Construction of building and procurement of medical equipment for HP Ghosh Hospital

Impact assessment report
FY 2023-24

Kotak Mahindra Life insurance Company Limited CSR

A report by Crisil Limited

Crisil
Intelligence

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Abbreviations

KLI	Kotak Mahindra Life Insurance Company Limited
EIHCRF	Eastern India Heart Care and Research Foundation
CVD	Cardiovascular disease
WHO	World Health Organisation
MoHFW	Ministry of Health and Family Welfare
AERB	Atomic Energy Regulatory Board
CSSD	Central sterile supply department
HIA	Hospital information automation
ASD	Atrial Septal Defect
PSD	Peak Skin Dose
PDA	Patent Ductus Arteriosus

Dashboard

Impact assessment of KLI's Healthcare CSR initiative at HP Ghosh Hospital, EIHCRF by Crisil Limited for FY 2023-24

1 Thematic area

Healthcare access and infrastructure upgrade- Construction of hospital building and procurement of medical equipment

1 Hospital

1 Cath lab

15 + Medical procedures

Contributing to 8 SDGs

Total CSR grant from KLI

₹5 crore

1,476

Total number of beneficiaries*

* Cath Lab beneficiary count till September 26, 2025

Overview: Healthcare infrastructure in India

Health infrastructure is one of the most critical parameters underpinning societal resilience and economic development. The World Economic Forum notes **"healthcare infrastructure is the backbone of a healthy economy and society"[1].**

As populations age and grow, however, the gap between needs and resources has been widening. In rapidly urbanizing developing countries, capital cities concentrate resources and health risks even as, ageing populations and environmental hazards heighten demand for robust hospitals and clinics and emergency systems.

Inadequate health infrastructure in urban pockets and rural areas affects disease and treatment outcomes. Take cardiovascular disease (CVD) as a case in point. Deaths from CVD have increased overall in the past three decades, but the age-standardised death rate has fallen 4%. Despite this progress, 80% of CVD deaths occur in low- and middle-income countries (LMICs), where the decline in death rates has been much slower than in high-income countries (HICs). Furthermore, there are disparities in outcomes within countries, with significant inequalities according to sex, ethnicity and socioeconomic status.

The World Health Organisation (WHO) emphasises prevention and early detection are key to addressing the rising burden of non-communicable diseases (NCDs) driven by lifestyle changes, ageing and urbanization. This requires adequate and accessible health infrastructure.

Condition of healthcare infrastructure in India

India's healthcare infrastructure has seen incremental improvements in recent years. According to the Ministry of Health and Family Welfare (MoHFW) India has a doctor to popmiulation ratio of 1:834, better than the WHO norms of 1:1000[2]. Significant disparities remain, though, especially between urban and rural areas.

Rural and semi-urban areas, where nearly 70% of the population reside, struggle with inadequate access to quality healthcare. They face severe shortage of medical personnel, access to essential services and fewer well-equipped hospitals and essential diagnostic services, which leads to delayed or insufficient treatment. Many patients must travel long distances for basic medical attention, further widening the health disparity between urban and rural regions. While urban areas are relatively better served, they struggle with overcrowded public hospitals and overreliance on private care. The government's healthcare expenditure has increased to 3.8% of GDP[3] but still remains low, with a high burden of out-of-pocket spending pushing millions into poverty each year.

West Bengal mirrors these national trends, and Kolkata, its capital, presents a critical case study in urban NCD management. With a population exceeding 15.8 [4]million in the metropolitan area, Kolkata faces a high burden of CVD, diabetes and hypertension. Urban density, air pollution, low physical activity levels and dietary risks have made cardiovascular illness a leading cause of morbidity and mortality in the city. Government hospitals in the city handle overwhelming caseloads, often serving not just city residents but also patients from rural areas and neighbouring states. Despite having tertiary care hospitals, access to timely diagnosis and emergency cardiac interventions such as catheterisation remains limited for large sections of the population, particularly those in informal settlements and low-income neighborhoods.

Challenges in urban non-communicable disease management

India's healthcare infrastructure, particularly in Kolkata, faces several key challenges. The primary care system is weak, with inadequate primary health centres (PHCs) in urban areas, forcing patients to seek care at overcrowded hospitals. Prevention and screening for NCDs is also poor, with low community-level screening and many PHCs lacking basic

[1] How sovereign and private capital can help develop healthcare infrastructure, July 22, 2024, World Economic Forum, https://www.weforum.org/stories/2024/07/.
[2]Government has taken multiple steps to further increase availability of doctors in the country, July 26, 2022, Press Information Bureau, Ministry of Health and Family Welfare, Government of India, https://www.pib.gov.in/PressReleseDetailm.aspx?PRID=1845081
[3]The Decline in Out-of-Pocket Expenditure (OOPE) in Health in India, November 10, 2024, Press Information Bureau, Government of India, https://www.pib.gov.in/PressNoteDetails.aspx?NoteId=153407&ModuleId=3#:~:text=The%20National%20Health%20Accounts%20(NHA,%2C%20medicines%2C%20and%20hospital%20stays
[4] World Population Review, https://worldpopulationreview.com/cities/india/kolkata

diagnostic tools. The healthcare system is further hindered by fragmented data and systems, limited digital records and weak surveillance, making coordinated care difficult. Public facilities are overburdened, with long waits and high out-of-pocket costs driving many to unregulated clinics or being left untreated. Additionally, social barriers marginalise the urban poor, who face a high risk of health issues due to their living conditions, but have limited access to care due to financial, geographic and informational constraints.

Central and state government initiatives and schemes

To address these issues, the Indian government has implemented several large-scale initiatives, such as:

- **Ayushman Bharat:** It is the flagship programme that aims to transform healthcare delivery through two main components: Health and Wellness Centres (HWCs) and PM Jan Arogya Yojana (PM-JAY). Under this, it provides cashless health insurance (INR 5 lakh per family per year) to the poorest 40% of poor households.

- **National Urban Health Mission:** Established in 2013, it targets urban poor health. It funds city and urban PHCs and outreach activities in slums. The mission's goal is essential primary care for vulnerable groups and to reduce their out-of-pocket spending.

- **National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS**): Launched in 2010, this supports NCD clinics at district and sub-district levels. It provides training to healthcare staff: information, education and communication (IEC)/behavioural change communication about lifestyle awareness, and population-based screening.

- **Ayushman Bharat Digital Mission:** Supports health data portability (ABHA ID), digital records and telemedicine (eSanjeevani), which facilitate tracking of NCD patients and remote follow-up.

- **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY):** Under this scheme, funds are provided to AIIMS-like institutions and tertiary infrastructure is upgraded. Cardiac care units are installed in new government medical colleges.

- **Swasthya Sathi:** At the state level, West Bengal runs its own insurance scheme, Swasthya Sathi[5], which offers similar coverage to PM-JAY and includes cashless hospitalisation services through a smart card-based system.

Despite government investments, urban NCD management in India faces significant gaps. Key challenges include insufficient funding, fragmented infrastructure and governance issues, as well as a digital divide that marginalises vulnerable populations. Other issues include inconsistent service coverage, lack of monitoring and evaluation, and poor integration of traditional systems such as AYUSH. These gaps highlight the need for a more comprehensive and coordinated approach to urban NCD management.

[5] Swasthya Sathi Scheme, Government of West Bengal, https://uttardinajpur.gov.in/swasthya-sathi-scheme/

Overview: KLI's healthcare CSR initiatives

About Kotak Mahindra Life Insurance Company Limited (KLI)

Kotak Mahindra Life Insurance Company Limited (KLI), a subsidiary of Kotak Mahindra Bank, is one of India's fastest-growing life insurance providers, having covered over 50 million lives as of June 30, 2024. Guided by its vision to become the country's best life insurance company, Kotak Life's mission is to bring assurance and long-term value to people through protection and savings. The company operates on a foundation of core values such as integrity, financial prudence, innovation, and a professional approach to delivering real value to customers.

Beyond business, Kotak Life is committed to corporate social responsibility (CSR), aiming to create a meaningful and sustainable impact in underserved communities. Its CSR initiatives focus on education, healthcare, livelihood support, relief and rehabilitation initiatives after Covid-19. It supports programmes that enhance access to quality education for marginalised children, promote preventive healthcare through mobile medical units and private hospitals, and build resilience among vulnerable populations. Through partnerships with credible non-profit organisations, employee volunteering and long-term community investments, KLI ensures its CSR aligns with its mission.

KLI's CSR intervention in healthcare: Key focus areas

1. **Access to quality healthcare:** Through partnerships with the Smile Foundation and Wockhardt Foundation, KLI supports mobile medical units that deliver primary healthcare services to underprivileged communities. These units offer general outpatient consultations, maternal and child health services, preventive screenings, diagnostics, and essential medicines, bridging critical gaps in last-mile healthcare delivery.

2. **Infrastructure and diagnostic advancement:** In collaboration with EIHCRF, KLI has enabled the construction of medical infrastructure and procurement of high-end diagnostic equipment. This has improved access to specialised and affordable diagnostics for underserved populations.

3. **Cancer care and paediatric support:** Through its partnership with CanKids KidsCan, KLI supports children battling cancer by facilitating access to treatment, nutritional aid, psycho-social counselling and educational continuity. The programme also offers family support services, ensuring holistic care during the child's cancer journey.

4. **Community health awareness and behaviour change:** KLI's healthcare CSR initiatives integrate strong IEC components. These include health awareness camps, school and community outreach, menstrual hygiene education, and preventive care counselling to foster improved health-seeking behaviour and long-term wellness among women, children, and vulnerable groups.

5. **Preventive and promotive healthcare delivery:** The CSR programmes focus not only on curative care but also on preventive health, through services such as anaemia and blood pressure checks, diabetes screening, immunisation referrals and maternal check-ups. Early detection and timely referral systems are central to improving community health outcomes.

Approach and methodology

Objective of the assessment

The key purpose of this assessment is to identify ways in which the intervention and resultant inputs and activities have been leveraged by the beneficiaries, as well as evaluate the key barriers/enablers, in the form of suggestions, to ensure maximum impact of the programmes in the long run.

To conduct the impact assessment study, the objectives of the assignment are given below:

- **Objective 1: Impact created in the lives of the direct beneficiaries and the community**

  The impact assessment study will assess the extent of impact on the lives of the beneficiaries and their families by assessing the positive intended and unintended changes.

- **Objective 2: Appropriateness of the programme strategies**

  To ensure successful implementation of a project, strategic plans, goals and impact indicators are essential. However, situational challenges can lead to deviations from the original plan during implementation. As a result, assessing the programme's impact and success requires evaluating its strategies against the outcomes achieved and considering the programme's sustainability.

