



Final Report

Impact Assessment of “Supporting Child Heart Surgeries” at Sri Sathya Sai Sanjeevani Hospital (FY 2022-23) - A CSR Initiative of Axis Bank

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Note to the Reader

1. Outline India has prepared this Impact Assessment report based on information provided by stakeholders, interviews, surveys, and secondary sources considered reliable.
2. While every effort has been made to ensure the data's accuracy and comprehensiveness, Outline India does not guarantee the completeness or absolute reliability of the information presented.
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Executive Summary

Axis Bank Limited partnered with **Sri Sathya Sai Health and Education Trust** through its **CSR initiative to support 300 free child heart surgeries** at the Sri Sathya Sai Sanjeevani Hospital during the financial year 2022-2023. This initiative aimed at addressing the significant healthcare gap for children suffering from **Congenital Heart Disease (CHD)**, particularly among economically disadvantaged families in India. The surgeries were conducted at the **Raipur campus** of Sri Sathya Sai Sanjeevani Hospital, with patients coming from **various states across India**, reflecting the program's wide-reaching impact.

Aligned with Axis Bank's Corporate Social Responsibility (CSR) goals, the program ensured not only life-saving interventions but also provided **holistic care**, including structured preoperative, surgical, and **postoperative follow-up services**. The initiative has had a **transformative impact** on children's health, education, emotional well-being, and family finances, highlighting Axis Bank's commitment to fostering a healthier and more inclusive future.

The findings are based on quantitative data from the cases, including a focused review of a sample of **60 patient records (out of 300)**, and quantitative interviews conducted with **32 parents and children** and qualitative interviews with key stakeholders, including cardiologists, surgeons, caseworkers, and chief medical officers along with the focussed group discussions (FGDs) with the Sri Sathya Sai Hospital's Impact Assessment and Counselling Team.

The program achieved exceptional **health outcomes**, with **78.13% of children** (out of the beneficiaries interviewed) improving from "Very Poor" or "Poor" pre-surgery health to **"Good" or "Excellent" health** post-surgery. Parents reported transformative changes in their children's physical well-being, including increased energy, reduced fatigue, and enhanced appetite, allowing them to engage in daily activities like walking, playing, and attending school. Complex cases, such as **Tetralogy of Fallot (ToF)** repairs and multiple surgical interventions, were successfully managed due to the hospital's advanced protocols and multidisciplinary care.

The surgeries also facilitated **educational re-engagement**, with **82.76% of the interviewed school-age children** resuming regular attendance post-surgery. Parents observed improvements in their children's focus, stamina, and participation in academics and extracurricular activities. For younger children, families expressed optimism about their future schooling. Alongside educational benefits, the program led to significant **financial relief**. Before accessing free treatment, all the families struggled with financial burden and difficulty in meeting the costs for the surgeries. By eliminating these costs, the initiative alleviated financial burdens and enabled families to return to regular livelihoods, contributing to improved economic stability.

Parents also described profound **emotional relief**, highlighting how the surgeries restored hope and reduced their anxiety. Children reintegrated into **social life**, participating in play, sports, and family activities that were previously unimaginable due to their health challenges. The hospital's growing trust was evident through diverse referral sources like doctors, social media, relatives and friends.

Overall, the Axis Bank-supported program at Sri Sathya Sai Sanjeevani Hospital delivered **life-changing outcomes** across health, education, financial stability, and emotional well-being of not only the children, but also their parents and caregivers. By providing free, high-quality care, the initiative transformed the lives of hundreds of children and their families, standing as a model for addressing critical healthcare inequities and delivering lasting social impact.

High level Impact and Outreach

The images below illustrate marked and clear improvements in the health and emotional wellbeing of the child and their primary caregivers and family. There were significant improvements in economic stability since the uncertainty and ambiguity surrounding the child's treatment and costs are now over, giving the parents the chance to pursue their livelihoods again.



Survival Rate and Hospital Policy

The program achieved a **100% surgical success rate** for the 300 children who underwent pediatric cardiac surgeries under Axis Bank's funding. All 300 children were successfully operated on and discharged. The hospital's comprehensive follow-up

care ensured that the majority of the children completed at least one follow-up post-surgery. However, 15 children were unable to attend follow-ups due to financial constraints, and they were guided to seek local medical checkups and send reports back to the hospital for continued care.








One child who underwent an emergency **PDA stenting** procedure at five days of age was advised to pursue the next stage of surgery after 1.5 - 2 years at another center, as the hospital does not handle multi-stage surgeries. Unfortunately, the family could not follow through, and the child passed away after 1.5 years of the initial surgery.




For over 12 years, Sai Sanjeevani Hospitals have focused on addressing a wide spectrum of congenital heart diseases (CHD), prioritizing cases with higher life expectancy and single-stage surgical solutions. The hospital has a clear policy to avoid **multi-stage surgeries and syndromic CHD cases**, based on the socio-medical decision with the following rationale:

1. **Low Life Expectancy:** Syndromic CHD cases often have reduced life spans despite intervention.
2. **Comorbidities:** Some children have additional congenital anomalies that limit survival chances post-heart surgery.
3. **Lack of Multi-Organ Support:** Cases requiring ongoing, multi-organ care exceed the hospital's in-house capabilities.
4. **Financial Feasibility:** Lifelong medication and multi-stage surgical expenses may be unaffordable for families.

This approach ensures the **optimal utilization of resources**, including funds and medical team time, enabling the hospital to address long waiting lists and prioritize children with a higher likelihood of leading long, productive lives. In syndromic or multi-stage surgery cases, the hospital often provides the first or second stage of emergency intervention, giving families time to prepare for subsequent treatments at other centers. This policy reflects the hospital's focus on ensuring **maximum impact**, helping as many children as possible lead healthy lives while addressing urgent healthcare needs in resource-constrained settings.

Key Data Points and Overall Metrics

Metric	Key Data Points	Heatmap
Child Health Improvement	96.88% of the interviewed respondents observed improvement in their health post-surgery.	
Child's Emotional Well-being	71.88% of the interviewed respondents observed definite improvement in the emotional well-being of the child post-surgery.	
Family's Emotional Well-being	81.26% of the interviewed respondents observed definite improvement in the emotional well-being of the child post-surgery.	
School Attendance	82.76% of the interviewed school-age children resumed regular attendance post-surgery.	
Follow-Up Frequency	96.88% of the respondents informed that they come back to the hospital for regular follow-ups at specified intervals (monthly, yearly).	
Child Participation in Activities	84.38% of the respondents observe that their children participate very actively in physical activities as compared to pre-surgery.	
Satisfaction with Surgery	93.76% of interviewed families showed satisfaction for the post-surgery results.	

Health Insurance Coverage	46.88% of the interviewed respondents rely on government-sponsored schemes; 50% lack any health insurance.	
Monthly Income	The program significantly targeted vulnerable populations with 90% of families earning less than ₹20,000.	
Additional Costs Incurred	Out of the interviewed respondents: 57.69% incurred travel expenses; 19.23% spent on accommodation; 7.69% spent on medications post-surgery.	

1. Background and Context

Sri Sathya Sai Sanjeevani Hospital, located in Raipur, Chhattisgarh, has been at the forefront of addressing the significant burden of congenital heart diseases in children in India. Congenital heart defects are among the leading causes of mortality in children under five, particularly in underserved and economically disadvantaged regions. The hospital aims to bridge the gap in access to life-saving cardiac surgeries, offering services completely free of cost. With a mission to ensure that no child is denied the right to a healthy life due to financial constraints, the hospital is a beacon of hope for thousands of families.

To support this cause, **Axis Bank Limited (Axis Bank)**, through its Corporate Social Responsibility (CSR) initiatives for FY 2022-2023, provided financial assistance for child heart surgeries at Sri Sathya Sai Sanjeevani Hospital. The funding supported surgeries under two tranches, saving lives and helping families by way of the financial support provided for 300 child heart surgeries. This impact assessment report aims to evaluate the program's outcomes, with a focus on health improvements, socio-economic benefits, and the program's alignment with Axis Bank's broader CSR objectives.

Axis Bank's CSR Contribution

Axis Bank, through its commitment to healthcare and community welfare, supported the child heart surgery program at Sri Sathya Sai Sanjeevani Hospital in Raipur under the bank's CSR initiative. The funding, totaling ₹3.9 crores, was released in two tranches during the financial year 2022-2023. These funds provided free child heart surgeries for 300 children. The structured funding milestones ensured continuous and seamless program implementation:

- **Tranche I:** Supported the initial 150 surgeries, focusing on critical cases requiring urgent intervention.
- **Tranche II:** Funded the subsequent 150 surgeries, expanding the program's reach and ensuring comprehensive coverage.

The financial support from Axis Bank was pivotal in covering all aspects of care, including preoperative diagnostics, surgical procedures, postoperative care, and follow-up consultations. This initiative directly aligns with Axis Bank's Corporate Social Responsibility (CSR) objectives, addressing healthcare inequities and supporting vulnerable communities by providing life-saving interventions for children with congenital heart disease (CHD).

Key Challenges Addressed through the Program

India faces a dual challenge in addressing congenital heart defects:

1. **Access to Affordable Healthcare:**
 - The high cost of child heart surgeries often places life-saving treatments out of reach for low-income families. Sri Sathya Sai Sanjeevani Hospital mitigates this challenge by providing free surgeries and care.
2. **Logistical Barriers:**
 - Families from remote rural areas face significant hurdles in accessing specialized medical care. The hospital and their partners, including Axis Bank, provide logistical support to bridge this gap.
3. **Awareness and Outreach:**
 - Many families are unaware of congenital heart conditions or the availability of free treatments. The program has made significant strides in awareness campaigns to identify and support children in need.

Alignment with the Sustainable Development Goals

This program providing free child heart surgeries aligns strongly with the following **Sustainable Development Goals (SDGs)**:



1. **SDG 1: No Poverty**
By offering **cost-free surgeries**, the program eliminates the financial burden on economically disadvantaged families. It prevents families from falling into crippling debt and promotes long-term financial stability.
2. **SDG 3: Good Health and Well-Being**
The program directly improves the health and well-being of children suffering from **Congenital Heart Disease (CHD)**. Post-surgery, children experience significant recovery, enabling them to lead healthy, active lives.
3. **SDG 4: Quality Education**
With improved health, children successfully **resume schooling**, ensuring access to education and participation in extracurricular activities. This promotes cognitive and social development for a brighter future.

