first identified? (n=35)



Graph 16: Location of First Diagnosis

Awareness of the programme is primarily driven through trusted networks such as doctors, health workers, and family connections. These referral channels play a crucial role in linking vulnerable children to timely treatment.

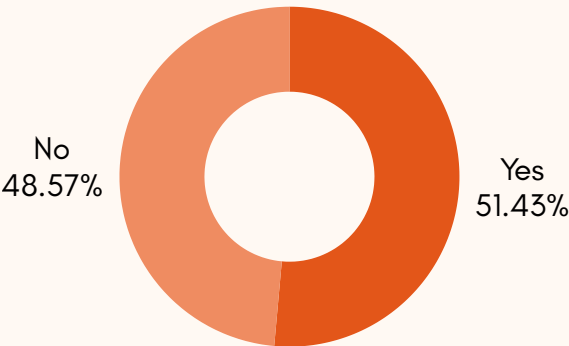
How did you first come to know about this hospital? (n=35)



Graph 17: Source of Awareness about Treatment Facility

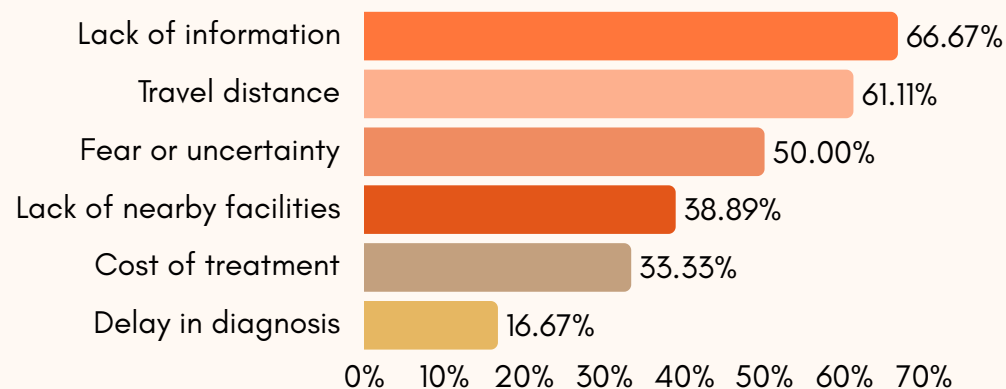
While caregivers reported certain challenges, such as travel distance and lack of information, these experiences further underline the programme’s importance in overcoming access barriers and enabling treatment for underserved populations.

Before reaching this hospital, did you face any difficulties in accessing treatment? (n=35)



Graph 18: Difficulties Faced in Accessing Treatment

If yes, what kind of difficulties did you face? (n=18, Multiple Response)



Graph 19: Types of Challenges Faced Before Accessing Treatment

The programme has been highly effective in expanding access to life-saving cardiac care for clinically vulnerable children who would otherwise face significant barriers to treatment. By reaching children with severe conditions and linking them to specialised care through strong referral networks, the intervention addresses a critical healthcare gap while improving equity in access to advanced medical services.

Delivering Comprehensive and Seamless Continuum of Care for Improved Treatment Outcomes

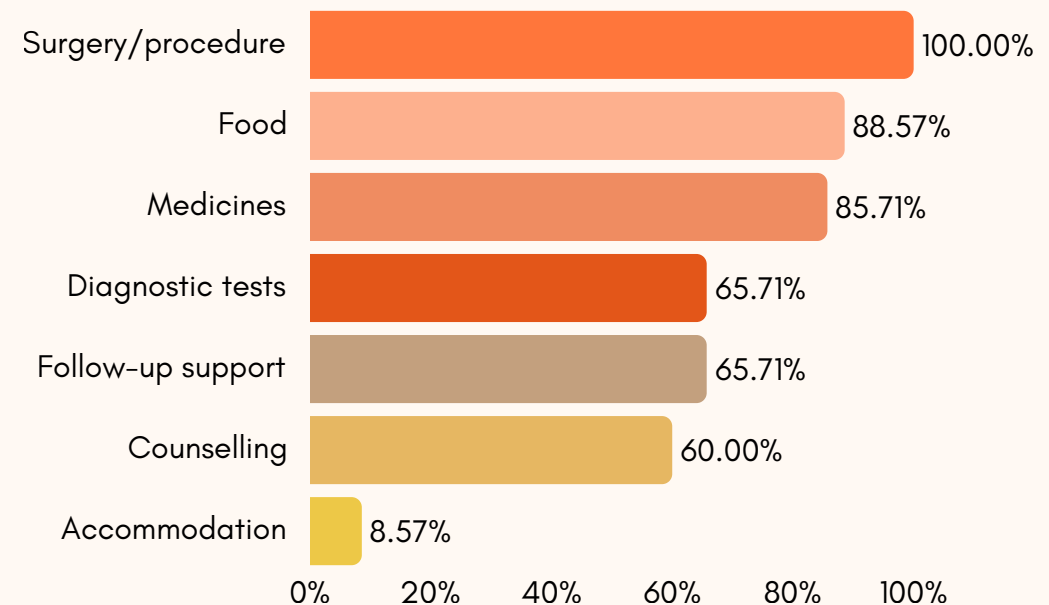
The programme delivers a comprehensive continuum of care that extends beyond surgical intervention to include diagnosis, pre-operative preparation, inpatient care, and post-operative recovery support. Caregivers reported that children received a wide range of services covering both clinical and supportive needs, reflecting a well-coordinated and integrated treatment approach.