  The impact assessment study will take into account any deviations that occurred and provide a comprehensive analysis of the programme's success. By doing so, the programme can be improved, and future programmes can learn from the challenges faced.

- **Objective 3: Impact towards programmatic sustainability**

  An essential component of the intervention is the accountability shouldered by the entire community, the ultimate beneficiaries of the intervention. Hence, one objective of the impact assessment study would include the sustainability quotient of the project.

- **Objective 4: Recommendation towards the targeted outcomes**

  The impact assessment study will involve a thorough assessment of the intervention being implemented so far and based on that, provide recommendations towards further improvement and strengthening of the programme.

Approach and methodology

The study has adopted a concurrent mixed method design, in which quantitative and qualitative data are collected through the key program stakeholders. This approach will allow for a comprehensive assessment of the intervention by capturing quantitative evidence, backed by qualitative experiences.

Quantitative data was collected through a semi-structured survey questionnaire, administered to the direct beneficiaries. The survey focused on the impact and effectiveness of the program. Qualitative data was collected through key informant interviews with doctors, and other key stakeholders. The data focused on understanding the implementation process, impact and sustainability of the initiative along with understanding the gaps.

Findings from the quantitative and qualitative data are integrated to provide a comprehensive assessment of the impact of intervention. The integration involved comparing and contrasting the findings from the two data sources to identify any converging or diverging evidence.

The evaluation maps the impact of the program with the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) framework to determine the merit of an intervention on the basis of six defined evaluation criteria – **relevance, coherence, effectiveness, efficiency, impact** and **sustainability**. We have also aligned the impact of the program with the United Nations Sustainable Development Goals (SDGs) and the contribution of the intervention to global efforts.

In addition to the above, the study will also use the following assessment tools:

- **SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis:** SWOT will be used as a core evaluation tool to analyse the internal and external factors influencing the success of the CSR projects:

    - Strengths: Evaluate the internal strengths of KLI's CSR programs, such as strong partnerships, efficient resource utilization, and innovative program design. The analysis will measure how these factors have contributed to the program's success.

    - Weaknesses: Identify any internal challenges, such as inadequate resources, limited stakeholder engagement, or inefficient program execution. Understanding these weaknesses will help improve future interventions.

    - Opportunities: Assess external factors that offer potential for scaling up or replicating successful CSR projects. Opportunities such as technological advancements, community willingness, or government policies that align with the CSR initiatives will be explored.

    - Threats: Examine external risks that could hinder the long-term impact of the projects. These could include changes in government regulations, economic downturns, or environmental challenges.

- **Case Studies:** Detailed case studies will be developed to showcase individual or community-level success stories, highlighting transformative changes driven by the CSR programs.

Sampling framework

The sampling strategy for primary beneficiaries uses the Cochran's formula, suitable for a small population, with a 90% confidence level and 10% margin of error, assuming the average daily footfall of 100-150 patients. The statistically appropriate sample size, given the population size, is 45. For qualitative assessment, a purposive sampling approach will be used to select participants who can provide in-depth insights, allowing for a comprehensive understanding of overall healthcare and diagnostic services.

The following sample framework has been adopted for the study:

EIHCRF		
Key stakeholders	**Data collection tool**	**Sample**
Beneficiaries/ care givers	Key informant interviews	45
Doctors	Key informant interviews	4
Nurses	Key informant interviews	3
Lead technician	Key informant interviews	1
EIHCRF officials	Key informant interviews	2
KLI CSR officials	Key informant interviews	2

Primary findings

Key Impact

Affordable healthcare

Each beneficiary **saved around INR 736 on accessing medical care per month** suggesting the intervention has significantly reduced the cost of consultation, diagnosis and treatment

Enhanced health outcomes

96% availed **general outpatient services** on their primary visits and showed **improved health status**

Cheap diagnostic package

A **standard diagnostic package costs INR 2,900** compared with market rates of around INR 7,000, saving more than INR 4,000 for each beneficiary

Cleanliness and hygiene

More than 90% rated the **cleanliness and hygiene** across key areas such as the OPD waiting area, toilets and washrooms, diagnostic centre and patient rooms/wards **as excellent**

Quick and accessible

Patients are **effectively saving at least 2 days** compared with other private hospitals and several weeks compared with government facilities, ensuring quicker access to **critical cardiac diagnostics**

Government scheme linkages

89% of patients were connected to **government health schemes such as Swasthya Sathi,** enabling easy access to critical care for vulnerable population

Key findings: Construction of building and procurement of medical equipment to HP Ghosh Hospital- a unit of EIHCRF

About HP Ghosh Hospital – a unit of Eastern India Heart Care and Research Foundation

HP Ghosh Hospital, headquartered in Kolkata, was initiated in 2023 as a unit of **EIHCRF.** The hospital was established to enhance the well-being of the community, working diligently towards their commitment to excellence, compassion and innovation.

They are also among the multi-specialty hospitals to bring together healthcare experts with extensive experience in best-in-class medical services and post-operative tertiary care with cutting-edge technologies and machines, making it affordable for all classes and sections. By leveraging modern technology, the hospital has set new standards in healthcare. The medical practices and procedures that are followed here are research oriented. They offer an open patient-centric environment, which is affordable, making it one of the most revered hospitals**.** They are actively working towards building a future where the best possible care is available to everyone.

Mission: Driven by passion, compassion and an ethos of specialised experience, they are committed to bringing to people a diversified team of health practitioners with relevant and strong experience. Through world-class health solutions and technology, the aim is to drive patient-friendly holistic healthcare, aimed at promoting wellness and preventing illness while making them accessible to all. The consistent focus remains on treating diseases with a culture of continuous collaboration, learning and innovation.

Vision: To provide holistic health care services by social empowerment, education through compassionate care and innovation, and collaboration for the well-being of all.

About the programme – construction of buildings and procurement of medical equipment

Kotak Life Insurance and **EIHCRF** are collaborating to address the challenge of accessibility to health care by procuring and installing essential medical equipment for one of its units - **HP Ghosh Hospital**. The initiative aims to enhance the accessibility and quality of multiple treatments by providing state-of-the-art diagnostic tools, monitoring equipment and treatment facilities. The aim is to make advanced and specialised medical services accessible to all the community members in the region. The programme focuses on the procurement and deployment of medical infrastructure, including diagnostic machines, surgical equipment and essential hospital facilities such as floors and wards, ensuring that patients receive quality care without being burdened by prohibitive costs.

One of the key pillars of this initiative is **accessibility**. The hospital serves patients at standardised market rates, catering to different segments of society. Services such as **CT scans and other high-end diagnostic tests**, often out of reach for many due to non-availability at certain hospitals, are made available through concessional structures. This is further reinforced by patient-friendly registration and follow-up protocol. Walk-in patients are required to pay **a standard registration fee of INR 300**, following which a patient ID is generated. Patients referred by doctors or those who present a need for discounted services are duly considered, reflecting the hospital's sensitive and inclusive approach to care. Furthermore, follow-up consultations within one week of the initial visit are offered free of charge and any visit beyond 10 days incurs only the doctor's fee of INR 800–1,000, depending on the case.

In addition, the hospital offers treatment packages that allow patients to opt for bundled services at lower rates. These packages are particularly helpful for long-term or chronic care patients who require multiple services over time. The packages also include the benefit of concessions, reducing the financial strain on patients while ensuring comprehensive care is delivered in a streamlined manner.

Patients at EIHCRF are broadly categorised as in-patients and out-patients. In-patients are those already admitted and registered within the hospital system, while out-patients include individuals who come in, register at the desk and are allotted consultation time based on the doctor's availability and their own scheduling preferences. This distinction ensures that operational efficiency is maintained and patient flow is managed effectively. Diagnosis and treatment are conducted promptly and the hospital staff coordinate appointment slots carefully to prevent overcrowding and minimise waiting time.

As a **multi-specialty hospital**, the facility offers a range of medical services under one roof. These include diagnostics, laboratory testing, dialysis services, surgical interventions and psychological counselling. Such comprehensive offerings not only ensure that a range of medical needs are met but also reduce the need for patients to visit multiple facilities, which can be both time-consuming and expensive. Additionally, dialysis services are monitored through key performance indicators such as the number of patients prescribed dialysis and the utilisation rates of dialysis machines. The hospital has maintained a zero-breakdown record for its machines, which reflects the reliability of its infrastructure and the emphasis placed on regular maintenance.

The hospital aligns its service charges with prevailing market rates but incorporates multiple discount categories to ensure the inclusion of economically weaker sections. Cardiology treatments are among the most frequently availed services, indicating a strong focus on heart health and related interventions. The hospital has also implemented a **Hospital Information Automation (HIA) system**, which ensures seamless management of patient data and billing records. This digitisation of health records contributes to efficient delivery and accountability.

To ensure high standards in care delivery, training programmes are conducted for doctors and healthcare providers. The programmes are typically organised in collaboration with equipment vendors and are initiated whenever there are new machine procurements or technology upgrades. This system helps the staff stay updated with the latest operating procedures and enhances the quality of services rendered. Staffing is managed through a rotational system, allowing for flexibility while maintaining continuity of care.

The hospital reports a daily **footfall of 300-400 registrations and 50-60 admissions**, reflecting the demand for its services and its ability to cater to a significant volume of patients. A notable feature of the programme is its effort to link patients with government health schemes. For instance, hospital staff actively assist patients in registering for the **Swasthya Sathi card**, a government initiative that entitles eligible individuals to healthcare services. Once registered, the cardholders receive substantial reductions in treatment costs, improving their access to critical care without financial distress.

With generous financial support from Kotak Life Insurance, EIHCRF can assist HP Ghosh Hospital in the construction of medical infrastructure and the procurement of essential equipment, enabling the delivery of affordable and comprehensive healthcare services. The collaboration has allowed the hospital to cater to a high volume of patients, especially those from the lower and middle-income background, through treatments, concessional packages and integration with government schemes such as Swasthya Sathi. By reducing the cost burden and ensuring continuity of care, the NGO is enhancing accessibility and equity in healthcare delivery. The initiative stands as a strong example of how corporate support to such NGOs can drive a lasting social impact by bridging critical healthcare gaps in underserved regions.