4. **SDG 10: Reduced Inequalities**

The program addresses healthcare inequities by providing life-saving treatment to children from marginalized and rural communities. It ensures that financial constraints do not deprive children of their right to health and life.

5. **SDG 17: Partnerships for the Goals**

Through collaboration between **Axis Bank Limited** and **Sri Sathya Sai Sanjeevani Hospital**, the program demonstrates the power of partnerships in achieving sustainable healthcare outcomes and fostering positive social change.

This initiative reflects a holistic approach, aligning with multiple SDGs to create **lasting health, educational, and economic impacts** for underserved and vulnerable families.

2. Scope of Work, Approach and Methodology

The impact assessment was conducted to evaluate the outcomes of child heart surgeries performed at Sri Sathya Sai Sanjeevani Hospital in Raipur, Chhattisgarh. The study aimed to assess the program's impact on key areas, including children's health, family well-being, community integration, and the scalability of the initiative. The assessment was designed to provide evidence-based insights into the program's effectiveness and sustainability, with a specific focus on measuring health outcomes, socio-economic changes, and program efficiency. The image below outlines the scope of the assignment;



Focus of areas of the assessment

This impact assessment report evaluates the outcomes of Axis Bank's CSR funding for this particular program, focusing on:

- **Health Outcomes:**
 - Assessing pre- and post-surgery health improvements in children.
- **Socio-Economic Impact:**
 - Examining how the surgeries have alleviated financial stress and improved the emotional well-being of families.
- **Program Sustainability and Scalability:**
 - Analyzing how the program can be scaled to reach more children and integrate with broader healthcare systems.

Through qualitative and quantitative data collection methods, this assessment provides a comprehensive understanding of the program's transformative impact on children and families, while highlighting areas for improvement and future interventions.

Approach and Methodology

Our approach and methodology leveraged our deep understanding of the evaluation space and is rooted deeply in our ethos of data integrity; and our tools use real time data collection to minimize data corruption. In order to simplify our approach, we have presented our approach against each objective and outlined our methodology in a tabular form.

Methodology Overview

Structured multi-phase approach for pediatric cardiac surgery assessment.



The approach and methodology for the impact assessment of child heart surgeries at the hospital followed a structured, multi-phase design, integrating both qualitative and quantitative data collection.

Our Methodology

Outline India employed a comprehensive and custom-tailored methodology to evaluate the child heart surgery program at Sri Sathya Sai Sanjeevani Hospital in Raipur. While the original program design had multiple possible locations for the intervention, we were informed that Raipur ended up being the only hospital under the Axis CSR grant. Our approach involved the development of a tailor-made evaluation framework designed to capture and analyze primary data effectively. We combined quantitative surveys, qualitative interviews, focus group discussion, desk review and secondary data analysis to ensure robust triangulation of findings. By aligning our framework with OECD-DAC parameters, we measured the program's relevance, effectiveness, efficiency, impact, and sustainability, providing actionable insights to enhance the program's outcomes and long-term success. The table below summarizes our phase wise approach and methodology, aligned with the evaluation objectives.

Objective	Phase-wise Approach	Phase-wise Methodology
1. Impact on Health & Well-Being	<ul style="list-style-type: none"> Post-surgery health improvements Long-term quality of life changes Socio-economic benefits for families 	<p>Phase 1: Planning & Design Designed tools for 32 quantitative interviews (parents) and 2 IDIs (case workers).</p> <p>Phase 2: Data Collection Conducted quantitative interviews with parents and IDIs with case workers to assess health and socio-economic changes.</p>
2. Impact on Families & Communities	<ul style="list-style-type: none"> Financial relief for families Emotional well-being and community support Socio-economic improvements 	<p>Phase 1: Planning & Design Developed tools for assessing socio-economic impact.</p> <p>Phase 2: Data Collection Conducted 1 IDI with financial officers and quantitative interviews with parents to gather data on socio-economic impacts.</p>
3. Program Improvement & Scalability	<ul style="list-style-type: none"> Identified strengths and gaps Feasibility for scaling the program Efficiency improvements 	<p>Phase 1: Planning & Design Drafted IDI guides for identifying program strengths and gaps.</p> <p>Phase 2: Data Collection Conducted IDIs with case workers, surgeon, cardiologist, CMOs, and financial officers and FGD with the impact assessment and counselling team of the hospital.</p>
4. Assessment Report	<ul style="list-style-type: none"> Evidence-based conclusions Key case studies and testimonials Actionable recommendations 	<p>Phase 3: Data Compilation Compiled data from IDIs and quantitative interviews.</p> <p>Phase 4: Reporting and Presentation <ul style="list-style-type: none"> Developed case studies and testimonials to highlight key impacts. </p>

Evaluation Framework designed for this assessment

The OECD-DAC framework evaluates projects or programs using five key criteria: **Relevance, Effectiveness, Efficiency, Impact, and Sustainability**. Below is the evaluation framework used for the assessment of Child Heart Surgeries supported at Sri Sathya Sai Sanjeevani Hospital located at Chhattisgarh, based on these criteria.

1. Relevance

Relevance is assessed through **qualitative interviews (IDIs)** with key stakeholders such as hospital administrators and surgeons to explore how the child heart surgeries meet the healthcare needs of children in both states.

2. Effectiveness

To evaluate effectiveness, **quantitative surveys** were conducted with parents of children who underwent surgery to gather data on health outcomes such as recovery rates and quality of life improvements. In parallel, **qualitative interviews** with surgeons and healthcare staff explored clinical effectiveness, patient care processes, and perceived improvements in the children's health.

3. Efficiency

Efficiency is assessed by examining the hospitals' use of financial and human resources through **qualitative interviews** with financial officer and hospital management. A review of operational data on resource utilization—such as surgery volumes, staffing, and equipment use—was conducted.

4. Impact

The impact is measured through **quantitative interviews** with parents to assess long-term health outcomes and the broader socioeconomic benefits, such as reduced healthcare costs and improved family well-being. **Qualitative interviews** with health workers explored changes in health-seeking behaviors.

5. Sustainability

Sustainability is explored through **qualitative interviews** with hospital administrators to assess the program's financial and operational continuity. The ability to maintain free surgeries, build local capacity, and integrate with state healthcare systems is evaluated.

This evaluation framework, aligned with the OECD-DAC criteria, provided an assessment focusing on the program relevance, effectiveness, efficiency, impact, and sustainability. It ensured a robust analysis of how well the program addressed its objectives and what improvements can be made for future implementation.

The next section highlights the sampling strategy that was used to collect data and the corresponding selection criteria and data collection method that was used in the field to collect data. We have also included the evaluation framework we created to analyse the data collected, this is available in the Annexure.

Sampling Details

S.No.	Stakeholder Group*	Selection Criteria	Data Collection Method
Quantitative Tool			
1	Parents/Immediate Family Members	32 parents of children who underwent child heart surgery.	Quantitative Interviews
Qualitative Tool			
2	Case Workers	2 caseworkers directly involved in patient coordination and support services.	Qualitative Interviews (IDIs)
3	Surgeons/ Cardiologists	1 surgeon and 1 cardiologist performing child heart surgeries	Qualitative Interviews (IDIs)
4	Chief Medical Officers (CMOs)	1 CMO responsible for overall healthcare and hospital operations	Qualitative Interviews (IDIs)
5.	Financial Officers (Partnerships)	1 Finance Officer responsible for managing financial partnerships and resource allocation	Qualitative Interviews (IDIs)
6.	Impact Assessment and Counselling Team	4 team members of the impact assessment and counseling team of the hospital	Focussed Group Discussion (FGD)

Data Collection Process

The data collection for the assessment was carried out with an approach to document multiple perspectives to validate the findings through triangulation.

Stakeholder	Secondary Data and Documents Reviewed	Tools for Primary Data Collection	OECD-DAC Parameters Context
Surgeons/ Cardiologists, Caseworkers, CMOs, Finance Officers, Parents	<ul style="list-style-type: none"> Hospital OPD desk records, Patient admission records, Case files of the beneficiaries from the OPD desk, post-surgery tracking reports from the impact assessment and counselling team, beneficiary database of 300 patients, proposal submitted by Sri Sathya Sai Health and Education Trust (SSSHET) to Axis Bank Ltd. (ABL) for CSR Support for FY 2022-23, MoU between ABL and SSSHET, ABL Sanction Letter to SSSHET for FY 2022-23, Certificate of Utilisation of Funds, Project Progress Report of 150 Surgeries - Tranche I FY 2022-23, Project Progress Report of 150 Surgeries - Tranche II FY 2022-23, Gratitude Letter from SSSHET to ABL, SSSHET Receipts for Tranche 1 and 2 	IDIs with stakeholders (surgeons, caseworkers, CMOs, finance officers) and quantitative surveys with parents	<p>Relevance: Examines alignment of program goals with healthcare needs and family support.</p> <p>Efficiency: Assesses resource utilization, team coordination, and care delivery processes.</p> <p>Effectiveness: Measures health improvements, program outcomes, and operational success.</p> <p>Impact: Evaluates changes in patient health, family well-being, and community reintegration.</p> <p>Sustainability: Analyzes program scalability, funding stability, and long-term benefits.</p>

3. Field Observations and Insights

During the field visit held on December 3, 2024 and December 4, 2024, the Outline India team interacted and met with the program team at Sri Satya Sai Sanjeevni Hospital in Raipur. The following section covers our observations on the screening processes and main activities of the Child Heart Surgery Program.

Key Activities of the Child Heart Surgery Program

During the interactions with the program team, we learnt that the program follows a **structured three-stage care model** to ensure comprehensive treatment and recovery for children with congenital heart disease (CHD). The key activities include:

1. **Preoperative Care:**
 - Children undergo **Echo Screening** and **Cardiology Consultations** until they are deemed fit for surgery.
 - In some cases, children remain under cardiology follow-up for **12-18 months** before being operated on, ensuring optimal readiness.
2. **In-Patient Care:**
 - Surgical and clinical interventions include:
 - **Open Heart Surgery** or **Catheter-Based Interventions**.
 - **Intensive Care and Post-Operative Monitoring**.
 - **Diagnostic and Lab Services** to support treatment.
 - Comprehensive care includes:
 - **Physiotherapy** to aid recovery.
 - **Dietary, Nutritional Support**, and **Counseling** for children and families.
 - Provision of **Medicines and Consumables**.
 - **Food and Accommodation** support for two attendants during the child's hospital stay.
3. **Postoperative Care:**
 - Children receive structured cardiology follow-ups at **1 month, 3 months, 6 months, and annually** to monitor recovery and long-term health outcomes.

