

IMPACT ASSESSMENT REPORT

CHARUTAR AROGYA MANDAL (10456)

Project Duration- 15th May 2022 to 15th Aug 2023

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Executive Summary

The Bajaj General Insurance Co. Ltd. supported pediatric and neonatal care initiative at Shree Krishna Hospital, Karamsad, Gujarat, stands as a significant intervention in addressing critical gaps in healthcare access and affordability for socioeconomically disadvantaged families. Implemented between May 2022 and August 2023, this initiative successfully combined advanced medical care, targeted financial support, and structured caregiver engagement within an institutional framework, contributing to improved child survival, reduced economic burden, and strengthened health-seeking behaviours.

During the program period, Bajaj fully utilized an allocated budget of INR 100 Lakhs under its Corporate Social Responsibility (CSR) mandate. This financial support was disbursed in three phases, enabling treatment for a total of 282 children from economically vulnerable households. The average financial support per child ranged from INR 32,786 to INR 40,000, varying according to treatment complexity. These interventions addressed a wide range of critical pediatric and neonatal conditions, including congenital heart defects, prematurity, low birth weight complications, severe infections like sepsis and meningitis, and advanced neurosurgical conditions. The initiative enabled life-saving surgeries and prolonged NICU and PICU care that would otherwise be inaccessible to many families due to high costs or lack of specialized services in rural regions.

A major achievement of the program was the substantial reduction in out-of-pocket expenditures (OOPE), which continue to be one of the largest barriers to accessing tertiary care in India. The program provided robust financial protection, with families contributing less than 20% of the total treatment costs, while the rest was covered by Bajaj CSR support, hospital concessions, and additional Mandal contributions. This prevented distress financing strategies such as taking high-interest loans or selling critical assets and allowed families to seek timely medical care without economic hardship.

Table 1: Overall Cost Split by Contributor (Bajaj, Hospital, Mandal, Patient)

Contributor	Share of Total
Hospital Concession	23.42 %
Bajaj Contribution	23.42 %
Mandal Contribution	33.28 %
Patient Paid	19.88 %

Beyond financial and clinical support, the program placed strong emphasis on caregiver engagement and long-term continuity of care. Structured counselling sessions equipped caregivers with practical knowledge about breastfeeding, Kangaroo Mother Care, nutrition, hygiene practices, and early warning signs of illness. Caregivers reported increased confidence in managing their child's recovery at home, contributing to reduced readmissions and healthier developmental outcomes.

The program also strengthened systemic linkages by positioning Shree Krishna Hospital as a trusted referral hub for high-risk maternal and neonatal cases from surrounding districts. The hospital's NABH accreditation, specialized NICU/PICU infrastructure, and expert medical teams contributed to its recognition as a reliable center for complex cases, complementing government health priorities and contributing to national goals such as Sustainable Development Goal 3 (good health and well-being).

Despite these successes, the evaluation identified several challenges that need to be addressed for further enhancement of program impact. Seasonal migration, and the occupational constraints of families posed significant hurdles in comprehensive data collection. Low literacy and reluctance to

disclose personal information further limited the depth of qualitative findings. Logistical barriers related to poor road connectivity and weather disruptions also impeded field efforts.

The financial accountability of the program was upheld through rigorous auditing and transparent reporting, ensuring alignment of disbursements with planned activities. Furthermore, the program's design, by leveraging existing hospital infrastructure rather than creating parallel systems, ensured cost-efficiency and operational simplicity.

Looking ahead, it is recommended to further strengthen the sustainability of the model by expanding partnerships with local NGOs and government schemes such as PMJAY. NGOs can play a key role in regularly updating contact details, supporting follow-up visits, and building community trust through continuous engagement. The adoption of digital tools for mHealth-based follow-ups and real-time data updating will further improve system responsiveness and reduce attrition in monitoring vulnerable families. Continued corporate CSR support, along with strategic convergence with government programs, is essential to maintain and scale the intervention.

Overall, this initiative represents a replicable and integrated model of delivering high-impact healthcare interventions in underserved settings. By combining clinical excellence, financial support, caregiver empowerment, and systemic coordination, the program demonstrates a strong pathway toward reducing preventable child deaths, enhancing financial security, and fostering equitable health outcomes. The successful implementation and measurable impact of this initiative provide a valuable template for similar interventions across India's low-resource regions, contributing meaningfully to national and global health priorities.

Chapter 1- Introduction:

Socioeconomically disadvantaged people experience illness considerably compared to their better-off counterparts, the treatment costs are often high and catastrophic for the poor as evident from that the poorest income category had the highest reported illness compared to middle- and wealthy-income categories and the poor seek healthcare to a less extent¹.

In 2011, around 6.9 million children died globally before their first birthday, with India, Nigeria, the Democratic Republic of Congo, Pakistan, and China accounting for half of these deaths. India alone contributed to 20% of them and had the highest share of neonatal deaths worldwide, making up about 30% of the global total. Accelerated progress is essential to meet the SDG target on child survival. By 2030, the goal is to end preventable deaths of newborns and children under five, aiming to reduce neonatal mortality to no more than 12 and under-five mortality to no more than 25 per 1,000 live births in all countries².

Healthcare services continue to be out of reach in terms of both access and affordability and many poor people often choose to endure pain or inconvenience caused by ill-health rather than spending money on treatment³.

The evolution from performing surgeries in candle-lit operation theatres using liquid ether to today's advanced modular operation theatres equipped with cutting-edge technology has been remarkable. However, these advancements have largely remained confined to major cities and towns. In the light of this, subsidised rates and government schemes go a long way in helping the poor avail of basic, necessary treatment options. Surgical innovations drive progress in surgery,

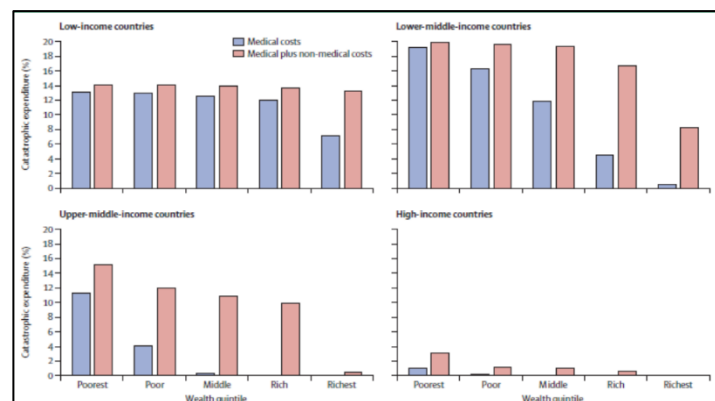


Fig: Risk of catastrophic expenditure due to costs of seeking surgery, by wealth quintile and income of country. (*Lancet* 2015; 386: 569-624, Published Online, April 27, 2015 [http://dx.doi.org/10.1016/S0140-6736\(15\)60160-X](http://dx.doi.org/10.1016/S0140-6736(15)60160-X))

especially in low- and middle-income countries (LMICs and MICs), where frontline health workers develop simple, safe, and ethical solutions tailored to local challenges. The focus is on low-cost, patient-centred innovations that promote wider access and health equity. However, high poverty levels and limited insurance coverage—affecting nearly 90% of the population—force many rural patients to pay out of pocket or take loans for care. Rural communities in India face major health disparities, including high infant and maternal mortality, malnutrition, low immunization rates, and reduced life expectancy. Limited public healthcare funding, most of which is directed to urban areas, combined with a shortage of healthcare personnel and facilities, severely restricts access. Residents often travel up to 100 km for care, and financial barriers further limit service use. Compared to urban areas, rural

¹ Kusuma YS, Babu BV. The costs of seeking healthcare: Illness, treatment seeking and out of pocket expenditures among the urban poor in Delhi, India. *Health Soc Care Community*. 2019;00:1–20. <https://doi.org/10.1111/hsc.12792>

² UN Interagency Group on Mortality Estimation, 2012. Available from: http://www.childinfo.org/files/Child_Mortality_Report_2012.pdf. [Last accessed on 2015 Jan 04].

³ Healthcare Access in Rural Communities in India- Ballard Brief. <https://ballardbrief.byu.edu/issue-briefs/healthcare-access-in-rural-communities-in-india>

India reports higher rates of infant mortality and anaemia, along with lower birth weights and healthcare utilization³.

Out-of-pocket expenditures (OOPE) make up a huge amount of India's total health spending and can be financially devastating or push families into poverty. This heavy dependence on OOPE places an unequal burden on low-income groups, deepening income inequality and contributing to a cycle of medical poverty⁴. The overall goal of India's National Health Mission is achieving universal health coverage for all (Government of India, 2017). Expansion of health insurance is advocated as one of the means of achieving universal health coverage. India has a well-structured healthcare system run by the government at central and state levels. The services are provided either free of cost or at minimal cost to the user. However, access to the poor and unorganised sector workers remains an issue and healthcare seems much costlier for the poor¹.

Inadequate neonatal and paediatric care has severely impacted child mortality in India, with an estimated 881,995 deaths of children under five in 2017. In rural communities, older children often support the family by contributing to caregiving and household responsibilities, making early deaths a significant loss. These premature deaths also represent the loss of emotional, physical, and financial investments made during pregnancy and infancy. Moreover, the emotional toll of losing a child can heighten family stress levels, increasing the risk of various stress-related health issues³.

⁴ Ambade et al. Components of Out-of-Pocket Expenditure and Their Relative Contribution to Economic Burden of Diseases in India. *JAMA Network Open*. 2022;5(5):e2210040. doi:10.1001/jamanetworkopen.2022.10040

Chapter 2- About the Project:

Rural communities in India face major health disparities, including high infant and maternal mortality, malnutrition, low immunization rates, and reduced life expectancy. Limited public healthcare funding, most of which is directed to urban areas, combined with a shortage of healthcare personnel and facilities, severely restricts access. Residents often travel up to 100 km for care, and financial barriers further limit service use. Compared to urban areas, rural India reports higher rates of infant mortality and anaemia, along with lower birth weights and healthcare utilization.

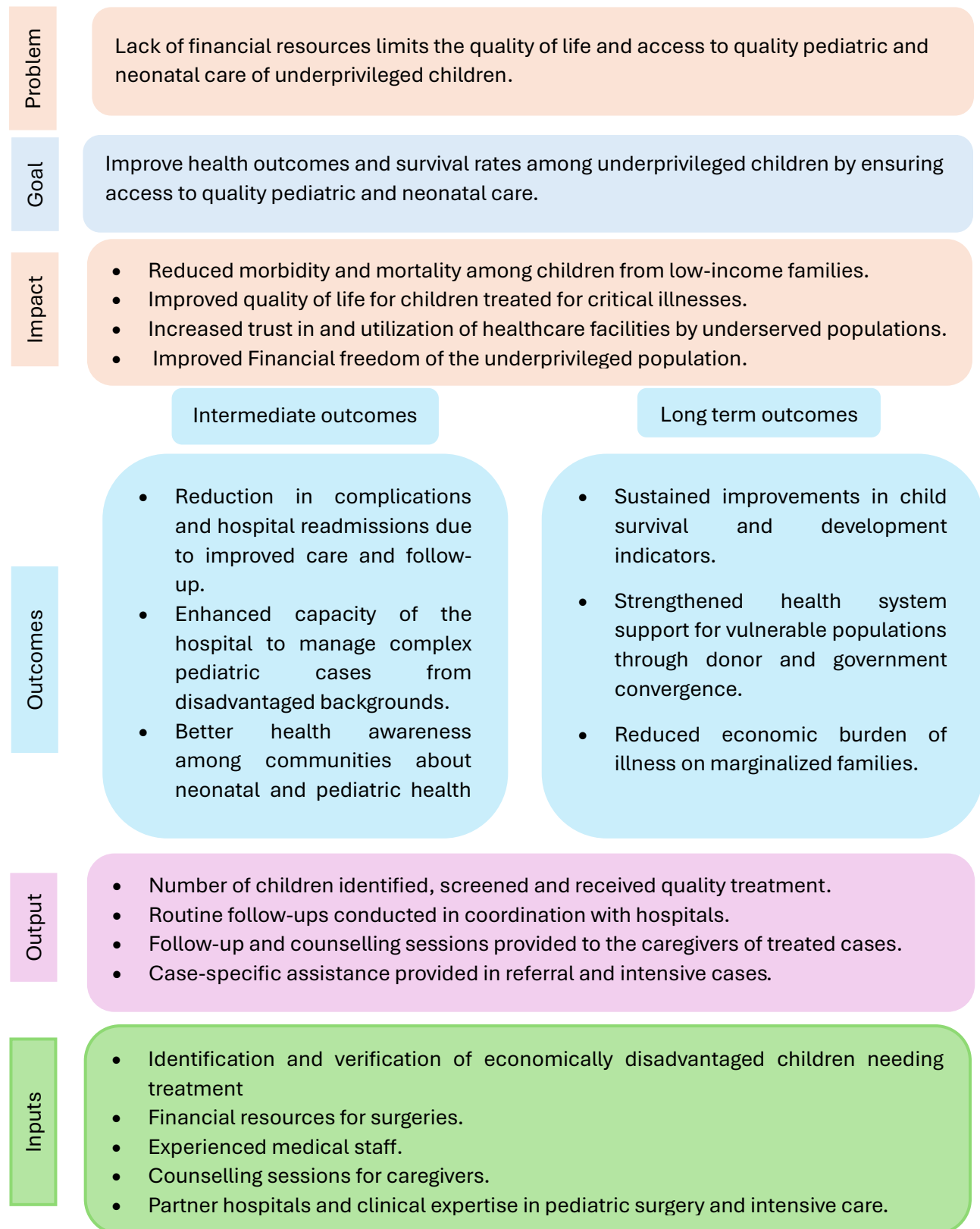
Poor healthcare access includes little access to natal, post-natal, and reproductive care, greatly reducing the likelihood of having trained medical personnel present before, during, or after the pregnancy or birth in the event of complications, or of expectant mothers receiving potentially life-saving maternal education or training. Also including other congenital heart defects like Ventricular Septal Defect (VSD). Poor neonatal and paediatric care has had devastating consequences on mortality rates in India.

Mandal's Shree Krishna Hospital (SKH) is an ideal destination for health and recovery, which is located in Gujarat. A world away from the chaos of the main cities and surrounded by 100 acres of lush greenery, the hospital is ranked among Gujarat's most professional healthcare centres. They believe that the very core of medicine is caring and helping. The well-being of the patient comes first; the hospital ensure that their expertise and medical amenities focus on offering the best outcome for all those who trust in them for their health.

For the last 5 decades, the Mandal Hospital has been treating about 7.5 million of patients. However, this has been possible with the generous support from Bajaj General Insurance Co. Ltd. They are NABH accredited with total 1000 beds facility, out of which 650 beds have been allocated for poor. With a huge leverage for treatment cost along with free stay and meal for poor people.