***The Cath Lab at HP Ghosh Hospital was installed on October 20, 2023, following all manufacturer-prescribed guidelines to ensure safety and operational efficiency*.** Prior to the disbursal of the equipment, extensive discussions were held between the hospital's higher management and the respective vendor to finalise the specifications and ensure alignment with the hospital's diagnostic and treatment requirements. The hospital's needs and infrastructural constraints were duly considered during this process, including the brand selection. Before the delivery, key parameters such as room readiness, Atomic Energy Regulatory Board compliance, and logistical and space-related planning were carefully evaluated to facilitate smooth installation and future maintenance. However, site preparedness posed a significant challenge during the installation phase, necessitating additional time and coordination to meet the technical and safety standards required for the Cath Lab's operation.

Since its inception, the Cath Lab in HP Ghosh Hospital has catered to 1,476 patients[6], reflecting its growing outreach and trust within the community. The patient inflow has shown a steady upward trend starting with just one patient between April 2023 and March 2024, followed by 633 from April 2024 to March 2025. The momentum continued into the next period, with 1,013 patients recorded since April 2025 and services expanding. This progressive growth highlights the hospital's increasing accessibility, improved service delivery and rising confidence of the most marginalised sections of society.

[6] Data till date of survey (September 26, 2025)

Cath lab operations

The cath lab operates with a team of three technicians, two coordinators and four nursing staff (two brothers and two sisters), ensuring smooth execution of procedures and timely updates in the hospital information system (HIS). On average, the cath lab performs four cases daily, handling a wide range of complex interventions such as:

- Angiography (CAG)
- Angioplasty
- Pacemaker (temporary and permanent)
- Cardiac resynchronization therapy (CRT)
- Indirect Coombs test (ICT)
- Digital subtraction angiography (DSA)
- Cath study
- ASD/PSD/PDA closures
- Electrophysiology (EP) study
- Radiofrequency ablation (RFA)
- Embolisation
- Optical coherence tomography (OCT)
- Intravascular ultrasound (IVUS) procedures

The hospital also offers comprehensive diagnostic and full-body microscopic services, ensuring early and accurate detection of ailments. Pre-tests, including serology (HIV), ECG, echocardiography and creatinine-electrolyte assessments are mandatory before major cardiac procedures. The average angiography duration is 20-25 minutes, while angioplasty timings vary depending on patient condition.

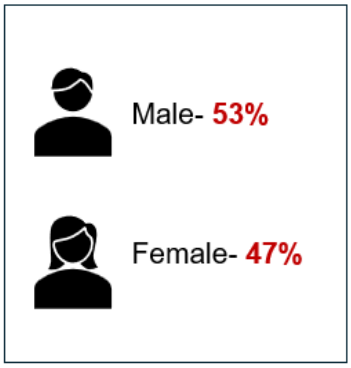
In addition to cardiac interventions, the dialysis unit handles 8-10 cases daily, making it one of the most sought-after services. Follow-ups for cath lab patients are conducted after 7 days, supported by regular medical check-ups and continuous monitoring by doctors, nurses and technicians. The hospital's prompt emergency response and improved inter-departmental coordination have notably enhanced treatment outcomes and patient satisfaction.

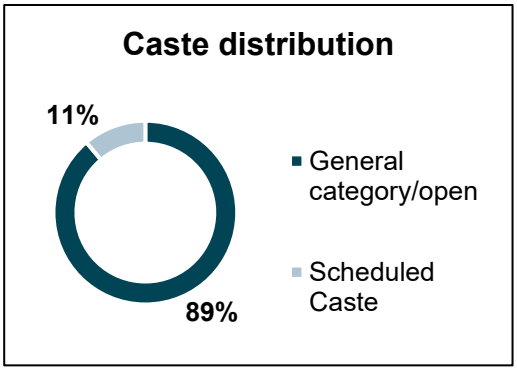
Through these integrated service offerings, HP Ghosh Hospital, under EIHCRF, has emerged as a leading provider of affordable and quality cardiac and diagnostic care, bridging the healthcare gap for economically disadvantaged communities.

Primary key findings: Patients

I. Demographic profile

The study covered 45 patients in West Bengal. Within the sample, 53% were male and 47% female. This kind of classification was taken to get better perspective from both men and women in terms of healthcare access and service utilisation.





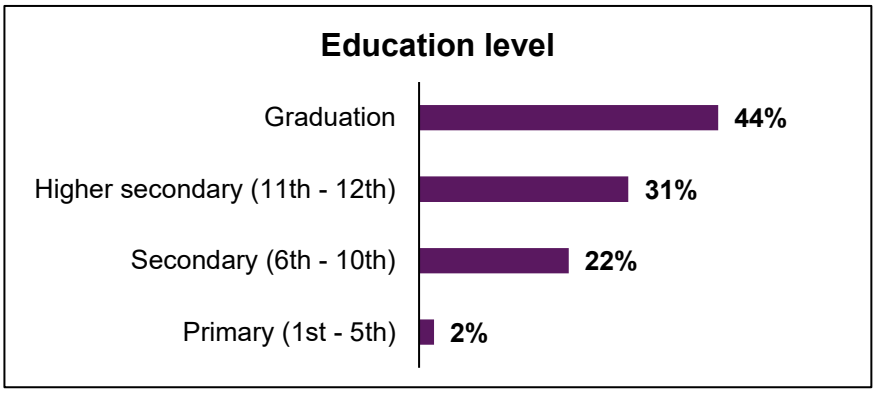


Figure 1: Demographic profile of patients

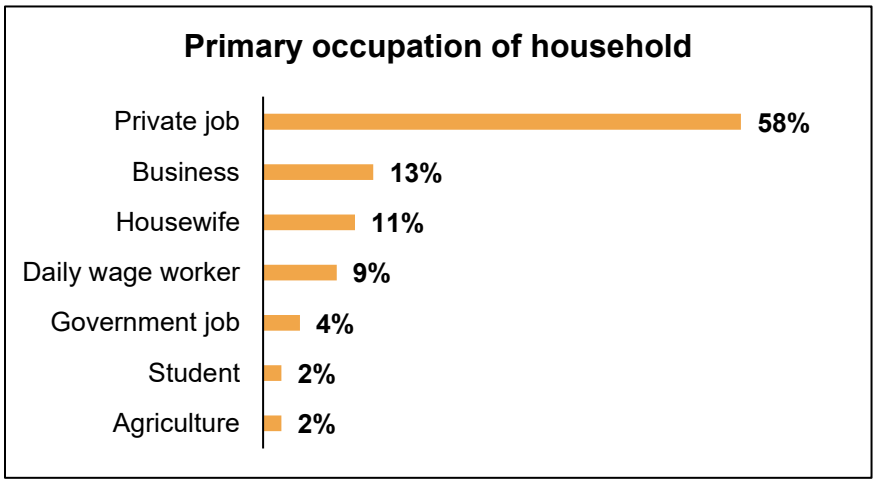


Figure 2: Primary occupation of beneficiary households

The average age of patients was 35 years. We understood from our discussions that the hospital primarily serves individuals between 20 and 60 years. This demographic represents the working-age individuals who are managing both family and economic responsibilities and seeking timely and affordable healthcare services.

Though 58% of the respondents were employed in the private sector, the hospital remains accessible to people from diverse occupational backgrounds.

An evaluation of their monthly incomes highlighted that most beneficiaries belong to low-income households, emphasising the programme's role in making advanced healthcare affordable for economically constrained groups.

The hospital's concessional service rates, discounted diagnostic packages and integration with health schemes such as Swasthya Sathi have been particularly beneficial for these households, enabling them to access services that would otherwise be financially inaccessible.

The sample of monthly expenses reinforced the finding that about 58% of the respondents reported monthly expenditures of INR 2,000-5,000, whereas 22% of respondents spent less than INR 2,000.

The relatively low expenditure levels indicate limited disposable income among most households in the area, underscoring the importance of cost-effective healthcare models. ***The hospital's flexible registration fees and concessional pricing are well aligned with the financial realities of these families.***

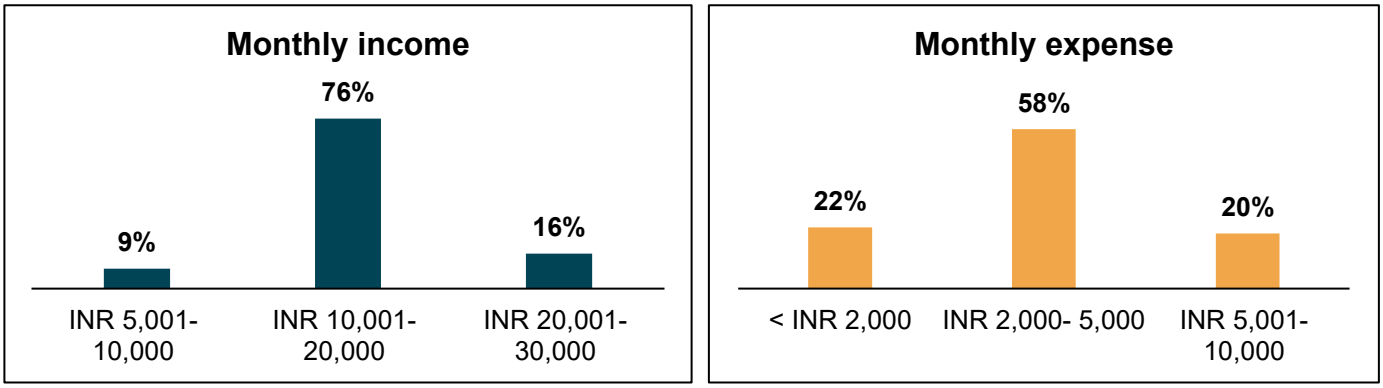


Figure 3: Monthly income and expense of beneficiary households

Families in the sample group had an average of four members, suggesting moderately sized households, which are common in semi-urban and urban areas. Among these families, **a remarkable 87% reported having only one earning member, suggesting a higher concentration of single-income households that makes healthcare affordability a significant concern, as medical expenses can quickly strain their limited resources.**

The programme's subsidised diagnostics and support in accessing government schemes help to mitigate such vulnerabilities, ensuring that treatment does not lead to financial distress

When asked about healthcare options available in their locality, respondents said they had access to private doctors' clinics, homeopathy doctors and government clinics, indicating a mixed healthcare ecosystem. However, many of these facilities have limited diagnostic and treatment capabilities. In this context, HP Ghosh Hospital's upgraded infrastructure provides a vital link in bridging the gap between primary and specialised healthcare in the region.

Access to public health schemes plays a crucial role in enhancing healthcare affordability. Within the sample, **89% of the respondents reported holding a Swasthya Sathi card, while 2% were covered under Ayushman Bharat.** Another 11% were not associated with any government health schemes.