Image 12: Corridor space within the hospital facility

The availability of multiple services within a single system ensures continuity of care and reduces fragmentation, enabling children to move smoothly through different stages of treatment. In addition to surgical procedures, services such as diagnostics, medicines, counselling, and follow-up support contribute to improved recovery outcomes and enhanced caregiver preparedness.

Which of the following services were received? (n=35, Multiple Response)



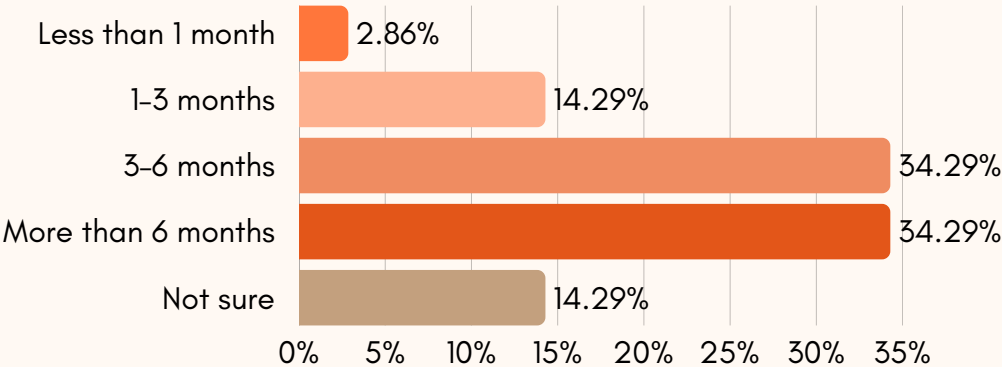
Graph 20: Services Received under the Programme

Timelines from diagnosis to treatment reflect a structured approach to clinical preparation and case management. The variation in time taken indicates that children are carefully stabilised and assessed prior to intervention, ensuring readiness for surgery and improving clinical outcomes.



Image 13: Display showcasing Sanjeevani hospital centres across locations

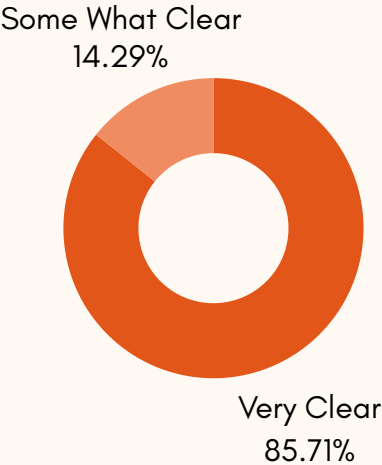
How much time did it take from diagnosis to treatment in this hospital? (n=35)



Graph 21: Time Taken from Diagnosis to Treatment

Effective communication and counselling emerged as key strengths of the programme. Caregivers reported that explanations regarding treatment were clear and helped them understand the child’s condition and the care process, contributing to informed decision-making and reduced anxiety.

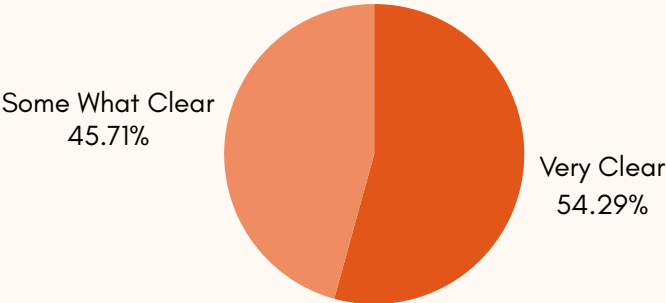
How would you describe the explanations provided about the treatment? (n=35)



Graph 22: Clarity of Treatment Explanation

Post-treatment guidance further strengthens the continuity of care by equipping caregivers with the knowledge required for home-based recovery. Instructions related to medicines, activities, and follow-up support improve adherence and reduce the likelihood of complications.

