


Impact assessment report


(Acquisition of Medical Equipment
(MRI, Mammography, Bone Mineral
Densitometer)

Submitted to:

General Insurance Corporation of India (GIC Re)
CSR Department



 GPS Map Camera

Mumbai, Maharashtra, भारत 

Submitted by:

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Date: 26 March 2026

Strictly Private & Confidential

General Insurance Corporation of India (GIC Re)
CSR Department,
Suraksha, 170, J. Tata Road,
Churchgate, Mumbai – 400020, India

Date: 25 March 2026

Subject: Final Report for Impact Assessment of CSR Project – Acquisition of Medical Equipment (MRI, Mammography, Bone Mineral Densitometer) implemented by Karuna Medical Society, Borivali (Mumbai)

Dear CSR Team,

This refers to the Request for Proposal dated 04.02.2026 issued by you, our proposal dated 18.02.2026, the Letter of Contract awarded to us dated 11.03.2026, and our acceptance letter dated 13.03.2026 to provide services related to the independent impact assessment of the CSR project titled "Acquisition of Medical Equipment – MRI, Mammography, and Bone Mineral Densitometer" implemented by Karuna Medical Society, Borivali (Mumbai) ("Services").

We appreciate the opportunity to assist the General Insurance Corporation of India (GIC Re) by providing these Services.

This report is our final report and signifies completion of our Services as described in the Contract. The of our Services and the report issued to you pursuant to the Services are based on and subject to the terms of the Contract.

This report is solely for your benefit and information and is not to be referred to in communications with or distributed for any purpose to any third party without our prior written consent. We have been engaged by you for the Services and, to the fullest extent permitted by law, we will not accept responsibility or liability to any other party in respect of our Services or the report.

It has been our privilege to work with you, and we look forward to continuing our relationship with you.

For SR Asia

Birendra Raturi

Director
Social Responsibility Asia (SR Asia)

Date: 25 March 2026

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General Insurance Corporation of India (GIC Re)

General Insurance Corporation of India (GIC Re) is a state-owned enterprise and India's sole national reinsurer. It was incorporated on **22 November 1972** under the Companies Act, 1956, following the nationalisation of the general insurance industry in India through the General Insurance Business (Nationalisation) Act, 1972. GIC was established to supervise, control, and carry on the business of general insurance in the country.

For nearly three decades, GIC operated as the holding company of four wholly owned subsidiaries: **National Insurance Company Limited, The New India Assurance Company Limited, The Oriental Insurance Company Limited, and United India Insurance Company Limited**. These four entities handled direct general insurance business while GIC acted as the reinsurer and parent.

A significant regulatory shift occurred with the enactment of the **Insurance Regulatory and Development Authority Act, 1999**, which came into force on 19 April 2000. This reform ended GIC's exclusive privilege over general insurance business and opened the sector to private and foreign players. In November 2000, GIC was re-notified as the **Indian Reinsurer**, and its supervisory role over the four subsidiaries was discontinued.

The separation was formalised by the **General Insurance Business (Nationalisation) Amendment Act, 2002**, effective 21 March 2003, after which GIC ceased to be a holding company. Ownership of both GIC and the erstwhile subsidiaries was vested with the **Government of India**.

Today, GIC Re operates as the country's leading reinsurance company. It is currently ranked as the **9th largest global reinsurer group** (non-IFRS 17 reporting reinsurer, compiled by AM Best). Its CSR activities, funded through the mandated CSR framework under the Companies Act, 2013, focus on inclusive development across sectors such as education, health, livelihood, and social empowerment. This impact assessment aligns with GIC Re's commitment to accountability and measurable social outcomes.

Executive Summary



GIC Re's CSR support to Karuna Medical Society, amounting to ₹10,61,70,000, was directed towards the acquisition of three critical diagnostic machines: a Magnetic Resonance Imaging (MRI) machine, a Mammography machine, and a Bone Mineral Densitometer (BMD). This assessment evaluates the impact of this intervention based on the REESI framework.

The project was initiated to address a critical gap in diagnostic services at Karuna Hospital, which serves a large, diverse, and predominantly underprivileged population in Mumbai's northern suburbs and surrounding areas. Prior to this intervention, patients faced significant hardships, including traveling long distances to other centres, incurring high costs, and experiencing delays in diagnosis and treatment.

The assessment, conducted through a mixed-methods approach incorporating data from 1,400+ MRI patients, 127 mammography patients, 88 BMD patients, in-depth case studies, a detailed audit of financial records, direct field observations, and structured surveys with 11 hospital staff, 4 caregivers, and 58 patients, reveals that the project has been highly successful in achieving its objectives. Key findings include:

- **High Relevance:** The equipment directly addresses the most pressing needs of the patient community, particularly the elderly (for BMD) and women (for mammography). Outreach camps specifically targeted these groups.
- **Efficient & Compliant Implementation:** The project was implemented within the stipulated timeline. The procurement process was transparent, with a

comparative analysis of vendors leading to the selection of Fujifilm. The final negotiated cost for the equipment was ₹10,00,00,000, which was ₹61,70,000 less than the budgeted amount.

- **Significant Impact:** Real-world case studies demonstrate a 50% cost reduction and 50% travel time savings for patients. Field observations confirmed that all three machines are fully operational, well-maintained, and clearly branded with GIC Re logos. Price lists and concession policies are prominently displayed.
- **Affordability:** Karuna Hospital offers diagnostics at rates 30–50% lower than market, with documented concessions for BPL and underprivileged patients. Over 600 underprivileged patients have benefited from subsidized MRI services alone.
- **Improved Health Outcomes:** In-house availability has drastically reduced diagnostic delays, enabling faster treatment initiation. Senior citizens constitute 29% of patients utilizing the new services.
- **Sustainability Measures:** A five-year warranty and AMC are in place with Fujifilm. A robust beneficiary identification system ensures continued support for the underprivileged.

The project serves as a model of effective CSR intervention, demonstrating clear, measurable, and positive impact. Key recommendations include strengthening outreach to rural areas and ensuring long-term financial sustainability for subsidized services.

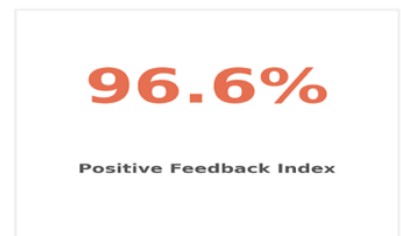
1. Introduction & Background



1.1 Purpose and Scope of the Impact Assessment

This report presents the findings of an impact assessment of the project funded by GIC Re (General Insurance Corporation of India) under its Corporate Social Responsibility (CSR) initiative. The assessment aims to evaluate the relevance, efficiency, effectiveness, impact, sustainability, and coherence of the project in line with GIC Re’s CSR mandate and the hospital’s mission.

Karuna Hospital Diagnostic Center: Executive KPI Analytics



1.2 Overview of the Project

The project involved the procurement and installation of three pieces of advanced diagnostic equipment at Karuna Hospital, Borivali (Mumbai), which is run by the Mission Sisters of Ajmer. The project was conceived to address a critical gap in the hospital's services, as patients were previously required to travel to other centres for these essential scans, causing delays, added expenses, and physical hardship.



- **Total Budget:** ₹10,61,70,000
- **Project Components:**

1. Magnetic Resonance Imaging (MRI) Machine: ₹7,35,00,000 (Budgeted)
 2. Mammography Machine: ₹2,62,50,000 (Budgeted)
 3. Bone Mineral Densitometer (BMD): ₹64,20,000 (Budgeted)
- **Timeline:** Project proposal submitted in July 2024, approval in September 2024, and patient services commenced in June 2025.
 - **Target Beneficiaries:** Patients from the Dahisar-Borivali belt, Mira-Bhayandar, Uttan, and Dahanu areas, especially underprivileged and BPL patients. The hospital serves a population of over 2 lakh.

1.3 Assessment Team and Timeline

The assessment was conducted by [Name of Assessment Agency/Team]. The fieldwork and data analysis were carried out based on hospital records, case studies, outreach data, and a detailed review of financial documents from April 2024 to March 2026.