Swasthya Sathi is a health insurance scheme of the Government of West Bengal that provides cashless treatment up to **₹5 lakh per family per year in both public and private hospitals**. It covers all residents of the state. The **female head of the family is the cardholder**, ensuring gender inclusivity.

Overall, the demographic profile of the respondents underscores the inclusive and equitable reach of the KLI-EIHCRF initiative. By engaging people across social backgrounds, the programme demonstrates success in making quality healthcare accessible to all, especially those from lower and middle-income groups. By combining infrastructure development with concessional pricing and government scheme integration, the initiative has ensured financial protection, improved access and enhanced equity in healthcare delivery for the community.

II. Hospital access and registration

The access and registration process at HP Ghosh Hospital is the first point of interaction between beneficiaries and the healthcare system, reflecting the hospital's commitment to efficiency, inclusivity and patient-centric care. The findings indicated that the hospital's outreach and registration mechanisms are functioning effectively, enabling patients to access services with ease and minimal delay.

The fact that a vast majority of patients were referred by doctors (78%) underscores **the trust and professional recognition the hospital has earned within the wider healthcare ecosystem**. A higher volume of referrals reflects the hospital's role as a central node in a coordinated healthcare referral network, characterised by strong connectivity.

Moreover, referrals from trusted providers create a credible and authoritative channel of awareness, fostering patient confidence in the hospital's capabilities. The fact that patients are referred from diverse geographical locations further underscores the hospital's extensive reach and its critical function as a specialised care hub across multiple regions.

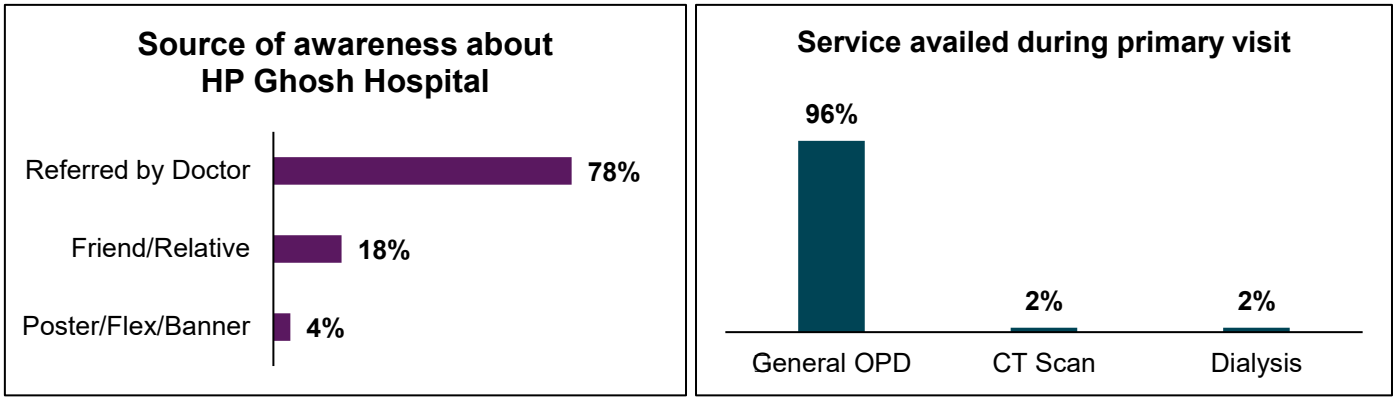


Figure 4: Source of awareness about KLI-EIHCRF intervention and services availed during primary visit

When it comes to general outpatient services, the exceptionally high uptake (96%) underscored how the EIHCRF initiative has significantly broadened healthcare access and improved service readiness.

By upgrading medical infrastructure and introducing advanced equipment such as CT scan and dialysis units, the hospital now functions as a comprehensive care hub, meeting both routine and critical diagnostic needs. ***This accessibility to integrated care within one facility has reduced patients' travel and waiting times, improved early diagnosis and enhanced continuity of care.***

Integrated care models reduce fragmentation in health systems, which often disproportionately affect the marginalised:

Systemic reviews confirm integrated care programmes show proximal benefits in access to care, patient satisfaction and cost savings while addressing inequities caused by system inefficiencies and fragmentation (Paul Wankah, 2023).

The registration experience was overwhelmingly positive: 100% of the respondents reported that their registration process was smooth and hassle-free. The documentation required are basic identification and referral proofs such as Aadhaar, voter ID, PAN card and doctor's prescription, ensuring a standardised and transparent procedure.

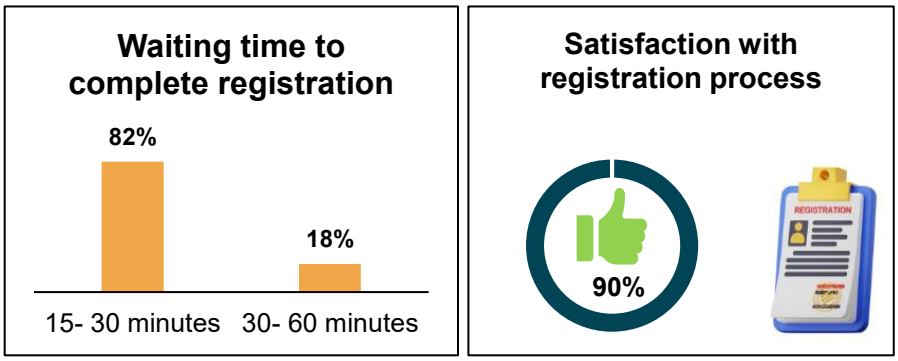


Figure 5: Waiting time to complete registration and satisfaction at HP Ghosh Hospital

A quick registration turnaround, where **more than 80% of the patients completed formalities within 30 minutes**, showed that ***efficiency not only minimises waiting times but also***

demonstrates a well-coordinated effort between staff and management to ensure timely, hassle-free access to care.

Additionally, the high satisfaction levels (90%) with the registration process underscored the initiative's emphasis on patient-centric service delivery, courteous staff behaviour and streamlined administrative procedures.

Altogether, the access and registration data showed that HP Ghosh Hospital has established a seamless, transparent and equitable entry system for patients. The process ensures quick registration, minimal paperwork and cost-effective access — key indicators of a responsive and inclusive healthcare delivery model that aligns with the broader objectives of the Kotak Life Insurance- EIHCRF partnership.

III. Clinical consultation and diagnosis

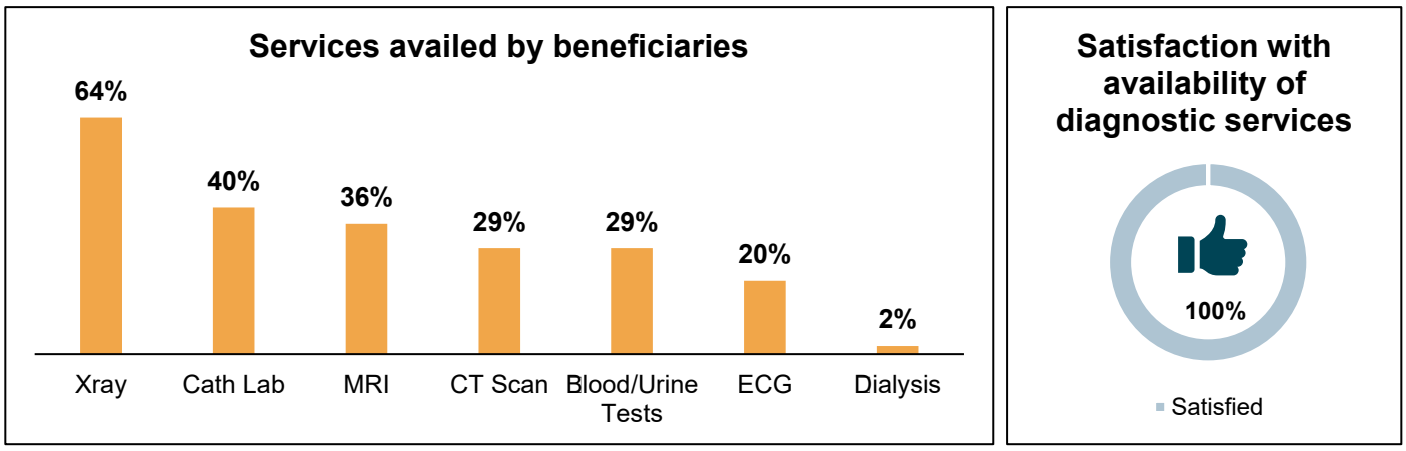


Figure 6: Services availed by beneficiaries at HP Ghosh Hospital and their satisfaction level

The respondents gave a positive feedback about the clinical consultation and diagnostic experience at HP Ghosh Hospital, reflecting strong satisfaction with the quality and accessibility of medical services.

100% of participants rated their consultation experience as excellent, indicating a high level of confidence in the doctors' expertise.

All the respondents confirmed that their medical condition and treatment plan were clearly explained to them, underscoring the hospital's emphasis on effective doctor-patient communication.

The utilisation pattern clearly demonstrated that the EIHCRF initiative has significantly strengthened diagnostic and allied healthcare capacities at HP Ghosh Hospital. **The high uptake of services such as X-ray (64%) and cath lab (40%) indicated that the upgraded facilities are being effectively leveraged by the community.**

The strong satisfaction levels with service availability further highlighted that the patients perceive these diagnostic services as timely, reliable and of high quality, reinforcing HP Ghosh Hospital's growing role as a comprehensive healthcare provider.

Service availability was largely prompt, with 53% reporting immediate access to diagnostic tests and 47% receiving services within two to three days.

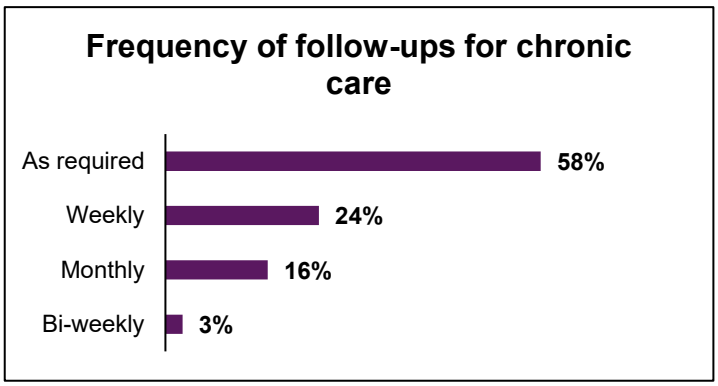
100% of participants confirmed that the diagnostic process, including test booking, communication and coordination, was smooth and efficient, and their test results were explained to them by the doctors or hospital staff.