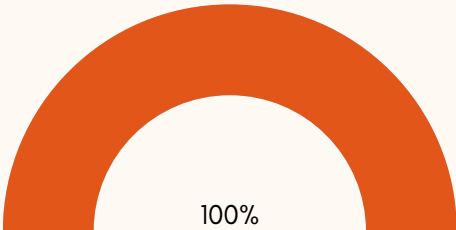
How would you describe the instructions provided for care after treatment? (n=35)



Graph 23: Clarity of Post-Treatment Instructions

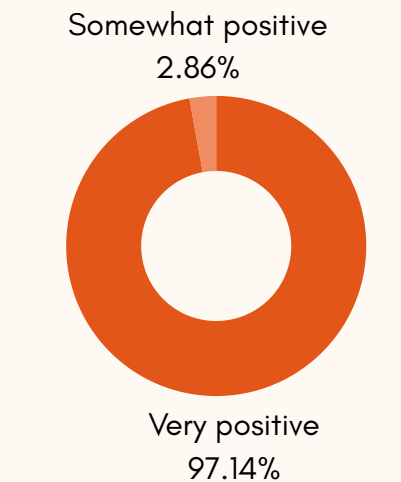
The treatment environment reinforces the quality and effectiveness of care delivery. Caregivers consistently reported high standards of cleanliness and hygiene, as well as positive, supportive interactions with hospital staff, which contributed to a safe and reassuring treatment experience.

How would you describe the cleanliness and hygiene at the hospital? (n=35)



Graph 24: Cleanliness and Hygiene at the Hospital

How would you describe the behaviour of hospital staff? (n=35)



Graph 25: Behaviour of Hospital Staff

The programme demonstrates a strong and effective continuum of care by integrating medical treatment with supportive services, clear communication, and structured recovery guidance. This holistic approach enhances treatment outcomes, improves caregiver confidence, and ensures that children receive consistent support throughout their recovery journey.

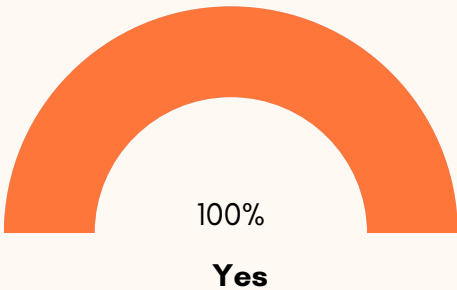
High-Quality Patient-Centric Care Enabled Through Strong Institutional Systems

The programme is supported by a robust institutional ecosystem that combines clinical expertise with patient-centric service delivery. Caregivers consistently reported a high-quality treatment experience, reflecting strong standards in infrastructure, hygiene, and staff responsiveness across the centres.

The presence of specialised medical teams, structured protocols, and coordinated care pathways ensures that children receive safe and effective treatment at every stage. Observations also indicate that the hospital environment is well-maintained, organised, and conducive to recovery, contributing to both clinical outcomes and caregiver confidence.

Caregivers’ overall experience with the programme was highly positive, reflecting satisfaction with both medical care and support services.

How would you rate your overall experience with the program? (n=35)



Graph 26: Overall Experience with the Programme

The programme’s commitment to equitable care is further demonstrated through the complete absence of treatment-related expenses during hospitalisation, ensuring that financial constraints do not affect access to quality healthcare.

Did you incur any expenses at the hospital for treatment? (n=35)



Graph 27: Out-of-Pocket Expenditure for Treatment

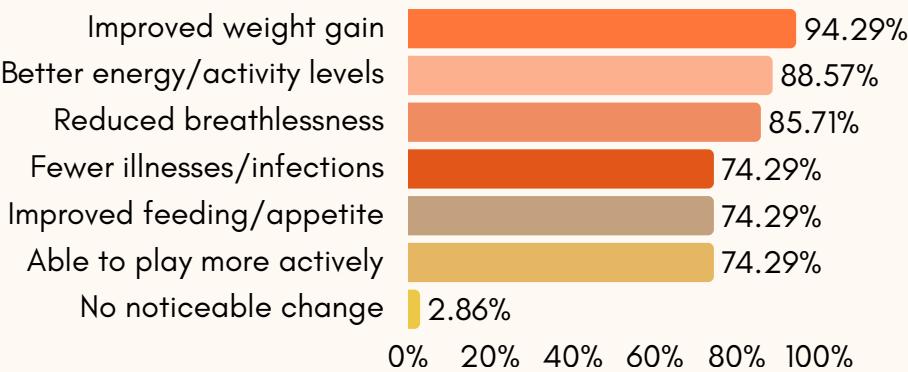
The programme demonstrates strong institutional capacity and a patient-centric approach, ensuring high-quality, reliable, and equitable service delivery. The combination of clinical excellence, supportive infrastructure, and compassionate care significantly enhances both treatment experience and outcomes.

Improved Health Outcomes and Restoration of Physical Wellbeing

Post-treatment outcomes reflect a significant improvement in the health and physical functioning of children. Caregivers reported noticeable gains in energy levels, reduction in symptoms, and improved overall well-being following treatment.