2. Methodology

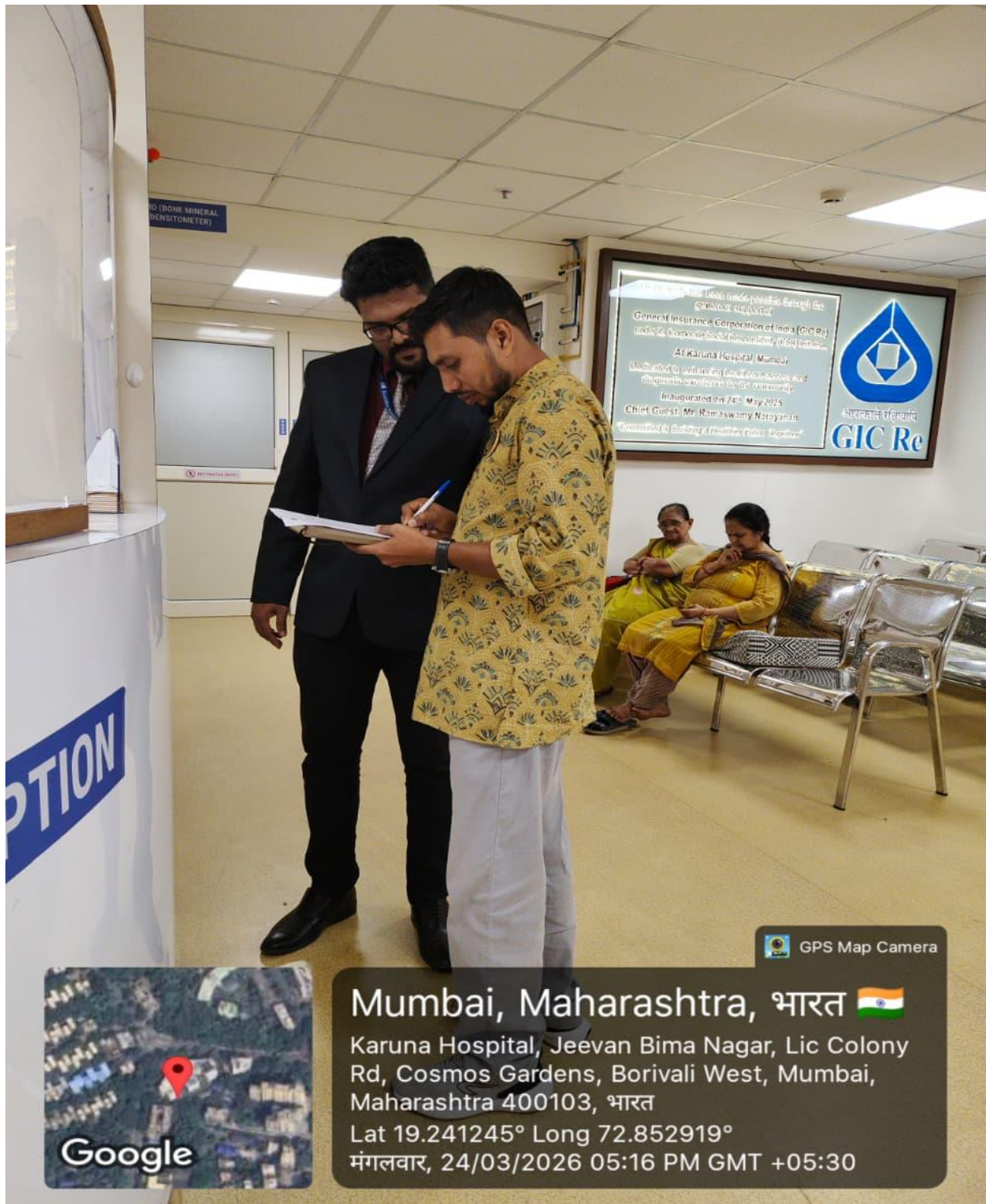


2.1 REESI Framework

This assessment utilizes the REESI framework to provide a structured and comprehensive evaluation:

- **R - Relevance:** Extent to which the project objectives and design respond to the needs of the beneficiary community.
- **E1 - Efficiency:** How well resources (financial, human, time) were converted into results.
- **E2 - Effectiveness:** The extent to which the project achieved its intended objectives.
- **I - Impact:** The positive and negative, intended and unintended long-term effects of the project.
- **S - Sustainability:** The likelihood that the project's benefits will continue after the donor funding ends.
- **C - Coherence:** How well the project fits with and complements other hospital services and health programmes.

2.2 Data Collection Methods

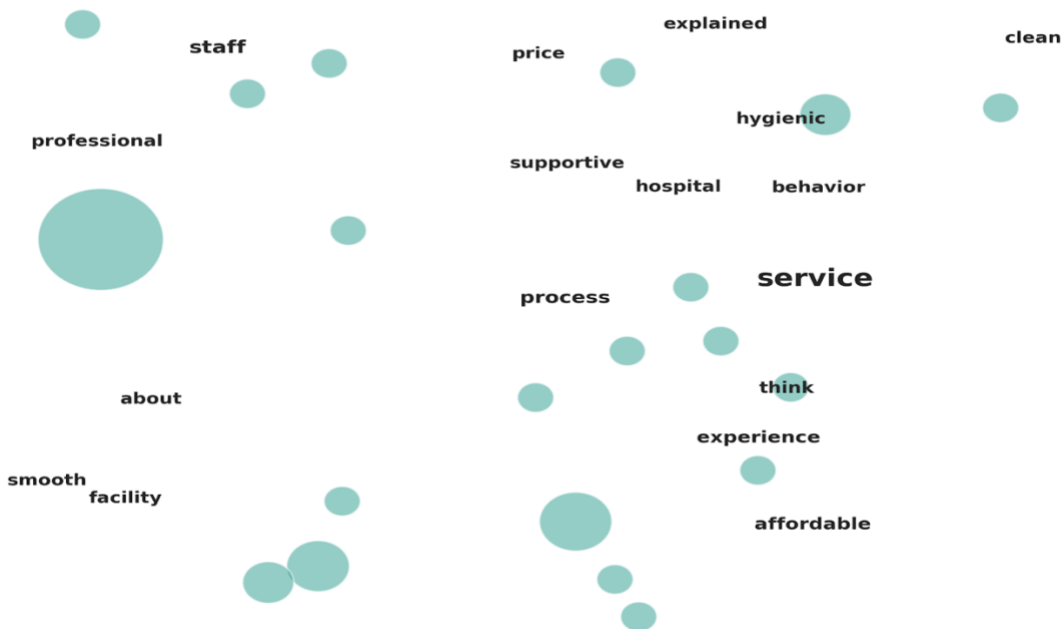


A mixed-methods approach was employed, combining quantitative and qualitative data collection:

- **Desk Review:** Analysis of project documents, including the proposal, budget, MOU, and progress reports.
- **Financial Audit:** A detailed review of all expenditure records, invoices, purchase orders, bank statements, and the Fund Utilization Certificate (FUC) was conducted. This included verifying payments to the main vendor (Fujifilm) and all ancillary vendors involved in site preparation, civil works, electrical installations, and interior design.
- **Quantitative Data Analysis:** Analysis of patient data from the hospital's information system for 800+ MRI patients, 129 Mammography patients, and 88 BMD patients, covering the period from June 2025 to March 2026.
- **Qualitative Interviews/FGDs:** In-depth interviews were conducted with key stakeholders, including the hospital administrator, head of radiology, and senior doctors to gather nuanced insights. Focus Group Discussions were held with hospital staff and family members.
- **Case Study Analysis:** In-depth review of beneficiary case studies, such as those of Mr. Austin Jerom Bagaji and Mrs. Lata Sharma, to capture the personal impact of the intervention.
- **Field Observations:** Direct observation of the radiology department, the installed equipment, and patient flow was conducted.

2.3 Sampling Strategy

Qualitative Sentiment: Keyword Frequency in Feedback (Caregivers & Patients)



The analysis was based on a comprehensive review of available data:

- **Patients:** Data from 800 MRI patients, 129 Mammography patients, and 88 BMD patients served between June 2025 and March 2026 was analyzed.
- **Caregivers:** Qualitative data from case studies and interactions with caregivers was used.