They also have approx.120 beds for neonatal and paediatric patients, treating 2500 patients in a year, with about 25% requiring extended stays for both mother and child. Many referrals arrive in critical condition due to inadequate handling at previous centres, needing urgent specialist care. Most patients come from economically weaker sections, and maternal health is a major concern—many expectant mothers suffer from low haemoglobin due to poor nutrition, leading to high-risk deliveries. As extended NICU and PICU stays are often unaffordable, the grant has been crucial in providing quality care to these vulnerable patients.

2.1. Theory Of Change



Chapter 3- Approach and Methodology:

3.1. Sampling Design:

Considering the nature and framework of the assessment and intervention, a qualitative study design was adopted for the present assignment. The study employed cross-sectional qualitative methods to capture diverse perspectives from participants representing various sections of society. This approach was deemed appropriate for the proposed end-line evaluation, as it enabled a comprehensive understanding of the project's effectiveness, efficiency, relevance, coherence, impact, and sustainability.

The qualitative component of the study provided in-depth, contextual insights into how the project influenced individuals and communities. It also offered a nuanced understanding of the key challenges encountered and the successes achieved during the implementation of interventions.

Secondary Research

Secondary data analysis was carried out by reviewing existing information collected from various sources, including baseline reports, hospital records, project activity reports, and previous project data. This analysis supported a comprehensive understanding of the broader context of the issue, helped identify existing gaps, and informed the design and implementation of the project.

In addition, reports on government schemes supporting neonatal and paediatric care, along with previously published research on healthcare access among underprivileged populations, were reviewed. These sources helped contextualize the findings, benchmark the intervention's impact, and align the project outcomes with broader health system goals and national priorities.

Primary Research

Primary data for this study were collected directly from caregivers of children who had received medical support, as well as from medical professionals and program officials involved in service delivery. In-depth interviews (IDIs) were conducted with caregivers to document their experiences related to treatment, access to healthcare, and financial challenges faced during the process.

Key Informant Interviews (KIIs) were conducted with doctors and program staff to gather insights on treatment protocols, referral systems, and fund utilization mechanisms. Additionally, case stories were documented from selected caregivers to capture real-life impact narratives, offering rich qualitative insights into how the project positively influenced individual lives and families.

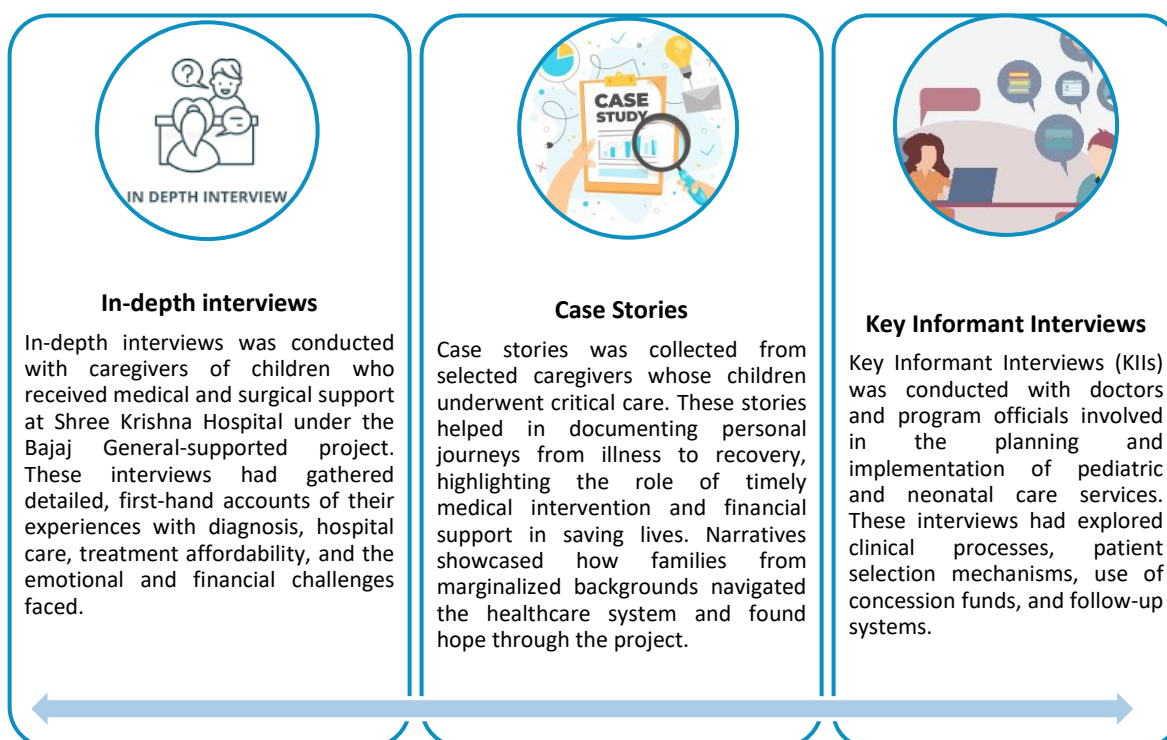
3.2. Sample size

A participatory approach was adopted to ensure that the voices of all key stakeholders—particularly survivors and at-risk children—were meaningfully incorporated into the evaluation. This included in-depth interviews with caregivers of children and families who received medical support, as well as Key Informant Interviews (KIIs) with doctors and program officials involved in service delivery. Additionally, five case stories were documented from selected caregivers to capture personal narratives and lived experiences. This approach promoted inclusivity and ensured that diverse perspectives were reflected in the assessment of the project's outcomes.

Participants	Tools to be administered	Number of interviews (as per inception report)	Number of interviews conducted
Caregivers of the children and families receiving medical support	In depth Interview	20 IDIs	22 IDIs
Doctors	Key Informant Interview	3 KIIs	3 KIIs
Program Officials	Key Informant Interview	2 KIIs	2 KIIs
Case Stories from Caregivers	Case Stories	5 Case Stories	5 Case Stories
	Total	30	32

3.3. Study Tools:

The study tool implemented for this study are-



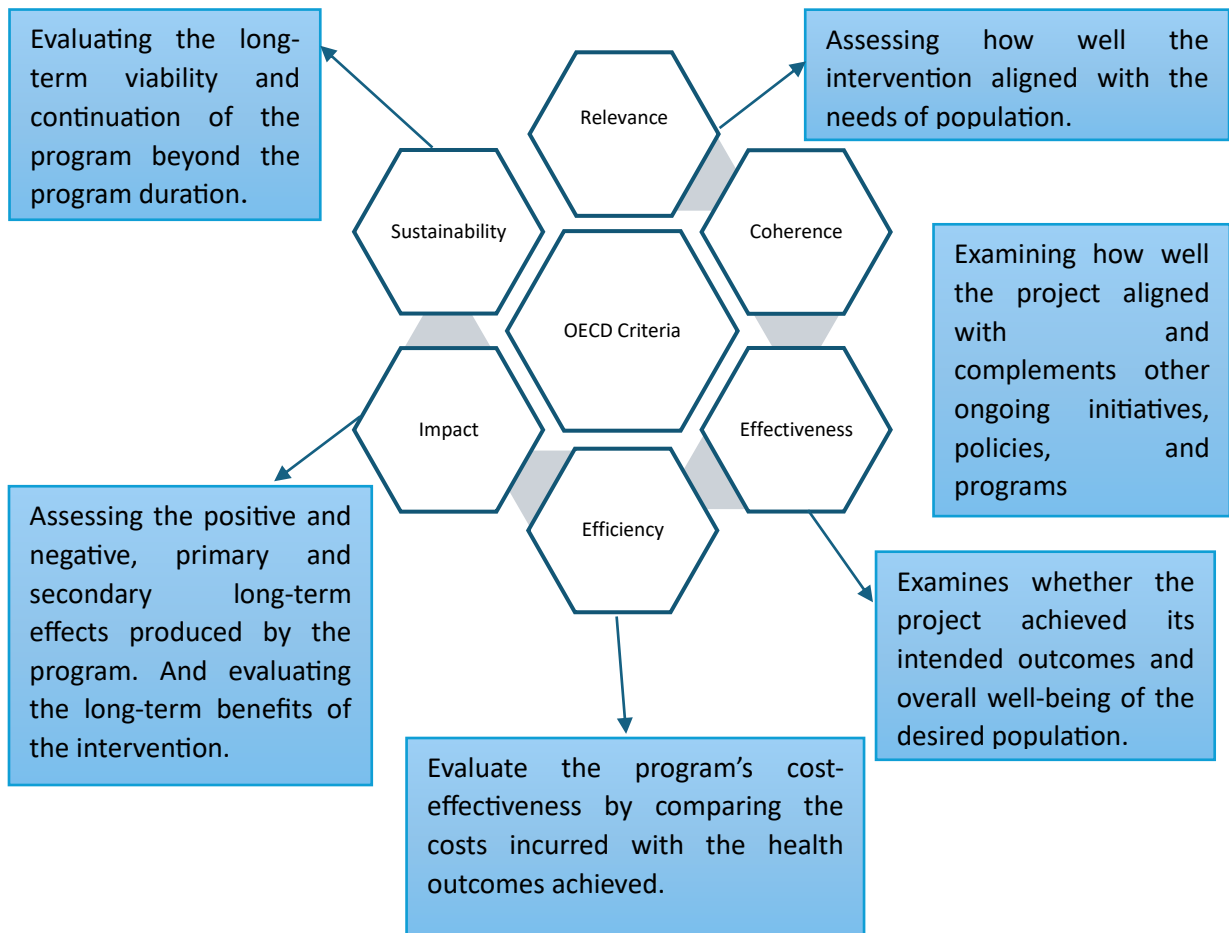
3.4. Key Matrix Indicator

Thematic Area	Key Indicators	Source of Data
Treatment Coverage	Paediatric and neonatal patients treated	Secondary: 10456-Consolidated Activity Report-P3 Primary: KII with Program Officials

Thematic Area	Key Indicators	Source of Data
Financial Support	Amount of financial support provided per child	Primary: KII with Program Officials
	Patients receiving full/partial concession	Secondary: Grant utilization reports, 10456-Consolidated Activity Report-P3 Primary: KII with Program Officials
Clinical Outcomes	Recovery and discharge rate	Primary: KII with Doctors, KII with Program Officer
	High-risk or surgical cases managed	Secondary: Treatment reports Primary: KII with Doctors, KII with Program Officer
Follow-up & Aftercare	Children receiving follow-up instructions	Secondary: Patient follow-up logs, Hospital Records Primary: IDI with Caregivers, KII with Program Officials
	Adherence to follow-up care instructions (visit or phone)	Primary: IDI with Caregivers, Case Stories
Equity & Access	Socio-economic profile of supported families (BPL, rural/urban)	Primary: IDI with Caregivers
Caregiver Experience	Satisfaction with hospital services and support	Primary: In-depth Interviews with Caregivers
Qualitative Outcomes	Case stories showing health and emotional improvements	Primary: Case Stories from Caregivers


3.5. OECD DAC Evaluation Criteria-

The study adhered to the OECD DAC evaluation criteria. These criteria, which consist of efficiency, effectiveness, relevance, impact, coherence, and sustainability, formed the foundational principles guiding the evaluation. Applying these criteria allowed for a rigorous assessment of the intervention's impact.




3.6. Ethical considerations

Some of the additional measures that was undertaken to uphold ethical standards are as follows:



INFORMED CONSENT

Before conducting the interviews, informed consent was obtained from all participants. They were clearly informed about the purpose of the study, what the interview would involve, and their rights as participants. It was emphasized that participation was entirely voluntary and that they could choose whether their responses could be quoted verbatim in any study outputs.



CONFIDENTIALITY

Confidentiality was maintained at all stages of the research, including data collection, storage, analysis, and reporting. All electronic records, including expanded field notes, pre-analysis forms, and interview logs, were stored on password-protected computers, while physical notes were kept securely in locked cabinets. Care was taken when using quotations in the report to ensure that no participant or organization could be identified. The identities of all interviewees were kept anonymous in the study outputs.

Chapter 4: Secondary Data Analysis

Between May 2022 and August 2023, the Bajaj-supported paediatric and neonatal initiative at Shree Krishna Hospital, Karamsad, provided advanced treatment to **282 underprivileged children** with conditions such as sepsis, congenital heart defects, prematurity, low birthweight complications, and neurological disorders. The total program costs amount to ₹5.50 crores, funded through various sources. Bajaj Funds contribute ₹1.00 crore, Government Grants provide ₹0.30 crore, NGO Funds contribute the largest share of ₹2.80 crores, Funds from other Donors add ₹0.50 crore, and Community Contributions amount to ₹0.90 crore. Since no overhead costs are reported, the total revenue expenditure remains ₹5.50 crores, making the overall budget for the year ₹5.50 crores. The average subsidy per child ranged from **₹32,786–₹40,000**, reducing family contributions to **less than 20%** of total billed costs.

The hospital, a **1,000-bed NABH-accredited tertiary center with 120 dedicated NICU/PICU beds**, leveraged its equity-focused framework—**650 subsidized beds, free caregiver lodging and meals**—to maximize CSR support. In **FY 2022–23 alone, 232 children** were treated, surpassing targets. Clinical outcomes showed **high recovery and discharge rates**, supported by structured counselling on breastfeeding, Kangaroo Mother Care, nutrition, and hygiene, reducing readmissions and strengthening long-term wellbeing.

System-level impact included strengthened referral linkages, increased trust in institutional care, and positioning of Shree Krishna Hospital as a regional referral hub. The initiative's transparent fund management, integration with government insurance schemes, and complementary donor support enhanced sustainability. Overall, the program reduced out-of-pocket expenditure, improved survival outcomes, and aligned with **SDG goals on child mortality reduction and health equity**.

According to the data provided by Charutar Foundation the analysis offers a robust baseline for understanding the impact and structure of Bajaj-supported medical interventions in this group, with both quantitative and categorical insights. The analysis and visual summaries from the Bajaj-Supported Patient highlight key trends in demographics, financial assistance, and the structure of care provided.

Gender Distribution

The first chart presents the gender breakdown:

- Male patients: **28**
- Female patients: **22**
- This almost equal distribution shows that both males and females benefit from patient support schemes. It's a strong indication that there is no gender bias in care provision for subsidized treatments in the Bajaj-supported cohort.