Children who previously experienced severe limitations in physical activity and daily functioning were able to resume age-appropriate activities, indicating successful clinical intervention and recovery. Improvements in weight gain, reduced breathlessness, and fewer illnesses further highlight the effectiveness of the treatment.

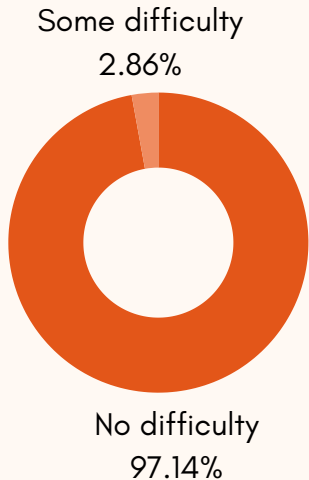
What changes have you noticed in the child’s health after treatment? (n=35, Multiple Response)



Graph 28: Changes in Child’s Health After Treatment

The ability to perform age-appropriate activities has significantly improved, reflecting restoration of normal childhood functioning.

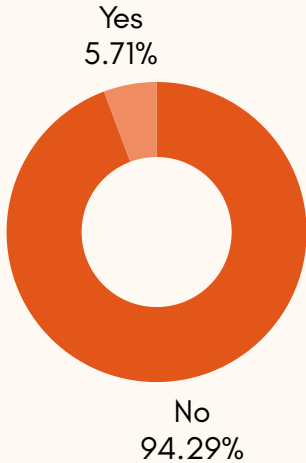
How is the child’s ability to perform age-appropriate activities now (playing, walking, or daily activities)? (n=35)



Graph 29: Ability to Perform Age-Appropriate Activities

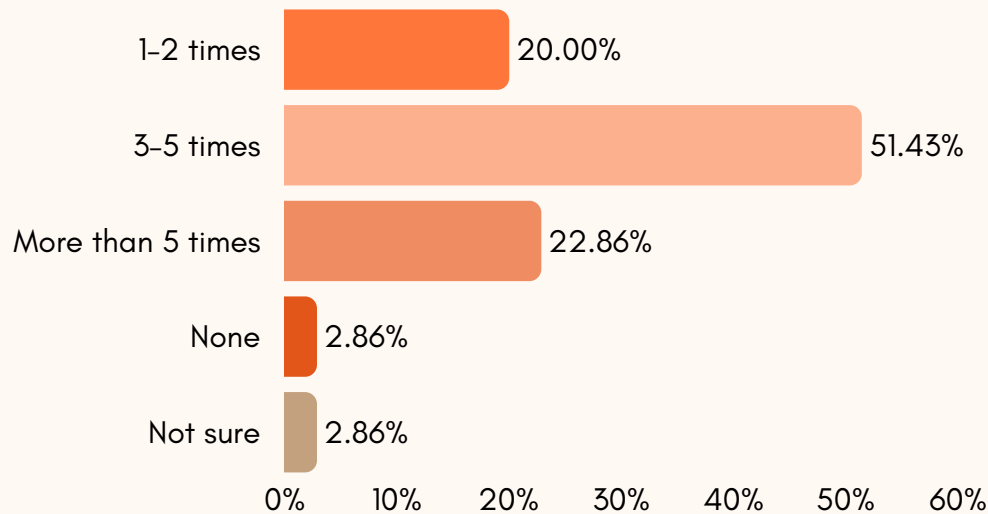
Post-treatment complications were minimal, indicating effective surgical outcomes and recovery support.

Did the child experience any issues after treatment? (n=35)



Graph 30: Post-Treatment Complications

Has the child required hospital visits after treatment? (n=35)



Graph 31: Post-Treatment Hospital Visits

The programme has led to significant improvements in children's health, enabling recovery from critical conditions and restoration of normal physical functioning. These outcomes demonstrate the effectiveness of timely intervention combined with quality care and post-operative support.

Enhanced Psychosocial Wellbeing and Developmental Outcomes for Children and Caregivers

Beyond clinical recovery, the programme has contributed to meaningful improvements in the psychosocial well-being of both children and their caregivers. Caregivers reported a substantial reduction in stress levels following treatment, reflecting relief from both medical uncertainty and financial burden.