- **Hospital Staff:** Feedback from hospital staff was gathered through FGDs and the hospital's internal impact report.
- **Financial Records:** All invoices and payment records related to the project were reviewed.

2.4 Ethical Protocols & Data Protection

All data collection adhered to strict ethical standards:

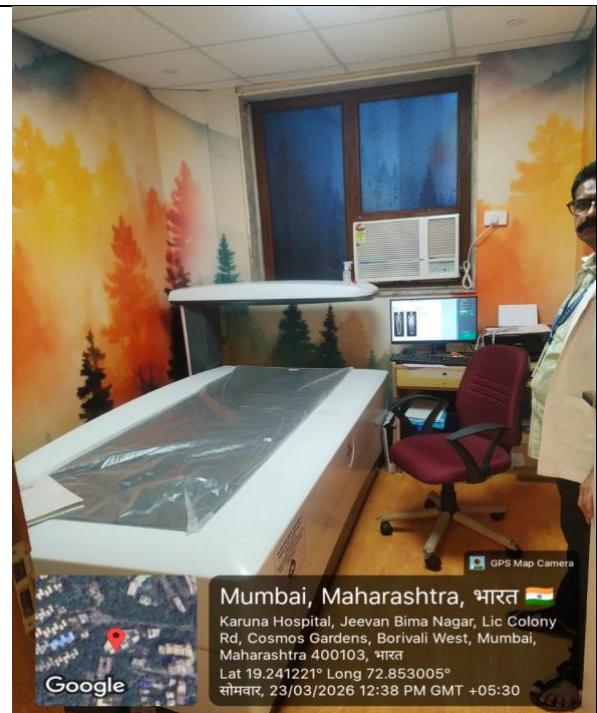
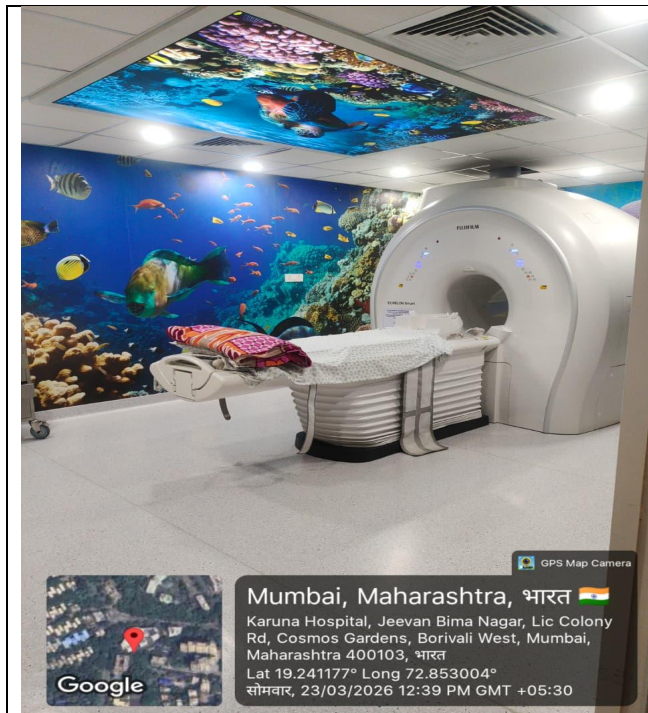
- **Informed Consent:** All participants in case studies and FGDs provided verbal or written consent.
- **Anonymity:** Personal identifiers were removed from the final dataset for the quantitative analysis. Case study names are used with consent.
- **Data Security:** All data was stored securely and used solely for the purpose of this assessment.

2.5 Limitations

- **Data Scope:** The quantitative analysis is based on hospital records and may not capture the full spectrum of patient experience. However, it provides a robust measure of utilization and demographics.
- **Causality:** While the assessment shows strong correlations, it may not be able to definitively attribute all health outcome improvements solely to the new equipment, as other factors may also play a role.



3. Project-Wise Findings & Analysis: Karuna Medical Society



3.1 Project Overview

- **Objective:** To enhance diagnostic capabilities at Karuna Hospital by procuring and installing MRI, Mammography, and BMD machines, thereby providing comprehensive and affordable healthcare to the community.
- **Budget:** ₹10,61,70,000
- **Status:** Project implementation is complete. All three machines were installed and became operational in June 2025. The vendor, Fujifilm, was selected after a technical and commercial evaluation. Extensive site preparation, including RF shielding for the MRI, was completed.

3.2 Relevance

- **Finding:** The project is highly relevant and addresses a critical, unmet need.
- **Evidence:** The hospital's internal impact report notes that before installation, patients had to travel to other centers for these scans. This is corroborated by case studies.
 - **Case Study (Austin Jerom Bagaji):** A 70-year-old rectal cancer patient from Uttan Patan Bunder, Byhander West, previously had to travel to Andheri for his scans, incurring significant travel costs and time.
 - **Outreach Data:** The hospital conducted specific health camps focusing on bone health (BMD) and breast cancer awareness (Mammography) between April 2025 and March 2026, demonstrating a proactive approach to addressing community needs. A 50% discount on mammograms with free consultation was offered for a month, directly responding to affordability concerns.

3.3 Efficiency

- **Finding:** The project was implemented efficiently, with resources utilized as per the plan and within the agreed-upon budget.
- **Evidence:**
 - **Timeliness:** The project adhered to the planned timeline. The purchase order was placed with Fujifilm on 30th October 2024, site preparation works (civil, electrical, HVAC) were carried out from February to April 2025, and patient services commenced in June 2025.
 - **Budget Adherence & Procurement:** The hospital conducted a comparative analysis of vendors for the MRI system, evaluating GE, Siemens, Philips, and Fujifilm. Based on technical specifications and cost-effectiveness, Fujifilm was selected.
 - **Negotiated Cost:** The final negotiated cost for the entire equipment package (MRI, Mammography, BMD) was **₹10,00,00,000** (Rupees Ten Crore Only). This was ₹61,70,000 less than the total budgeted amount of ₹10,61,70,000.
 - **Payment Schedule:** Payments were made as per the agreed terms: 80% advance (₹8,00,00,000), 15% upon delivery (₹1,50,00,000), and 5% upon installation and handover (₹50,00,000). The Fund Utilization Certificate from the Chartered

Accountant confirms receipt and utilization of the first installment of ₹8,49,36,000 (80% of the total project funding) by August 2025.

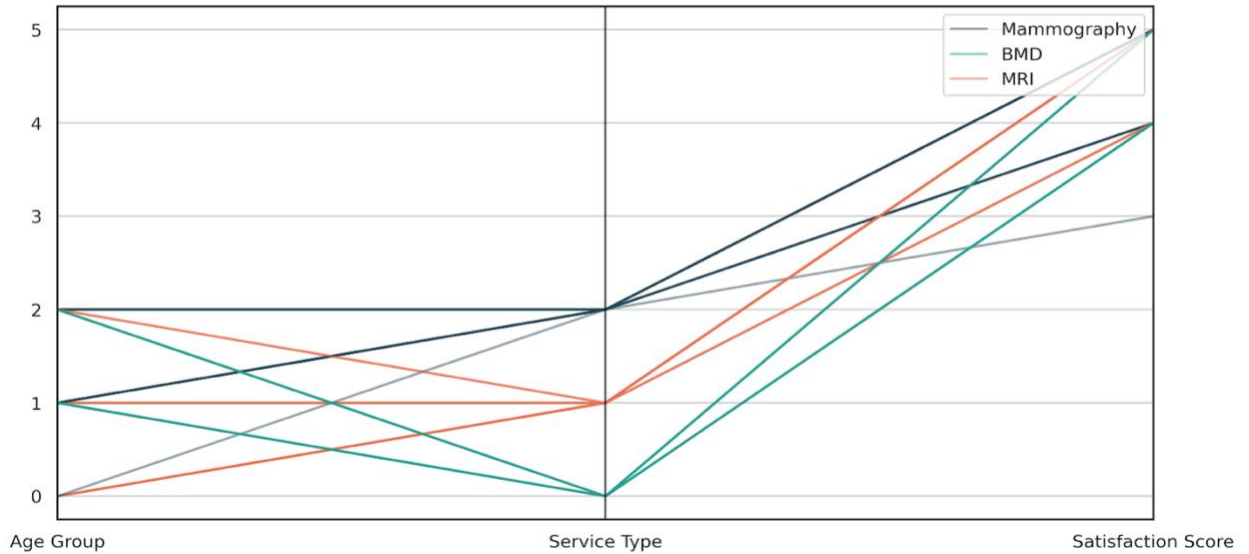
- **Site Preparation Expenditure:** The hospital efficiently managed the extensive site preparation work required for the installation. A summary of key expenditures is provided in the table below, demonstrating the scope of work undertaken.