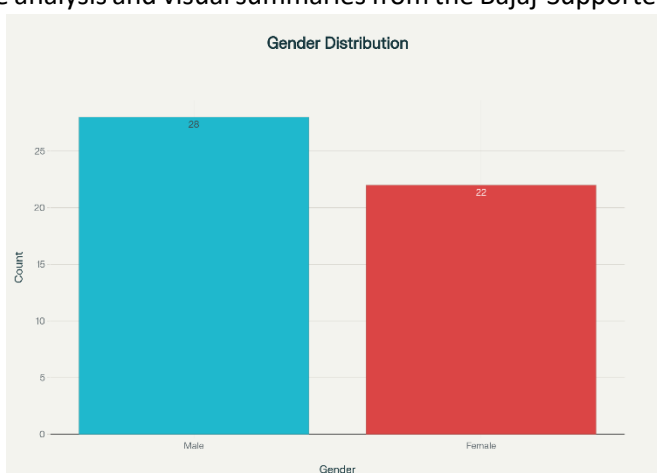


Figure 1: Gender Distribution

Age Distribution

The second chart organizes patients into distinct age groups, shedding light on the pediatric focus:

- <1 year (newborns/infants): **12** patients. This signals significant neonatal and infant case volume, possibly due to congenital conditions or neonatal intensive care requirements.

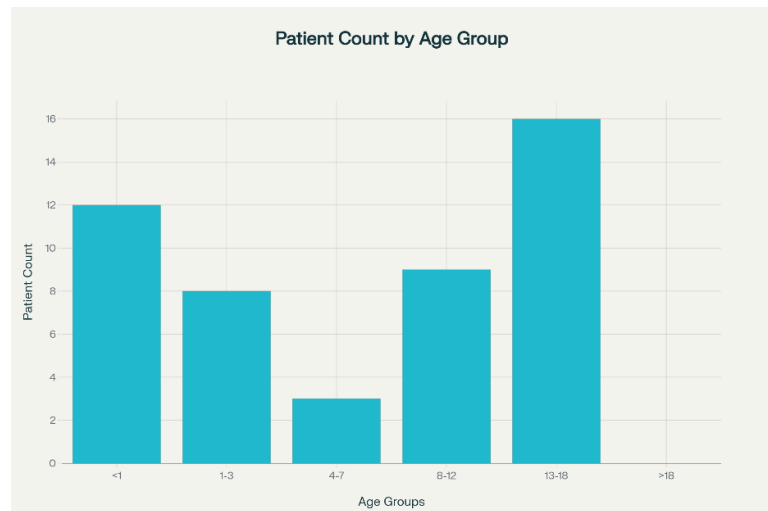


Figure 2: Patients by Age Group

- 1-3 years: **8** patients. Early childhood care continues to be prominent, reflecting susceptibility to infections and congenital disorders.

- 4-7 years: Only **3** patients.

This is the lowest group, possibly due to general better health in slightly older children or fewer hospitalizations for this age.

- 8-12 years: **9** patients.

- 13-18 years: **16** patients. This group has the highest count, showing a considerable number of adolescents receiving care—often for trauma, chronic conditions, or congenital cases.

- >18 years: None. The entire dataset is pediatric/adolescent focused, suggesting these support schemes primarily benefit younger groups.

This pattern underlines that Bajaj-supported aid is overwhelmingly directed at children and teenagers, especially neonates and adolescents.

Cost Breakdown

The financial analysis reveals the **extent of protection provided by the Bajaj-supported scheme**. Across nearly **50** paediatric cases, the **total billed amount was approximately ₹89.3 lakh**. Of this, **₹48.4 lakh (54%)** was absorbed through institutional concessions, while **₹20 lakh** was covered through Bajaj claims and **₹28.4 lakh** through Mandal contributions. As a result, families paid only

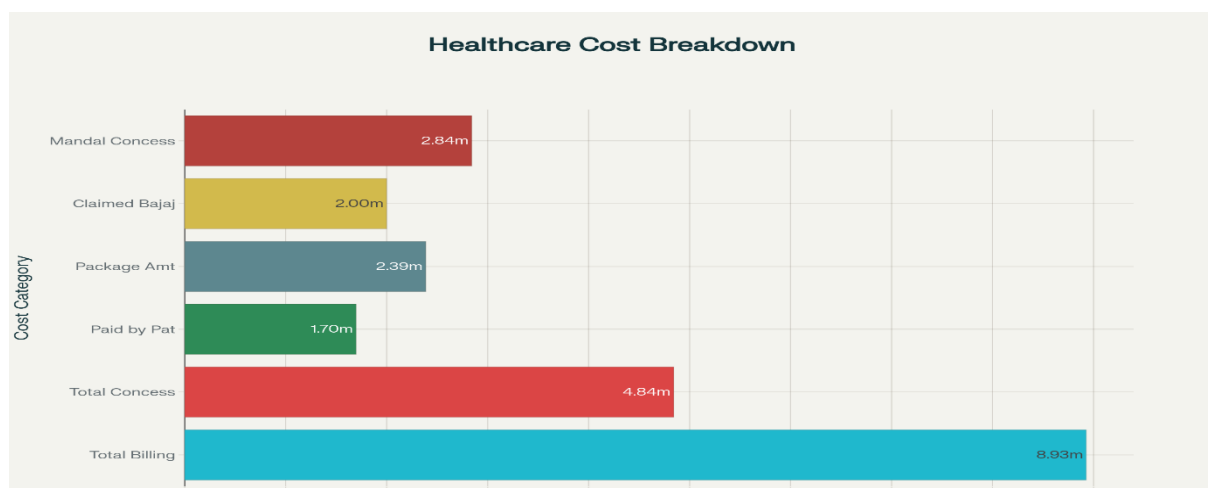


Figure 3: Healthcare cost breakdown

₹16.9 lakh (19% of total billed) directly out of pocket. This substantial reduction underscores the program's effectiveness in preventing catastrophic health expenditures.

Looking at individual cases, bills for complex cardiac or surgical procedures often ranged between **₹4–9 lakh**. Yet, due to the combined effect of hospital concessions and Bajaj support, many families contributed only a fraction — sometimes less than **₹10,000** — of the total cost. By redistributing financial risk, the initiative ensured that no child was denied care due to inability to pay. This financial shielding not only reduced economic stress for vulnerable households but also likely improved adherence to treatment, reduced treatment abandonment, and encouraged timely referrals to tertiary care facilities.

Data Patterns

- **Categories:** The highest number of patients fall under the Ashirwad+ scheme (**27**), followed by Ayushyaman Bharat (**12**). These are likely major insurance/subsidy programs for poor or rural populations.
- **Clinical focus:** Most patients received care from pediatrics clinics (about half), with smaller fractions in orthopedics, surgery, neonatal, and cardiac specialties, aligned with the age demographics and disease distribution.
- **Consultants:** A small set of doctors managed a large proportion of cases.

Types of Treatments and Diagnoses

- **Common diagnoses:** "Fever Without Focus," "Congenital Heart Disease," "Ventricular Septal Defect," and "Routine Checkups" dominate, which is typical in paediatric hospitals. Other diagnoses include trauma and fractures in older children/adolescents, and rare conditions like tetanus and acute respiratory distress.
- **Support mechanisms:** The combination of concessions, Bajaj claims, and insurance demonstrates a robust healthcare safety net.

Table 2: Summary of Surgical Interventions and Cost Coverage Across Diseases

Row Labels	Number of Diagnosis	Total Billing Amount INR
1st Twin	1	109859
Abdominal Pain	1	56764
Abdominal Pain Under Investigation, Diabetic Ketoacidosis (DKA), Diabetic Ketoacidosis (DKA)	1	113078
Abdominal Pain, Sickle cell anaemia	1	144626
Acute Febrile Illness	1	37130
Acute Lower Respiratory Tract Infection, Lower respiratory tract infection	1	87971
Acute Respiratory Distress Syndrome, Fever Without Focus	1	88306
Acute Respiratory Distress Syndrome, Poisoning	1	279016
ASD - Atrial septal defect	1	164383
Bankart lesion	1	70437
Benign Paroxysmal Positional Vertigo (BPPV)	1	52973
Burns (F/U)	1	129795
Cancer	1	55499

Row Labels	Number of Diagnosis	Total Billing Amount INR
Cardiovascular - congenital heart disease	4	1071150
Central Nervous - Epilepsy	1	95348
Closed	1	60637
Contusion	1	54992
Febrile seizures typical, Abdomen - Dengue Fever	1	116628
Fever	1	34654
Fever Without Focus	4	1185248
Fever Without Focus, Fever	1	55951
Fever, Central Nervous - Epilepsy	1	167582
Fever, Fever Without Focus, Abdominal Pain Under Investigation	1	79565
For Routine Checkup	2	263883
For Routine Checkup, Upper Respiratory Tract Infection (Bacterial), Fever	1	190035
Fracture Tibia fibula	1	220337
Full term	1	127331
Head injury (F/U case)	1	174438
Health Check up	1	163232
HYDROCEPHA LUS	1	143231
Injury	1	297532
Injury, Fracture Femur shaft	1	287176
Injury, Head injury (F/U case), Alleged h/o trauma	1	174302
Low Birth Weight	1	32056
Lower respiratory tract infection	1	33682
MAXILLARY SINUS	1	91060
NASAL POLYP	1	29422
Respiratory - Upper Respiratory Tract Infection	1	458124
Road Traffic Accident (RTA), Alleged h/o trauma, Head injury (F/U case)	1	65414
SLE	1	51749
Tetanus	1	602750
VSD - Ventricular septal defect	2	1210120
Grand Total	50	8927466

Takeaways

- The dataset is dominated by paediatric/adolescent cases, with nearly all supported patients under 18.
- Gender support is balanced, ensuring fair access.
- Financial sponsorship is robust and layered, dramatically reducing real patient costs via concessions, organizational/philanthropic claims, and insurance packages.
- Most common patient categories and clinics highlight the role of public health insurance and targeted paediatric care.
- The system's design allows even complicated and costly procedures—like cardiac surgeries in neonates—to become financially feasible for low-income families.

This detailed view confirms that the Bajaj-supported ecosystem successfully targets those most in need (children, with difficult and expensive diagnoses) and applies sophisticated financial mitigation strategies to prevent catastrophic out-of-pocket spending—thus providing a model for effective, compassionate healthcare aid delivery.

Quantitative Findings

Although the study adopted a qualitative approach, the narratives from caregivers allow us to extract clear quantitative patterns. The following section translates these insights into measurable indicators, highlighting the proportion of respondents reporting specific outcomes or experiences.

1. Access to Specialized Paediatric and Neonatal Care

- **91% (20/22 caregivers)** reported that there was **no NICU, PICU, or specialized paediatric services** near their villages. Families were forced to travel long distances to district hospitals or private facilities, often arriving late during emergencies.
- **95%** stated that their children were admitted in **critical condition** and would not have survived without timely intervention at Shree Krishna Hospital.
- **82%** highlighted that the presence of a **dedicated 120-bed NICU/PICU** at SKH was a decisive factor in their child's survival.

2. Child Survival, Recovery, and Health Outcomes

- **95%** caregivers reported that their children **survived due to specialized neonatal/paediatric treatment** provided under the program.
- **82%** observed **improved recovery and growth** post-discharge, including better weight gain, active play, and reduced complications.
- **77%** noted that their children had **no repeat serious illnesses** after initial discharge, attributing this to counselling and follow-up mechanisms.
- **64%** highlighted that **maternal complications** (low haemoglobin, high-risk deliveries) were also successfully managed alongside neonatal care.

3. Reduction in Complications and Hospital Readmissions

- **73%** confirmed that **post-discharge counselling and structured follow-ups** prevented repeat hospital admissions.
- **68%** specifically said that guidance on feeding, hygiene, and warning signs helped them manage health at home.
- **55%** mentioned that **simple telephonic follow-ups** replaced costly repeat admissions, saving time and money. The remaining had non replied or had different views.

4. Financial Protection and Relief

- **86%** caregivers reported receiving **full or partial concessions** on treatment bills.

- **68%** explicitly mentioned that the **financial subsidy prevented debt, loans, or sale of assets**. Some compared this with earlier experiences where they had to mortgage land or jewellery for treatment.
- **45%** highlighted that **free food and lodging for caregivers** significantly reduced hidden costs during long hospital stays.
- **59%** shared that, due to concessions, they could **redirect household resources** to food, children's education, and other needs rather than paying off medical debt.

5. Trust in Institutional Healthcare

- **91%** expressed **greater trust in institutional healthcare** compared to earlier reliance on local healers or small clinics.
- **82%** confirmed that they would now **choose hospital care first** for neonatal and paediatric emergencies.
- **68%** reported actively **recommending Shree Krishna Hospital to relatives, neighbours, and peers** within their communities.

6. Caregiver Knowledge and Behavioural Change

- **77%** reported **improved awareness** of childcare practices, including hygiene, breastfeeding, nutrition, and immunization.
- **55%** mothers shifted to **exclusive breastfeeding** following counselling sessions.
- **73%** adopted **safe hygiene practices** at home, such as handwashing, boiling water, and sterilizing utensils, reducing the incidence of infections.
- **64%** reported improved knowledge on **nutrition and complementary feeding**, preparing meals from locally available foods.

7. Psychosocial Well-being of Families

- **64%** caregivers described experiencing **reduced stress, fear, and anxiety** once their child's condition improved.
- **50%** stated they felt **more confident and capable of caring** for their children after counselling and guidance.
- **41%** specifically mentioned that **respectful treatment by hospital staff** helped them feel dignified despite their economic status.

8. Women's Empowerment and Participation in Decision-Making

- **59%** mothers felt **actively included in medical decision-making**, with doctors explaining treatment directly to them instead of only to male relatives.
- **45%** reported that they **shared their positive experiences with other women in their villages**, encouraging hospital-based deliveries and neonatal care.

9. Community Spillover Effect

- **68%** caregivers stated they now **encourage other families** in their communities to seek timely hospital treatment.
- **36%** shared that **neighbours had already come to SKH** after hearing their success stories.

Takeaways

- **90–95%** caregivers directly linked survival and recovery of their children to the intervention.
- **70–85%** experienced financial relief, reduced complications, and improved practices.
- **60–75%** gained psychosocial stability, nutritional knowledge, and greater confidence in caregiving.
- **45–60%** women became more empowered in decision-making and advocacy for institutional healthcare.

Chapter 5: Qualitative Findings and Analysis

This Chapter presents the key qualitative findings from interviews conducted with caregivers, hospital staff, and program officials. It provides rich insights into the lived experiences of families who benefited from the intervention, highlighting how financial and medical support improved access to life-saving care and reduced economic distress. Caregivers reported improved knowledge on childcare practices and greater confidence in institutional healthcare. The chapter also discusses the challenges faced in care-seeking behaviour, including migration, low literacy, and reluctance to participate in follow-ups. The findings emphasize the importance of community awareness, psychosocial support, and structured follow-up mechanisms in improving child health outcomes and sustaining positive changes.

4.1. RELEVANCE

Relevance examines the extent to which the Charutar Aarogya Mandal's paediatric and neonatal intervention addresses the needs of marginalized families and communities. The findings from caregivers, doctors, and program officials highlight that the intervention is highly aligned with the socio-economic and health realities of underprivileged populations, especially those with limited access to quality and affordable healthcare.