The Outline India team was informed that this systematic approach ensures that children receive **holistic care at every stage**, from initial diagnosis and preoperative preparation to surgical intervention and long-term follow-up. The implementation partner field team representatives also highlighted the program's commitment to **sustained health improvements** and comprehensive family support.

Screening and Diagnosis Processes

Outpatient Department (OPD)

The Outline India team observed that the first step of pediatric cardiac care at **Sri Sathya Sai Sanjeevani Hospital** begins with comprehensive **ECHO screening** for all children visiting the Outpatient Department (OPD). The OPD remains open from 6 days a week from **Monday to Saturday**, providing accessible cardiac consultations and the **Department of Pediatric Cardiology** evaluates each child to determine the diagnosis and treatment pathways. For cases where surgical intervention is not possible due to delayed diagnosis or medical inoperability, Outline India was informed that children are advised by medical **management**. Children requiring surgical procedures are further assessed to decide between **Cath Lab interventions** (e.g., Device Closures) or **Open-Heart Surgeries** to correct structural heart defects. Some common surgeries include **Atrial Septal Defect (ASD) closures**, **Ventricular Septal Defect (VSD) closures**, **TAPVC repairs**, **ALCAPA repairs**, and **Arterial Switch Operations**. Approximately **90% of surgeries** conducted each month are elective, scheduled in advance, while the remaining cases involve OPD emergencies that demand urgent surgical intervention.

Admission and process for surgery

Patient Admission and Family Support

OI observed that once a child is identified for surgery, the hospital ensures a smooth and supportive admission process. Two attendants are allowed with the child patient during the treatment. Families are provided accommodation at **Matruchhaya**, a dormitory facility designed for attendants' comfort throughout their hospital stay. Before admission, families undergo detailed counseling to ensure preparedness and understanding of the process.

Surgical Procedure and In-patient Care

The hospital's medical team conducts pediatric cardiac procedures in **Operation Theatres and Cath Labs**. The average duration of hospital stay ranges from **10 days**, from admission to discharge, although this may vary depending on the criticality of the case or post-surgical recovery events. Post-procedure care involves critical services such as **intensive care**, provision of **medicines and consumables**, **inpatient diagnostic tests**, **lab services**, and **blood components**. The **Physiotherapy and Dietetics teams** play a pivotal role in post-surgical recovery, supporting children with mobility, healing, and nutritional needs. Post-operative care also includes regular monitoring and management to ensure a smooth recovery.

Impact Assessment and Counseling Team

The hospital recognizes the emotional stress families endure during the treatment journey. The **Impact and Counseling Team** provides **pre-procedure counseling** to reassure parents and prepare them for the surgery process. Post-surgery, families receive comprehensive guidance on the child's care after discharge. The team conducts **impact assessments** at discharge, measuring improvements across **health, socio-economic, and educational parameters**. Additionally, families attend **health education sessions** during their hospital stay to ensure they are well-informed about post-surgical care and long-term health management for the child.

Discharge and Post-Surgical Support

Upon discharge, families are provided detailed post-operative care instructions by the counseling team. The guidance highlights their critical role in ensuring the child's recovery and emphasizes the importance of ongoing follow-up care. As a gesture of love and hope, the hospital presents each child with a **"Gift of Life Certificate"**, symbolizing the success of their treatment and the renewed opportunity for a healthy life.

Follow-Up and Long-Term Monitoring

The hospital maintains a strong focus on long-term recovery through structured **follow-up care**. Every child is required to attend a mandatory follow-up visit at **1 month** post-surgery. Subsequent follow-ups are scheduled based on the child's condition, typically at **3 months, 6 months, 1 year**, and beyond. Families can attend follow-up consultations in the OPD, ensuring ongoing monitoring and care. During the COVID-19 pandemic, the hospital introduced **online consultations** to facilitate remote follow-ups. Families upload local **ECHO reports** on the hospital's web portal, enabling cardiologists to review the child's progress and recommend further actions, if necessary.

This structured approach ensures children receive end-to-end care, from **screening and treatment** to **post-operative recovery** and **long-term follow-up**, while offering critical support to families at every stage of the journey.

Findings and Analysis

The Impact Findings section presents a detailed analysis of the outcomes achieved through the child heart surgeries conducted at Sri Sathya Sai Sanjeevani Hospital in Chhattisgarh. This section encapsulates how the program addressed critical health challenges among 300 children with congenital heart diseases, provided free of cost child heart surgeries, improved socio-economic conditions, and contributed to community well-being. Grounded in both quantitative data from parent interviews and qualitative insights gathered from focus group discussion with the impact assessment and counselling team and in-depth interviews with surgeon, cardiologist, Chief Medical Officers (CMOs), case workers, and financial officers, these findings provide an evidence-based narrative of the program's effectiveness and impact.

The findings may be read in line with the following objectives for this impact assessment study;

1. *To evaluate surgical outcomes and quality of life improvements for children and families.*
2. *To examine the emotional and financial aspects of surgeries on families and communities.*
3. *To gather insights from stakeholders to understand program strengths and areas of improvement.*

The findings are drawn from detailed data provided by parents of ~32 children who were interviewed out of the 300 children who received free child heart surgeries at the hospital during the financial year 2022-23. These insights, combined with interviews conducted with cardiologists, surgeons, caseworkers, finance officers and chief medical officers, as well as quantitative and qualitative data analyses, provide a comprehensive evaluation of the program's health, educational, financial, emotional, and operational dimensions. All findings have been analyzed comprehensively and systematically using the **OECD DAC framework**: Relevance, Effectiveness, Efficiency, Impact, and Sustainability.

1. Relevance

The child heart surgery program at **Sri Sathya Sai Sanjeevani Hospital, Raipur**, supported by Axis Bank, is highly relevant to the healthcare needs of children with **Congenital Heart Disease (CHD)**, particularly those from economically marginalized families.

Alignment with Healthcare Needs:

- As per the data from the Indian Pediatrics Journal and studies published on Springer, Congenital Heart Disease (CHD) remains one of the most prevalent birth defects in India, with a birth prevalence of approximately 8–9 per 1,000 live births. This translates to an estimated 200,000 new cases annually, of

which nearly 50,000 require immediate intervention during infancy (Indian Pediatrics, 2018¹ and Springer, 2022²).

- For families in rural and underserved areas, barriers such as **financial constraints, lack of awareness, and limited healthcare infrastructure** often result in delayed diagnosis and treatment.
- The **program directly targets** this critical healthcare gap, ensuring **free and timely access** to life-saving surgeries for children who would otherwise remain untreated.

Targeting Underserved Communities:

- Caseworkers reported that outreach efforts through the **Divine Mother and Child Health Program (DMCHP)** were instrumental in identifying children with CHD in remote and tribal areas.
- Parents highlighted that many children were diagnosed for the first time at these camps due to the absence of pediatric cardiac expertise in their home regions.
 - A caseworker shared: *“Most families never knew about their child’s condition until our teams reached them. For many, this was their first encounter with proper healthcare.”*

Patient Selection Process:

- The hospital prioritizes patients based on **medical urgency and operability**.
- Children requiring immediate intervention were scheduled promptly, while others received follow-ups to monitor their condition over time.
- Critical cases, such as those presenting with **Tetralogy of Fallot (ToF)** and **multiple cardiac defects**, were addressed with specialized surgical protocols.

Socio-economic Background of the Families of the Beneficiaries

The data highlights the significant socio-economic and educational context of families being assessed, providing insights into caregiver roles, income, and employment patterns.

¹ Saxena, A. (2018). Congenital heart disease in India: A status report. *Indian Pediatrics*, 55(12), 1075-1082. Retrieved from <https://www.indianpediatrics.net/dec2018/dec-1075-1082.htm>

² Kumar, R. K., & Shrivastava, S. (2022). Pediatric heart care in India: The challenge and opportunities. *The Indian Journal of Pediatrics*, 89(5), 495–501. <https://doi.org/10.1007/s12098-022-04343-5>

1. Socio- economic profile of caregivers:

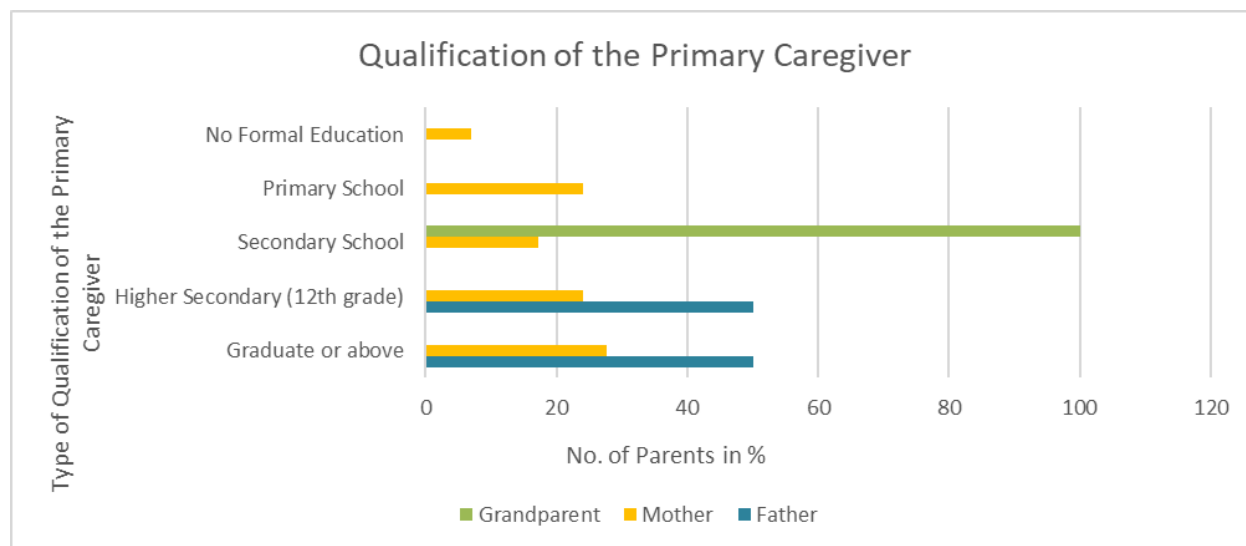
The qualifications of caregivers reveal significant gender and role-based disparities:

● Fathers:

- **50% of fathers are graduates or above**, and 50% have completed **higher secondary education (12th grade)**.
- None of the fathers have education levels below higher secondary school, showcasing higher educational attainment compared to mothers and grandparents.