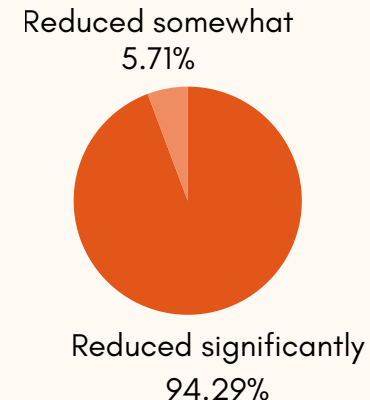


Image 14: Indoor play area supporting child-friendly hospital environment



Image 15: Exterior view of the hospital campus environment

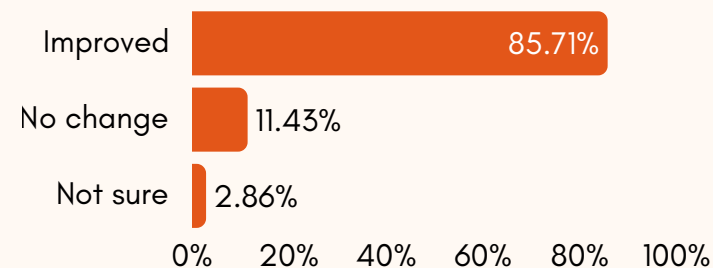
How has your level of stress related to the child's health changed? (n=35)



Graph 32: Change in Caregiver Stress Levels

Children also demonstrated positive behavioural and social changes, including improved interaction and engagement, indicating better emotional and developmental outcomes post-treatment.

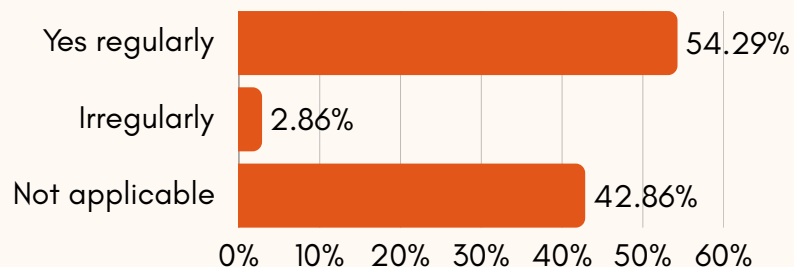
Have you noticed any changes in the child's interaction or behaviour? (n=35)



Graph 33: Change in Caregiver Stress Levels

Improved health has also enabled better participation in education and daily life activities.

Is the child currently attending school? (n=35)



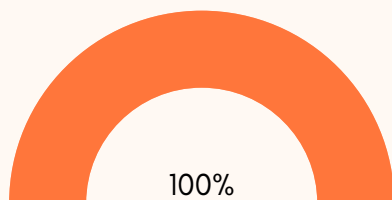
Graph 34: Current School Attendance Status

The programme has created a strong positive impact on the emotional well-being and overall quality of life of beneficiary families. By reducing caregiver stress and enabling children to engage more actively in social and developmental activities, the intervention contributes to holistic recovery beyond physical health.

Significant Financial Relief and Protection Against Catastrophic Health Expenditure

The programme has substantially reduced the financial burden of paediatric cardiac treatment, enabling families who would otherwise face significant economic constraints to access care. All caregivers reported that no expenses were incurred for treatment at the hospital, highlighting the programme's commitment to equitable access.

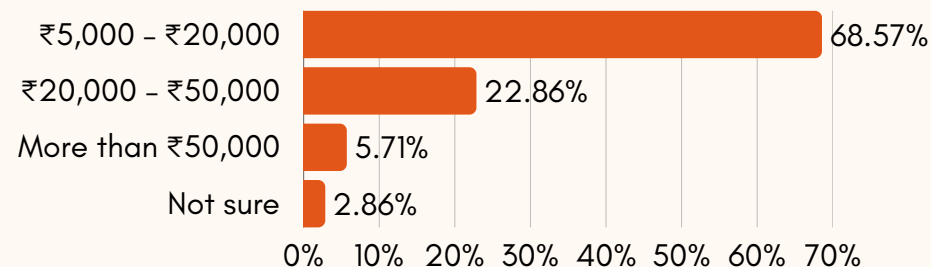
Did you incur any expenses at the hospital for treatment? (n=35)



Graph 35: Out-of-Pocket Expenditure for Treatment

While some families incurred non-medical expenses such as travel, these were relatively limited compared to the overall cost of treatment.

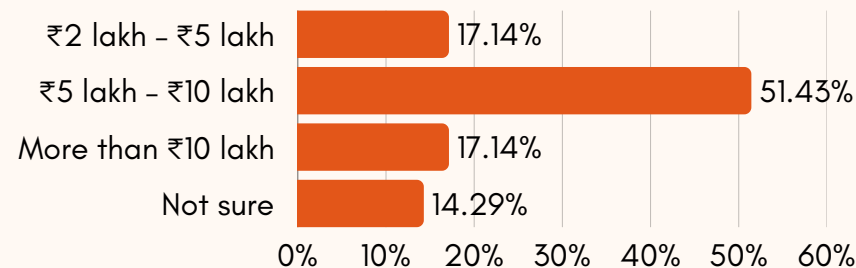
Approximate non-medical expenses (travel/stay/food) you made during the treatment (n=35)