Theme 1: Addressing Critical Gaps in Pediatric and Neonatal Care

One of the strongest findings from caregivers, doctors, and program officials was that the intervention directly addressed the lack of specialized pediatric and neonatal services in rural Gujarat. Families explained that before Charutar Aarogya Mandal's support, they either relied on small local clinics with limited capacity or had to travel long distances to private hospitals at very high costs. Many children reached hospitals late, in critical condition, and treatment was often delayed or denied due to unaffordability. The program filled this gap by ensuring accessible, subsidized, and specialized care at Shree Krishna Hospital, making it highly relevant to community needs.

Sub-theme 1.1: Limited access to specialized care in rural areas

Most families reported that there were no specialized neonatal or pediatric services available near their villages, forcing them to travel long distances to district or private hospitals, often arriving late during emergencies and facing added financial and emotional strain. In this context, the availability of such services at Shree Krishna Hospital was highly relevant, as it bridged a critical gap in the healthcare system by providing timely, reliable, and affordable care closer to communities, reducing delays in treatment, improving health outcomes for newborns and young children, and giving families a sense of security that life-saving support was accessible when needed.

- *"There is no hospital near our village for such treatment. We came here because the child was very serious."* – Caregiver, IDI
- *"By the time they reach us, many children are in critical condition as local centers cannot manage complications."* – Doctor, KII

Sub-theme 1.2: Financial relief for poor households

Families emphasized that high out-of-pocket expenditure (OOPE) was a major barrier to accessing timely and quality healthcare, often forcing them to incur debts or sell assets during medical

emergencies. The concessional support provided through Charutar Aarogya Mandal significantly reduced this burden, protecting families from catastrophic health spending and making essential neonatal and pediatric services more affordable and accessible.

- *“The bill was higher than what we could afford. However, with the concession, we were able to manage the payment without having to sell any of our land.”*– Caregiver, Case Story
- *“For low-income families, this grant serves as the only means to access such essential treatment, enabling them to receive care that would otherwise be out of reach.”* – Program Official, KII

Theme 2: Maternal and Child Health Priorities

Another area of high relevance was the program’s response to maternal health complications and neonatal emergencies. Many women in rural areas enter pregnancy with poor nutrition and low hemoglobin, making deliveries risky. Families also reported a lack of neonatal intensive care in their surroundings. By focusing on maternal complications, NICU, and PICU facilities, the intervention aligned closely with the most urgent health priorities of disadvantaged households.

Sub-theme 2.1: Managing high-risk deliveries and maternal complications

Many mothers arrived with pre-existing conditions such as anemia, malnutrition, and pregnancy-related complications, which heightened the risks for both mother and child. Doctors and caregivers noted that the intervention played a critical role in addressing these vulnerabilities by ensuring timely maternal and neonatal care, which not only improved health outcomes but also prevented deaths that might otherwise have occurred in the absence of such services.

- *“My haemoglobin was very low, and without proper medical care, both my health and my baby’s well-being would have been at serious risk.”*– Mother, IDI
- *“Referrals are usually for high-risk deliveries, and the program ensures that these mothers receive specialized care, improving safety for both mother and child.”* – Doctor, KII

Sub-theme 2.2: Meeting demand for neonatal intensive care (NICU/PICU)

Caregivers repeatedly highlighted that NICU and PICU services were not available in nearby facilities, forcing families to travel long distances in critical situations. In this context, the presence of 120 dedicated neonatal and pediatric beds at Shree Krishna Hospital was regarded as lifesaving, as it ensured timely access to specialized care, reduced delays in treatment, and significantly improved the chances of survival for critically ill newborns and children.

“Our baby was premature and stayed in NICU for 20 days. Without this facility, survival was not possible.” – Caregiver, IDI

“Parents trust this hospital because critical cases are consistently handled with expertise, ensuring the best possible care and outcomes for their children.” – Program Official, KII

Theme 3: Building Community Trust in Institutional Care

Beyond emergency treatment, the intervention also contributed to building long-term trust in institutional healthcare. Families, especially from poor backgrounds, felt they were treated with

dignity, unlike in many private facilities. Visible improvements in child survival and recovery strengthened their confidence. Over time, the hospital became a preferred and trusted option compared to informal or local providers.

Sub-theme 3.1: Preference over local options

Few families shared that before the Charutar Aarogya Mandal support, they often depended on local healers or low-quality nursing homes due to the lack of accessible specialized care, even though these options were risky and unreliable. With the visible recovery and improved health of children treated at Shree Krishna Hospital, the facility has gained the community's trust and emerged as a preferred and dependable option for neonatal and pediatric care.

“Earlier, we would go to a local dai or small clinic, but they were unable to handle serious cases. Here, we received proper medical treatment and care, which made a significant difference for our health.” – Caregiver, IDI

Sub-theme 3.2: Confidence in long-term survival and follow-up

Caregivers valued the hospital not only for providing emergency care but also for its follow-up services and counselling support, which helped them manage their child's recovery and ongoing health needs. This holistic approach strengthened their confidence and improved trust in institutional healthcare, making families more likely to seek timely medical attention in the future.

“Doctors called us for follow-up visits and carefully explained how to provide proper care at home. This guidance gave us confidence in managing the recovery and ensuring the well-being of our loved one.” – Caregiver, IDI

“Routine follow-up reduces complications, and parents feel assured.” – Doctor, KII

4.2. EFFECTIVENESS

Effectiveness examines how far the Charutar Aarogya Mandal's intervention has achieved its intended objectives of improving child survival, reducing financial barriers, and strengthening caregiving practices. Evidence from caregivers, doctors, and program officials suggests that the program has been highly effective in saving lives, reducing repeat admissions, and increasing satisfaction and trust among disadvantaged families.

Theme 1: Improvement in Child Survival and Recovery

The most visible effectiveness of the program lies in its ability to save children who would otherwise not survive due to premature birth, critical illness, or lack of specialized care. Caregivers consistently reported that babies placed in the NICU or children undergoing surgery recovered well and were discharged in stable condition. Doctors also emphasized successful management of extremely premature babies and complex cases, which would have been impossible in smaller facilities.

Sub-theme 1.1: Successful management of high-risk and surgical cases

The program played a vital role in ensuring that premature infants, ventilated babies, and even complex surgical cases received timely, specialized treatment and were successfully managed, significantly improving survival rates and giving families access to advanced care that was otherwise unavailable in nearby facilities.

“Our baby was on ventilator for many days. Now he is fine because of timely treatment.” – Caregiver, ID

“We have handled extremely premature babies and complex surgeries with good outcomes.” – Doctor, KII

Sub-theme 1.2: Reduction in repeat admissions

Follow-up care and counselling provided at the time of discharge equipped families with the knowledge and confidence to manage their children’s health at home, which not only supported better recovery but also reduced the likelihood of complications and the need for readmissions.

“After discharge, we were given detailed guidance on how to feed and care for our child at home. Because of this proper counselling, my child did not need to return for any further treatment.”– Caregiver, IDI

“Effective counselling and follow-ups reduce complications.” – Program Official, KII

Theme 2: Financial Effectiveness

Another critical area of effectiveness was financial protection. Families who would otherwise face catastrophic expenditure were able to avail quality treatment due to concessions. This prevented delays in care and ensured timely treatment for critical cases. Caregivers repeatedly mentioned that without support, they would not have admitted their child.

Sub-theme 2.1: High value of concessions provided

The financial subsidy acted as a critical support system for poor families, removing the barrier of high medical expenses. By covering treatment costs, it ensured that parents did not have to postpone, discontinue, or avoid seeking care for their children due to lack of money. This timely financial assistance enabled families to access quality healthcare without falling into debt or resorting to distress financing, thereby reducing the risk of delayed treatment, complications, or dropouts from the care process.

“The operation cost was too high. Concession reduced it to half, otherwise impossible for us.” – Caregiver, IDI

“Many families would simply be unable to admit their child to the hospital without financial support, as the costs of treatment would be beyond their means. This assistance ensures that children receive the care they urgently need.”– Doctor, KII

Sub-theme 2.2: Prevention of catastrophic health expenditure

Because of the financial subsidy, families did not have to resort to distress measures such as taking high-interest loans, selling land, or mortgaging household assets. This support reduced their financial burden and protected them from long-term economic hardships while still ensuring that their children received timely and complete treatment.”

“We didn’t have to borrow money this time. Earlier, for my elder child, we had to take a loan.” – Caregiver, IDI

“The grant directly prevents indebtedness among poor households.” – Program Official, KII

Theme 3: Strengthening Caregiver Knowledge and Practices

The intervention was also effective in enhancing caregiver awareness. During hospital stays and follow-up visits, mothers and families received counselling and practical guidance on nutrition, breastfeeding, hygiene, and safe childcare practices. Caregivers not only understood the importance of these behaviours but also reported applying them consistently at home. This continuity of care and learning beyond the hospital contributed to faster recovery of children, reduced chances of relapse, and prevention of common illnesses, thereby strengthening overall child health and wellbeing.

Sub-theme 3.1: Improved awareness of post-treatment care

Counselling sessions provided at the time of discharge and during follow-up visits helped families manage nutrition and hygiene at home. Caregivers reported learning practical tips such as preparing nutritious meals from locally available foods, maintaining exclusive breastfeeding, handwashing before feeding, safe storage of drinking water, and timely immunization. These reinforced positive behaviours, enabling families to continue good practices at home and thereby supporting recovery and preventing future illness.

“The doctor explained the importance of proper breastfeeding and hygiene practices, and we have been carefully following these guidelines at home to ensure our child stays healthy and well-nourished.” – Mother, IDI

“Caregivers are now more aware about nutrition and follow-up care.” – Doctor, KII

Sub-theme 3.2: Increased trust and satisfaction with services

Families expressed high satisfaction, not only with the quality of medical care provided but also with the respectful and compassionate treatment they received from doctors, nurses, and support staff. Being treated with dignity and empathy reassured caregivers, reduced their anxiety, and created a sense of comfort during a difficult time. This positive experience strengthened their confidence in the healthcare system and built long-term trust in the hospital, encouraging families to seek timely care in the future without hesitation

“We were treated well even though we are poor. That matters the most.” – Caregiver, IDI

“Families return to us because they trust the quality and fairness of care.” – Program Official, KII

4.3. EFFICIENCY

Efficiency examines how well the Charutar Aarogya Mandal’s intervention utilized available resources—funds, infrastructure, medical expertise, and staff time—to provide maximum benefits to disadvantaged families. The findings suggest that the program operated with high efficiency by leveraging existing hospital infrastructure, skilled medical staff, and targeted financial support. Families and officials highlighted that the intervention achieved strong outcomes with limited resources, ensuring that support reached those most in need.

Theme 1: Leveraging Hospital Infrastructure and Expertise

The intervention made effective use of the Shree Krishna Hospital’s existing infrastructure, such as NICU, PICU, and surgical facilities, which were already established and NABH accredited. Instead of creating parallel systems, the program maximized existing capacity to deliver specialized care at lower

costs. This reduced overhead expenses and ensured that families could benefit from quality care without additional delays.

Sub-theme 1.1: Use of advanced NICU/PICU facilities

The program also ensured optimal use of hospital resources by streamlining services, reducing duplication of efforts, and coordinating care across departments. This not only improved efficiency but also allowed hospitals to serve a larger number of patients with the same resources. By maximizing patient coverage, the program strengthened service delivery and ensured that more children and families could benefit from timely and comprehensive care.

“The NICU here is fully equipped with all the necessary medical instruments and technology, and that is why my child was able to survive and receive the critical care needed for recovery.” – Caregiver, IDI

“We can manage high-risk cases effectively because infrastructure and specialists are in place.” – Doctor, KII

Sub-theme 1.2: Efficient utilization of skilled medical staff

Doctors and nurses with paediatric expertise were central to the success of the program. Their specialized knowledge, timely decision-making, and skilled management of complex cases such as premature infants and critically ill children ensured high-quality treatment outcomes. By efficiently utilizing limited financial resources and prioritizing evidence-based practices, these professionals were able to deliver care that was both cost-effective and life-saving, reinforcing the overall impact of the program.

“Doctors attended day and night; they did not leave us alone.” – Caregiver, IDI

“Our trained staff can handle emergencies quickly and without delay.” – Program Official, KII

Theme 2: Cost-Efficiency through Targeted Financial Support

By providing concessions and free meals specifically to the most disadvantaged patients, the program ensured that limited funds were directed to those who needed them the most. This targeted approach not only prevented wastage of resources but also allowed a larger number of poor families to benefit from the support. Caregivers shared that such selective subsidies helped them manage expenses during hospitalization, while at the same time ensuring that assistance was fairly distributed and unnecessary expenditure was avoided.

Sub-theme 2.1: Partial and full concessions as cost-effective tools

Instead of extending concessions to all patients, the program adopted a targeted approach that prioritized the poorest families. This strategy significantly reduced overall program costs while still ensuring that the most vulnerable were protected from financial hardship. By focusing resources where they were most needed, the program achieved both cost-efficiency and equity in service delivery.

“We received 50% financial support, and without this assistance, we would have had to discontinue the treatment.” – Caregiver, IDI

“Funds are directed only to the poorest families, which makes it efficient.” – Program Official, KII

Sub-theme 2.2: Preventing hidden costs for families

Providing free stay and meals for caregivers helped reduce indirect costs such as food, lodging, and daily living expenses, which often discourage families from opting for hospital-based treatment. By easing this financial burden, the program enabled caregivers to remain with their children throughout hospitalization, ensuring emotional support for the patient and adherence to medical advice. This measure not only improved treatment compliance but also encouraged families from remote or low-income backgrounds to seek care without fear of hidden expenses.

“We stayed here for many days without paying for food or lodging; that saved a lot.” – Caregiver, Case Story

“Such support reduces dropout because families can afford to stay until the child recovers.” – Doctor, KII

Theme 3: Streamlined Follow-up and Counselling

Follow-up mechanisms and counselling sessions were integrated into routine care, ensuring that they incurred minimal additional costs for the hospital. Caregivers highlighted that clear and simple instructions from doctors on nutrition, hygiene, and warning signs helped them manage their child’s health at home. This proactive guidance reduced the need for repeat hospital visits, prevented complications, and demonstrated how efficient use of existing resources could deliver long-term benefits for both families and the health system.

Sub-theme 3.1: Effective use of routine follow-up systems

Counselling provided at the time of discharge, combined with regular telephonic follow-ups, equipped families with the knowledge to care for their children at home and identify early warning signs. This continuous support reduced the chances of complications and avoided costly re-admissions. By preventing repeat hospitalizations, the program not only protected families from additional financial strain but also eased the burden on hospital resources, making care more sustainable and efficient.