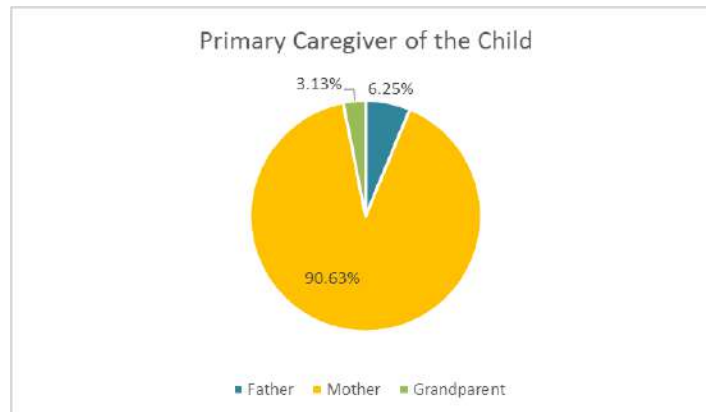
● Mothers:

- Only **27.59% of mothers are graduates or above**, while **24.14% have completed higher secondary education**.
- Mothers also dominate the categories of **secondary school (17.24%)**, **primary school (24.14%)**, and **no formal education (6.9%)**, highlighting significant gaps in educational attainment compared to fathers.
- Grandparents overwhelmingly fall under the **secondary school category (100%)**, with no representation in higher education levels.



2. Primary Caregiver:

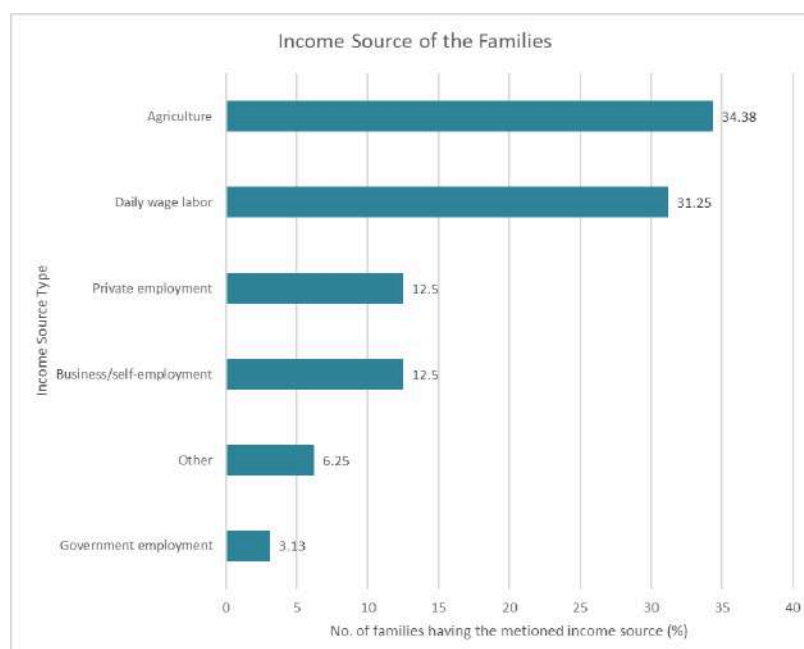
- Mothers account for **90.63%** of primary caregivers, followed by fathers (**6.25%**) and grandparents (**3.13%**).
- This emphasizes the pivotal role of mothers in child upbringing, making their empowerment and capacity-building critical for overall family well-being.



3. Family Income Sources:

The data reflects the diverse yet vulnerable income sources of families:

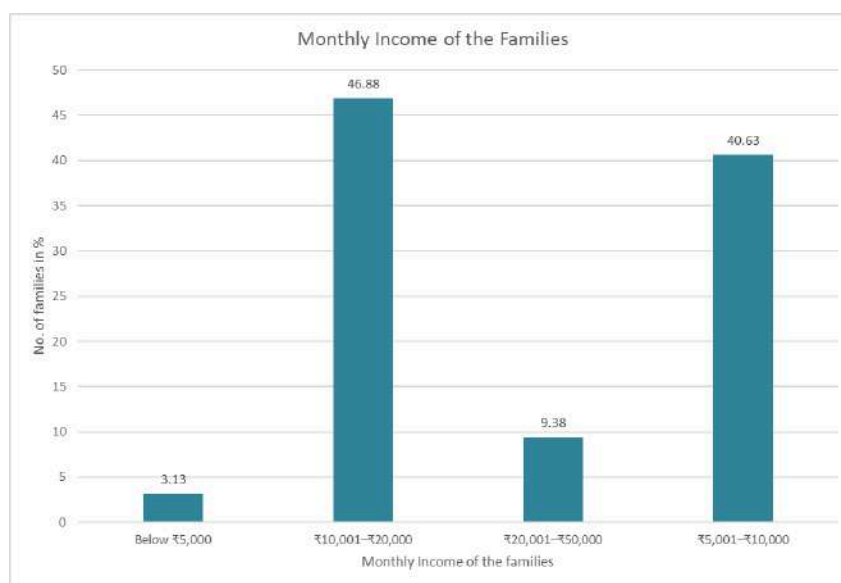
- **Agriculture** is the dominant source of income, with **34.38%** of families relying on it as their primary livelihood.
- **Daily wage labor** follows closely at **31.25%**, highlighting the dependence on informal and irregular income streams.
- **Business/self-employment** and **private employment** each account for **12.5%**, showcasing small but vital contributions from entrepreneurial and private-sector activities.
- **Government employment** forms a minimal share at **3.13%**, indicating limited representation of stable public-sector jobs.
- **Other sources**, comprising **6.25%**, may include pensions, remittances, or other irregular income streams.



4. Monthly Income Levels:

The data reflects a wide distribution of income levels among the families:

- **46.88% of families** earn between **₹10,001–₹20,000**, making it the most common income bracket.
- **40.63%** fall in the **₹5,001–₹10,000** range, indicating a significant proportion of low-income households.
- Only **9.38% of families** earn between **₹20,001–₹50,000**, reflecting limited representation in higher-income brackets.
- A small but vulnerable segment (**3.13%**) earns **below ₹5,000**, highlighting extreme financial hardship.
- The data indicates a prevalence of low-income households, which limits access to quality education, healthcare, and other basic amenities. Addressing this economic challenge is critical to improving quality of life and is being addressed by the intervention.

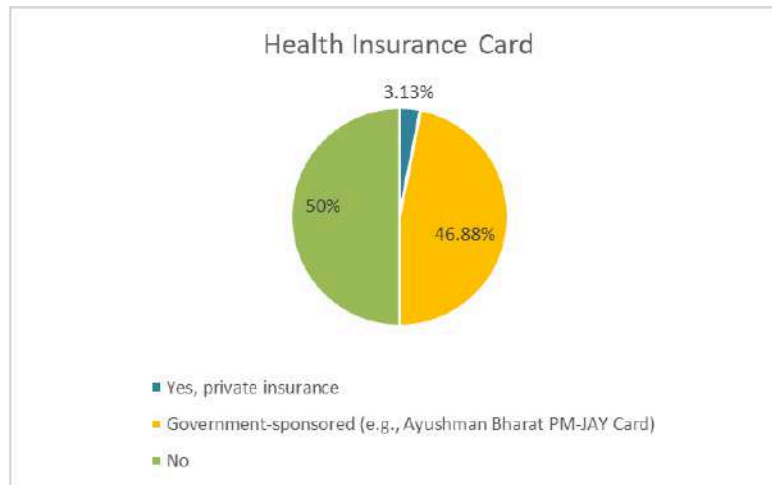


5. Access to Health Insurance:

The data highlights significant gaps in healthcare financial security:

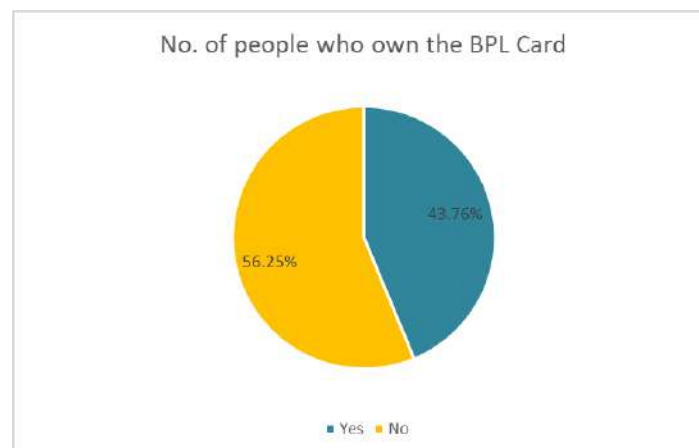
- **3.13% of families** have access to **private health insurance**, indicating a very small segment with private financial safeguards.
- **46.88% of families** are covered by **government-sponsored health insurance schemes**, such as Ayushman Bharat PM-JAY, providing critical support to low-income households.
- Alarming, **50% of families** lack any form of health insurance coverage, leaving them highly vulnerable to financial shocks from healthcare expenses;

and this could be an aspect of future program support that could be considered by the implementing partner.