Graph 36: Non-Medical Expenses Incurred During Treatment

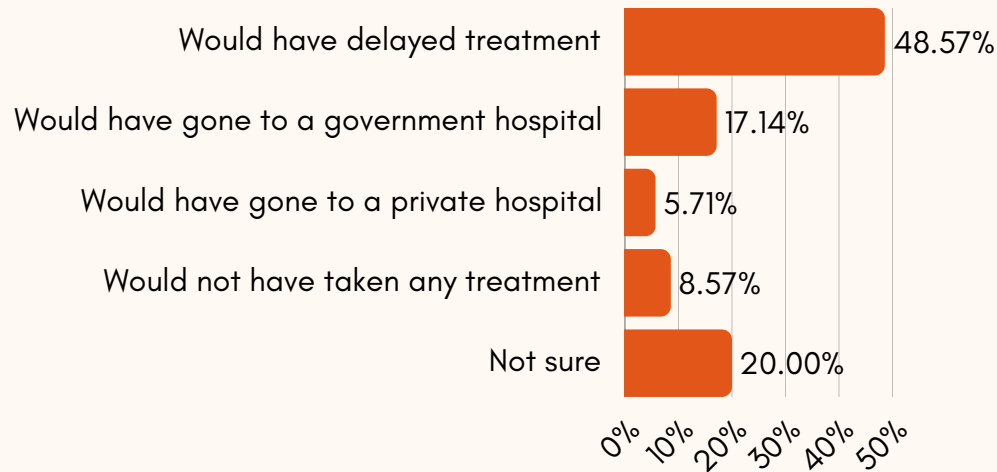
Caregivers reported that treatment costs at private facilities would have been significantly higher, underscoring the programme's financial value.

If similar treatment was done elsewhere, what do you think the cost would have been? (n=35)



Graph 37: Non-Medical Expenses Incurred During Treatment

If this program was not available, what would you most likely have done? (n=35)



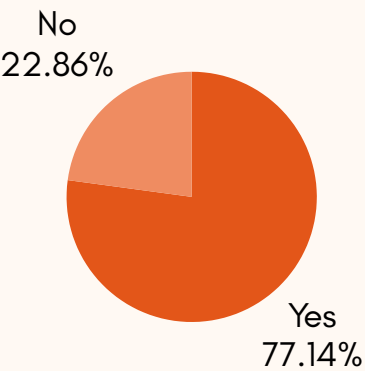
Graph 38: Likely Action in Absence of the Programme

The programme provides strong financial protection by eliminating major treatment costs, preventing economic distress among vulnerable households. This enables timely access to care while safeguarding families from debt, asset loss, and long-term financial instability.

Sustained Treatment Outcomes Supported Through Follow-Up and Continuity of Care

The programme demonstrates a strong emphasis on continuity of care, with a majority of children remaining under follow-up care or medication after treatment. This ongoing engagement supports sustained recovery and long-term health outcomes.

If this program was not available, what would you most likely have done? (n=35)



Graph 39: Follow-up Care Status

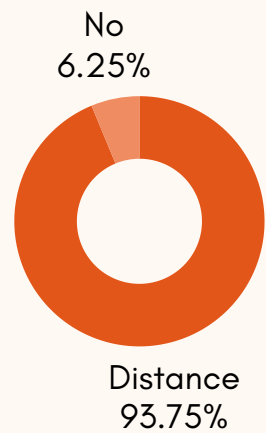
Caregivers reported minimal challenges in continuing follow-up care, indicating effective guidance and support mechanisms. Among those who reported challenges, distance emerged as the primary factor, reflecting geographical constraints rather than programme limitations.

Do you face any challenges in continuing care or follow-ups? (n=35)



Graph 40: Challenges in Continuing Follow-up Care

If yes, what challenges do you face? (n=16)



Graph 41: Challenges in Continuing Follow-up Care

The programme effectively supports continuity of care through follow-up systems and post-treatment guidance, contributing to sustained health outcomes. While geographical factors influence follow-up for some families, the overall model demonstrates strong potential for long-term impact and support for recovery.