But in terms of medication access, only 7% of the respondents reported that all prescribed medicines were available free within the hospital; 93% reported buying costly medicines from outside as the hospital only provided the basic ones.

Collectively, these findings highlight HP Ghosh Hospital's strong performance in delivering patient-centered consultation and diagnostic care, marked by clear communication, timely access and minimal financial burden for beneficiaries.

Chronic care and emergency Services

The hospital demonstrated strong performance in managing chronic conditions and providing timely emergency care to its beneficiaries. **A significant section of the respondents, 84%, reported that either they or a family member received regular long-term care at HP Ghosh Hospital, highlighting its critical role in supporting patients with ongoing health needs.**



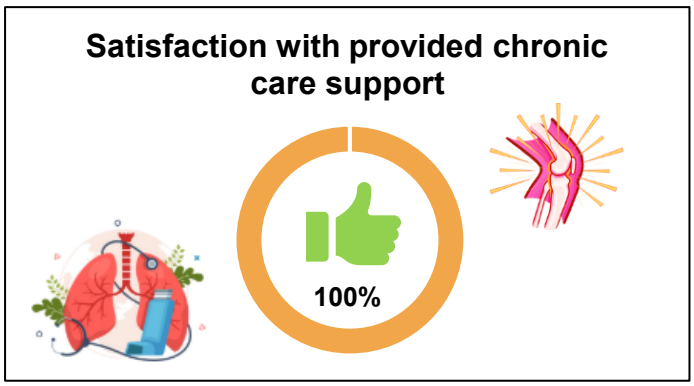


Figure 7: Frequency of follow-ups for chronic care and satisfaction of beneficiaries with support provided

Among those availing chronic care, the frequency of follow-up visits indicated that HP Ghosh Hospital has established a flexible and patient-responsive model for long-term disease management. ***As many as 58% reported visiting the hospital as required, suggesting that patients now have greater autonomy and trust in accessing follow-up services based on their health needs.***

In terms of quality, **over half of the respondents (53%) rated the hospital's chronic care support as excellent, describing it as proactive and well-managed, while the remaining 47% rated it as good, indicating that most patients experienced dependable and structured care.**

Emergency services at the hospital were also well-regarded. **Nearly 45% of the respondents had visited the hospital during an emergency. Of these, 32% rated their experience as excellent and 13% as average**, while the majority (55%) did not require emergency care.

These findings suggest that HP Ghosh Hospital is well-equipped to handle both chronic and emergency medical needs efficiently, ensuring timely interventions and sustained health outcomes for its patients.

IV. Hospital infrastructure and cleanliness

HP Ghosh Hospital maintained high standards of infrastructure, hygiene and patient comfort, contributing to a positive healthcare experience for beneficiaries. Nearly all respondents expressed satisfaction with the hospital's physical environment and amenities.

An overwhelming 100% were satisfied with the cleanliness and hygiene across key areas including the OPD waiting area, toilets and washrooms, diagnostic centre and patient rooms/wards.

In terms of infrastructure and basic facilities, **an impressive 98% of respondents confirmed that seating arrangements, ventilation and drinking water facilities were adequate and well-maintained**. Similarly, all respondents reported that the overall hospital environment—spanning aspects including noise levels, crowd management and cleanliness—was comfortable and conducive to recovery.

"As someone who travelled a long distance with my elderly parents and limited means, I was deeply grateful for the high cleanliness standards maintained at HP Ghosh Hospital. We were apprehensive that my father might contract more infections, which could have worsened his already weak health."

V. Digital record-keeping and financial aspect

HP Ghosh Hospital has effectively integrated digital systems into its operational framework, ensuring smooth administrative and financial processes for patients. **A significant 89% of respondents observed hospital staff using digital tools such as hospital information systems (HIS) for patient records, billing and service tracking.** This not only streamlines patient management but also enhances transparency and accuracy in service delivery.

Most respondents (78%) reported that the hospital staff was well-trained in using these digital systems, with no significant delays or disruptions during their visits. Another 22% patients mentioned minor issues, reflecting that staff adaptability and technical competence was strong.

In terms of financial processes, **all respondents (100%) confirmed that they were informed about the service cost beforehand, demonstrating the hospital's commitment to transparency and trustworthiness.** Moreover, 100% of patients found the billing process easy to understand and well-organised, suggesting clear communication and fair pricing mechanisms.

Overall, the use of digital systems and transparent financial practices has significantly improved the hospital's efficiency, accountability and patient satisfaction.

VI. Impact of KLI's intervention

KLI's intervention at HP Ghosh Hospital had a positive impact on patients' health outcomes, financial protection and ability to navigate the healthcare system.

❖ Strengthened community trust in advanced cardiac services

On average, beneficiaries reported ***visiting the hospital five times, indicating both improved service utilisation and perceived reliability of cardiac care within the facility***. This pattern reflects continuity in patient engagement, an indicator of clinical efficacy and trust-building over time. It also points to a positive shift in local healthcare-seeking behaviour, suggesting that the intervention has effectively expanded access to advanced cardiac diagnostics and interventions within the community.

In terms of time efficiency, the Cath lab procedures, specifically angiography—typically takes 30-60 minutes to perform in well-equipped centres or hospitals. However, the actual waiting time to secure a slot varies. Private hospitals usually schedule CAGs within 7 to 14 days. Government hospitals, despite lower costs or scheme-based coverage, tend to have heavier caseloads, which leads to longer waiting lists extending to several weeks for elective procedures. Against this backdrop, ***HP Ghosh Hospital's ability to offer affordable diagnostic packages and expedited scheduling within 5 days through its upgraded Cath lab provides a clear advantage***. **Patients are effectively saving 2 to 9 days compared with private hospitals and several weeks compared with government facilities**, ensuring far quicker access to critical cardiac diagnostics when timely intervention matters most.

"The new Cath lab marks a major step offering our patients a seamless, end-to-end cardiac care under one roof. Now, the patients don't have to suffer going from one centre to another when they are already suffering physically."

❖ Improved healthcare access and speedy recovery

96% of respondents showed improved health status and enhanced recovery owing to the intervention.

The intervention delivered a measurable and highly significant positive impact on health outcomes for the target population. ***A remarkable 96% of respondents reported improvement in their health status*** following hospital support, with 49% showing marked improvement and 47% experiencing somewhat better health. ***Not a single respondent noted a decline, validating the intervention's effectiveness***.

The project's impact goes beyond subjective improvements as all respondents confirmed that the intervention enabled on-time treatment completion, signifying elevated accessibility and continuity of care throughout the healthcare journey. Moreover, 96% agreed that their recovery chances improved after utilizing hospital services, demonstrating that the combination of responsive diagnostics and coordinated treatments directly improved health recovery trajectories.

"We've seen many patients benefit from timely screening. I remember one patient who came for a routine check-up, when our early diagnostic process identified signs of a cardiac issue. We thus referred him to the Cath lab immediately, thereby saving his life. Moments such as these make us realise how vital early detection and coordinated care are to ensure faster recovery and better health outcomes."

"Given my profession, every day I miss work in turn means less income and less food for my family. When I suddenly fell sick, I worried about how long the treatment would take and whether I could return to work soon. Since I couldn't find the right testing centre, I came here. I truly believe whatever happens, it's for the best."

❖ Assessing impact on out-of-pocket expenditure (OOPE) and medical poverty risk

The initiative has significantly improved geographical access to healthcare by equipping HP Ghosh hospital with essential medical infrastructure. This enhancement has allowed patients to receive timely diagnosis and treatment closer to home, reducing both travel time and costs. By strengthening local service delivery, the initiative has brought critical healthcare within physical reach for many who previously faced barriers due to distance and mobility constraints.

Along with geographical access, the initiative has also focused on ensuring healthcare access for the vulnerable population. In times of rising out-of-pocket healthcare expenditure, it is crucial that interventions reduce financial burden so that patients can access timely and essential care without risking debt or sacrificing basic needs. Lower financial barriers directly prevent families from skipping or delaying treatment, thereby reducing immediate and long-term health risks for vulnerable populations. Within the sample, all beneficiaries were able to manage the treatment related expenses including travel and medical expenses on their own, without relying on loans or mortgages.

The cliche goes that a family is just one episode of serious illness away from poverty.

According to the National Health Accounts data, the total OOPE for hospitalisations in 2021-22 was estimated at INR 4,368,000 crores, with the average expenditure per hospitalisation at INR 21,985 - substantially higher in private facilities compared with public ones. Moreover, the proportion of households experiencing catastrophic health expenditures- that is, money spent exceeding 10% of household income- was around 21.8%, with most of these costs incurred during private hospitalisation.

A similar story is laid out in Niti Ayog's report 'Health Insurance for India's Middle Class'- 7% of India's population - about 10 crore people, are pushed into poverty every year owing to high healthcare spends.

Financial stress, once a major burden, was significantly eased by the intervention. For most respondents, illness meant uncertainty, lost wages and difficult choices about funding the treatment. By facilitating discounts and subsidies, ***the intervention cut monthly medical spends by 17%—from INR 4,418 to INR 3,682***. Hence, **each beneficiary could save around INR 736 on accessing medical care per month**. This can be attributed to affordable diagnostic testing and Cath lab procedures.

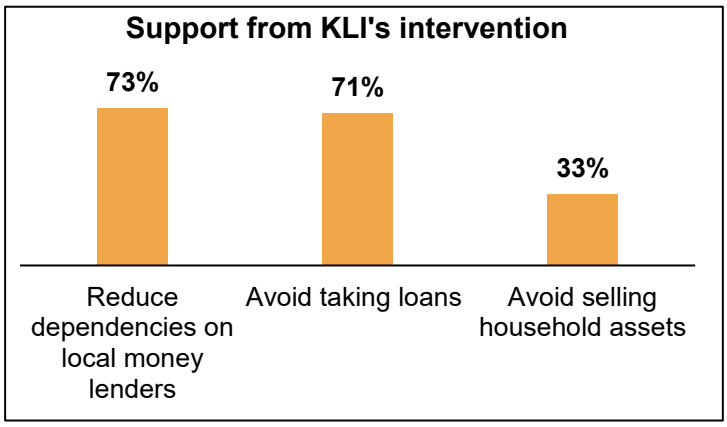
Analysis of qualitative inputs from respondents reveals that geographic barriers and high transaction costs led many patients to forgo diagnostic evaluations, resulting in latent demand and potential underestimation of true health system costs from an allocative efficiency perspective.

The cost structure reflects the hospital's commitment to affordability: A standard diagnostic package costs INR 2,900 compared with market rates of around INR 7,000, while coronary angiography (CAG) is priced at INR 15,500 for daycare and INR 17,000 with overnight stay, including pre-care.