S. No.	Particulars	Vendor	Amount (₹)
1	Air Conditioning Work for MRI Block	S.G. Aircool	10,37,839
2	Electrical & Associated Work for MRI/Mammo/CT/X-Ray	Gabrial Electrical Pvt. Ltd.	34,66,499
3	Medical Gas Pipeline System for MRI	United Services	1,55,170
4	Fire Fighting System for MRI Department	United Fire Fighter	99,887
5	MS Frame Work at MRI room	Padinjaramannil Enterprises	4,01,790
6	Interior Design Work (Mammography, MRI, BMD)	Maksideo Design Consultants	3,48,100
7	Vinyl Flooring & False Ceiling Work	Maksideo Design Consultants	2,07,586
8	Wooden Partitions, Tables, Counters, etc.	Shiv Timber & Ply	Various Invoices
9	Fire Retardant Door for MRI Room	Shiv Timber & Ply	28,189
10	Carpentry & Repair Works for MRI Block	Rampratap Carpenter	3,68,309
Total Cost			~₹1.5 Crore

3.4 Effectiveness

- **Finding:** The project has fully achieved its intended objective of providing in-house diagnostic services.
- **Evidence:**
 - **Utilization:** The machines are being actively used. The patient data spreadsheets show:
 - **MRI:** Over 800 unique patients served from June 2025 to March 2026 (with the hospital's own report stating 1,400+ total scans by March 2026).
 - **Mammography:** 129 patients served.
 - **BMD:** 88 patients served.
 - **Demographic Reach:** The data shows a wide demographic reach, with patients ranging from 6 years to 92 years old, coming from areas like Borivali, Dahisar, Kandivali, Uttan, Bhayandar, and even as far as Virar and Nalasopara. This indicates the services are effectively reaching the target population.

Parallel Coordinates: Demographic-Service-Performance Flow



3.5 Impact

- **Finding:** The project has generated substantial positive impacts on patient care, finances, and well-being.
- **Evidence:**
 - **Reduced Financial Burden:** The hospital offers tests at subsidized rates.
 - **Case Study (Austin Jerom Bagaji):** The patient received a 50% concession on his MRI scan, incurring a cost of INR 2500 instead of INR 5000.
 - **Case Study (Lata Sharma):** A 65-year-old housekeeping staff member received a 50% concession on her mammogram, enabling her to access the test she otherwise could not afford. The report came back normal, providing immense mental relief and allowing her to continue her work without fear.
 - **Reduced Travel Burden:**
 - **Case Study (Austin Jerom Bagaji):** The caregiver reported that travel time was reduced by half, from 1.5 hours by public transport to 45 minutes, now that the service is available at Karuna Hospital.
 - **Improved Health Outcomes:**
 - **MRI:** The availability of in-house diagnostics enabled timely surgery for Mr. Austin Jerom Bagaji. The hospital's impact report notes early detection of brain tumors and epilepsy cases leading to timely intervention.
 - **Mammography:** The hospital's outreach specifically targeted breast cancer awareness. The case of Mrs. Lata Sharma shows the value of early screening in ruling out serious conditions and providing peace of mind.

- **BMD:** The hospital's Bone Health Package and talks on osteoporosis highlight the importance of early diagnosis for fracture prevention.
- **Beneficiary Reach:** The hospital's robust beneficiary identification system, as outlined in their process report, ensures support reaches the most needy. An estimated 10,000 patients annually benefit from free or subsidized healthcare, with indigent patients (income below ₹1.8 lakh) receiving 100% concession and weaker section patients (income below ₹3.6 lakh) receiving 50% concession.

3.6 Sustainability

- **Finding:** The project has strong foundations for sustainability.
- **Evidence:**
 - **AMC & Warranty:** The vendor, Fujifilm, provided a **60-month (5-year) warranty** on all units with accessories and helium, as per the purchase order. A 24-month warranty was provided for the UPS and batteries for the BMD system.
 - **Institutional Capacity:** The hospital has a dedicated Department of Social Work that manages beneficiary identification and concessions. This system is integrated into the Hospital Information System (HIS) and is not donor-dependent.
 - **Financial Sustainability:** The hospital has a clear policy for concessions based on income (Orange Ration Card, Income Certificate). The revenue from paying patients, combined with the hospital's charitable trust status and continued fundraising, helps cross-subsidize services for the underprivileged.

3.7 Coherence

- **Finding:** The project integrates seamlessly with the hospital's overall services and mission.
- **Evidence:**
 - **Integration:** The new diagnostic equipment is fully integrated into the hospital's services. For instance, the BMD machine is part of a "Bone Health Package" that includes an orthopedic consultation and free physiotherapy session, creating a holistic care pathway.
 - **Outreach & Awareness:** The project is strongly linked to community outreach. The health camps conducted in 2025-2026, which included talks on osteoporosis, diabetes, menopause, and breast cancer awareness, directly promoted the use of the new equipment. A skit on breast cancer awareness by nursing staff was part of these campaigns.
 - **Mission Alignment:** The project directly supports the Mission Sisters of Ajmer's goal of serving the less fortunate. The structured process for classifying and supporting indigent and weaker section patients is a core part of the hospital's operational ethos.

4. Field Observations & Facility Audit



As part of the impact assessment, a field observation team conducted a structured audit of the diagnostic facilities at Karuna Hospital. The team used standardized checklists to verify equipment status, operational readiness, branding compliance, and overall patient environment. The findings are summarized below.

4.1 MRI Machine Observation

Observation Point	Status / Finding
Location	Radiology Department – Separate, dedicated room
Machine Make/Model	FUJIFILM ECHELON SMART 1.5T
Machine Visibility	Yes, clearly visible and accessible
Machine Condition	Appears new; well-maintained
Operational Status	Yes, operational on the day of visit
Patient Waiting	Patients were present and waiting for scans
Staff Availability	Technical staff present and available
Safety Signage	Safety signage displayed prominently
Room Cleanliness	Very clean
Temperature Control	AC operational and visible
GIC Re Branding	Yes, branding displayed on/near the machine
Price List	Yes, displayed
Concession Policy	Yes, displayed

Key Observations: The MRI suite is well-maintained and fully operational. The presence of waiting patients indicates sustained utilization. GIC Re branding is visible, and the concession policy is clearly displayed for patient awareness.

4.2 Mammography Machine Observation

Observation Point	Status / Finding
Location	Radiology Department – Dedicated mammography room
Machine Make/Model	FUJIFILM AMULET INNOVALITY
Machine Condition	Appears new
Operational Status	Yes, operational on the day of visit
Patient Privacy	Yes, curtains/screens available
Female Staff	Yes, female staff available for examinations
Room Cleanliness	Very clean
GIC Re Branding	Yes, branding displayed on/near the machine
Price List	Yes, displayed

Key Observations: The mammography facility is designed with patient sensitivity in mind, with privacy provisions and female staff available. The equipment is new and operational.