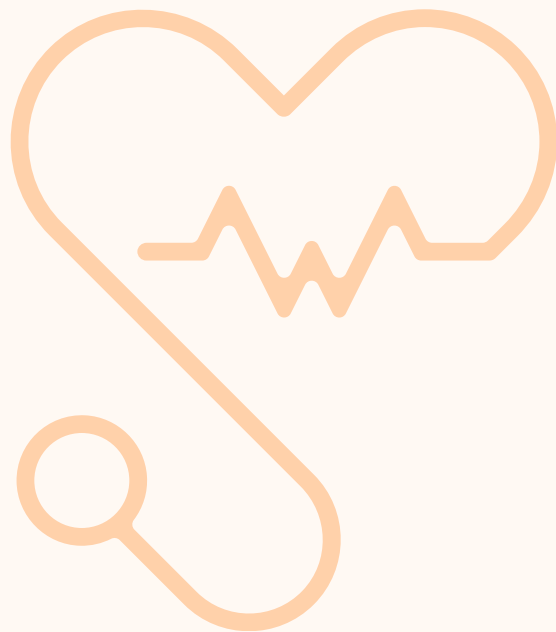


Image 16: Well Baby Clinic and Centre for Wellness within the hospital premises

4.ANALYSIS USING EVALUATION FRAMEWORKS



Image 17: Hospital campus showing nearby urban development



RELEVANCE

The project demonstrates strong relevance by addressing a critical and underserved healthcare need—access to timely pediatric cardiac care for children diagnosed with Congenital Heart Disease (CHD). In the Indian context, where affordability and availability of specialised cardiac treatment remain significant barriers, particularly for low-income families, the intervention directly responds to a high-burden health condition linked to child mortality. The focus on economically vulnerable agricultural families further strengthens its alignment with equity-driven healthcare priorities and ensures that support reaches those most in need.



EFFECTIVENESS

The intervention has been effective in delivering its intended outputs through a structured, comprehensive care model spanning diagnosis, surgical intervention, and postoperative follow-up. The use of specialised paediatric cardiac centres with established clinical expertise has enabled timely, high-quality treatment. The continuity of care, including pre-operative stabilisation and scheduled follow-ups, indicates a well-functioning service delivery system that supports improved clinical outcomes and recovery for beneficiaries.



EFFICIENCY

The project reflects a high degree of efficiency through the utilisation of existing institutional infrastructure and standardised clinical protocols. By integrating multiple stages of care—screening, diagnostics, surgery, and recovery—within a single service ecosystem, the program minimises delays and reduces fragmentation in treatment delivery. The centralised model of care, combined with support services for patients and caregivers, contributes to streamlined operations and optimal use of available resources.



COHERENCE

The initiative exhibits strong external coherence with broader health sector priorities at national and global levels, particularly those focused on reducing child mortality, expanding access to tertiary healthcare, and promoting equitable health systems. The program complements existing public health efforts by addressing gaps in specialised care that are not uniformly accessible through public systems, thereby reinforcing the overall healthcare ecosystem without duplication of services.



IMPACT

The project has generated a significant positive impact by enabling life-saving interventions for children with CHD who would otherwise face limited access to treatment. Beyond immediate clinical outcomes, the intervention has contributed to improved long-term health prospects and quality of life for beneficiaries. It has also alleviated the financial stress associated with high-cost cardiac procedures, thereby supporting household stability and well-being among economically vulnerable families.



SUSTAINABILITY

The program demonstrates elements of sustainability through its reliance on established healthcare institutions, standardised care protocols, and structured follow-up mechanisms. The presence of dedicated pediatric cardiac centres and experienced medical teams supports continuity in service delivery. Additionally, the model's focus on end-to-end care and institutional systems enhances its potential for replication and scale, provided sustained financial and operational support is maintained.

Alignment to Sustainable Development Goals (SDGs)

SDG Goal

Relevant Sub-Targets

Project Alignment



3.2: End preventable deaths of newborns and children under 5 years

The project contributes by enabling timely surgical intervention for children with CHD, reducing risk of early mortality.

3.8: Achieve universal health coverage

Provides free access to specialized tertiary healthcare services for economically vulnerable populations.



10.2: Empower and promote social inclusion

Expands access to advanced healthcare services for underserved and low-income families across multiple states.

Alignment with National / State Programs and Policies

Policy / Program Name	Implementing Agency / Ministry	Program Alignment / Contribution
Rashtriya Bal Swasthya Karyakram (RBSK)	Ministry of Health & Family Welfare, Government of India	Supports early identification and treatment of congenital conditions such as CHD, contributing to reduced child morbidity and mortality.
Ayushman Bharat (PM-JAY)	National Health Authority (NHA), Government of India	Aligns with the objective of reducing financial burden on vulnerable families by enabling access to free tertiary healthcare services.
National Health Policy 2017	Ministry of Health & Family Welfare, Government of India	Contributes to improving access to affordable and quality healthcare, particularly for children, and reducing preventable mortality.
National Health Mission (NHM)	Ministry of Health & Family Welfare, Government of India	Strengthens access to specialized healthcare services and improves health outcomes in underserved populations.