Though several government and private hospitals are located within a 15-minute radius of HP Ghosh Hospital, ***the diagnostic and angiography packages offered through the EIHCRF initiative are significantly more affordable than those available in private facilities***. **This cost advantage is particularly relevant for procedures like coronary angiography (CAG), which are commonly performed in Cath labs**. In private hospitals across Salt Lake and other parts of Kolkata, the price for a standard CAG generally ranges from INR 20,000 to INR 30,000, with higher-end centres charging upwards of INR 40,000-60,000 depending on the consultant and hospital reputation. In contrast, many government hospitals offer subsidised or lower-cost options, although access often depends on longer waiting periods. This suggests that each beneficiary saves at least INR 5,000–13,000, and in many cases up to INR 30,000 when compared with higher-end private facilities.

An impressive 84% patients mentioned that up to 25% of their treatment-related costs were now covered under the hospital's support mechanisms, reducing out-of-pocket expenditure, thereby ensuring financial protection during medical crises.

With KLI's intervention new possibilities opened—timely diagnostics, essential medicines and hospital procedures became accessible without the pressure of crippling debt. ***Instead of being forced to take loans or liquidate assets, over 70% participants reported that KLI's support helped them to avoid local moneylenders and to dodge new debts.***



The intervention also strengthened beneficiaries' linkages with broader health support systems:

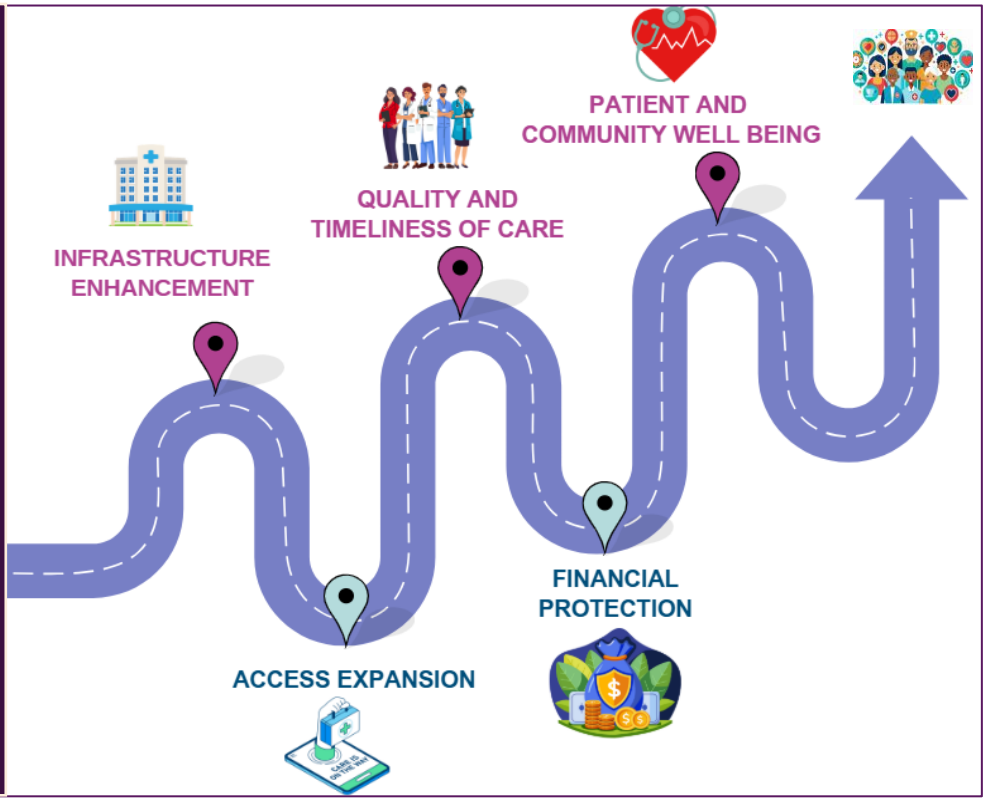
89% patients are now connected to government health schemes like Swasthya Sathi or Ayushman Bharat, while 64% participants were referred to or supported through other NGOs and hospitals.

Figure 8: Financial support from KLI's intervention

100% of respondents stated that they now feel much more capable of navigating the healthcare system independently. This demonstrates that beyond providing direct medical services, the intervention has empowered individuals with greater health awareness, confidence and access to institutional healthcare pathways.

Understanding Impact of the intervention: Advancing Quality and Accessibility Through Medical Infrastructure Upgrades

Enhancing hospital infrastructure with advanced medical equipment enables timely diagnosis, optimizes treatment outcomes, and elevates the overall standard of patient care. Improved access to reliable diagnostic and therapeutic facilities reduces preventable health complications and empowers healthcare teams to deliver evidence-based interventions. These upgrades contribute directly to higher clinical effectiveness and better health system performance.



Case studies

Sangita Karan; service availed – Cath Lab MRI X Ray

Sangita Karan, a 30-year-old resident of Hazra Road, Kolkata, is a patient at HP Ghosh Hospital for some time now. She initially came to the hospital after hearing about the KLI–HP Ghosh intervention and has since returned whenever she needed diagnostic support. Each visit has strengthened her confidence in the hospital's quality of care.

Sangita remembers being pleasantly surprised during her first visit. The waiting time was short—barely 15 to 30 minutes—and the process was smooth and well-managed. The hospital staff were polite and attentive, and the premises were clean and comfortable, including the waiting area and diagnostic centre. **"I did not feel anxious here,"** she says. "The staff were helpful, and things moved quickly."

Over time, she availed of services such as the Cath Lab, MRI and X-Ray. She appreciated how the doctors took the time to explain her reports and condition clearly. The billing process was transparent, and the hospital's digital systems made registration and record-keeping easier.

The intervention has also eased her financial burden, with her monthly medical expenses reducing from around INR 4,000 to INR 3,000—a 25% drop, that helps her manage her household budget better. **"Healthcare often feels expensive, but here I felt I was getting quality care at a fair price,"** Sangita shares.

Today, Sangita feels more confident and informed about her health. She credits the KLI- EIHCRF partnership for making healthcare more accessible and dignified. "I have told my family and friends about the hospital," she says with a smile. "It's one place where I truly feel cared for."

Karuna Mondal; service availed – MRI ECG X-ray

For Karuna Mondal, a 35-year-old resident of Vivekananda Road in Kolkata, health was always the second priority. As the sole earning member of a family of four, her job at a private firm helps her provide for her family needs. With a monthly income below INR 15,000, even minor health issues, which initially meant more financial difficulties.

That changed when she was introduced to HP Ghosh Hospital. While visiting for a routine OPD consultation, she found the hospital's approach reassuring and humane. The registration process was quick- just 30 minutes and handled smoothly once she submitted her Aadhaar and PAN details. "It was simple and respectful," she recalls. **"I did not feel lost or ignored like in other hospitals."**

Over time, Karuna availed several services, including MRI, ECG and X-Ray. What struck her most was the hospital's organised system and staff attentiveness. From guiding her through diagnostic procedures to maintaining clean and comfortable waiting areas, every detail made her feel cared for. "The staff were patient, and everything was well-managed," she says. "I never felt rushed or confused."

Beyond care, the EIHCRF programme also brought her financial reprieve. Her monthly medical expenses dropped from INR 4,600 to INR 2,900, with the programme covering over 35% of the treatment costs. For Karuna, who often prioritised family needs over her own, this reduction meant being able to look after herself without feeling guilty. **"It was the first time I felt my health mattered too,"** she said.

Clear communication by the doctors and the hospital's transparent billing procedure built her confidence further. She found comfort in knowing exactly what each procedure involved and appreciated the professionalism of the hospital staff. The hygiene standards and overall environment also gave her a sense of dignity—something she feels every patient deserves.

Today, Karuna speaks of her experience not just as a patient but as a woman who has regained agency over her health. She now approaches hospitals without fear of cost or confusion, and she often encouraging others in her neighborhood to do the same.

Subhranil Datta; service availed: CT scan and MRI

Subhranil, a 30-year-old resident of Kolkata, has benefitted immensely from the EIHCRF programme, which strengthened his access to affordable, high-quality healthcare. A private sector worker, he is a sole earning member and has a monthly household income of INR 20,000.

Subhranil holds a Swasthya Sathi card, which helped him access treatment at a reduced cost. Recalling his first visit, he said, "A local doctor referred me to this told me, 'You should go to this hospital; they will take good care of you.'" The registration process was simple and took around half an hour, he added.

Subhranil's experience with the hospital services has been consistently positive. He used diagnostic services such as CT scan and MRI. **"The tests were done quickly,"** he said. "**The doctors explained everything before starting the treatment, which made me feel at ease," he said.**

He also appreciated the staff's conduct, along with cleanliness of the OPD waiting area, toilets and diagnostic centres. "The place was cleaner than many private hospitals I have seen," he remarked.

The KLI- EIHCRF collaboration helped reduce his monthly medical expenses from INR 6,000 to INR 4,000, thereby reducing the financial burden on his family. He believes the support has directly improved his well-being and boosted his recovery chances.

Subhranil was satisfied with the quality of care. He shared, "The doctor listened carefully and explained my condition in simple words. It didn't feel rushed." He also appreciated the transparent billing process and said, "There were no hidden charges. Everything was explained clearly."

Today, Subhranil feels grateful for KLI's support. "My health has improved, and I feel more confident now," he said. He is likely to recommend the hospital to others, noting, **"If someone asks me where to go, I'll say HP Ghosh hospital without ."**

Stakeholders speak

Dr Rithwik Ghoshal, HP Ghosh Hospital

Experience: 10 years, including 1 year at EIHCRF

Dr. Ghoshal, a seasoned medical professional, has been instrumental in shaping the cardiovascular care services at EIHCRF. This case study highlights his experiences, challenges and recommendations for improving patient care and access to healthcare services.

Background and infrastructure upgrades: EIHCRF, which caters to the local community, has recently upgraded its infrastructure, adding a Cath Lab and a new hospital building. Dr. Ghoshal has been at the forefront of leveraging these new facilities to enhance patient care and outcomes. The new infrastructure has significantly improved the hospital's ability to handle complex cardiac cases, increasing patient volume and reducing the need for referrals. The Cath Lab, in particular, has been a game-changer, providing essential capabilities for advanced interventional procedures and reducing door-to-balloon time for emergency cases.