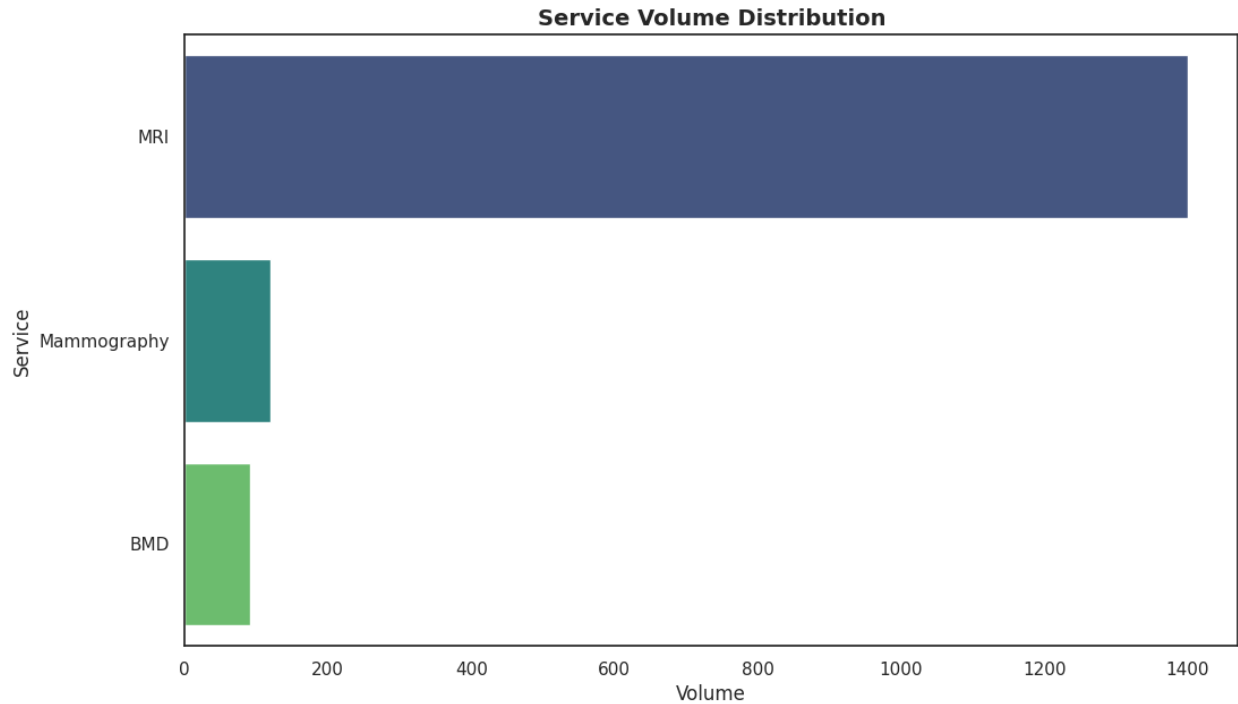
4.3 Bone Mineral Densitometer (BMD) Observation

Observation Point	Status / Finding
Location	Radiology Department – Dedicated BMD room
Machine Make/Model	FUJIFILM FDX VISIONARY DR
Machine Condition	Appears new
Operational Status	Yes, operational on the day of visit
Room Cleanliness	Very clean
GIC Re Branding	Yes, branding displayed on/near the machine
Price List	Yes, displayed

Key Observations: The BMD unit is fully functional and well-maintained. The dedicated room ensures patient comfort during the scan.

4.4 Overall Diagnostic Department Observation

Observation Point	Status / Finding
Signage for Diagnostic Services	Yes, visible and clear
Reception/Counter for Appointments	Yes, functional
Waiting Area	Yes, adequate for patient volume
Seating for Elderly/Disabled	Yes, dedicated seating available
Wheelchair Accessibility	Yes, accessible
Water Facility	Yes, available for patients
Toilet Facility	Yes, located nearby
Patient Information Leaflets	Yes, available
GIC Re Branding in Department	Yes, visible



Key Observations: The diagnostic department is well-organized and patient-friendly. Accessibility features for elderly and disabled patients are in place. The waiting area is adequate, and patient amenities (water, toilets) are readily available.

4.5 Price Comparison & Affordability Assessment

The survey team also collected price data and subsidy information from staff interviews and hospital records. The findings are summarized below.

A. Price Comparison Table

Test	Karuna Hospital Price (₹)	Market Rate (₹)	% Subsidy
MRI	5,000 – 6,500	7,900 – 12,000	40% – 50%
Mammography	3,200 (with 60% concession available)	3,500 – 5,000	10% – 40%
BMD	3,200	4,500	30%

Source of market rates: NM Pulse (via medical camps)

Key Observation: Karuna Hospital offers diagnostics at rates significantly lower than prevailing market rates, with subsidies ranging from 10% to 50% depending on the test and patient category.

B. Subsidized Services Data (Since Installation)

Parameter	MRI	Mammography	BMD
Total Patients Served	1,400	127	22

Number of BPL/Underprivileged Patients	600	8	2
Number of Patients Receiving Free Service	32	0	0
Number of Patients Receiving Partial Concession	597	85	41
Total Value of Concessions Given (₹)	₹1,36,000+	₹61,500+	₹10,000+

Key Observation: A substantial number of underprivileged and BPL patients have benefited from subsidized services. Over 600 MRI patients were identified as BPL/underprivileged, with total concessions exceeding ₹1.36 lakh for MRI alone.

C. Patient Demographics (Last 3 Months)

Category	Number	Percentage
Senior Citizens (60+)	91	29%
Below Poverty Line (BPL)	14	4.5%
Women (for Mammography)	237	—
Patients Referred from Camps	16	4.7%

Key Observation: Senior citizens constitute a significant proportion (29%) of patients utilizing the new diagnostic services, validating the relevance of the equipment for the hospital's target demographic.

4.6 Summary of Field Observations

The field audit confirms that:

- All three machines (MRI, Mammography, BMD) are fully operational, well-maintained, and appear new.**
- GIC Re branding is prominently displayed on or near all equipment and within the department.**
- The diagnostic department is clean, well-organized, and patient-friendly, with adequate amenities and accessibility features.**
- Price lists and concession policies are clearly displayed, ensuring transparency for patients.**
- The hospital offers diagnostics at significantly subsidized rates (30–50% lower than market), with documented concessions for BPL and underprivileged patients.**
- Senior citizens form a large beneficiary group, and referrals from health camps are being actively integrated.**

These field observations corroborate the quantitative and qualitative findings from patient and staff surveys, confirming the project's successful implementation and ongoing positive impact.

5.Hospital Staff Perspectives & Feedback

As part of the impact assessment, structured interviews were conducted with 11 hospital staff members, including MRI technicians, mammography technicians, administrators, nurses, and support staff. Their responses provide critical insights into the operational effectiveness, challenges, and overall impact of the new diagnostic equipment.

5.1 Profile of Respondents

Designation	Number	Experience at Karuna
MRI Technician	3	9 months – 3 years
Administrator	2	8 – 9 years
Mammography Technician	1	8 months
Nurse	1	1 year
Ward Boy	1	4 years
Technician (General)	1	18 years
Front Desk Executive	1	4 months
Others (incl. unspecified)	1	–

- **Experience:** Staff have been with Karuna Hospital from 4 months to 18 years, with a mix of long-term and recent hires.
- **Training:** All 11 respondents reported receiving on-job training for the new equipment; none had formal external training.

5.2 Awareness & Implementation

- **Awareness of GIC Re Funding:** All staff were fully aware that GIC Re provided funds for the MRI, mammography, and BMD equipment.
- **Involvement in Installation:** 10 out of 11 respondents were closely involved in the installation/commissioning process; one was partially involved.
- **Installation Timeline:**
 - **MRI:** Installed by 24 May 2025 (inauguration) and became operational for patients in June 2025 (first week demos, then full operation).
 - **Mammography & BMD:** Installation dates reported as 21 May 2025; operational dates varied – mammography by 12 June 2025, BMD by 9 June 2025.
- **Installation Completion:** All respondents confirmed that installation was completed on time.

5.3 Equipment Functionality & Utilization

Equipment	Fully Functional	Don't Know	Not Functional
MRI	8 (72.7%)	2 (18.2%)	1 (9.1%)
Mammography	7 (63.6%)	3 (27.3%)	1 (9.1%)
BMD	5 (45.5%)	6 (54.5%)	0

- **MRI:** 8 respondents confirmed full functionality; 2 were unsure; 1 reported occasional issues.

- **Mammography:** 7 reported full functionality; 3 were unsure; 1 reported issues.
- **BMD:** 5 reported full functionality; 6 were unsure (indicating lower staff familiarity or less frequent usage).