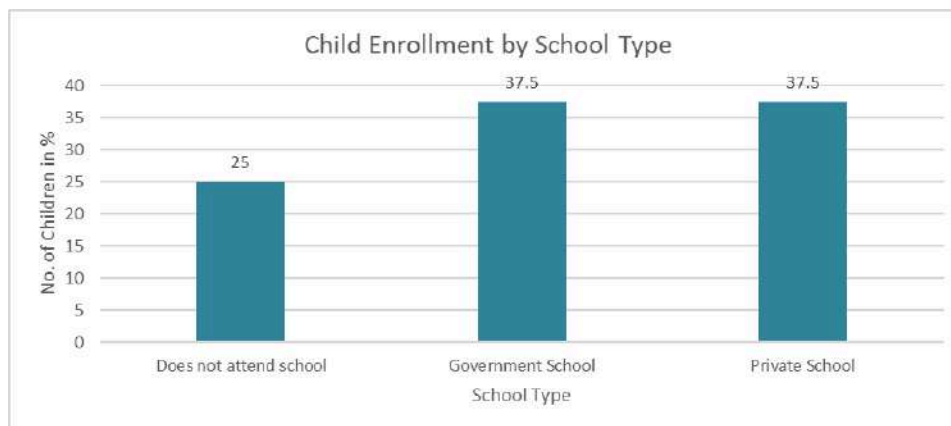
6. BPL Card Ownership:

- **43.76%** of families possess Below Poverty Line (BPL) cards, while **56.25%** do not.
- This reflects both widespread poverty and possible exclusion errors in identifying families eligible for government welfare schemes.



The data highlights the distribution of types of schooling among children:

- **25% of children** do not attend school, as they are in the pre-school age group.
- **37.5% of children** are enrolled in **government schools**, indicating reliance on publicly funded education systems.
- **37.5% of children** attend **private schools**, showcasing a segment of families able to access or prioritize private education despite potential financial challenges.



The provision of free child heart surgeries is a highly relevant intervention for these families, addressing critical health needs while reducing financial strain. By improving health outcomes, these surgeries support economic productivity, enable caregivers to sustain their roles, and contribute to overall family well-being, breaking cycles of poverty and vulnerability

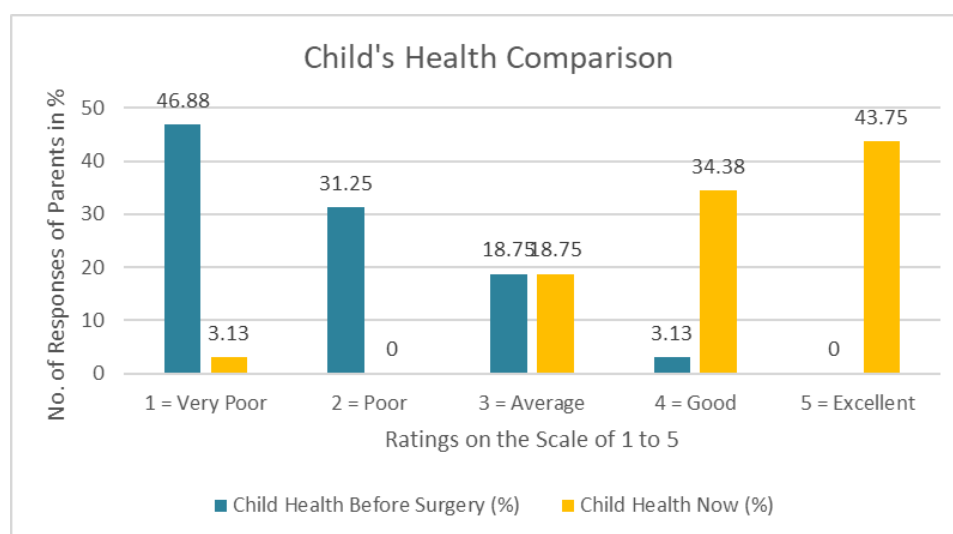
2. Effectiveness

The program has been highly effective in achieving significant improvements in health outcomes, educational engagement, and emotional well-being while alleviating financial distress.

Health Outcomes:

- **Pre-Surgery Challenges:**
 - **46.88%** were reported to be in **"Very Poor"** health.
 - **31.25%** were in **"Poor"** health.
 - **18.75%** of children were reported to have **"Average"** health, while only **3.13%** were classified as **"Good"**.
 - None of the children were reported to have **"Excellent"** health before surgery.
 - The pre-surgery symptoms included **breathlessness, fatigue, frequent chest infections, and delayed physical growth**. Cardiologists and surgeons noted that many children were nearing **inoperability** due to delayed diagnosis and progression of the condition.
 - A stakeholder emphasized: ***"Children with severe defects, like doubly committed VSD and TAPVC, came to us as their last hope."***
- **Post-Surgery Improvements:**
 - Post-surgery, the health outcomes showed a **remarkable transformation:**

- **43.75%** of children improved to **"Excellent"** health, demonstrating significant recovery.
- **34.38%** transitioned to **"Good"** health.
- **18.75%** remained at **"Average"** health.
- Only **3.13%** were reported to be in **"Very Poor"** health, while no children were classified as **"Poor"**.
- Parents reported significant improvements in their children's **energy levels, mobility, and participation in physical activities**. For example, children who were once bedridden were now able to attend school, play with peers, and engage in regular activities.
- Complex cases were successfully managed, including a child who spent **110 days in ICU** and underwent multiple surgeries, eventually recovering fully.
 - The stakeholder remarked: ***"Even the most critical cases saw remarkable recovery, thanks to rigorous protocols and teamwork."***
- The use of advanced surgical techniques, such as **transesophageal echocardiography**, minimized complications and ensured high success rates.

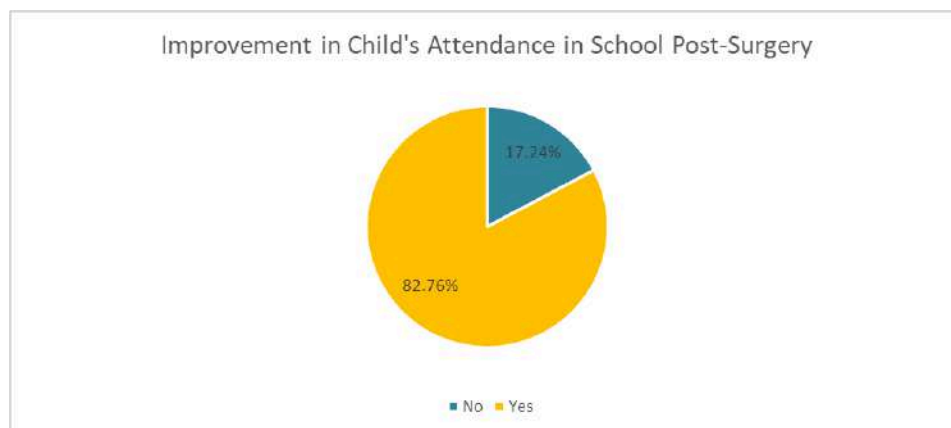


Education and Social Integration:

- **Pre-Surgery Disruptions:**
 - Children's health challenges caused irregular school attendance, dropouts, and cognitive setbacks. Parents feared permanent academic losses.
 - A parent noted: ***"My daughter missed so much school that I thought she would never catch up."***

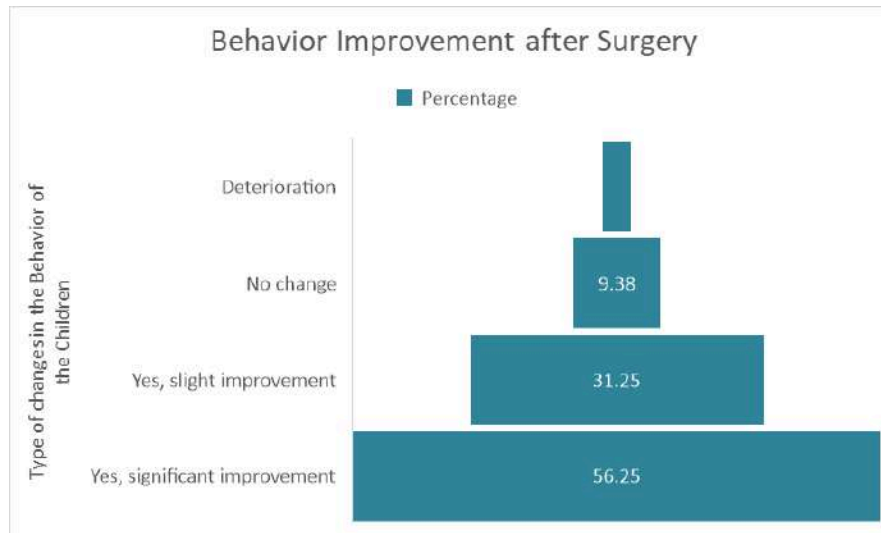
- **Post-Surgery Resumption:**

- **82.76% of the interviewed school-age children** resumed regular attendance post-surgery
- Teachers reported increased participation in both academics and extracurricular activities.
- For younger children, families expressed confidence that their children would enroll in school as soon as they reached the appropriate age.



Emotional and Social Well-Being of the child and their family:

- Parents described profound **emotional relief** after surgery, transitioning from fear and anxiety to hope and optimism.
 - A parent shared: ***"I used to watch my son every night, fearing he wouldn't wake up. Now he plays and laughs—it's a miracle for us."***
- Children who were previously isolated due to health conditions began participating in social interactions, sports, and family activities.
- **Extracurricular Activities:** Children engaged in sports and social activities, building their confidence and social development. A child who once struggled to survive post-surgery went on to win a **national-level karate championship**.
- The surgeries have been effective in improving children's behavior, with **56.25%** showing significant improvement and **31.25%** reporting slight improvement. Only **9.38%** showed no change, and deterioration was minimal. These outcomes highlight the positive impact of the intervention on both physical and emotional well-being.



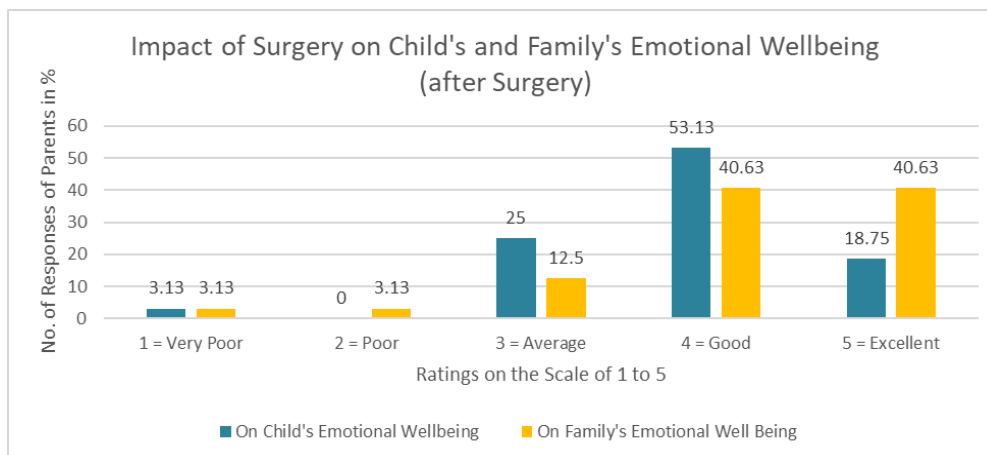
The data reflects the emotional well-being of both children and their families post-surgery, highlighting significant improvements:

Child's Emotional Well-Being

- **Excellent:** 18.75% of children achieved "Excellent" emotional well-being, showcasing significant improvements.
- **Good:** A majority (53.13%) of children were rated as having "Good" emotional well-being after the surgery.
- **Average:** 25% of children were rated as "Average," indicating moderate emotional recovery.
- **Very Poor** and **Poor:** A minimal 3.13% of children were rated as "Very Poor," and none were rated as "Poor," reflecting the effectiveness of the program in improving children's emotional health.