Service delivery and patient care: The hospital estimates an increase of 10-12 cases per day initially, with the numbers rising as utilisation improves. Significant outcomes include a reduction in door-to-balloon time for emergency cases and faster diagnostics for stable angina. The hospital aims to serve 280-300 patients monthly for Cath Lab procedures within the first year, with a goal of reducing re-admissions due to better initial intervention and improved long-term follow-ups. Dr. Ghoshal emphasises the importance of care coordination, ensuring seamless hand-offs between specialists and departments, to achieve optimal patient outcomes.

Challenges and recommendations: Despite the progress made, Dr. Ghoshal identifies several challenges that need to be addressed. Care coordination remains an issue, with seamless hand-offs between specialists and departments being a key concern. Financial constraints, particularly the cost of long-term specialised drugs and rehabilitation for low-income patients, are also a significant challenge. Patient compliance, i.e. ensuring patients adhere to complex medication and lifestyle regimens, is an ongoing challenge as well. To address these, Dr. Ghoshal recommends acquiring additional resources, such as advanced EHR/HIS systems, telemedicine infrastructure and upgrading the central sterile supply department. He also suggests establishing a dedicated ‘patient assistance fund’ and expanding mobile outreach clinics to rural areas to improve affordability and access for economically disadvantaged patients.

Sustainability: Dr. Ghoshal emphasises the importance of securing long-term operational grants and setting up of an endowment fund to ensure financial sustainability. He also recommends community health education programmes and partnerships with local NGOs to enhance the hospital's impact on the community.

Sumona Mondal, Nurse, HP Ghosh Hospital

Experience: 3 years, including 1 year at EIHCRF

Sumona Mondal, a senior nurse is providing complex patient care coordination, medication management and quality assurance at EIHCRF. This case study highlights her experiences, challenges and recommendations for improving patient care and access to healthcare services at the hospital.

Background and patient care: At EIHCRF, Mondal has seen significant improvements in patient care due to the new equipment installed through KLI's CSR initiative. The modern equipment has addressed technical shortages, improved capacity and reduced downtime. Sumona plays a crucial role in managing patients undergoing dialysis, monitoring their progress and providing patient/family education on fluid/diet restrictions.

Challenges: Sumona identifies staffing shortage, especially for specialised roles, and shortage of essential consumables for critical care as significant challenges. She recommends providing training and resources to address these challenges and improve patient care. She also emphasises the importance of reducing service costs, which has a positive impact on patients' willingness to seek care at the hospital.

Operational efficiency and patient care: Sumona regularly uses digital systems for charting, administration of medication and accessing lab results. She finds the required reports transparent and the information-sharing process generally smooth. She receives mixed feedback from patients, but generally, they appreciate the professionalism and lower cost of services. She ensures that patients feel comfortable during treatment through consistent communication, reassurance and pain management. She believes that the hospital's affordability and advanced facilities have made a significant difference in the lives of patients. Mondal collaborates with doctors through daily formal and informal rounds/handovers, via clear and structured communication. She finds adequate support from junior nurses but identifies gaps in specialised experience, requiring significant time for mentorship/supervision.

Recommendations and feedback: Sumona recommends that the hospital administration support the staff in overcoming challenges in patient care by providing equipment, and training resources. She believes KLI's intervention has helped the hospital cater to the underserved population by providing critical infrastructure and reducing costs. But she recommends additional resources, such as dedicated patient navigation services and a structured patient feedback loop, to improve patient experience and patient-centered care.

Shantanu Bagh, Lead Technician, Cath Lab, HP Ghosh Hospital

Experience: 14 years, including 2 years at EIHCRF

Mr. Bagh plays a pivotal role in ensuring the smooth functioning and optimal utilisation of the newly established Cath Lab at the hospital. His technical expertise, hands-on management and coordination with clinical teams have significantly enhanced diagnostic precision and procedural efficiency, directly improving patient outcomes.

Background and infrastructure upgrades: The commissioning of the Cath Lab through KLI's CSR support has substantially boosted EIHCRF's capacity to deliver specialised cardiac care. Shantanu highlighted that prior to the upgrade, the hospital lacked the advanced infrastructure required for interventional cardiology procedures, which often forced patients to travel to distant tertiary facilities.

The installation of the state-of-the-art cardiac diagnostic equipment has enabled the hospital to perform 8-9 Cath Lab procedures daily, with reduced waiting times by almost 30 minutes on average for emergency and elective cases. The improved workflow and availability of critical diagnostic tools have enhanced both the speed and quality of care, making timely interventions possible for high-risk cardiac patients.

Service delivery and patient care: The Cath Lab now handles steadily increasing patient volume, with a monthly volume of 180-200 cases. Bagh emphasised that the affordability of the services, supported by Swasthya Sathi cards and subsidised pricing, has made advanced cardiac procedures accessible to economically-disadvantaged patients.

He also noted that coordination between the financial desk, ECG/ECHO units, Cath Lab, CCU and discharge desk ensures a seamless patient journey from registration to recovery. Early diagnosis and intervention have resulted in better management of chronic cardiac conditions and reduced readmissions.

However, he acknowledged gaps in patient feedback systems and limited awareness among potential beneficiaries regarding affordable treatment options. He suggested a more systematic community outreach and the introduction of marketing and IEC materials, such as weekly health camps, leaflets and awareness sessions to improve reach.

Operational efficiency and resource management: According to Bagh, the Cath Lab operates at high utilisation levels, though there is occasional underuse due to patient pre-test delays or equipment calibration cycles. Maintenance and calibration are done every 3 months, with daily technical checks overseen by him.

He rated the equipment quality as very good, appreciating its reliability and diagnostic precision compared with similar setups he has worked with in other hospitals.

Nonetheless, he pointed out challenges related to manpower adequacy and the need for fixed-time coordinators to efficiently manage HIS data and patient billing transfers.

Accessibility and community impact: The hospital's subsidised model has significantly improved access to specialised cardiac care for vulnerable groups. Bagh observed that a growing proportion of patients from nearby rural areas are now availing of services that were earlier financially or geographically out of reach. Improved chronic disease management and early diagnosis, especially through pacemaker interventions under Swasthya Sathi, have markedly improved community health outcomes.

He also highlighted success stories where timely access to the Cath Lab averted major cardiac events, underscoring the hospital's emerging role as a critical care hub in the region.

Challenges and recommendations: While the overall system has improved considerably, Bagh identified several operational challenges:

- Need for additional technical and support staff to manage increasing patient load
- Patient feedback remains limited. Also, while video feedback exists, it needs structured analysis
- At times there are coordination gaps between departments during peak hours, causing slight delays

Sustainability: Bagh emphasised that discontinuation of KLI's support would significantly impact access for low-income and rural patients, as the Cath Lab's subsidised pricing model is dependent on CSR contributions.

SWOT Analysis

SWOT analysis is a strategic planning technique used to identify and evaluate the strengths, weaknesses, opportunities and threats of an initiative. It is a framework that helps to assess the internal and external factors that can affect the impact and sustainability of a programme. It also helps identify potential risks and develop effective strategies for informed decision-making to enhance the impact and sustainability of the programme. It also supports streamlining the monitoring and evaluation process and improving accountability.

STRENGTHS

- Enhanced healthcare access enabling delivery of advanced diagnostic and treatment services under one roof.
- Improved diagnostic capacity and accuracy
- Positive patient outcomes and satisfaction, with better disease management and continuity of care.
- Strengthened institutional capacity to cater to diverse medical needs

WEAKNESSES

- Dependence on specialized manpower, creating operational bottlenecks due to staff shortage.
- Inconsistent data tracking and reporting, affecting systematic monitoring.
- Limited community engagement mechanisms for feedback.

OPPORTUNITIES

- Expand community outreach and referral linkages
- Integration with existing public healthcare systems for advanced care
- Strengthen follow-up care and health record management
- Regular training and development for hospital staff

THREATS

- Management and maintenance of equipment
- Equipment downtime or technical failures, potentially disrupting service delivery.
- Attrition of skilled medical and technical personnel

Alignment with OECD DAC framework

The OECD DAC framework provides a normative lens for assessing development interventions to determine the benefits of an intervention to make evaluations if the project is doing the right things and will deliver lasting benefits. Under its ambit, the study analyses key components of the overall programme.

Evaluation dimension	Focus areas
Relevance	HP Ghosh Multispecialty Hospital serves a pressing need in underserved peri-urban and semi-rural regions, where access to quality secondary and tertiary care is limited. In areas where patients often delay treatment due to financial and logistical barriers, the hospital offers comprehensive services such as diagnostics, surgeries and dialysis, all at one location, easing access, as well as reducing patient burden, thus meeting the needs of the local population. Further, its pricing strategy and embeddedness in schemes such as Swasthya Sathi allow even economically weaker groups to receive critical care without falling into debt. Its patient-centric design and affordability mechanism show that the programme is well-attuned to the lived healthcare realities of its target community.
Coherence	The programme reflects strong internal and external coherence. It demonstrates coherence through integrated design, connecting infrastructure, digital systems, trained staff and pricing mechanisms in a seamless operational model. The staff are regularly trained, creating consistency in internal service standards. Externally, the programme integrates well with state-run schemes such as Swasthya Sathi and collaborates with CSR partners such as KLI, facilitating subsidised care for diverse patient segments. These multi-stakeholder linkages strengthen programme execution and financing. Importantly, the hospital directly aligns with several SDGs, such as good health and wellbeing, and health, poverty reduction and reduced inequalities, reflecting policy-level coherence. Also, rather than functioning in isolation, the hospital reinforces and complements the public health infrastructure while embodying broader health system reforms.
Effectiveness	The hospital has demonstrated clear effectiveness in delivering healthcare services with consistency, volume and quality. The daily footfall averages 300-400 OPD and 50-60 IPD patients, signalling strong community trust and consistent service delivery. This also reflects the hospital's operational readiness and local dependence on its services. Further, its onsite support for Swasthya Sathi registration facilitates immediate access to subsidised care and even increases awareness, bridging asymmetric information among the underserved communities. This removes financial and procedural delays, allowing patients to move swiftly from diagnosis to treatment, which the people in this area would have ignored, thus showcasing how effective the programme.
Efficiency	Operationally, the hospital maximises resources by offering multi-specialty services under one roof, significantly reducing redundancy and patient effort. Instead of shuttling between facilities for tests, consultations and procedures, patients receive streamlined care, saving time and money. The preventive maintenance model behind its negligible equipment breakdown ensures high uptime, minimising repair costs and disruptions. Also, digitised

Evaluation dimension	Focus areas
	patient records by using the hospital information automation system facilitate efficient billing, inventory control and case tracking, reducing human error and administrative delays. The staff rotation mechanism prevents burnout and ensures optimal utilisation of human resources. A base consultation fee of INR 300 is balanced with flexible discounts and insurance coverage to maintain financial sustainability without deterring access. Investment in staff training is a strategic choice that enhances efficiency in service delivery while minimising downstream costs due to errors or inefficiencies.
Impact	The programme has had a transformative impact on healthcare access and delivery for marginalised and underserved communities. By bridging the service and affordability gaps for middle- and low-income populations, it has significantly reduced out-of-pocket expenditure, delayed diagnoses and treatment dropouts. This has improved early health-seeking behaviour in the region and enabled timely intervention for a wide range of conditions. Further, services such as dialysis and psychological counselling have been impactful initiatives, especially among the marginalised communities that are often neglected by the overstretched public health system. In effect, the programme is not just delivering services, but is also transforming healthcare experience and reducing structural barriers to quality treatment.
Sustainability	The sustainability of the programme is anchored in its institutional design, financial model and CSR partnership with KLI, government schemes and insurance players, ensuring that the hospital is not solely dependent on grants or fluctuating donor funding. Its collaborations allow for scale, innovation and adaptive learning. Training and upskilling of the staff and digitisation make the initiative sustainable. Most importantly, it is the embeddedness of the hospital within the local healthcare ecosystem, alongside its ability to cater to evolving health needs. These collectively offer a solid foundation for the long-term sustainability of the programme.