“We were called for a simple check-up rather than a full hospital admission, which helped us save both money and time. This approach made accessing care much more convenient and affordable for us.” – Caregiver, IDI

Sub-theme 3.2: Building efficiency through community trust

Because of the strong trust built in the hospital, families were more willing to follow medical advice and adhere to scheduled follow-ups. This trust not only improved compliance with treatment plans but also made care delivery more efficient, as doctors and nurses could rely on caregivers to continue recommended practices at home. As a result, recovery outcomes improved, unnecessary hospital visits were reduced, and the overall patient–provider relationship was strengthened.

“When doctor calls us, we always come. We trust them fully.” – Caregiver, Case Story

“Strong trust ensures that our guidance is followed, which improves efficiency.” – Doctor, KII

4.4. IMPACT

Impact refers to the long-term and transformative changes created by the Charutar Aarogya Mandal’s paediatric and neonatal intervention. The findings reveal that the intervention not only saved lives in

the short term but also contributed to improved health outcomes, strengthened financial security, and positive behavioural changes within communities. At a systemic level, the program has reinforced the credibility of institutional care and the capacity of Shree Krishna Hospital as a referral hub for high-risk maternal and child health cases.

Theme 1: Improved Child Survival and Health Outcomes

The most direct and visible impact of the intervention has been in improving child survival rates and health outcomes. By providing neonatal intensive care, paediatric intensive care, and specialized surgical services, the program ensured that critically ill and premature babies received timely and life-saving treatment. Beyond survival, the intervention contributed to better growth and development among children by reducing long-term complications.

Sub-theme 1.1: Saving lives of premature and critically ill babies

High-risk newborns, who would have had little chance of survival in rural health setups due to lack of advanced facilities, were saved through timely access to NICU and PICU services. The availability of specialized equipment, round-the-clock monitoring, and expert pediatric care ensured that premature babies, low-birth-weight infants, and those with critical complications received life-saving interventions.

“My baby was very weak and born early. Only because of this hospital he is alive.” – Mother, IDI

“We see children who would not survive elsewhere; here, survival rates are much higher.” – Doctor, KII

Sub-theme 1.2: Improved long-term recovery and growth

Access to specialized care during the critical early stages of life reduced the risks of stunting, long-term disability, and poor cognitive or physical development. By addressing complications promptly and ensuring proper nutrition, growth monitoring, and follow-up support, the program laid the foundation for healthier childhoods. This not only improved survival but also gave children a better chance at reaching their full potential and securing a healthier future.

“Now my child eats well, plays actively, and is growing healthy. Earlier, we were worried that he might not develop properly, but thanks to the treatment and guidance we received.” – Caregiver, IDI

“Proper neonatal care reduces disability and ensures normal development.” – Program Official, KII

Sub-theme 1.3: Strengthening maternal health outcomes

Timely care for high-risk pregnancies not only saved the lives of newborns but also reduced complications and risks for mothers during delivery. Regular monitoring, early detection of danger signs, and access to skilled obstetric care ensured safer deliveries, lowering the chances of maternal morbidity and mortality. This dual benefit protected both mother and child, reinforcing the importance of comprehensive maternal and newborn care within the program.

“I was weak and had low hemoglobin; without this care, my baby and I both would have been at risk.” – Mother, IDI

“Many maternal complications are managed here, preventing deaths.” – Doctor, KII

Theme 2: Strengthening Household Financial Security

The intervention's financial support mechanisms—such as concessions, subsidies, and free meals—had significant long-term impacts on the financial well-being of poor households. By covering major treatment-related costs and reducing indirect expenses, the program protected families from catastrophic health expenditure, debt traps, and the need to sell land or household assets. This financial security allowed families to preserve their limited savings and redirect resources toward other essential needs such as nutritious food, children's education, and safe housing. In doing so, the program not only supported immediate health needs but also contributed to broader social and economic stability for vulnerable families.

Sub-theme 2.1: Preventing catastrophic expenditure and indebtedness

Families were able to avoid distress strategies such as selling land, livestock, or valuables, or taking high-interest loans to cover healthcare costs. By removing this financial pressure, the program protected households from long-term economic setbacks and helped them maintain stability while still accessing life-saving care for their children.

“For my elder child, we had to sell jewellery for treatment. This time, we didn't have to.” – Caregiver, IDI

“This support helps prevent poor households from falling further into poverty by covering essential medical costs.” – Program Official, KII

Sub-theme 2.2: Enhancing long-term family stability

By reducing health-related expenditure, the program freed up household resources that could instead be invested in food, children's schooling, and better housing. This not only improved day-to-day living standards but also strengthened family resilience, enabling them to cope better with future challenges without slipping deeper into poverty.

“With the help we received to manage hospital expenses, we were able to cover medical costs without financial strain, allowing us to save money for our children's schooling and future needs.” – Caregiver, IDI

“Reducing health expenses frees resources for nutrition and education.” – Doctor, KII

Theme 3: Positive Behaviour Change in Caregiving and Health-Seeking Practices

Another important impact of the intervention was the positive change in caregiver practices and community-level health-seeking behaviour. Families reported gaining better awareness of essential practices such as nutrition, breastfeeding, hygiene, and safe childcare, which they continued to follow at home. This not only supported healthier recovery for their children but also influenced day-to-day household practices. Over time, the program also contributed to a cultural shift in the community, as families increasingly began to prefer institutional healthcare over informal providers, recognizing the benefits of timely and quality medical care.

Sub-theme 3.1: Improved caregiving knowledge and confidence

Counselling sessions empowered caregivers with practical knowledge and confidence to manage child feeding, hygiene, and home care effectively. Mothers and families reported learning how to prepare

nutritious meals from local foods, maintain exclusive breastfeeding, practice handwashing and safe sanitation, and recognize early signs of illness. This guidance enabled them to provide consistent care at home, reducing dependence on repeated hospital visits and promoting healthier growth and development for their children.

“Doctor explained about breastfeeding and hygiene. We follow it at home.” – Mother, IDI

“Caregivers are now more aware about nutrition and follow-up care.” – Doctor, KII

Sub-theme 3.2: Preference for institutional care over informal options

Families gradually moved away from relying on local healers or traditional dais, instead choosing hospital care for their children. This shift was driven by their positive experiences with respectful treatment, financial support, and successful recovery in the hospital. As trust in formal healthcare grew, families began to view institutional care as more reliable and effective, marking a significant change in community health-seeking behavior.

“Earlier we went to local dai, but now we prefer hospital because they saved my baby.” – Caregiver, IDI

“Families are now coming earlier for delivery and neonatal problems.” – Doctor, KII

Sub-theme 3.3: Community-level trust and awareness

Word-of-mouth sharing of positive experiences and successful recoveries helped build wider trust in institutional care across the community. Families who benefited from the program shared their stories with relatives, neighbours, and peers, which encouraged more households to seek timely treatment at hospitals rather than delaying or relying on informal care. This ripple effect not only expanded the program’s impact beyond direct beneficiaries but also strengthened community-level confidence in formal healthcare services.

“People in our village now believe that the hospital treats even poor people well.” – Caregiver, Case Story

“The program is creating awareness and trust that formal healthcare is reliable.” – Program Official, KII

Theme 4: Contribution to Health System Strengthening

Beyond individual and household impacts, the intervention contributed to strengthening the broader health ecosystem. Shree Krishna Hospital emerged as a recognized healthcare center for high-risk maternal and neonatal cases, offering specialized care that was often unavailable in rural settings. By complementing government health services, the hospital filled critical gaps in the continuum of care, reduced the burden on public facilities, and improved overall system capacity to handle complex cases. This collaboration not only enhanced access to quality care but also reinforced the hospital’s role as a trusted centre for maternal and child health in the region.

Sub-theme 4.1: Role as a referral hub for high-risk cases

Both government and private health facilities increasingly referred complicated maternal and neonatal cases to Shree Krishna Hospital (SKH), recognizing its advanced infrastructure and pediatric expertise. This steady stream of referrals expanded SKH’s role within the health system, positioning it as a critical

link in the regional referral chain. By handling complex cases that smaller facilities could not manage, SKH not only saved lives but also strengthened coordination across different tiers of healthcare.

“We get cases that cannot be handled in government centres; they are referred here.” – Doctor, KII

“SKH has become a lifeline for critical cases from surrounding areas.” – Program Official, KII

Sub-theme 4.2: Enhancing reputation and partnerships

Both government and private health facilities increasingly referred complicated maternal and neonatal cases to Shree Krishna Hospital (SKH), recognizing its advanced infrastructure and pediatric expertise. This steady stream of referrals expanded SKH's role within the health system, positioning it as a critical link in the regional referral chain. By handling complex cases that smaller facilities could not manage, SKH not only saved lives but also strengthened coordination across different tiers of healthcare.

“People know this hospital as a place that saves lives, even for poor families.” – Caregiver, IDI

“Our credibility as a specialized care provider has increased.” – Program Official, KII

Theme 5: Psychosocial Well-being of Families

Beyond health and financial benefits, caregivers highlighted the psychological relief and emotional stability they experienced through the program. Parents expressed deep gratitude for the care received, noting that their anxiety and stress were significantly reduced once their child's condition improved. The respectful treatment and continuous counselling from hospital staff reassured them and gave them hope. As a result, families reported feeling more confident about managing their child's future health and wellbeing, which fostered a sense of security and optimism within the household.

Sub-theme 5.1: Reduced parental stress and fear

Families who initially lived in fear of losing their child described a profound sense of relief and emotional stability after successful treatment. The recovery of their child not only lifted the heavy burden of anxiety but also restored hope and optimism for the future. Many parents shared that this positive outcome strengthened their mental resilience and gave them renewed confidence in both their own caregiving abilities and the healthcare system.

“When doctors said my baby would survive, it felt like a new life for us.” – Mother, IDI

“We were under great stress; now the whole family is at peace.” – Caregiver, IDI

Sub-theme 5.2: Strengthened parental confidence

“Families reported feeling more capable and confident in caring for their children after receiving counselling and support from hospital staff. Practical guidance on feeding, hygiene, and recognizing early signs of illness equipped parents with the skills to manage day-to-day care at home. This empowerment reduced their dependence on repeated hospital visits, built self-reliance, and reassured caregivers that they could safeguard their child's health more effectively.”

“They gave us courage and explained how to handle the baby at home.” – Mother, IDI

“We are now confident about managing the child's health.” – Father, IDI

Theme 6: Improved Nutrition and Feeding Practices

The intervention also had an indirect yet important influence on nutritional outcomes by counselling mothers on breastfeeding, complementary feeding, and age-appropriate child nutrition. Families reported that they adopted these improved feeding practices at home and linked them to their child's faster recovery and better growth. By promoting exclusive breastfeeding, timely introduction of complementary foods, and balanced diets using locally available ingredients, the program strengthened both immediate recovery and long-term nutritional wellbeing of children.

Sub-theme 6.1: Promotion of exclusive breastfeeding

Mothers who initially relied on top feeds shifted to breastfeeding after receiving guidance and encouragement from hospital staff. Through counselling sessions, they understood the health benefits of exclusive breastfeeding, including stronger immunity and faster growth for their babies. With continued support during their hospital stay, many mothers gained the confidence to practice breastfeeding, which they later continued at home, contributing to healthier recovery and improved nutrition for their children.

"I was giving formula, but doctors explained breastfeeding is better. Now I do only that." – Mother, IDI

"Nutrition counselling is part of every discharge, which improves recovery." – Doctor, KII

Sub-theme 6.2: Improved complementary feeding and hygiene

Families learned the importance of maintaining hygiene while feeding their children, such as washing hands before meals, sterilizing feeding utensils, and ensuring safe storage of food and water. These practices, reinforced during counselling sessions, helped reduce the risk of infections and illness. Caregivers reported that by adopting these simple measures at home, they could better protect their children's health and support faster recovery.

"We now make sure to boil water and keep all utensils clean for the baby, following the guidance from the doctors to ensure proper hygiene and protect our child's health." – Caregiver, IDI

"Awareness about hygiene reduces repeat illness." – Program Official, KII

Theme 7: Empowerment of Women in Health Decision-Making

Mothers reported feeling more involved in decisions about their child's care and treatment, as hospital staff actively included them in discussions and respected their opinions. This participatory approach not only improved communication and trust between families and providers but also strengthened women's agency within households. By being recognized as key decision-makers in matters of child health, mothers gained confidence and a stronger voice in family health decisions, contributing to greater gender equity at the household level.

Sub-theme 7.1: Mothers' active participation in care decisions

Women shared that they felt respected and included in medical discussions with doctors and nurses, rather than being sidelined during decision-making. This recognition of their role as primary caregivers increased their confidence, encouraged active participation in their child's treatment process, and gave them a stronger sense of dignity and self-worth. Such inclusion also motivated them to continue engaging proactively in future health decisions for their families.

“Doctors explained everything to me, not only to my husband. I felt included.” – Mother, IDI

“Women’s voices are heard in treatment decisions here.” – Program Official, KII

Sub-theme 7.2: Role of women in promoting institutional health practices

Mothers who experienced successful care for their children became strong advocates within their communities, sharing their positive experiences with neighbours, relatives, and friends. By narrating how timely hospital treatment saved their children and reduced financial burdens, they encouraged other families to choose formal healthcare over traditional or informal options. This peer-to-peer advocacy created a ripple effect, spreading awareness and building wider community trust in institutional care.

“I tell other women in my village to go to hospital and not delay.” – Mother, IDI

“Women themselves are spreading awareness about hospital deliveries.” – Doctor, KII

4.5. SUSTAINABILITY

Sustainability refers to the likelihood that the benefits of the Charutar Aarogya Mandal intervention will continue beyond the direct program support. Evidence from caregivers, doctors, and program officials suggests that the intervention has strong prospects for sustainability due to its integration with Shree Krishna Hospital’s existing infrastructure, institutional reputation, and community trust. At the same time, ensuring long-term financial support and continued donor engagement remains essential for maintaining and expanding the reach of services to the poorest families.

Theme 1: Institutional Integration and Ownership

The program is embedded within the broader Shree Krishna Hospital system, which has established NICU, PICU, and specialized maternal care services. This integration ensures that the intervention is not a stand-alone effort but part of a larger institutional commitment to maternal and child health. By leveraging existing infrastructure, clinical expertise, and hospital protocols, the program benefits from continuity, sustainability, and scalability, while reinforcing the hospital’s role as a comprehensive referral hub for high-risk mothers and newborns.

Sub-theme 1.1: Embedding within hospital infrastructure

Because the intervention builds on existing hospital facilities and services, it does not rely on external or parallel systems. This approach ensures sustainability, reduces administrative complexity, and allows resources to be used efficiently within the established healthcare infrastructure. By strengthening and leveraging the capabilities of Shree Krishna Hospital, the program can continue delivering high-quality maternal and neonatal care without creating duplicative or temporary structures.