Family's Emotional Well-Being

- **Excellent:** 40.63% of families achieved "Excellent" emotional well-being, showcasing substantial positive emotional outcomes.
- **Good:** Similarly, 40.63% of families reported "Good" emotional well-being, indicating relief and satisfaction post-surgery.
- **Average:** 12.5% of families were rated as "Average," reflecting moderate improvements but still leaving room for additional support.
- **Very Poor** and **Poor:** A combined 6.26% of families rated their emotional well-being in the lowest two categories, highlighting a small but critical need for further intervention post surgeries.
- Caseworkers played a pivotal role in counseling families, ensuring smooth hospital navigation, and supporting pre- and post-operative care.



Improvement in Child's Participation in Physical Activities

1. Significant Improvement in Participation:

- A remarkable **84.38% of children** are now participating **very actively** in physical activities post-surgery. This substantial figure highlights the success of the intervention in restoring health and mobility.
- Only **12.5%** reported partial improvement ("somewhat"), owing to situations at their homes or the child being unable to participate.

2. Enhanced Quality of Life:

- Physical activity is a crucial measure of a child's physical and mental health. The data reflects improved stamina, mobility, and overall recovery, enabling children to lead healthier and more active lives post-surgery.

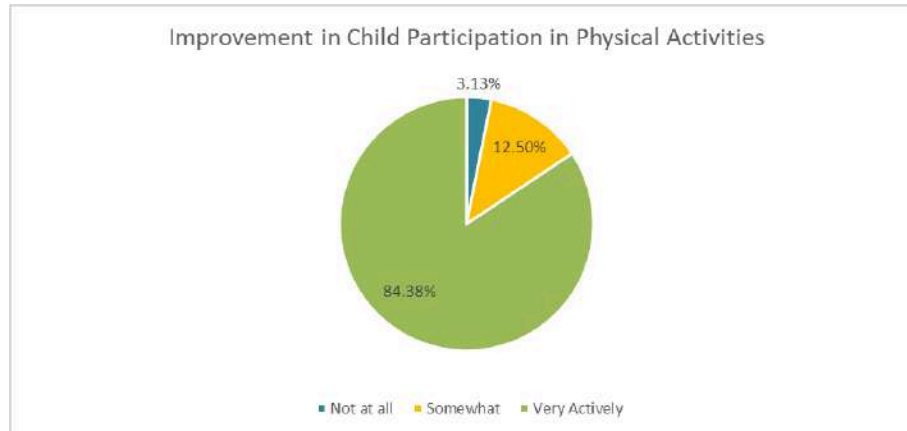
3. Impact on Family Dynamics:

- With mothers as **primary caregivers** (90.63%), a child's improved health reduces the caregiving burden, allowing caregivers to focus on other responsibilities, such as earning income or managing household tasks.

4. Economic and Social Gains:

- Active participation in physical activities fosters social inclusion, enhances school performance, and promotes long-term physical health, which can reduce future healthcare costs.

The significant improvement in child participation in physical activities underscores the effectiveness of the surgeries. The intervention has not only improved physical health outcomes but also positively impacted family well-being, making it a highly successful and impactful initiative.

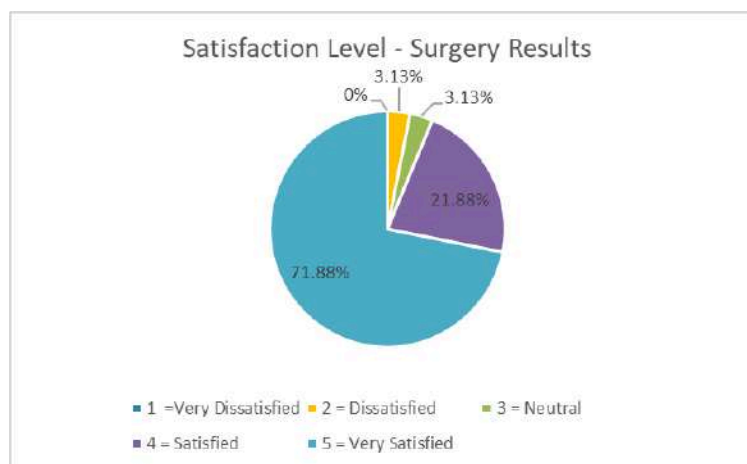


Parent Satisfaction Level and Recommendations

The high satisfaction levels regarding surgery results demonstrate the intervention's effectiveness:

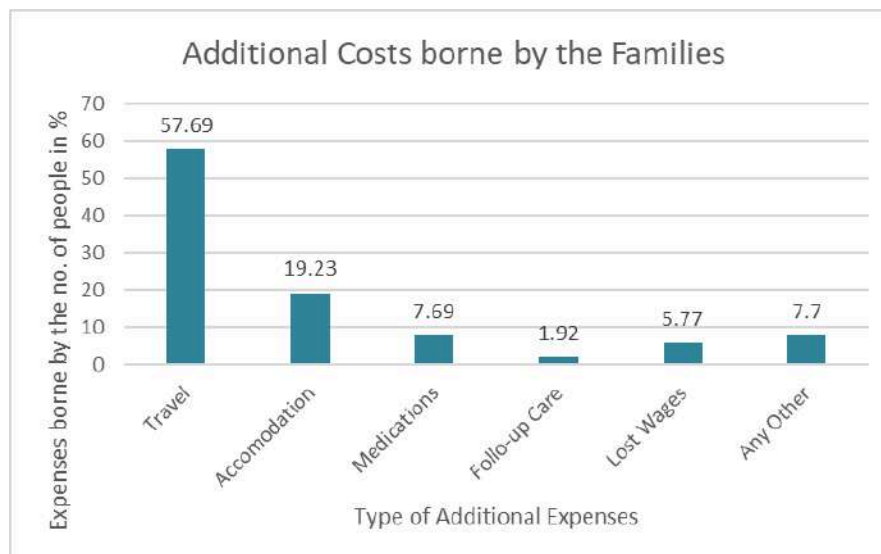
- **71.88%** of respondents reported being "**Very Satisfied**", showcasing a strong endorsement of the program's success in delivering exceptional outcomes.
- **21.88%** were "**Satisfied**", further highlighting the program's positive impact on meeting families' expectations.
- A minimal **3.13%** of respondents rated their satisfaction as "**Neutral**", suggesting moderate approval but room for further improvements.
- Importantly, no respondents rated their satisfaction as "**Very Dissatisfied**", underscoring the absence of significant dissatisfaction with the intervention.

This overwhelmingly positive feedback highlights the success of the surgeries in meeting or exceeding expectations, improving health outcomes, and addressing the families' medical needs. The data reinforces the intervention's effectiveness in delivering quality care and achieving significant impact.



The findings further validate the success and quality of the surgeries:

- **100% of parents interviewed** reported that they would **completely recommend the surgeries** provided by Sri Sathya Sai Sanjeevani Hospital, Raipur under the Axis CSR Grant.
- This unanimous recommendation reflects exceptional satisfaction with the hospital's services, including surgical outcomes, care quality, and post-surgical support.



The data on **additional costs borne** highlights the financial impact of accessing surgeries but also underscores the intervention's overall success:

1. Travel Costs Dominated:

- **57.69%** of families reported **travel expenses** as the highest additional cost. This indicates the need for improved accessibility to healthcare facilities, particularly for underserved or remote regions.

2. Accommodation and Other Costs:

- While the program provides accommodation for parents or caregivers we observed **19.23%** of the families we spoke to had spent money on accommodation and minor expenses like medications after the surgery (**7.69%**) and follow-up care show that while families incurred costs, these were relatively manageable compared to potential out-of-pocket surgical expenses.
- Lost wages, reported by **5.77%**, indicate limited economic disruption during the intervention.

3. Effectiveness Despite Costs:

- Despite these additional costs, the overwhelmingly positive outcomes—such as improved physical activity, behavior, and satisfaction

levels—demonstrate the **high effectiveness** of the surgeries in enhancing quality of life.

- Families' unanimous recommendation (100%) of the hospital further validates this success.

3. Efficiency

The hospital demonstrated operational efficiency through streamlined processes, multidisciplinary collaboration, and systematic patient care.

Streamlined Patient Care Pathway:

- **Screening and Diagnosis:**
 - Children underwent comprehensive preoperative evaluations, including **ECHO, X-ray, and ECG**, to ensure readiness for surgery.
- **Surgical Interventions:**
 - **Elective Surgeries:** Approximately **90%** of surgeries were pre-scheduled, ensuring optimal resource utilization.
 - **Emergency Cases:** OPD emergencies requiring urgent interventions were prioritized based on criticality.
 - Procedures included **Cath Lab interventions** (e.g., Device Closures) and **open-heart surgeries** (e.g., VSD, ASD, TAPVC, ALCAPA repairs).

Postoperative and Follow-Up Care:

- Post-surgery recovery included **intensive monitoring, physiotherapy, diet management, and blood component support**.
- A systematic follow-up plan at **1 month, 3 months, 6 months, and annually** ensured sustained health outcomes.

Resource Utilization:

- Daily **multidisciplinary meetings** ensured effective collaboration among surgeons, cardiologists, anesthesiologists, and caseworkers, reducing oversight and improving decision-making.

Adequate Information Post-Surgery

The data collected from the field highlights the efficiency of the intervention, particularly in post-surgical communication and support:

- **100% of respondents** confirmed they were provided with **adequate information post-surgery**, ensuring clarity on recovery processes, follow-up care, and health management.

