



Impact

Assessment Report
Healthcare (Direct)

Project ID: KMBL202122006

Prepared for



kotak
Kotak Mahindra Bank

Prepared by

SGS

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Ethical Consideration

Informed consent:

The interviews were done after the respondents gave their consent. Even after the interviews were completed, their permission was sought to proceed with their responses.

Confidentiality:

The information provided by participants has been kept private. At no point were their data or identities disclosed. The research findings have been quoted in a way that does not expose the respondents' identities.

Comfort:

The interviews were performed following the respondents' preferences. In addition, the interview time was chosen in consultation with them. At each level, respondents' convenience and comfort were considered.

Right to reject or withdraw:

Respondents were guaranteed safety and allowed to refuse to answer questions or withdraw during the study.

Executive Summary

As part of its healthcare project, KMBL provided four ambulances equipped with medical supplies to three hospitals in Sanand (Gujarat), Nadia (West Bengal), and Mumbai (Maharashtra). All three respondents interviewed from recipient hospitals reported that these ambulances have enabled timely access to emergency medical services, leading to prompt treatment and saving lives. Respondents also noted that the ambulances were operational during COVID-19, bolstering relief efforts.

The service has also improved reliability, making medical help accessible to remote areas, as noted by a respondents. Overall, the enhanced care quality provided by fully equipped ambulances has enabled a higher standard of care and a broader range of medical interventions during patient transport, demonstrating the positive impact of these services on healthcare delivery.

Introduction

Many rural and remote areas lack adequate ambulance services, leading to delayed medical intervention in emergency care cases. Rapid access to emergency medical care is crucial for saving lives, especially in cases of severe accidents, trauma, cardiac arrest, and other critical conditions. Ensuring ambulance services reach underserved and remote populations helps bridge the healthcare accessibility gap.

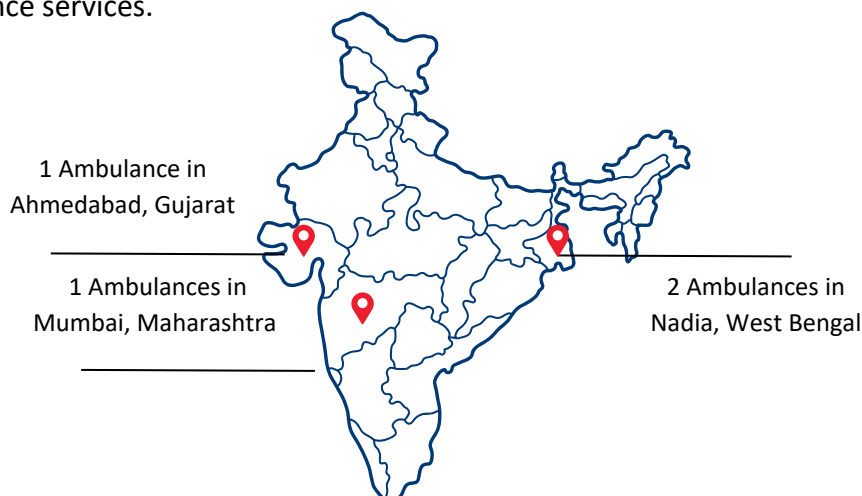
A 2020 national assessment conducted by the All India Institute of Medical Sciences, New Delhi, in collaboration with Niti Aayog, revealed that emergency care services in both public and private hospitals, including road ambulance services, were inadequate across multiple criteria. Approximately 90% of road ambulances were missing essential medical equipment, 95% were staffed by untrained personnel, and 98.5% were used primarily for transporting deceased individuals. This highlights a significant disparity between the demands posed by road accidents and the capacity of the emergency system, including ambulance services, to address these needs.

About the Intervention

The Project aims to assist in establishing necessary medical infrastructure to improve timely access to medical services, ultimately saving lives and facilitating treatment. Moreover, the ambulances being deployed also aided in immediate COVID-19 relief efforts. KMBL selected three hospitals in Ahmedabad (Gujarat), Nadia (West Bengal), and Mumbai (Maharashtra). These hospitals provide medical services to individuals from low socio-economic backgrounds. In total, 4 ambulances were provided during FY 2021-22. Hospitals in these states also offered COVID - 19 care services during the pandemic. These ambulances could provide services to approximately 2,500 to 3,000 patients annually, with each ambulance expected to serve around 600 to 750 patients per year.

Objectives

- To enhance the services of three hospitals serving approximately 1.3 million people.
- To improve the emergency response capabilities of hospitals by providing timely and efficient ambulance services.



Study Design and Methodology

The chapter describes the process adopted and the methodology used to assess the overall impact of the intervention undertaken by Kotak Mahindra Bank Limited. The impact assessment study employed combined data collection methods through participatory assessment tools to obtain all information required to analyse impact comprehensively. SGS's approach to the study was guided by providing insights to enable Kotak Mahindra Bank Limited to gauge the project's overall impact and understand stakeholder sentiments and strategies for future implementation.