“This program is part of our core services, not separate from hospital systems.” – Doctor, KII

“Our infrastructure ensures continuity even if external support reduces.” – Program Official, KII

Sub-theme 1.2: Skilled human resources for continuity

Skilled doctors and trained nurses are already integral to the hospital system, which ensures that high-quality service delivery is sustained over time. Their expertise in managing maternal and neonatal care, combined with the hospital’s established protocols, allows the intervention to maintain consistent

standards without the need for additional staffing or temporary personnel. This institutional capacity supports the long-term continuity, reliability, and effectiveness of care for high-risk mothers and newborns.

“The doctors here are specialized and permanent; they will continue this care.” – Caregiver, IDI

“Our staff are trained for high-risk neonatal care, which guarantees long-term service.” – Doctor, KII

Theme 2: Financial Sustainability and Donor Engagement

While Shree Krishna Hospital remains committed to providing concessions and financial support to families in need, external donor support from Bajaj Finserv plays a critical role in covering the costs for the poorest patients. This partnership ensures that high-quality care remains accessible without compromising hospital resources. Continuity of such funding collaborations is essential for the long-term sustainability of the program, enabling the hospital to maintain its services, extend coverage to more vulnerable families, and uphold its commitment to equitable maternal and neonatal healthcare.

Sub-theme 2.1: Need for sustained financial partnerships

Without external financial support, it could become challenging for the hospital to continue providing full concessions to the poorest families. Limited internal resources may restrict the ability to cover treatment costs, meals, and other essential services, potentially reducing access to timely care for vulnerable patients. Sustained donor partnerships are therefore crucial to ensure that financial barriers do not prevent high-risk mothers and newborns from receiving the care they need.

“Concessions are possible because of program support; otherwise, the hospital alone cannot bear all costs.” – Program Official, KII

Sub-theme 2.2: Efficient use of funds as a model for donors

The program’s use of targeted subsidies, combined with high operational efficiency, makes it an attractive model for continued donor investment. By ensuring that resources are directed toward the most vulnerable families and minimizing waste, the program demonstrates cost-effectiveness and measurable impact. This strategic approach not only maximizes the benefits for beneficiaries but also reinforces confidence among current and potential donors, supporting the program’s long-term sustainability and scalability.

“Funds are used only for the poorest families, which builds donor confidence.” – Program Official, KII

“It is a scalable and cost-effective model for CSR partners.” – Doctor, KII

Theme 3: Community Trust and Ownership

Sustainability is further reinforced by the strong trust that communities place in Shree Krishna Hospital. Families who experienced successful treatment are not only more likely to return for future health needs but also actively encourage relatives and neighbours to seek care at the hospital. This word-of-mouth advocacy creates demand-driven continuity, ensuring a steady flow of patients and strengthening the hospital’s role as a trusted referral hub. Over time, this community-driven confidence reduces reliance on external promotion and embeds the program more deeply within the local health ecosystem.

Sub-theme 3.1: Repeat preference for hospital services

Families who have previously benefited from the program show a strong commitment to returning to the hospital for future healthcare needs. This loyalty ensures continuity in service demand, helping maintain steady patient flow and reinforcing the hospital's role as a reliable provider of maternal and neonatal care. Over time, such repeated engagement strengthens both community trust and the sustainability of hospital-based interventions.

"If any problem comes again, we will come only here." – Caregiver, IDI

"Families keep coming back because they trust us with their children's lives." – Doctor, KII

Sub-theme 3.2: Word-of-mouth referrals from beneficiaries

Families who received support from the program actively shared their positive experiences with neighbours, relatives, and community members, spreading awareness about the benefits of institutional care. This peer-to-peer communication expanded community ownership of the intervention, encouraging more households to seek timely treatment and adopt healthy practices. Over time, such collective engagement reinforced trust in the hospital and created a self-sustaining culture of proactive health-seeking behaviour within the community.

"We tell other families in our village that poor people are also helped here." – Caregiver, IDI

"Word-of-mouth has made us the preferred referral hospital in this region." – Program Official, KII

Theme 4: Contribution to Systemic Sustainability

By serving as a referral hub and maintaining strong partnerships with both government and private health facilities, the intervention has reinforced systemic linkages within the regional healthcare network. These coordinated relationships ensure that high-risk maternal and neonatal cases are efficiently managed, reducing delays and improving care continuity. Such integration not only enhances the effectiveness of the health system but also increases the likelihood of long-term sustainability, as the program becomes embedded within established structures rather than operating as an isolated initiative.

Sub-theme 4.1: Recognition as a referral hub

The hospital is increasingly recognized as the primary center for high-risk maternal and child cases in the region. Its advanced NICU and PICU facilities, specialized staff, and successful track record have established it as a trusted referral hub for complicated cases. This growing reputation not only attracts timely patient referrals from surrounding areas but also strengthens the hospital's role within the regional healthcare network, contributing to both improved outcomes and long-term system sustainability.

"Government centres send complicated cases to us, ensuring we remain relevant." – Doctor, KII

"This hub role ensures that our services will always be needed." – Program Official, KII

Sub-theme 4.2: Strengthening partnerships and credibility

The hospital's strong credibility in providing high-quality maternal and neonatal care attracts collaborations with other healthcare providers, access to additional resources, and steady patient referrals. This reputation reinforces trust among both families and partner institutions, ensuring that the program continues to function effectively over the long term. By securing partnerships and

sustaining resource flows, the hospital can maintain and even expand its services, contributing to enduring program continuity and impact.

“Our reputation helps us build partnerships that keep the program going.” – Doctor, KII

“Sustainability is ensured when institutions recognize us as reliable partners.” – Program Official, KII

Theme 5: Prospects for Scaling and Replication

The program offers a replicable model for improving paediatric and neonatal care in other underserved regions. Its structured approach—combining specialized hospital services, financial support for the most vulnerable, caregiver counselling, and strong referral linkages—demonstrates how high-quality care can be delivered efficiently and sustainably. The success of this intervention provides valuable lessons for scaling similar programs through public-private partnerships, highlighting the importance of targeted subsidies, community engagement, and integration with existing health systems to achieve both health impact and long-term sustainability.

Sub-theme 5.1: Model for replication in similar contexts

The combination of specialized neonatal and paediatric care, targeted financial support for vulnerable families, and strong community trust creates a model that can be adapted to other low-resource settings. By integrating clinical expertise with affordability and culturally sensitive engagement, the program demonstrates how comprehensive care can be both effective and sustainable. This adaptable framework provides a blueprint for replication in regions facing similar challenges, ensuring that high-risk children and mothers can access quality care even in resource-constrained environments.

“This model can be replicated in other rural districts.” – Doctor, KII

“Scaling through CSR and government partnerships is possible.” – Program Official, KII

Sub-theme 5.2: Potential for integration with government schemes

Linking the program with existing schemes such as PMJAY or state-level maternal and child health programs can further strengthen its sustainability. Such integration allows the intervention to leverage government funding, expand coverage to a larger population, and reduce financial reliance on external donors. By aligning with national and state health initiatives, the program can ensure continuity, enhance system-level support, and maximize long-term impact for high-risk mothers and children.

“If integrated with government insurance, more families can benefit sustainably.” – Hospital Administrator, KII

“Collaboration with government will expand reach and reduce dependency on single donors.” – Program Official, KII

4.6. COHERENCE

Coherence refers to the extent to which the Charutar Aarogya Mandal paediatric and neonatal intervention is consistent with national, state, and local health priorities, and how well it complements other programs and stakeholders. The findings indicate that the intervention is highly coherent with India’s maternal and child health policy framework, aligns with Sustainable Development Goals (SDGs),

and creates synergy between government systems and private healthcare. It also adds value to ongoing CSR initiatives by addressing critical service gaps not covered by public facilities.

Theme 1: Alignment with National and State Health Policies

The intervention supports India's health goals under the National Health Mission (NHM), the Rashtriya Bal Swasthya Karyakram (RBSK), and state-level maternal and child health programs. By focusing on reducing neonatal and infant mortality, the program directly contributes to national targets and SDGs (Goal 3: Good Health and Well-Being).

Sub-theme 1.1: Contribution to reducing neonatal and infant mortality

The program contributes to improved survival rates for mothers and newborns, aligning with the objectives of the National Health Mission (NHM) and Sustainable Development Goals (SDGs). By providing timely specialized care, financial support, and caregiver counselling, it addresses key determinants of maternal and child mortality. This targeted approach supports national and global health priorities, demonstrating measurable progress toward reducing preventable deaths and improving overall maternal and child health outcomes.

"Our program works towards the same goals as the government – saving newborn lives." – Program Official, KII

"Reducing neonatal mortality is a top policy priority, and we contribute directly." – Doctor, KII

Sub-theme 1.2: Complementing maternal and child health schemes

The intervention addresses critical gaps that often remain unfilled by government programs, particularly in managing complicated maternal and neonatal cases that local facilities are not equipped to handle. By providing advanced NICU and PICU care, specialized maternal services, and expert clinical guidance, the program ensures that high-risk patients receive timely and effective treatment. This complementary role strengthens the overall healthcare system, reduces referral delays, and enhances outcomes for cases that would otherwise face limited options at the community level.

"Government programs cover basic care, but we handle the critical cases." – Doctor, KII

"Our work complements, not duplicates, government schemes." – Program Official, KII

Theme 2: Synergy with Government Health Systems

The program operates in close coordination with public health facilities, which frequently refer complicated maternal and neonatal cases to Shree Krishna Hospital. This partnership ensures that patients receive continuous, high-quality care without interruption, while also preventing duplication of services across facilities. By integrating hospital-based specialized care with the broader public health system, the program strengthens referral networks, improves efficiency, and enhances overall patient outcomes.

Sub-theme 2.1: Referral linkages with Government facilities

Public health centres increasingly rely on Shree Krishna Hospital for advanced neonatal and pediatric care that cannot be provided at local facilities. This reliance ensures that high-risk cases receive timely

and specialized treatment, while enabling smaller centers to focus on primary care and routine services. By serving as a critical referral hub, SKH strengthens the regional health system and ensures that complicated cases are managed efficiently and effectively.

“We receive cases directly referred by government PHCs and CHCs.” – Doctor, KII

“The referral system strengthens both government and private facilities.” – Program Official, KII

Sub-theme 2.2: Filling systemic capacity gaps

The program ensures the availability of specialized maternal, neonatal, and pediatric services that are often lacking in government hospitals. By providing advanced NICU and PICU care, skilled clinical staff, and targeted interventions for high-risk cases, the program fills crucial gaps in the health system. This accessibility enables timely treatment, reduces preventable complications, and complements public healthcare efforts to improve overall maternal and child health outcomes.

“Critical cases cannot be managed in district hospitals; that is where we step in.” – Doctor, KII

“We are filling gaps that are beyond the reach of public facilities.” – Hospital Administrator, KII

Theme 3: Complementarity with CSR and NGO Initiatives

The intervention aligns closely with the CSR focus on health and child survival. By specifically targeting poor and marginalized families, it delivers measurable and meaningful impact, directly addressing critical gaps in maternal and child health. At the same time, the program is designed to complement existing efforts rather than duplicate initiatives by other NGOs, ensuring efficient use of resources and alignment with donor priorities. This coherence enhances both accountability and the strategic value of the intervention within the broader health ecosystem.

Sub-theme 3.1: Alignment with donor CSR priorities

Corporate CSR programs often prioritize areas such as child survival, nutrition, and maternal health, making this intervention a natural fit for support. By addressing these critical areas, the program aligns with corporate objectives while delivering measurable health outcomes for vulnerable populations. Its focus on high-risk mothers and children, combined with financial support and community engagement, ensures that CSR investments translate into meaningful and sustainable impact.

“Our focus is child health, aiming to improve the well-being of children in meaningful ways. This project shows tangible results.” – Program Official, KII

“This partnership fits our mandate of saving lives and reducing inequalities.” – Program Official, KII

Sub-theme 3.2: Avoiding duplication and maximizing coverage

By focusing on specialized paediatric and neonatal care, the program complements existing NGO interventions rather than duplicating them. While many NGOs address broader maternal and child health needs, this program fills critical gaps in high-risk care, providing advanced NICU and PICU services and expert clinical management. This strategic focus ensures efficient use of resources, maximizes impact for vulnerable populations, and strengthens the overall health ecosystem through collaboration rather than redundancy.

“Other NGOs focus on nutrition or awareness; we provide life-saving care.” – Doctor, KII

“This model ensures complementarity, not overlap.” – Program Official, KII

Theme 4: Contribution to Global and Regional Development Goals

The program directly contributes to global priorities outlined under the Sustainable Development Goals (SDGs), particularly those related to maternal and child health, as well as regional commitments to improving child survival. By reducing preventable deaths, promoting equitable access to high-quality care, and targeting underserved populations, the intervention aligns with broader development agendas. Its focus on high-risk mothers and children ensures that measurable health outcomes support national and international efforts to achieve sustainable improvements in health and well-being.

Sub-theme 4.1: Advancing SDG 3 (Health and Well-being)

The program contributes to the reduction of preventable neonatal and child deaths, which is a key indicator under the Sustainable Development Goals (SDGs). By providing timely specialized care, financial support, and caregiver guidance, it addresses the major causes of early mortality and promotes survival among high-risk infants and children. This targeted approach not only improves immediate health outcomes but also supports national and global objectives for child survival and equitable access to quality healthcare.

“Every life saved here is a direct contribution to global SDG goals.” – Program Official, KII

“Our outcomes show how local action can drive global health commitments.” – Doctor, KII

Sub-theme 4.2: Promoting equity and inclusion

By specifically targeting poor and marginalized families, the program addresses inequities in access to maternal and child healthcare. Vulnerable households often face financial, geographic, and informational barriers that limit their ability to seek timely and quality care. The intervention reduces these disparities through targeted financial support, community engagement, and specialized clinical services, ensuring that high-risk mothers and children receive the care they need regardless of socio-economic status. In doing so, the program promotes equity and contributes to broader public health goals.

“Even the poorest families receive quality care here, which is rare.” – Caregiver, IDI

“Equity is at the core of this program – we treat the poorest with dignity.” – Doctor, KII

4.7. CHALLENGES AND GAPS

Despite the significant achievements of the Charutar Aarogya Mandal intervention, several challenges remain that constrain its reach, effectiveness, and long-term sustainability. These challenges span multiple dimensions, including financial limitations, infrastructural gaps, systemic constraints, and community-level barriers. Addressing these issues will be critical for enhancing program outcomes, expanding access to high-risk populations, and ensuring that the intervention continues to deliver lasting impact for mothers, children, and the broader healthcare system.