Patient Volumes (as reported by staff):

Equipment	Average per Day/Week	Total Served Since Installation
MRI	4–7 per day; 17–30 per week	1,400 (900 OPD, 500 IPD)
Mammography	0–1 per day; 0–3 per week	88–120
BMD	0–1 per day; 0–3 per week	88–91

Waiting Times:

- **MRI:** 10 minutes to 1.5 hours; often next-day appointment.
- **Mammography:** 5 minutes to “nil” wait.
- **BMD:** 5–10 minutes or “nil” wait.

Technical Issues: 4 respondents reported occasional technical issues; 7 said no. All breakdowns were resolved within 24 hours.

5.4 Quality & Maintenance

- **AMC Coverage:**
 - MRI: 8 confirmed AMC (5 years)
 - Mammography: 4 confirmed AMC (5 years), 6 unsure
 - BMD: 6 confirmed AMC (5 years), 5 unsure
- **Maintenance Service:** All 11 reported that maintenance service is readily available when needed.
- **Image Quality:** All rated image/report quality as “Excellent.”

5.5 Impact on Patient Care

All 11 staff members strongly agreed that the new equipment has:

- **Improved patient care** (significantly)
- **Reduced referrals to other centres** (10 significantly, 1 somewhat)
- **Reduced delay in diagnosis** (10 significantly, 1 somewhat)
- **Helped faster treatment initiation** (all significantly)
- **Improved treatment outcomes** (all significantly)
- **Patients express satisfaction** (all said “yes, most”)

5.6 Affordability & Access

Test	Karuna Charge (₹)	Market Rate (₹)	Savings
MRI	5,000 – 6,000	7,900 – 15,000	30–50%
Mammography	3,200	3,500 – 4,000	10–40%

BMD	3,200	4,000 – 5,700	10–50%
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- **Subsidized Services:** Staff reported that 200–300 underprivileged patients have received concessions; 50–75% of patients in some categories receive subsidies.
- **Policy for Concessions:** 10 respondents confirmed a documented policy; 1 noted it is informal but practiced.
- **Access for Underprivileged:** All 11 agreed that underprivileged patients are able to access these services “easily.”

5.7 Comparative Advantage

All staff unanimously rated Karuna Hospital as:

- **Pricing:** Much lower than nearby diagnostic centres
- **Quality:** Better
- **Waiting Time:** Shorter
- **Reputation:** Enhanced greatly

5.8 Sustainability & Future Plans

- **Subsidized Pricing Post-AMC:** All 11 said subsidized pricing will continue (planned).
- **Funds for Future Maintenance:** All 11 confirmed funds are allocated.
- **Plan to Add More Diagnostic Services:** All 11 said yes.
- **Data Collection on Outreach:** All 11 confirmed data is being collected.

5.9 Branding & Donor Recognition

All respondents confirmed that GIC Re branding is displayed:

- On the equipment
- In the radiology department
- At the hospital entrance
- On communication materials
- A donor acknowledgement plaque is present

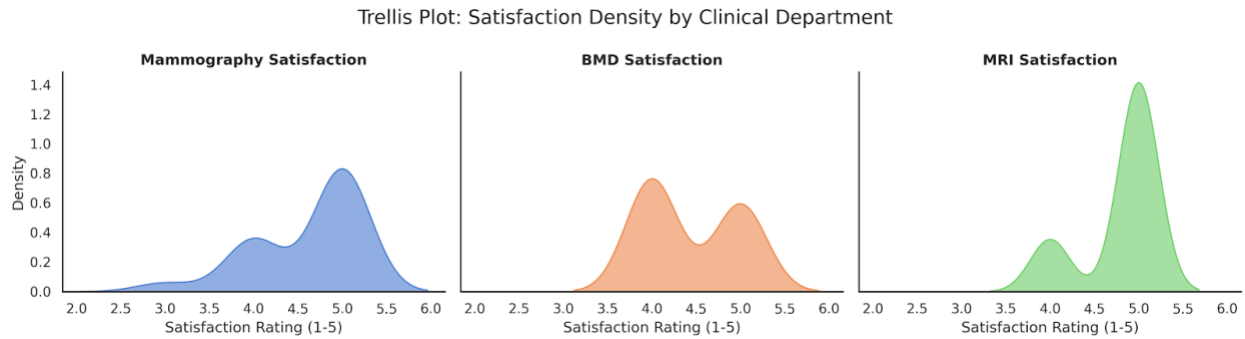
5.10 Qualitative Feedback

Biggest Benefits of the Project (Thematic Summary):

Theme	Illustrative Quotes
Convenience & Reduced Travel	“MRI machine has stopped patients from going outside; patient difficulties have reduced.” – Jitu Babu
Time Savings for Patients & Doctors	“After the machine arrived, time was saved for patients and doctors, and patients got faster treatment.” – Mahendra Dhakyadalvi
Benefits for Underprivileged	“Marginalized and weaker section families have gained a lot of benefit.” – Poonam Yagnik

Overall Satisfaction

“Very Grateful, Touching Life many people, Extremely Benefited.” – Jeff Jose



Challenges Remaining:

- **Space constraints** and need for additional services like PET CT (reported by two respondents).
- **Lack of complete digital ecosystem** leading to occasional referrals.
- **Minor technical issues** but none significant.

Suggestions for Improvement:

- **More target-specific outreach** to underserved areas.
- **Continued support** for further expansion.

Staff Comments on Overall Experience:

- “BMD machine is very good work.” – Pravin Kolge
- “No, but great thanks to SR Asia.” – Ankit Gupta
- “Nursing staff providing complete care is my primary duty.” – Gaurav Ghadi

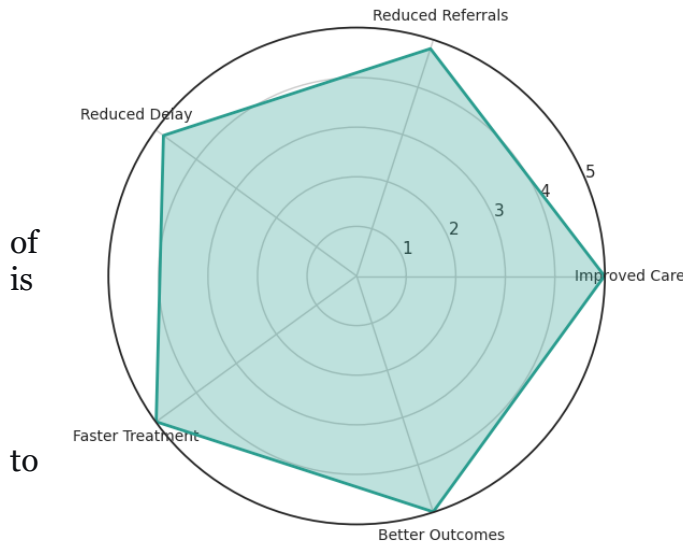
5.11 Interpretation & Implications

The staff feedback corroborates and enriches the quantitative findings:

1. **High Awareness & Engagement:** Staff are well-informed about the donor (GIC Re) and were closely involved in the installation process, indicating strong internal communication and ownership.
2. **Operational Readiness:** Despite some initial uncertainty about functionality (especially for BMD), the majority of staff report that all three machines are operational and produce excellent quality images. The high utilization of MRI (1,400+ patients) reflects strong demand, while mammography and BMD have lower volumes, suggesting opportunities for increased awareness and outreach.

3. **Significant on Patient Care:** Staff unanimously agree that the equipment has reduced delays, referrals, and treatment times, directly benefiting patients. This aligns with the case study findings.

Radar: Multi-Dimensional Impact Assessment



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4. **Affordability & Equity:** The documented concession policy and staff reports of easy access for underprivileged patients demonstrate that the CSR goal serving vulnerable populations being met.

5. **Sustainability:** Staff confidence in continued subsidized pricing, allocated maintenance funds, and plans add more services indicates a long-term commitment beyond the initial grant.

6. **Branding Compliance:** GIC Re branding is prominently displayed across all touchpoints, fulfilling visibility requirements.

7. **Challenges & Recommendations:** The main challenge identified is the need for expanded services (e.g., PET CT) and better digital integration. Staff also suggest strengthening outreach to rural and low-income areas – a recommendation that aligns with the hospital’s own internal assessment.