Alignment with SDGs

The United Nations introduced the Sustainable Development Goals (SDGs) in 2015, with the purpose of promoting global peace, advancing human well-being and protecting the environment. This universal framework for social, economic, and environmental sustainability was the result of a comprehensive consultation process involving national governments and millions of people worldwide. India, along with 193 other nations, ratified and signed the convention as a developing country, pledging to meet the SDG targets by 2030.

Goal	Target	Alignment of the programme
	Target 1.3: *"Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable."*	The hospital actively assists patients in registering for the Swasthya Saathi scheme, a government-backed health protection programme. By linking low-income families to this card-based coverage, patients receive free or heavily subsidised treatment. This removes catastrophic health expenditure risks, fulfilling a key tenet of poverty reduction via social protection.
	Target 1.4: *"By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance."*	By building state-of-the-art hospital infrastructure in underserved regions, the initiative ensures access to quality healthcare as a basic public good. The availability of diagnostic labs, cath lab and surgical services within reach makes healthcare both geographically and financially accessible, especially for vulnerable and rural communities.
	Target 1.a: *"Ensure significant mobilisation of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular, least developed countries, to implement programmes and policies to end poverty in all its dimensions."*	CSR funding from Kotak Mahindra Life Insurance is specifically channelled toward building and equipping a facility that serves the poor. These financial resources are directed at areas where public investment is low, enabling the delivery of subsidised services in otherwise neglected communities.
	Target 3.4: *"By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being."*	HP Ghosh Hospital delivers high-impact services for chronic and lifestyle-related illnesses, especially cardiovascular and renal conditions. With a dedicated cardiology unit, regular dialysis services, and state-of-the-art diagnostic tools, it ensures timely detection and sustained treatment of non-communicable diseases. These interventions significantly reduce the risk of complications and mortality. By streamlining follow-up protocols and eliminating cost barriers for economically weaker patients, the hospital actively advances preventive and curative care for NCDs.
	Target 3.8: *"Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality, and affordable essential medicines and vaccines for all."*	The hospital ensures universal health coverage by offering standardised and subsidised service packages, supported by a flat INR 300 registration fee and concessional follow-up. It links eligible patients to the Swasthya Saathi government scheme, giving them access to cashless treatment. Bundled care packages reduce the burden of repeated payments, while centralised patient data via HIA supports integrated care. These initiatives

Goal	Target	Alignment of the programme
		improve access to essential health services without causing financial hardship.
	Target 3.d: *"Strengthen the capacity of all countries, in particular, developing countries, for early warning, risk reduction and management of national and global health risks."*	The hospital's use of a Hospital Information Automation (HIA) system introduces digitalized medical records, appointment tracking, and billing, increasing system efficiency and data traceability. It enables swift responses during patient surges and in emergency situations and reduces appointment overlaps.
	Target 4.4: *"By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship."*	HP Ghosh Hospital organises training programmes for doctors, nurses and technicians at regular intervals. These sessions enhance staff expertise in operating evolving diagnostic machines, managing patients, and using the HIA system. It not only builds technical skills but strengthens professional employability in the healthcare ecosystem.
	Target 9.1: ***"****Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all."*	The project delivers robust medical infrastructure by constructing facilities and equipping them with high-end diagnostic and life-support systems under one roof. Wards, cath lab, and operating rooms are built with a patient-centric design and affordability in mind. The outcome is a full-service, multi-specialty hospital that delivers from primary to tertiary care to underserved communities.
	Target 9.a: ***"****Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing states."*	This project is powered by Kotak Life Insurance's CSR funding, which has been channelled into building hospital blocks and procuring a cath lab. As a result, communities that previously had limited access to tertiary care can now benefit from comprehensive medical services within reachable distances.
	Target 10.2: *"By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status."*	The hospital's pricing strategy is designed to include economically weaker sections through subsidies, scheme-based coverage, and tiered service models. With a single, low registration cost and additional financial concessions, the hospital removes barriers to specialist consultations and diagnostics. This inclusive model ensures that care is not restricted to income brackets or social status.
	Target 10.3: *"Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and*	By standardising fees and promoting transparent communication, the hospital reduces procedural delays and financial discrimination. Walk-in patients receive timely appointments, while discounted services are available based on need, not connections. A digitalized system ensures fair

Goal	Target	Alignment of the programme
	practices and promoting appropriate legislation, policies and action in this regard."	queuing and service allocation, ultimately driving equity in treatment outcomes across patient categories.
	Target 11.3: *"By 2030, enhance inclusive and sustainable urbanisation and capacity for participatory, integrated and sustainable human settlement planning and management in all countries."*	By setting up a fully equipped hospital in an underserved zone, the project contributes to more equitable urbanisation. It strengthens local health infrastructure, reduces the burden on overcrowded city hospitals, and makes quality care part of regional development planning.
	Target 11.a: *"Support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning."*	This initiative supports the economic and social links between urban, peri-urban and rural by providing an equipped medical centre in the underserved zone which further strengthens the national policies and specially the concept of universal health coverage for all, including the marginalised.
	Target 16.1: *"Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements."*	Patients are informed about the availability of treatments, pricing structures, and government benefits at the time of registration. The staff support patients in registering for health cards and understanding their entitlements.
	Target 17.3: ***"Mobilise additional financial resources for developing countries from multiple sources."***	Private capital, directed through Kotak's CSR initiatives is used to finance hospital buildings, machines, and human resources. This funding does not just supplement public spending; it strategically fills service gaps and improves access in underserved areas. It shows how smart financial flows can unlock long-term development gains in health in a developing country like India.
	Target 17.16: *"Enhance the Global Partnership for Sustainable Development, complemented by multi-stakeholder partnerships that mobilise and share knowledge, expertise, technology and financial resources, to support the achievement of the Sustainable Development Goals in all countries, in particular developing countries."*	The initiative is a textbook example of collaborative delivery by combining the financial muscle of Kotak Mahindra Life Insurance, the domain expertise of EIHCRF, and public support via schemes such as Swasthya Saathi. Each partner plays a clearly defined, complementary role, creating a sustainable ecosystem for health service delivery. Together, they extend healthcare access in ways none could achieve alone.
	Target 17.17: *"Encourage and promote effective public, public-private, and civil society partnerships,*	The project facilitates structured collaboration among private funders, healthcare NGOs, medical professionals, digital technology. This dynamic alliance accelerates project rollout, builds trust, and ensures shared accountability. By leveraging their

Goal	Target	Alignment of the programme
	building on the experience and resourcing strategies of partnerships."	comparative strengths, the stakeholders develop a resilient, scalable service model for other regions. This demonstrates how civil society partnerships can enhance programme reach and accountability across communities.

Conclusion and recommendations

Kotak Life Insurance company Limited (KLI), supported by the EIHCRF initiative, has made significant strides in enhancing access to quality and affordable healthcare for communities in and around Kolkata, West Bengal. Through the construction of new medical infrastructure and the procurement of advanced medical equipment, including the cath lab, the initiative has strengthened the hospital's capacity to provide comprehensive, multi-specialty care under one roof. The intervention has directly improved diagnostic and treatment accessibility for patients across socio-economic backgrounds, particularly those from lower- and middle-income groups who often face barriers to access specialised medical services.

Beneficiaries expressed high levels of satisfaction with the services provided at HP Ghosh Hospital. When asked what aspects they appreciated the most, respondents overwhelmingly highlighted the clean and well-maintained hospital spaces, courteous and supportive staff behaviour, availability of essential medicines, and the efficient system in place for patient management. The professionalism and attentiveness of doctors and nurses were also praised, indicating strong confidence in the hospital's quality of care.

Notably, all the respondents stated that they would recommend HP Ghosh Hospital to others in their community, underscoring the institution's credibility, reliability, and patient-centred approach.

Despite these successes, a few operational and systemic challenges remain, that, if addressed, can further enhance the programme's effectiveness and sustainability. To build upon the programme's strong foundation, the following recommendations are proposed:

- **Streamline appointment scheduling and reduce waiting times:** Implement an integrated scheduling platform using EMR-linked digital queue management and staff allocation algorithms. This system should automate patient appointments, optimise resource use during peak hours, and minimise bottlenecks by dynamically adjusting staff rosters based on real-time patient flow and demand forecasting

- **Strengthen follow-up and chronic care management:** Implement structured patient tracking through digital health records, enabling proactive follow-up, medication adherence reminders, and automated alerts for scheduled reviews of long-term patients

- **Introduce continuous staff training and development programmes:** Establish regular capacity-building sessions, skill enhancement workshops, and digital learning modules to ensure up-to-date clinical knowledge, improved service quality and better patient engagement

- **Implement real-time patient feedback and monitoring systems:** Integrate digital kiosks, mobile surveys, and manual feedback channels to capture patient satisfaction data in real time, enabling rapid identification of service gaps and responsive corrective actions

- **Optimise workforce efficiency and staffing allocation:** Use predictive analytics to forecast peak-hour patient loads, balance staff deployment, and improve nurse-to-patient ratios by recruiting additional personnel and ensuring equitable workload distribution

By reinforcing these areas, the EIHCRF-Kotak Life Insurance initiative can evolve into a replicable and sustainable model of community-centred healthcare, demonstrating how strategic CSR partnerships can strengthen local health infrastructure, promote equity and deliver lasting social impact across underserved regions.

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