Theme 1: Financial Barriers for the Poorest Families

Even with subsidies in place, extremely poor families often face difficulties in covering indirect costs such as transportation to the hospital, medicines not included under the concessions, and lost wages during hospital stays. These financial burdens can limit their ability to access care in a timely manner, restricting equitable participation in the program. Addressing these hidden costs is essential to ensure that the most vulnerable households can fully benefit from the intervention and achieve optimal health outcomes.

“Even though the treatment was provided at a discounted rate, we still had to borrow money to cover travel and food expenses.” – Caregiver, IDI

“Even with financial support for treatment, hidden costs such as travel, food, and medicines continue to place a significant burden on the poorest families.” – Doctor, KII

Theme 2: Limited Awareness and Delayed Care-Seeking

Families often rely on local remedies or delay seeking formal care due to limited awareness of warning signs and the benefits of institutional treatment. This can result in children arriving at the hospital in critical condition, reducing the likelihood of successful outcomes. Strengthening community education and early referral mechanisms is essential to ensure timely access to care and improve survival rates for high-risk neonates and children.”

“We tried local treatment first; only when it got worse, we came here.” – Caregiver, IDI

“Babies arrive late because referral systems are weak.” – Doctor, KII

Theme 3: Accessibility and Transportation Constraints

Families in remote villages often face significant challenges in reaching Shree Krishna Hospital due to poor road conditions, limited availability of emergency transport, and high travel costs. These barriers can delay timely access to critical maternal and neonatal care, particularly for high-risk cases. Addressing transportation and logistical challenges is essential to ensure equitable access and improve outcomes for children and mothers from distant or underserved areas.

“It took us more than three hours to reach here; we worried he might not survive the journey.” – Caregiver, IDI

“Delays in transportation often cause many cases to become more complicated by the time patients arrive at the hospital, increasing risks and making timely intervention even more critical.” – Doctor, KII

Theme 4: Gaps in Follow-Up and Continuity of Care

After discharge, families often encounter challenges in returning for follow-up visits because of travel costs, long distances, and the absence of structured outreach systems. These barriers can lead to missed appointments, delayed monitoring, and increased risk of complications, undermining the long-term effectiveness of care. Strengthening post-discharge support through community-based follow-ups, telemedicine, or transportation assistance could help ensure continuity of care and better health outcomes.

“We were advised to come for follow-up visits, but the cost of travel makes it difficult for us to return regularly.” – Caregiver, IDI

“Post-discharge monitoring is not consistent due to resource constraints.” – Doctor, KII

Theme 5: Emotional and Psychosocial Burden on Families

Families reported experiencing significant stress, anxiety, and fear during prolonged NICU and PICU stays. The hospital currently offers limited structured counselling or psychosocial support to help caregivers cope with these emotional burdens. Addressing this gap by providing dedicated mental health support, peer counselling, or caregiver support groups could improve family well-being, enhance engagement in care, and contribute to better overall outcomes for both children and their caregivers

“We were scared every day in the ICU; no one to counsel us.” – Mother, IDI

“Psychological support is still a gap.” – Program Official, KII

Theme 6: Human Resource Limitations

Providing specialized neonatal and pediatric care is highly staff-intensive, requiring skilled doctors, nurses, and support personnel. However, the hospital faces challenges in maintaining an adequate workforce and managing heavy workloads, which can affect service quality and staff well-being. Addressing staffing shortages, enhancing training, and optimizing workload management are essential to sustain high-quality care and ensure the long-term effectiveness of the intervention.

“Doctors and nurses are few; workload is very high.” – Doctor, KII

“Retaining specialists in rural setups is always difficult.” – Doctor, KII

4.8. SUGGESTIONS

The following suggestions are drawn directly from the experiences and perspectives of caregivers, doctors, and program officials who participated in the study. These insights reflect practical, community-driven, and practitioner-led approaches for enhancing the intervention. By incorporating feedback from those directly involved in or impacted by the program, these recommendations provide actionable pathways to improve accessibility, quality of care, caregiver support, and long-term sustainability.

Theme 1: Financial Support Expansion

Families recommended expanding the scope of concessions to cover not only treatment costs but also associated expenses such as medicines, transportation, and food during hospitalization. By reducing these indirect financial burdens, the program could improve access and ensure that even the most economically vulnerable households can benefit fully from specialized maternal and neonatal care.

“If some help was given for travel and food, it would be easier for us poor people.” – Caregiver, IDI

“Treatment is supported, but medicines outside and daily expenses are still heavy.” – Caregiver, Case Story

Theme 2: Awareness and Early Care-Seeking

Caregivers suggested organizing more awareness sessions in villages to educate families about the importance of timely hospital visits, recognition of danger signs, and the benefits of institutional care.

Increasing community-level awareness could reduce delays in seeking care, ensure early intervention for high-risk cases, and improve survival and recovery outcomes for mothers and children.

“If someone had explained earlier in the village, we would have come sooner.” – Caregiver, IDI

“ASHA workers should tell families about danger signs and where to go.” – Mother, IDI

Theme 3: Transport and Accessibility

Both families and doctors emphasized the importance of affordable and reliable emergency transport to ensure timely access to the hospital for high-risk maternal and neonatal cases. Improving transportation options—such as dedicated ambulances, community-based transport services, or travel subsidies—could significantly reduce delays, prevent complications, and improve survival outcomes for critically ill mothers and children.

“It took us three hours to reach; an ambulance from here would save lives.” – Caregiver, Case Story

“Transport is the biggest delay—if we had a linked ambulance system, babies would arrive earlier.”
– Doctor, KII

Theme 4: Follow-Up and Home-Based Support

Both families and doctors emphasized the importance of affordable and reliable emergency transport to ensure timely access to the hospital for high-risk maternal and neonatal cases. Improving transportation options—such as dedicated ambulances, community-based transport services, or travel subsidies—could significantly reduce delays, prevent complications, and improve survival outcomes for critically ill mothers and children.

“We were told to come again, but it costs too much to travel back.” – Caregiver, IDI

“If there was someone in the village to guide after discharge, it would help us a lot.” – Mother, IDI

Theme 5: Preventive Outreach in Villages

Participants recommended organizing more health camps and preventive counselling sessions at the community level. Such initiatives could provide early screening, nutrition guidance, vaccination awareness, and general health education, helping families identify risks sooner and seek timely care. Strengthening these outreach efforts would improve preventive health measures, reduce hospital admissions for preventable conditions, and promote healthier practices within the community.

“We only know after we come here; someone should tell us in the village.” – Caregiver, IDI

“Outreach is needed—nutrition, hygiene, and danger signs can be taught in anganwadis.” – Doctor, KII

Theme 6: Psychosocial Support for Families

Mothers highlighted the importance of receiving counselling and emotional reassurance during NICU stays. Support from trained staff—through regular updates, guidance on caregiving, and psychological support—can help reduce anxiety, improve coping, and foster confidence in managing their child’s health. Strengthening structured psychosocial support within the hospital could enhance family well-being and engagement, ultimately contributing to better neonatal outcomes.

“We were very scared inside the ICU, someone should explain to mothers daily.” – Mother, IDI

“Parents need emotional support along with medical treatment.” – Program Official, KII

Theme 7: Human Resources and Workload

Staff recommended increasing the number of trained nurses and technicians to help manage workloads and maintain high standards of care. Adequate staffing would allow for more attentive monitoring of high-risk neonates and children, reduce staff fatigue, and improve overall service quality. Strengthening human resources through recruitment, training, and retention strategies is essential to sustain the program’s effectiveness and ensure consistent delivery of specialized care.

“We need more hands; nurses are stretched too thin.” – Doctor, KII

“Specialists must be retained in rural setups, otherwise quality suffers.” – Doctor, KI

Chapter 6: Challenges Faced During Data Collection

During the data collection process, several significant challenges emerged, which impacted the efficiency and completeness of the study. These challenges are summarized as follows:

1. Unavailability of Respondents Due to Occupation

A substantial number of respondents belonged to socioeconomically disadvantaged backgrounds and were engaged in occupations that required them to be away from their homes for extended periods. Many were daily wage laborers, agricultural workers, small business owners, or migrant workers. Their irregular and long working hours, often in distant locations, limited their availability for scheduled interviews. This resulted in difficulty in arranging face-to-face interviews during normal working hours and required multiple attempts to reach them at convenient times.

2. Inaccurate or Unreachable Contact Information

One of the primary challenges was the inability to track respondents using the phone numbers available in the hospital records. A significant number of contact numbers were found to be incorrect, inactive, or belonged to relatives who were not directly connected to the case. In some cases, families had changed phone numbers without updating the records. This led to repeated failed attempts to establish telephonic contact, causing delays in the data collection process.

3. Migration of Respondents

Some families had migrated from their original place of residence in search of work or better living conditions. Particularly in rural and economically vulnerable regions, seasonal migration was common, making it extremely challenging to locate and interview these participants. In many cases, despite physical visits to their last known addresses, the families could not be found, or the house was locked with no neighbors providing information about their whereabouts.

4. Reluctance to Participate

Certain respondents expressed hesitation or reluctance to participate in the study due to fear of sharing personal health or financial information. Concerns about privacy, mistrust of the purpose of the interviews, or fear of potential repercussions led to refusal or limited disclosure during interviews. Building rapport and assuring confidentiality required additional time and effort from the data collection team.

5. Geographical and Logistical Constraints

The target population was spread across remote rural areas with poor road connectivity and limited transportation options. Reaching certain villages required significant travel time and, at times, navigating difficult terrain. Weather conditions (especially during the monsoon season) further hampered movement, causing interruptions and rescheduling of field visits.

Chapter 7: Conclusion

The evaluation of the Charutar Aarogya Mandal's pediatric and neonatal intervention at Shree Krishna Hospital provides substantial evidence of the program's success in improving child health outcomes, reducing financial barriers, and strengthening community trust in institutional healthcare services. Based on the secondary data analysis, the program played a crucial role in alleviating the economic burden faced by economically disadvantaged families. The data revealed that out-of-pocket expenditures, which are typically a significant barrier to accessing specialized pediatric and neonatal care, were substantially reduced. Families benefited from targeted subsidies, hospital concessions, and additional financial support from the CSR initiative, contributing to their ability to seek timely and effective treatment without resorting to distress financing such as high-interest loans or selling essential assets. The financial analysis further illustrated the extent of this protection, showing that families contributed only about 19% of the total treatment cost while the remaining amount was covered by institutional concessions, CSR support, and Mandal contributions. This approach directly prevented families from falling deeper into poverty due to health expenses, demonstrating the program's efficiency in redistributing financial risk.

The qualitative findings offered rich insights into how the program affected individuals and families beyond the quantitative numbers. Caregivers consistently reported that the program significantly improved their child's chances of survival and long-term health. Access to specialized NICU and PICU services, timely surgical interventions, and structured follow-up care allowed critically ill and premature infants to receive the necessary medical attention that was previously unavailable or unaffordable. The narratives of caregivers, many of whom were from extremely poor backgrounds, underlined the immense relief and gratitude they experienced when their children were treated without having to bear the full financial burden. Furthermore, counselling sessions provided during hospitalization and follow-up visits were highly valued, as they educated caregivers on safe childcare practices, including proper nutrition, exclusive breastfeeding, hygiene, and early recognition of danger signs. These practical interventions empowered families to continue positive practices at home, which not only supported their child's recovery but also reduced the risk of future illnesses and hospital readmissions.

An important aspect of the program's success was its contribution to building trust in institutional healthcare among rural and marginalized communities. Before the intervention, many families relied on unregulated local providers or traditional healers due to the inaccessibility of specialized care. However, the visible health improvements of treated children and the respectful, compassionate treatment by hospital staff gradually shifted perceptions. Many caregivers now prefer seeking institutional care, and word-of-mouth referrals have further strengthened the hospital's role as a trusted referral hub for high-risk maternal and child health cases in the region. This cultural shift not only improved individual health outcomes but also contributed to a larger systemic change in community health-seeking behaviour, promoting the use of formal healthcare services over informal ones.

Despite these notable achievements, several challenges were faced during data collection that limited the comprehensiveness of the qualitative findings. A major challenge was the unavailability of respondents, as many caregivers were engaged in occupations that required them to work long hours or migrate seasonally for employment. Daily wage labourers, agricultural workers, and small business

owners often could not be reached during normal working hours, and some families had relocated entirely in search of better opportunities. In many cases, despite repeated attempts, respondents could not be reached at the phone numbers available in hospital records due to incorrect, inactive, or outdated contact details. This made telephonic tracking largely ineffective and led to multiple rescheduling efforts or abandoned attempts to conduct interviews. Geographical and logistical constraints further complicated the process. Several families lived in remote areas with poor road infrastructure, requiring significant travel time and effort from field investigators. Weather conditions during certain seasons, such as heavy monsoons, exacerbated these difficulties, causing further delays and cancellations of field visits.

Another important barrier was the initial reluctance of some respondents to participate in the study. Due to concerns about privacy, lack of understanding of the purpose of interviews, or fear of judgment, some caregivers hesitated to disclose personal health or financial information. Building trust required additional time, efforts, and repeated explanations by data collectors, which in turn prolonged the data collection timeline. Moreover, many caregivers had low literacy levels and limited exposure to formal interview procedures, resulting in a need for simplified language, use of local dialects, and repeated clarifications of the questions asked. These communication barriers impacted the depth of information collected and the richness of qualitative data in some cases.

Despite these challenges, the intervention's design—leveraging existing hospital infrastructure and integrating routine follow-ups and counselling into standard care—proved sustainable and efficient. The program avoided creating parallel systems, which helped maintain operational simplicity while delivering high-quality, cost-effective care. The positive feedback from caregivers, doctors, and program officials underlines the long-term viability of the model. It also highlights the need for improved strategies in future data collection, such as better record management, enhanced coordination with local health workers, and use of community networks to track and engage with hard-to-reach families.

Overall, the Charutar Aarogya Mandal's pediatric and neonatal intervention stands out as an effective, scalable, and sustainable model for improving child survival and reducing healthcare inequities in low-resource settings. The program not only provided life-saving treatment to vulnerable children but also promoted positive behavioural changes among caregivers and contributed to systemic strengthening by enhancing referral linkages and building institutional credibility. With targeted improvements in data collection processes and continued donor engagement, the intervention holds strong potential for further expansion and replication in similar underserved regions, contributing meaningfully toward achieving broader public health goals, especially Sustainable Development Goal 3 on good health and well-being.

Chapter 8: Recommendations

Based on the analysis of program outcomes, challenges, and stakeholder perspectives, the following recommendations are proposed to strengthen the Charutar Aarogya Mandal intervention and enhance its long-term impact and sustainability.

A. Strengthen Financial Protection for Poor Families

- Expand support to cover indirect costs such as transport, medicines, and nutrition, in addition to treatment costs.
- Explore integration with government health insurance schemes (e.g., PMJAY) for more comprehensive coverage, reducing the burden of out-of-pocket expenditure for vulnerable families.
- Continue providing free meals and lodging for caregivers to further ease indirect financial burdens during hospital stays.