5.FINAL REFLECTIONS



Image 18: Visual display highlighting geographic reach and impact of services

What Worked Well

- Enabled access to free, life-saving paediatric cardiac treatment for children from economically vulnerable families
- Successfully reached clinically high-risk children, addressing a critical gap in specialised healthcare access
- Delivered a comprehensive continuum of care, including diagnostics, surgery, inpatient care, counselling, and follow-up support
- Ensured high-quality, patient-centric care, reflected in strong caregiver satisfaction and positive treatment experience
- Led to significant improvements in child health outcomes, including physical activity, growth, and reduced complications
- Reduced caregiver stress and anxiety, strengthening household emotional well-being
- Provided complete financial protection, preventing catastrophic health expenditure and distress coping mechanisms

Why It Matters

- Addresses a critical public health challenge, where delayed CHD treatment can lead to severe morbidity and avoidable mortality
- Creates equitable access to advanced healthcare, especially for underserved and low-income populations
- Contributes to long-term child development outcomes, including improved physical, social, and educational participation
- Prevents household financial shocks, safeguarding livelihoods and reducing vulnerability
- Strengthens trust in institutional healthcare systems through quality care and compassionate service delivery
- Demonstrates a scalable and replicable CSR model for delivering high-impact tertiary healthcare interventions

What Remains to be Addressed

- Travel and non-medical expenses continue to be a challenge for some families, especially those coming from distant locations
- Delayed diagnosis and referral pathways still affect timely access to treatment for certain beneficiaries
- Need for stronger awareness and outreach mechanisms to ensure early identification of CHD cases
- Scope to further strengthen follow-up tracking systems to ensure continuity of care for all beneficiaries
- Opportunity to improve clarity on post-discharge care and expenses, especially for medicines and long-term management



Image 19: Hospital emblem displayed within the campus premises

Graph Index

Graph 1: Beneficiary Profile – Gender
Graph 2: Beneficiary Profile – Age Distribution
Graph 3: Beneficiary Profile – Origin State
Graph 4: Beneficiary Profile – Treatment Center
Graph 5: Respondent Profile – Age
Graph 6: Respondent Profile – Child's Gender
Graph 7: Respondent Profile – Type of treatment received
Graph 8: Respondent Profile – Relationship with child
Graph 9: Respondent Profile – Occupation
Graph 10: Respondent Profile – Monthly Household income
Graph 11: Respondent Profile – Household size
Graph 12: Respondent Profile – State-wise
Graph 13: Pre-treatment Health Challenges among Children
Graph 14: Overall Health Status Before Treatment
Graph 15: Duration of Symptoms Before Treatment
Graph 16: Location of First Diagnosis
Graph 17: Source of Awareness about Treatment Facility
Graph 18: Difficulties Faced in Accessing Treatment
Graph 19: Types of Challenges Faced Before Accessing Treatment
Graph 20: Services Received under the Programme
Graph 21: Time Taken from Diagnosis to Treatment
Graph 22: Clarity of Treatment Explanation
Graph 23: Clarity of Post-Treatment Instructions
Graph 24: Cleanliness and Hygiene at the Hospital
Graph 25: Behaviour of Hospital Staff

Graph 26: Overall Experience with the Programme
Graph 27: Out-of-Pocket Expenditure for Treatment
Graph 28: Changes in Child's Health After Treatment
Graph 29: Ability to Perform Age-Appropriate Activities
Graph 30: Post-Treatment Complications
Graph 31: Post-Treatment Hospital Visits
Graph 32: Change in Caregiver Stress Levels
Graph 33: Change in Caregiver Stress Levels
Graph 34: Current School Attendance Status
Graph 35: Out-of-Pocket Expenditure for Treatment
Graph 36: Non-Medical Expenses Incurred During Treatment
Graph 37: Non-Medical Expenses Incurred During Treatment
Graph 38: Likely Action in Absence of the Programme
Graph 39: Follow-up Care Status
Graph 40: Challenges in Continuing Follow-up Care
Graph 41: Challenges in Continuing Follow-up Care

Image Index

Image 1: A child with caretaker in the hospital premises

Image 2: Sri Sathya Sai Sanjeevani Hospital – entrance gate and facility exterior

Image 3: Child-focused awareness messages displayed within the hospital

Image 4: Hospital ward with patients under care and monitoring

Image 5: Infographic highlighting different dimensions of patient impact

Image 6: Inpatient ward environment within the hospital facility

Image 7: Main building Entrance, Sri Sathya Sai Sanjeevani Hospital, Maharashtra

Image 8: Healthcare staff engaged in routine activities within the hospital

Image 9: Care delivery environment within the hospital ward

Image 10: Informational panel highlighting various Sanjeevani healthcare initiatives

Image 11: Information board indicating no-cost services for patients

Image 12: Corridor space within the hospital facility

Image 13: Display showcasing Sanjeevani hospital centres across locations

Image 14: Indoor play area supporting child-friendly hospital environment

Image 15: Exterior view of the hospital campus environment

Image 16: Well Baby Clinic and Centre for Wellness within the hospital premises

Image 17: Hospital campus showing nearby urban development

Image 18: Visual display highlighting geographic reach and impact of services

Image 19: Hospital emblem displayed within the campus premises