- This reflects the program's commitment to delivering not only high-quality medical care but also effective communication, maximizing recovery outcomes and reducing potential complications.

The complete satisfaction rate underscores the program's operational efficiency in supporting families through well-structured and timely post-surgical guidance.

4. Impact

Health Impact:

- The surgeries saved lives and alleviated critical health conditions, enabling children to resume normal, healthy lives. Stakeholders noted reduced mortality and complications due to adherence to global best practices like intraoperative transesophageal echocardiography.

Educational Impact:

- Children, previously burdened by illness, were able to return to school, improving their academic performance and social interactions. This outcome provided families with a renewed sense of hope for their children's future.

Economic Impact:

- The **cost-free surgeries** provided substantial financial relief to families who otherwise faced catastrophic health expenses. A parent noted: ***"This surgery saved not just my child but also our family's future".***

Emotional and Psychological Impact:

- Families experienced reduced anxiety and stress post-surgery. Caseworkers provided critical emotional support during hospital stays, addressing fears and helping families cope with the stress and uncertainty associated with these procedures.

5. Sustainability

The program's sustainability is underpinned by its processes, but resource and systemic challenges remain:

Strengths:

- **Follow-Up system:** Structured follow-up visits at **1, 3, 6, and 12 months** post-surgery ensure long-term health monitoring. Innovations such as **teleconsultation** have further enhanced accessibility.

- **Trust and Reputation:** Strong referral networks, including doctors, government schemes like **Chirayu Chhattisgarh** and **Rashtriya Bal Swasthya Karyakram (RBSK)**, and community word-of-mouth, have created enduring trust in the program.

Challenges:

- **Resource Limitations:** The hospital operates as a **single-specialty unit**, lacking multi-specialty support like **neurology, hematology, and infectious disease specialists**. Critical cases with comorbidities sometimes require external referrals.
- **Geographic Barriers:** Outreach camps, while effective, are limited by resources and reach. Expanding the frequency and geographic coverage of camps would enhance early diagnosis.

The child heart surgery program at Sri Sathya Sai Sanjeevani Hospital, supported by Axis Bank CSR, has demonstrated significant relevance, effectiveness, and impact in addressing the critical burden of CHD. By delivering high-quality, cost-free care, the program has saved lives, improved educational outcomes, and alleviated economic burdens for families. Sustained by strong operational protocols and multidisciplinary teamwork, the program's success underscores the need for expanded multi-specialty capabilities and outreach efforts to ensure long-term sustainability and impact.

4. Case Studies

Case Study 1: Varsha Kumari (OPD - 50900)



Background: 13 years old Varsha Kumari hails from a village from Giridh district from the state of Jharkhand. At age of 3, Varsha's health started deteriorating and she was diagnosed with CHD. Her father is a private teacher and mother is an Anganwadi worker. They tried treatment in some centres in the state and while doing this they even had to take loans. In spite of this Varsha didn't get better. They live as a joint family with a total joint family income of Rs 40,000 per month and bearing the cost of treatment was beyond their means. During this course, they came to know about Sai Sanjeevani hospital in Raipur and they visited the centre.

Intervention: Varsha underwent a successful pediatric cardiac surgery at Sri Sathya Sai Sanjeevani Hospital. Post-surgery, her health improved remarkably, enabling her to resume her education with newfound focus and energy.

Outcome: After her successful recovery, Varsha achieved 78% in her 10th standard examinations, a testament to her hard work and perseverance. Currently, she is studying in the 11th standard (Science stream) and has set her sights on becoming an engineer. Her family and teachers are proud of her progress, acknowledging how the surgery transformed her life and gave her the opportunity to pursue her dreams.

Impact: Varsha's case demonstrates how timely medical intervention not only restores health but also empowers children to achieve their educational aspirations.

Case Study 2: Parvati Manikpuri (OPD - 48596)



Background: Parvati Manikpuri hails from Bilaspur District of Chhattisgarh. At the age of 20, she was diagnosed with congenital heart disease. Her husband, a small farmer, could not think of treating such a condition. They got to know about Sai Sanjeevani from neighbours and with hope in their hearts they visited the centre.

Intervention: Parvati successfully underwent Intra Cardiac Repair - an open heart surgery at such late age. After undergoing a successful pediatric cardiac surgery at Sri Sathya Sai Sanjeevani Hospital, Parvati experienced significant health improvements. Her recovery marked a turning point, allowing her to regain strength and confidence to resume a healthy lifestyle.

Outcome: One year after her successful surgery, Parvati gave birth to a healthy baby boy on 26th October, 2023. This milestone not only reflects her improved health but also highlights her ability to lead a fulfilling life post-surgery. Her story is a powerful testament to the program's role in ensuring holistic recovery and restoring hope for the future.

Impact: Parvati's journey underscores the program's long-term benefits, demonstrating how pediatric cardiac interventions can enable individuals to lead healthy, productive lives and contribute to their families and communities.

Case Study 3: Ritu Pandey (OPD - 50935)



Background: Ritu Pandey hails from Satna in Madhya Pradesh. She was diagnosed with Holt-Oram Syndrome, a condition affecting her ability to hold objects properly. At the age of 6, she faced additional complications when diagnosed with congenital heart disease, which further impacted her physical development and daily activities. Ritu belongs to a lower middle class family of 4 family members, her father is doing a private job and is the only working member of the family. He earns around Rs 20,000 per month and could not imagine how to treat his child.

Intervention: The family came to know from one of old patients treated at Sri Sathya Sai Sanjeevani Hospital in Raipur about this centre and little Ritu was brought to the hospital. She was diagnosed with Atrial Septal Defect and she successfully underwent ASD Device Closure on 14th December, 2022, at the age of 7 yrs of age. She was diagnosed with CHD at the age of 6 yrs of age.

Outcome: Post-surgery, Ritu resumed her education and is currently studying in the 2nd standard. Her family shared that she has shown considerable improvement in her overall health and daily functioning. Despite her challenges with Holt-Oram Syndrome, Ritu is now able to participate in school activities and continue her education without significant limitations.

Impact: Ritu's story highlights the hospital's commitment to addressing complex medical conditions and ensuring that children receive the necessary care to lead fulfilling lives. Her case also illustrates how timely surgical interventions can mitigate severe congenital challenges and enable children to pursue education and normal development.

These case studies showcase the transformative impact of pediatric cardiac interventions, emphasizing improvements in **health outcomes, educational opportunities, and quality of life**. Each child's journey demonstrates the program's role in restoring hope, empowering families, and creating pathways for a better future.

5. Recommendations

Based on the findings of the study, the following recommendations are proposed to enhance the effectiveness and reach of the child heart surgery program. These recommendations address key challenges identified through stakeholder interviews, quantitative and qualitative data analyses, and field observations.

1. Enhance Outreach Programs

To increase access to life-saving surgeries for children in remote and underserved areas, outreach efforts must be expanded:

- **Increase the Frequency of Health Camps:**

Camps conducted under programs like the Divine Mother and Child Health Program (DMCHP) have been effective in identifying children with congenital heart defects. Increasing the frequency of these camps will ensure more children are diagnosed at an early stage.

- Caseworkers highlighted the importance of camps in reaching families who otherwise remain unaware of congenital heart conditions.

- **Expand Geographic Reach:**

Currently, outreach activities are concentrated in specific blocks or regions. Expanding camps to underrepresented districts, villages, and tribal belts will bridge existing gaps in healthcare access.

- A caseworker noted: *“There are families in remote villages who can’t travel to camps even if they know about them. We need to go further.”*

- **Incorporate Teleconsultation Facilities:**

Leverage teleconsultation technology to connect with families in remote areas, enabling pre-screening of potential cases before they travel to the hospital. This will reduce unnecessary travel costs and improve program efficiency.

- The hospital’s teleconsultation app can be integrated into outreach programs to offer real-time guidance to families.

Implementation Measures:

- Partner with local health authorities, Anganwadi centers, and Primary Health Centers (PHCs) to conduct camps.
- Utilize mobile health units equipped with basic diagnostic tools for screenings in remote locations.
- Promote teleconsultation services through outreach teams to reduce barriers to access.

2. Strengthen Post-Operative Support

To ensure long-term health improvements, post-surgery care must be strengthened through structured follow-ups, counseling, and technology-driven interventions:

- **Telemedicine for Follow-Ups:**

The hospital's teleconsultation app can be utilized to provide remote follow-up consultations for families who face challenges in traveling back to the hospital. This will ensure regular monitoring of the child's health without imposing financial or logistical burdens on families.

- **Support for Children with Complex Cases:**

Children with conditions requiring multiple surgeries or prolonged recovery periods should receive additional care, such as physiotherapy, psychological counseling, and nutritional support.

Implementation Measures:

- Enhance the existing teleconsultation app to facilitate post-operative virtual consultations.
- Provide families with post-operative care kits and educational booklets.
- Develop a dedicated follow-up team to coordinate check-ins and track patient recovery data.

Limitations to the Report

- **Sampling Bias:** The assessment relied on a purposive sampling technique, leveraging the implementing partner's (IP) judgement to reach respondents. This approach may have introduced positivity bias, as the sample was likely to consist of beneficiaries with favorable experiences or outcomes.
- **Availability Constraints:** The availability of some beneficiaries and stakeholders for interviews was limited due to competing priorities, occupations, or other personal commitments. This may have affected the comprehensiveness of perspectives captured during the study.
- **Exclusion of Non-Beneficiaries:** The study design did not include interactions with individuals who were excluded from the program's benefits. As a result, the narrative does not reflect the perspectives of those who may have experienced unmet healthcare needs or challenges accessing the program.
- **Attribution Challenges:** Direct attribution of program impact solely to the child heart surgeries conducted at Sri Sathya Sai Sanjeevani Hospital was not possible. Many beneficiaries may have received complementary support from other sources, and the combined influence of multiple factors and stakeholders complicates exclusive impact attribution.

Annexure I

Evaluation Framework

The table below outlines the OECD-DAC evaluation framework, which is structured around five key criteria: **Relevance**, **Effectiveness**, **Efficiency**, **Impact**, and **Sustainability**. This framework was utilized to assess the child heart surgeries conducted at the Sri Sathya Sai Sanjeevani Hospital in Chhattisgarh. The evaluation provides a detailed analysis of the surgeries based on these essential criteria.