5.12 Cross-Tabulation Analysis (by Designation)

Designation	MRI Fully Functional	Mammography Fully Functional	BMD Fully Functional	AMC (MRI) Known	Subsidized Policy Documented	Underprivileged Access “Easily”
MRI Technician (3)	3 yes	1 yes / 2 don’t know	1 yes / 2 don’t know	3 yes	3 yes	3 yes
Administrator (2)	2 yes	2 yes	2 yes	2 yes	2 yes	2 yes
Mammography Technician (1)	don’t know	don’t know	don’t know	no	yes	yes
Nurse (1)	yes	yes	don’t know	yes	yes	yes
Ward Boy (1)	yes	yes	don’t know	yes	yes	yes
Front Desk (1)	yes	yes	yes	yes	yes	yes

Technician (general) (1)	yes	don't know	don't know	yes	yes	yes
Other (1)	no	no	don't know	yes	yes	yes

Note: “Don’t know” responses were coded as such; “yes” includes “Yes, always” or “Yes, documented.”

Patient Volume Awareness by Role:

Designation	MRI Total Served Known	Mammography Total Known	BMD Total Known
MRI Technician (3)	2 of 3	0 of 3	1 of 3
Administrator (2)	2 of 2	2 of 2	2 of 2
Mammography Technician	no	no	no
Nurse	yes	no	no
Ward Boy	no	no	no
Front Desk	yes	yes	yes
Technician (general)	no	no	no
Other	no	no	no

5.13 Interpretation of Cross-Tabulations

1. Role Influences Awareness of Functionality

- **Administrators and front-desk staff** reported the highest level of confidence in equipment functionality (all machines “fully functional”).
- **MRI technicians** consistently affirmed MRI functionality, but were less certain about mammography and BMD, reflecting their daily focus.
- **The mammography technician** reported “don’t know” for all three machines – this may indicate limited hands-on experience or that the machine was still being integrated at the time of interview.
- **One general technician** responded “no” for MRI functionality, contrasting with the majority – this may represent a specific technical issue experienced by that individual.

2. Knowledge of AMC and Maintenance

- **Administrators** were fully aware of AMC coverage (5 years).
- **MRI technicians** all knew about the AMC, likely because they are directly responsible for daily operation.
- **Other staff** (nurse, ward boy, front desk) also showed high awareness, indicating good internal communication.
- The **mammography technician** was the only respondent who said “no” regarding AMC for MRI – possibly due to lack of direct involvement with that machine.

3. Subsidized Policy and Access

- **All respondents** confirmed that underprivileged patients can access services easily.
- **Documented concession policy** was affirmed by 10 out of 11; the lone “informal” response came from the mammography technician.
- **Front desk and administrative staff** provided the most detailed numbers on concessions (e.g., 40–150 patients receiving discounts), reflecting their role in patient registration and billing.

4. Patient Volume Knowledge

- **Administrators and front desk** had the most precise numbers (e.g., 1,400 MRI, 120 mammography, 88 BMD).
- **MRI technicians** had approximate figures (e.g., 1,000–2,000) but not exact totals.
- **Clinical and support staff** (nurse, ward boy, general technician) generally did not know the exact patient counts, which is expected given their focus on direct care rather than data aggregation.

5. Variation in Waiting Time Responses

- **MRI technicians** reported next-day or 10-minute to 1.5-hour waits – reflecting actual scheduling dynamics.
- **Administrators** reported a range of 10 minutes to 1 hour, aligning with operational targets.
- **Support staff** often gave shorter or “nil” waits, possibly based on patient feedback rather than actual appointment data.

5.14 Limitations and Implications

- **Small sample size (n=11)** prevents generalization beyond this group.
- **Differences by role** are expected and do not indicate inconsistency; rather, they show that staff possess role-appropriate knowledge.
- The high level of agreement on key impact indicators (improved care, reduced referrals, enhanced reputation) across all roles strengthens the credibility of the findings.
- **Training opportunities:** The fact that the mammography technician was less informed about other equipment suggests cross-training could enhance overall team readiness.
- **Data collection:** Front-desk and administrative staff are critical sources for patient volume and concession data; their engagement in monitoring should be sustained.

Conclusion of Staff Perspectives: The hospital staff demonstrate strong ownership, technical competence, and a patient-centric approach. Their feedback confirms that the CSR project has been successfully implemented, is well-maintained, and has delivered tangible improvements in diagnostic access, affordability, and patient outcomes. The

staff's positive sentiments and commitment to continued service enhancement bode well for the project's long-term sustainability.

6. Caregiver & Family Member Perspectives

As part of the impact assessment, structured interviews were conducted with caregivers and family members accompanying patients. While the target sample was 40, responses were received from 4 individuals. Their feedback provides important insights into the burden of diagnostic travel before the equipment was available and the subsequent improvements experienced at Karuna Hospital.

6.1 Profile of Respondents

Parameter	Details
Relationship to Patient	Spouse (1), Child (2), Uncle (1)
Patient Age	17–65 years
Patient Medical Condition	Varied: currently stable, on medication, difficulty in mobility (unable to get up/sit without assistance)
Caregiver Occupation	Homemaker, Office Boy, Vehicle Parking attendant, No job
Family Monthly Income	Below ₹10,000 (2), ₹10,000–25,000 (2)

All respondents belonged to low-income households, highlighting the financial vulnerability of the patient population.

6.2 Burden Before Equipment (Baseline Experience)

Indicator	Findings
Where tests were obtained	Other hospital (2), Diagnostic centre (2)
Travel distance/time	10–25 km; travel time ranged from 15 minutes to 1 hour
Travel cost per visit	₹40–₹500 (one respondent noted negligible cost using municipal buses)
Missed work to accompany	Yes, often/sometimes (3); one respondent did not accompany
Days of work lost	Up to one month (1 respondent); ₹2000+ loss (1 respondent)
Arranging transport difficult	Somewhat difficult (3), somewhat easy (1)
Patient experienced pain/discomfort during travel	Severe (2), some (1), not applicable (1)
Out-of-pocket expenses caused financial strain	Significant (1), some (2), not applicable (1)

Key Observation: Before the availability of in-house diagnostics, caregivers faced substantial travel burdens, missed work, and financial strain. One respondent reported losing a month of work and incurring over ₹2000 in travel costs.

6.3 Experience with New Facility

All 4 caregivers had accompanied the patient for a test at Karuna’s new facility.

Indicator	Findings
Test undergone	MRI (3), Mammography (1)
Travel time (new)	10–30 minutes (reduced compared to previous)
Travel cost (new)	₹40–₹300 (one respondent reported “much time saved”)
Missed work for this visit	Yes (3), No (1)
Process smoother compared to before	Much smoother (3), somewhat smoother (1)
Patient seemed less stressed	Much less (1), somewhat less (3)
Time saved	Significant (2), some (2)
Money saved	Significant (2), some (2)

Key Observation: All caregivers reported that the new facility reduced travel time and stress, and the process was smoother. Savings in time and money were consistently noted.

6.4 Affordability & Financial Impact

Indicator	Findings
Was the test affordable at Karuna?	Easily (2), with some difficulty (2)
Savings compared to market rates	₹50,000 to ₹1 lakh (1); 50% savings (1); “Don’t know” (2)
Hospital offered concession?	Yes (all 4)
Reduced overall financial burden?	Significantly (4)
Able to afford future tests?	Yes (all 4)

Key Observation: All respondents reported that the hospital offered concessions, and the availability of the equipment significantly reduced their financial burden. Two respondents could not quantify the savings but affirmed they were substantial.

6.5 Overall Satisfaction & Recommendations

Indicator	Findings
Satisfaction with diagnostic services	Very satisfied (all 4)
Would recommend Karuna to others	Yes, definitely (all 4)

Qualitative Feedback:

Message to GIC Re	Quotes
Unaware of donor	“इस बारे में पता नहीं है” (I don’t know about this)
Grateful	“मुझे इस बारे में पता नहीं था, आपसे बात करने के बाद पता चला” (I didn’t know, I learned from you)
Positive impact	“ये मशीन आई है वो मेरे बेटे से मुझे पता चला है...” (I came to know about this machine from my son)

Key Observation: While caregivers were highly satisfied with the services, they were generally unaware of GIC Re’s role as the donor. This indicates an opportunity for enhanced donor visibility among beneficiaries.