SGS deployed a two-pronged approach for the impact assessment of the project. The study used quantitative and qualitative methods and an in-depth desk review of secondary data. In order to understand the program holistically, structured questionnaires were prepared for stakeholders. A combination of research and consultative approach was adopted to address the scope of work under the assessment study. Stakeholders from each of the hospital were consulted to conclude this study.

Findings and Analysis

Stakeholders from three hospitals where the ambulances are deployed were consulted to conclude this assessment. Views from these stakeholders are outlined in this section.

Timely Medical Intervention: All of the respondents consulted affirmed that the support has ensured timely medical intervention for patients in need of critical care services. The common use cases for usage of ambulance as highlighted by them are accident cases, trauma, cardiac arrest among many others.

Strengthened health care system by providing pre-hospital care: As highlighted by the respondents from Nadia, West Bengal, the ambulances are equipped with necessary medical equipment. Essential medical equipment has allowed for immediate life-saving interventions, such as CPR, defibrillation have played a crucial role in stabilizing patients during transport. Respondent also mentioned that no ambulance services existed to cater to the need of 10-15 villages where the hospital is located in Nadia. The support has resulted in an efficient outreach for patients in critical needs.

Emergency Preparedness: 3/3 Respondents stated that the ambulance service has resulted in improved emergency preparedness in case of natural calamities and large-scale emergencies. All of the respondents mentioned that ambulances were deployed for COVID - 19 relief work during the pandemic.

Improved Reliability: All respondents mentioned that ambulance service ensures that medical help is within the reach. A respondent from Ahmedabad mentioned that the service has been accessed by nearby 35-40 villages so far.

Enhanced Care Quality: Fully equipped ambulances have ensured a higher standard of care, enabling staff to perform a broader range of medical procedures and interventions while patients are transported to the hospital.



Medical Equipment installed in Ambulance, Nadia, West Bengal

Conclusion

The assessment of the ambulance services project under healthcare involved consultation with stakeholders from three hospitals where the ambulances are deployed, and their insights are crucial to understanding the impact of these services. According to the respondents, timely medical intervention has been significantly improved, especially for critical care cases. The ambulances, equipped with essential medical equipment, have facilitated immediate life-saving measures crucial in stabilizing patients during transit. In Nadia, West Bengal, where no ambulance services previously existed for several villages, the deployment has resulted in efficient outreach to patients in critical need.

Moreover, the ambulance services have bolstered emergency preparedness during natural calamities and large-scale emergencies, including their deployment for COVID-19 relief efforts. Overall, the enhanced care quality provided by fully equipped ambulances has enabled a higher standard of care and a broader range of medical interventions during patient transport, demonstrating the positive impact of these services on healthcare delivery.

The project directly contributes to SDG 3 by enhancing emergency medical services, improving access to timely healthcare interventions. The project supports the development of resilient infrastructure and strengthens overall emergency response systems, contributing to SDG 9 (Industry, Innovation, and Infrastructure). By extending ambulance services to underserved and remote areas, the project contributes to poverty alleviation (SDG 1) and helps bridge healthcare disparities, ensuring that vulnerable populations have equitable access to life-saving medical care (SDG 10 - Reduced Inequalities).

Disclaimers

This report sets forth our views based on the completeness and accuracy of the facts stated to SGS and any assumptions that were included. If any of the facts and assumptions is not complete or accurate, it is imperative that we be informed accordingly, as the inaccuracy or incompleteness thereof could have a material effect on our conclusions.

While performing the work, we assumed the genuineness of all signatures and the authenticity of all original documents. We have not independently verified the correctness or authenticity of the same.

We have not performed an audit and do not express an opinion or any other form of assurance. Further, comments in our report are not intended, nor should they be interpreted to be legal advice or opinion.

While information obtained from the public domain or external sources has not been verified for authenticity, accuracy or completeness, we have obtained information, as far as possible, from sources generally considered to be reliable. We assume no responsibility for such information.

Our views are not binding on any person, entity, authority or Court, and hence, no assurance is given that a position contrary to the opinions expressed herein will not be asserted by any person, entity, authority and/or sustained by an appellate authority or a Court of law.

Performance of our work was based on information and explanations given to us by the Client. Neither SGS nor any of its partners, directors or employees undertake responsibility in any way whatsoever to any person in respect of errors in this report, arising from incorrect information provided by the Client.

Our report may make reference to 'Findings and Analysis'; this indicates only that we have (where specified) undertaken certain analytical activities on the underlying data to arrive at the information presented; we do not accept responsibility for the veracity of the underlying data.

In accordance with its policy, SGS advises that neither it nor any of its partner, director or employee undertakes any responsibility arising in any way whatsoever, to any person other than Client in respect of the matters dealt with in this report, including any errors or omissions therein, arising through negligence or otherwise, howsoever caused.

In connection with our report or any part thereof, SGS does not owe duty of care (whether in contract or in tort or under statute or otherwise) to any person or party to whom the report is circulated to and SGS shall not be liable to any party who uses or relies on this report. SGS thus disclaims all responsibility or liability for any costs, damages, losses, liabilities, expenses incurred by such third party arising out of or in connection with the report or any part thereof.

By reading our report, the reader of the report shall be deemed to have accepted the terms mentioned here in above.



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