1. Surgeons/ Cardiologist

Inquiry Areas	Aligned OECD Parameter	Themes
Understanding the roles and responsibilities of medical professionals within the child heart surgery program.	Relevance	Roles and Responsibilities
Exploring the nature of collaboration among hospital staff to ensure seamless patient care.	Relevance	Roles and Responsibilities
Identifying the typical steps involved in performing child heart surgeries.	Efficiency	Clinical Protocols
Reviewing specific protocols used in surgeries and their relevance to clinical outcomes.	Efficiency	Clinical Protocols
Assessing factors influencing a child's readiness for surgery.	Efficiency	Clinical Protocols
Evaluating challenges faced during pre-surgical evaluations and clearances.	Efficiency	Clinical Protocols
Measuring surgical success rates and assessing benchmarks or metrics used to evaluate outcomes.	Effectiveness	Surgical Success and Challenges
Identifying complications or challenges during surgeries and methods to address them.	Effectiveness	Surgical Success and Challenges

Analyzing processes for tracking long-term health outcomes of child heart surgery patients.	Effectiveness	Outcome Tracking
Understanding standardization challenges and gaps in follow-ups post-surgery.	Effectiveness	Outcome Tracking
Examining the typical recovery process for children post-surgery.	Impact	Post-Operative Recovery
Exploring recovery patterns based on age, condition severity, or family support.	Impact	Post-Operative Recovery
Evaluating family adherence to post-operative care instructions and addressing gaps.	Impact	Post-Operative Recovery
Investigating challenges associated with the complexity of surgeries and resource availability.	Sustainability	Challenges in Surgeries
Reviewing cases of delayed surgeries due to late diagnosis and how such challenges are handled.	Sustainability	Challenges in Surgeries
Assessing hospital facilities, equipment, and staffing adequacy for optimal surgical outcomes.	Efficiency	Resource Adequacy
Understanding how surgeons stay updated with advancements in child heart surgery.	Efficiency	Surgeon Training and Knowledge
Exploring the balance between clinical decisions and ethical considerations when treating financially challenged patients.	Relevance	Ethical Considerations
Evaluating the impact of financial constraints on treatment decisions.	Relevance	Ethical Considerations
Examining how risks and expected outcomes are communicated to families for informed decisions.	Relevance	Ethical Considerations
Analyzing the program's clinical impact on patient outcomes and family well-being.	Effectiveness	Program Strengths

Reviewing program strengths and recommendations for improvement from a clinical perspective.	Effectiveness	Recommendations for Improvement
Understanding how the program supports surgeons and medical staff in delivering optimal care.	Sustainability	Staff and Program Support
Reflecting on impactful or challenging cases, lessons learned, and their influence on future practices.	Impact	Personal Reflections
Exploring motivation and rewarding aspects of working in child heart surgery.	Impact	Personal Reflections

2. Caseworkers

Inquiry Areas	Aligned OECD Parameter	Themes
Exploring the role of caseworkers in patient care coordination within the child heart surgery program.	Relevance	Roles and Responsibilities
Understanding the process of supporting families through admission and surgery preparation.	Relevance	Patient and Family Support
Investigating the challenges faced in obtaining accurate family and patient information.	Efficiency	Data Collection Challenges
Reviewing the strategies used to build trust and rapport with families during the care process.	Efficiency	Building Family Rapport
Examining how financial support processes are explained and facilitated for families.	Effectiveness	Financial Support
Assessing the caseworker's role in ensuring adherence to pre- and post-operative care protocols.	Effectiveness	Care Adherence
Investigating the challenges in follow-up with families post-discharge.	Effectiveness	Follow-Up Challenges

Understanding how families perceive and respond to post-operative care instructions and follow-ups.	Impact	Family Engagement
Exploring how social and emotional support is provided to families during the treatment journey.	Impact	Social and Emotional Support
Identifying gaps in resources or services that hinder effective family support.	Sustainability	Resource Gaps
Reviewing the strategies to communicate complex medical information to families effectively.	Sustainability	Communication Strategies
Exploring ethical considerations when prioritizing support for families with limited financial means.	Relevance	Ethical Considerations
Understanding caseworkers' perceptions of the program's strengths and areas for improvement.	Sustainability	Program Strengths
Identifying memorable or challenging cases and the lessons learned from them.	Impact	Personal Reflections
Exploring the motivations and rewarding aspects of the caseworker's role in the program.	Impact	Personal Reflections

3. Chief Medical Officer (CMO)

Inquiry Areas	Aligned OECD Parameter	Themes
Exploring the CMO's role in overseeing the child heart surgery program and ensuring its overall efficiency.	Relevance	Leadership and Oversight
Understanding how clinical and administrative teams coordinate under the CMO's guidance.	Efficiency	Team Coordination
Reviewing the hospital's capacity to handle the volume of child heart surgeries.	Efficiency	Resource Adequacy

Assessing the effectiveness of partnerships with external organizations for financial and operational support.	Effectiveness	Stakeholder Collaboration
Investigating challenges in maintaining quality standards for surgeries and follow-up care.	Effectiveness	Quality Assurance
Understanding how the program evaluates its impact on patient health outcomes and family well-being.	Impact	Impact Measurement
Examining the sustainability of the program, including staff retention, equipment upgrades, and funding.	Sustainability	Program Sustainability
Reviewing the CMO's strategies for ensuring adherence to protocols and continuous medical education.	Sustainability	Medical Training and Protocols
Understanding the ethical considerations and decision-making processes for cases involving financial constraints.	Relevance	Ethical Decision-Making
Exploring how the program adapts to emerging challenges, such as increasing patient demand or new regulations.	Sustainability	Adaptive Program Management
Gathering insights on the program's biggest successes and areas for improvement from a strategic perspective.	Effectiveness	Strategic Strengths
Identifying memorable cases that highlight the program's impact or challenges faced.	Impact	Case Reflections
Understanding the CMO's motivations and vision for the future of the program.	Impact	Leadership Vision

4. Finance Officer

Inquiry Areas	Aligned OECD Parameter	Themes
Understanding the role of the Finance Officer in managing financial aspects, partnerships, and resource allocation for the program.	Relevance	Role and Responsibilities

Exploring collaboration with hospital administrators, medical teams, and external partners to ensure financial efficiency.	Relevance	Role and Responsibilities
Reviewing the process of developing and approving the program's budget, including priority-setting.	Efficiency	Budgeting and Financial Planning
Ensuring the allocated budget sufficiently covers operational needs while addressing financial challenges like staff costs and equipment.	Efficiency	Budgeting and Financial Planning
Accounting for variations in surgery volume and unexpected financial needs in the budgeting process.	Efficiency	Budgeting and Financial Planning
Strategies for ensuring efficient utilization of resources and cost-saving practices within the program.	Efficiency	Resource Allocation and Optimization
Exploring fund allocation between clinical, administrative, and support services, and areas requiring improved funding.	Efficiency	Resource Allocation and Optimization
Role of external partnerships in sustaining the program and maintaining financial support through impact demonstration.	Effectiveness	External Funding and Partnerships
Examining metrics, reports, and challenges related to securing and managing external funding.	Effectiveness	External Funding and Partnerships
Assessing the sustainability of the program's financial structure and exploring diversification of funding sources.	Sustainability	Financial Sustainability
Investigating steps to ensure long-term financial sustainability and contingency plans for economic challenges.	Sustainability	Financial Sustainability
Financial reporting mechanisms, transparency measures, and regular audits to maintain accountability.	Efficiency	Reporting and Accountability

Challenges like underfunding or delays in resource allocation, and opportunities for improving financial efficiency.	Sustainability	Challenges and Opportunities
Recommendations to enhance financial management and sustainability, including areas for prioritized investment with additional funding.	Sustainability	Recommendations for Improvement
Reflections on how financial management contributes to program success and the well-being of children and families.	Impact	Reflections on External Impact

5. Parents

Inquiry Areas	Aligned OECD Parameter	Themes
Understanding the child's demographic details, including age, gender, state of surgery, and educational background.	Relevance	Patient Demographics and Family Details
Exploring information about the primary caregiver's role, education, and the family's income sources.	Relevance	Caregiver and Family Information
Assessing the child's health before and after the surgery, frequency of medical follow-ups, and participation in age-appropriate physical activities.	Effectiveness	Child's Health and Physical Well-Being
Evaluating the child's emotional state post-surgery and observed behavioral improvements.	Effectiveness	Emotional and Psychological Well-Being
Measuring the impact of surgery on school attendance, focus, and academic performance.	Effectiveness	Educational Outcomes
Understanding how the surgery has influenced family dynamics and overall emotional well-being.	Impact	Family Dynamics and Emotional Well-Being
Identifying the extent of program support for medical expenses, additional costs incurred, and their financial manageability.	Impact	Financial Impact

Assessing the child's participation in social/community activities and changes in community acceptance.	Impact	Community and Social Integration
Reviewing access to healthcare facilities, health insurance, and ease of obtaining follow-up care.	Efficiency	Access to Healthcare and Follow-Up Care
Evaluating the surgery's influence on the family's socio-economic status and quality of life improvements.	Sustainability	Socio-Economic Benefits
Measuring overall satisfaction with the program and willingness to recommend it to others.	Effectiveness	Overall Satisfaction

Annexure II

IMAGES FROM THE FIELD DATA COLLECTION EXERCISE CONDUCTED AT THE SRI SATHYA SAI SANJEEVANI HOSPITAL IN RAIPUR, CHHATTISGARH (December 3, 2024 - December 4, 2024)



Gift of Life Gathering with the Parents and the Children.



Interaction with the parent and one of the beneficiaries during the FY 2022-23 under ABL Grants.



Interaction with the parent of one of the beneficiaries during the FY 2022-23 under ABL Grants.



Interaction with the parent and one of the beneficiaries during the FY 2022-23 under ABL Grants.



Interaction with the doctors and visitors in the OPD 'Aashraya'



Interaction with the Parents of the Children receiving treatment at the Hospital



Interaction with the Chief Surgeon



Interaction with the beneficiaries in the ward post surgery



Interaction with the beneficiaries in the ward post surgery



Interaction with the Parents of the Children receiving treatment at the Hospital



Interaction with the Impact Assessment and Counselling Team of the Hospital



Interaction with the Impact Assessment and Counselling Team of the Hospital



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