B. Build Stronger Community Awareness and Referral Systems

- Collaborate with ASHAs (Accredited Social Health Activists), ANMs (Auxiliary Nurse Midwives), and Anganwadi workers to spread awareness about neonatal danger signs and the importance of early care-seeking behaviour.
- Conduct structured village-level health awareness sessions focused on maternal and child health to educate communities about safe practices and available institutional care services.
- Strengthen the referral system between PHCs (Primary Health Centers), CHCs (Community Health Centers), and Shree Krishna Hospital to ensure timely identification and transfer of critical cases, reducing treatment delays.

C. Improve Accessibility and Emergency Transport

- Establish a dedicated ambulance/transport system specifically for neonatal emergencies to enable rapid and safe transfer of critically ill newborns and children.
- Partner with local governance structures (panchayats, district health offices) to create a community transport fund, supporting families in need of emergency transport.
- Use digital technology (hotline numbers, WhatsApp groups with ASHAs/PHCs) for real-time referral coordination and immediate communication, enhancing responsiveness.

D. Ensure Structured Follow-Up and Continuity of Care

- Develop a structured post-discharge follow-up mechanism using phone calls, teleconsultations, and scheduled in-person check-ins to track the child's health after hospital discharge.
- Train community health workers to conduct home visits for children after discharge, offering guidance on nutrition, hygiene, breastfeeding, and early danger sign recognition to reduce complications and readmissions.

E. Introduce Psychosocial and Family Support Services

- Institutionalize counselling services for caregivers during NICU/PICU stays to help reduce their emotional burden and improve caregiving confidence.
- Train hospital staff in empathy and family-centred care approaches, promoting respectful and supportive interactions with families during difficult times.
- Create peer-support groups of mothers who can share experiences, provide emotional support, and build a strong community network of mutual learning.

F. Strengthen Human Resource Capacity

- Recruit and train additional pediatric nurses and technicians to balance workload and improve the quality of neonatal and pediatric care services.
- Provide continuous professional development and refresher training for neonatal care staff to ensure updated knowledge and practices.
- Design incentive packages, including housing, recognition, and allowances, to attract and retain specialists in rural and hard-to-reach areas, thereby reducing staff turnover.

G. Enhance Data Management and Monitoring Systems

- Improve data management processes by regularly updating patient records, including phone numbers, addresses, occupation, and socio-economic profiles.
- Ensure more active involvement of local NGOs in data collection and follow-up processes. NGOs, with their strong local presence, should help update records regularly, especially in cases of seasonal migration or occupation change.
- Develop digital tools (mobile applications, SMS-based systems) for real-time data entry, follow-up tracking, and effective monitoring, improving the quality and completeness of data for future evaluations.

H. Increase Community Engagement and Preventive Health Practices

- Promote community-level health education to empower families in adopting preventive healthcare practices such as proper nutrition, hygiene, exclusive breastfeeding, and early recognition of danger signs.
- Conduct regular awareness drives to reduce reliance on informal providers and increase the preference for institutional healthcare, building long-term trust in the formal health system.

Annexures-Case Stories

Case Story 1

Participant Details:

Name: Kriti Ben (name changed)

Location: Napa Village, Anand District, Gujarat

Before the Program:

Kriti Ben was born with a serious heart defect—a large hole in her heart that caused severe breathing difficulties. After the initial surgery, her condition did not improve, and doctors recommended a second surgery to fully correct the problem. Her family, with a monthly household income of around ₹15,000 to ₹20,000, could not afford the expensive treatment, which was estimated to cost around ₹3.5 lakhs. Living in a rural village, they faced additional challenges such as travel expenses, daily costs for food, diapers, and the burden of frequent hospital visits.

Without the Ayushman Card support, Kriti's family would not have been able to afford these critical surgeries. Her uncle, father, and other family members stayed by her side during the 45-day hospital stay, facing emotional and financial strain throughout the process.

After the Program:

Thanks to the scheme and hospital support, both of Kriti's surgeries were conducted free of cost. She stayed in the ICU for 30 days and later moved to the general ward for the remainder of the time. The hospital provided clean and adequate facilities, food for the baby's mother, medicines, bed sheets, and proper guidance. All instructions regarding medication, care, and hygiene were shared in written form and simple language, helping the family follow the necessary procedures properly.

The family also received emotional support from doctors and nurses. Dr. Vishal, in particular, reassured them by saying, "This baby is mine now, I will make her fine, nothing will happen to her." The staff's kindness strengthened their hope during a very difficult time.

Today, Kriti is healthy and enjoys playing, eating, and living like any other child. She no longer requires special recovery measures such as physiotherapy or special diet. Her health has significantly improved, and her family is relieved emotionally and financially.

Change:

Kriti's family was extremely relieved by the financial support that covered all medical costs. This support not only made the treatment possible but also significantly reduced their burden during a stressful time. Her uncle, father, and mother were able to stay at the hospital throughout her recovery while her sister managed household work and college studies.

The availability of the nearby hospital was a major advantage, eliminating further difficulties related to long travel. The family believes that without such assistance, Kriti may not have received the surgery at all.

Looking ahead, Kriti's family is grateful for the program and feels everything was well managed. They hope that such services continue to be available, as it has been life-changing for them.

Case Story 2

Participant Details:

Name: Name: Radha Ben (Changed for Privacy)

Location: Napa Village, Anand District, Gujarat

Occupation: Family engaged in painting work

Before the Program:

The child, a 2.5-year-old boy, was born with a serious health issue: during pregnancy, he had swallowed fluid which filled his lungs. The delivery was done via C-section at Karamsad Hospital after the doctor explained the need due to the condition. Soon after birth, the family noticed the baby was having difficulty breathing. The initial diagnosis explained the problem in simple terms, but no advanced scans (like CT or MRI) were performed.

With a monthly family income of approximately ₹20,000 to ₹25,000, the family could not afford the treatment costs, which amounted to around ₹1.25 lakhs. They had to take loans and borrow from relatives to cover expenses. The family only received about 20%–25% support through the Aashirwad Card scheme, primarily for medicines. Without this partial support, they would have been forced to leave the child untreated or rely entirely on loans and family support.

After the Program:

Kriti's nephew was admitted to Shree Krishna Hospital for 10 days: 3 days in the ICU and 7 in the general ward. The hospital provided clean facilities, food, water, bedsheets, and a space where a family member could stay with the child. The doctors carefully explained each step of the treatment process. The medical team showed great compassion, providing reassurance and clear written instructions for post-treatment care, including medicine schedules and hygiene practices.

After receiving treatment, the child's health improved greatly. No special recovery measures such as physiotherapy or special diet were needed, and the child became completely normal, playing, eating, and living healthily. The family was emotionally supported throughout the process, helping them stay positive despite the financial and emotional burden.

Change:

The family's financial burden was significantly reduced by the partial support through the Aashirwad card and the excellent hospital care. Even though they still had to borrow and arrange some funds, the reduced costs gave them hope and relief. The support encouraged them to follow doctors' advice without hesitation.

The illness and treatment process had an impact on the family's livelihood as hospital visits increased, but the emotional relief of seeing the child recover made the challenge worthwhile. The nearby hospital location was especially helpful for frequent visits, making the process easier for the family.

Kriti's family expressed strong satisfaction with the treatment and care, stating that no improvements were needed in the system, as everything was handled well, even during emergencies.

Case Story 3

Participant Details:

Name: Seema (Changed for Privacy)

Location: Ektanagar, Anand District, Gujarat

Occupation: Masonry and labour work

Before the Program:

The child, a 3-year-old boy, was born making unusual sounds immediately after birth, and had water in his lungs. His family lives in a low-income household, earning approximately ₹10,000 per month through manual labor like masonry and lifting bricks. The family learned about treatment and available assistance through a lady from the local daycare center, who advised them to take the child to Shree Krishna Hospital. The total cost of treatment was around ₹50,000, but they were only able to pay ₹22,000 from their own pocket. The remaining support was provided by the hospital because the family couldn't afford private hospitals.

After the Program:

The child was admitted for 8 to 12 days — around a week in the ICU and 2–3 days in the general ward. At the hospital, the child was placed on oxygen and given injections, and other life-saving treatment to improve his breathing. The doctors and staff explained each step of the treatment in simple terms and provided emotional support, reassuring the family that the child would get better.

Hospital facilities were good — clean ward, proper bed sheets, food, and drinking water, and space for the caregiver to stay with the child. After discharge, clear written instructions were provided on medicine schedules and basic care at home, which the family followed carefully.

Following treatment, the child's health improved significantly and did not require any special recovery measures such as physiotherapy or special diet. The family noted that their child became completely normal and healthy.

Change:

The financial support reduced the family's burden significantly, making treatment affordable and relieving stress related to medical expenses. The family felt reassured by the quality of care, kindness of medical staff, and availability of good medicines at the hospital.

The illness and treatment process had a big impact on the family. Each day, a different family member had to stay at the hospital, while others continued to work to manage the household. Despite this challenge, the family prioritized the child's care, knowing they could rely on the hospital's support.

The experience taught the family the importance of following medical advice carefully and trusting public health programs. They appreciated that the hospital was nearby and treatment costs were low, even though they felt that at times, hospital staff did not treat them equally because of their appearance as laborers.

Looking ahead, the family hopes for continued support and improvements in hospital staff attitude to ensure respect and dignity for all patients, regardless of background.

Case Story 4

Participant Details:

Name: Suresh Bhai (Name Changed for Privacy)
Location: Valinath Society, Anand District, Gujarat
Occupation: Driver (sole earner)
Monthly Income: ₹15,000–₹20,000

Before the Program:

The child, a 12-year-old girl, suffered a severe head injury and damage to the left ear after falling from the terrace during Uttarayan festival. She experienced seizures and required support to walk. The family learned about Shree Krishna Hospital's good services through friends who recommended the hospital.

After an initial CT scan at Zydus and a visit to Karamsad, they approached Krishna Hospital where it was confirmed that the child had a brain hemorrhage, and surgery was mandatory.

The family was distressed about the high treatment cost of around ₹3 lakhs. They received some concessions and a discount through the Ashirwad Card, ultimately paying between ₹2 to 2.5 lakhs. Without this support, they would have had to sell household items or could not have afforded treatment. They also had to take a loan to manage the expense.

After the Program:

The child was admitted for over a month: 20 days in the ICU (with oxygen via ventilator for 20 days), followed by a general ward stay. Later, the child was re-admitted for cranioplasty and stayed for an additional 15–20 days.

The hospital provided timely treatment in a clean environment, with proper food, water, and facilities for the family. Doctors explained the medical condition and procedures in simple language, including written instructions for home care, medicines, and physiotherapy. Emotional support was also provided, assuring the family to trust the medical team.

Following treatment, the child improved significantly: she talks, eats, walks with support, and continues physiotherapy daily (about 1–1.5 hours) to improve strength. However, due to a stroke, her left side was affected, and she still uses a wheelchair.

Change:

The Ashirwad Card reduced the financial burden by covering part of the medicine expenses and enabling immediate treatment without upfront payments. This helped the family avoid greater financial distress during a critical time.

The illness had a significant emotional and financial impact: several family members stayed at the hospital, work was disrupted, and they faced considerable tension. After the child's recovery, the family experienced emotional relief and regained stability.

The family highly appreciated the care, counseling, cleanliness, availability of medicines even at night, and timely food services provided by the hospital. However, they suggested expanding government schemes like the Ayushman Card to cover more critical procedures (like the operation) and improving

aspects of the ward, such as better washroom hygiene, reducing bright lights at night, and assistance in taking patients to bathrooms.

This experience reinforced their trust in public health systems and the importance of accessible medical support for economically vulnerable families.

Case Story 5

Participant Details:

Name: Amit Bhai (Name Changed for Privacy)

Location: Darshan Park Society, Anand District, Gujarat

Occupation: Tea Stall Owner (sole earning member)

Monthly Income: ₹10,000 – ₹15,000

Before the Program:

The child, Ayan Khan, is an 18-year-old boy who had an accident when a cycle handle got embedded in his stomach. He already had a muscle stiffness issue, which worsened due to the injury. At the time, he had difficulty walking and needed urgent medical care. Initially, the family approached a private hospital where they were told the treatment would cost ₹3–4 lakhs. Unable to afford this, they found Krishna Hospital through a contact and arrived with reports prepared earlier.

The sudden medical emergency and high treatment cost forced the family to borrow money before the Ashirwad Card support came into effect.

After the Program:

The child was admitted to Krishna Hospital and underwent surgery for intestinal injury. He was placed in the ICU with a ventilator for oxygen support and later shifted to the general ward. His total hospital stays lasted 10 days (1 day post-surgery in ICU, the rest in the general ward).

The treatment was smooth, conducted at one place without needing to run around for reports or medicines. The hospital had good facilities — clean wards, timely meals, drinking water, friendly doctors who explained everything in simple language, and readily available medicines.

The total operation cost was around ₹38,000, but thanks to the Ashirwad Card, the family did not have to pay this. The saved money was used for household needs and school expenses.

After discharge, the family received proper guidance on home care, including a diet chart, medicine schedule, and prescription details. Physiotherapy was needed for daily 1–1.5 hours, and the child continued it regularly.

Post-treatment, the child improved significantly: he talks, eats, drinks, walks with support, and remains in good health. His left side still shows effects of muscle stiffness, so he uses a wheelchair, and does not attend school, but overall is much better.

Change:

The financial support via the Ashirwad Card reduced the family's financial burden and mental stress. The hospital's approach of starting treatment immediately without requiring advance payments made a huge difference. The family felt emotional support from doctors, and counselling reassured them completely.

The treatment and support led to a visible and significant improvement in the child's health. Although the hospitalization created tension and affected the family's work (with 2–3 members staying at the hospital), the outcome was positive.

The family highly appreciated the hospital's cleanliness, ICU treatment, timely counselling, food for patients and relatives, and easy availability of medicines even at night. However, they suggested improvements in the ward, like better washroom hygiene, reducing bright lights during night, and more government support in schemes (e.g., covering operations under the Ayushman Card).

This experience reinforced the family's belief in public healthcare programs and highlighted the critical role of financial support in accessing timely treatment for vulnerable families.

References

1. Charutar Foundation. (2024). *Fund utilization certificate FY24 (Final signed and stamped)*.
2. Charutar Foundation. (2024). *Utilization certificate FY24 (Final signed and stamped)*.
3. Charutar Foundation. (2024). *Consolidated activity report P3*
4. Charutar Foundation. (2022). *CA certificate (Signed and stamped)*.
5. Charutar Foundation. (2024). *Bajaj supported patient details [Excel file]*.
6. Charutar Foundation. (2022, November). *Memorandum of understanding (Signed and stamped)*.