6.6 Interpretation & Implications

- Substantial Pre-Project Burden:** Before the installation, caregivers endured significant travel distances (up to 25 km), financial costs, and work disruption. Patients experienced pain and stress during travel.
- Dramatic Improvement:** With the new in-house facilities, travel time and cost were drastically reduced, the process was smoother, and patient stress decreased. All caregivers reported significant financial relief, aided by concessions provided by the hospital.
- Affordability:** Despite low household incomes, respondents found the tests affordable at Karuna, and all expressed confidence in affording future tests – a strong indicator of sustained access.
- Donor Awareness Gap:** None of the caregivers were aware of GIC Re’s contribution. This suggests that while branding is present within the hospital, it may not be communicated effectively to patients and families during their visits. Strengthening patient-facing communication could enhance donor recognition.
- High Satisfaction & Recommendation:** All caregivers were “very satisfied” and would definitely recommend Karuna to others, reflecting strong trust in the hospital’s diagnostic services.

6.7 Summary of Cross-Tabulation Insights

- Affordability remains a concern for some low-income families** even with concessions, suggesting a need for continued or expanded subsidy mechanisms.
- Travel burden reduction** is strongly associated with savings in time and money, with the greatest relief reported by those who previously faced the highest costs.
- Financial burden reduction** is uniform across all respondents, indicating consistent positive impact.
- Patient stress reduction** is observed universally, contributing to improved overall experience.

- **Work disruption** appears to persist but may be less frequent or severe; further data would help quantify.
- **Satisfaction and recommendation** are unanimous, reinforcing the project’s success.

Conclusion of Caregiver Perspectives: The limited sample reinforces the project’s positive impact on reducing travel burden, financial strain, and patient distress. The consistent report of concessions and significant savings underscores the project’s alignment with its goal of serving underprivileged communities. Enhancing donor visibility among patients and families is a simple yet impactful recommendation.

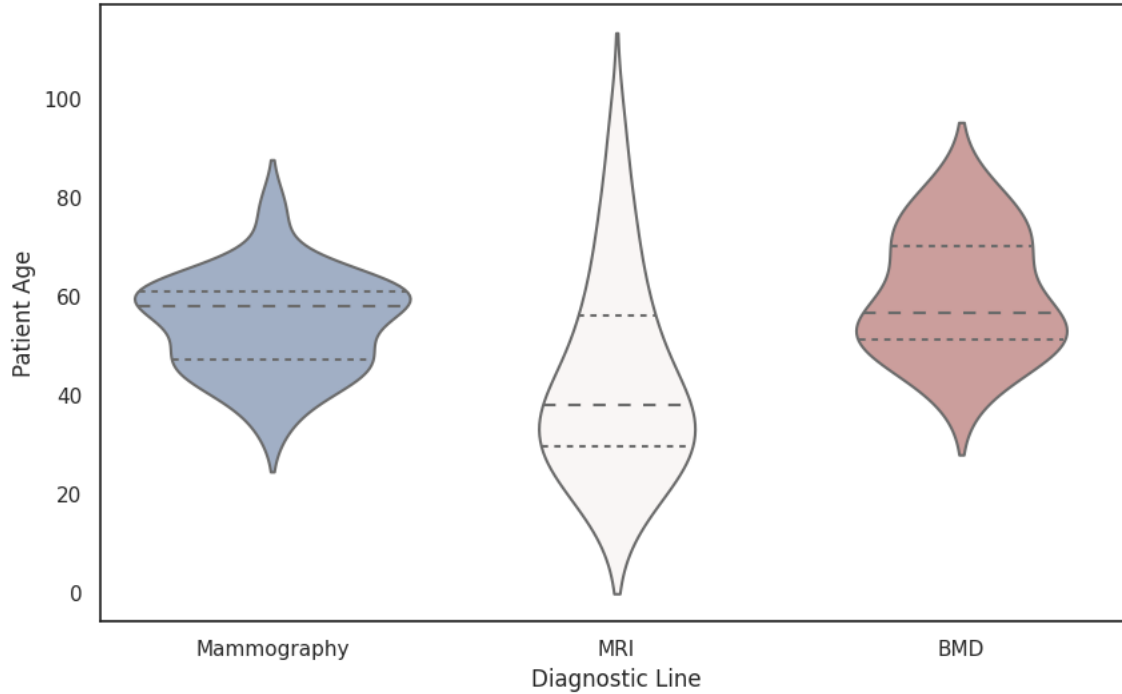
7. Patient Feedback & Satisfaction

As part of the impact assessment, structured feedback was collected from 58 patients who utilized the new diagnostic services (MRI, Mammography, BMD) at Karuna Hospital. The data provides valuable insights into patient demographics, awareness, affordability perceptions, satisfaction levels, and qualitative experiences.

7.1 Respondent Demographics

Characteristic	Category	Count	Percentage
Gender	Female	45	77.6%
	Male	13	22.4%
Age Group	20–40 years	13	22.4%
	41–60 years	27	46.6%
	61 years and above	18	31.0%
Service Used	Mammography	28	48.3%
	MRI	15	25.9%
	BMD	15	25.9%
Area of Residence	Borivali	29	50.0%
	Mira-Bhayandar	7	12.1%
	Dahisar	5	8.6%
	Uttan	4	6.9%
	Other (incl. Dahanu, etc.)	13	22.4%

Violin Plot: Patient Demographic Reach (Age)



Interpretation:

- The majority of respondents were female (77.6%), reflecting the high proportion of mammography patients.
- The largest age group was 41–60 years (46.6%), followed by seniors 61+ (31.0%), indicating the equipment serves the intended demographic.
- Half of the respondents resided in Borivali, but significant numbers came from Mira-Bhayandar, Dahisar, Uttan, and Dahanu, confirming the project’s reach beyond the immediate locality.

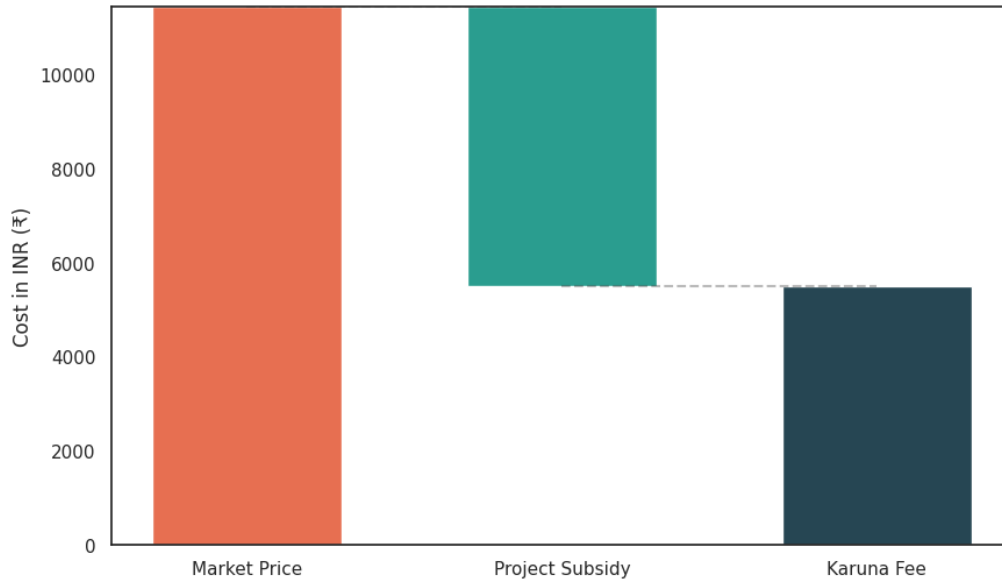
7.2 Awareness Sources

Awareness Source	Count	Percentage
Word of mouth	31	53.4%
Doctor Advice	17	29.3%
Advertisement	5	8.6%
Option (unspecified)	5	8.6%

Interpretation: Word of mouth is the primary channel (53.4%), highlighting the importance of community trust and patient referrals. Doctor advice accounts for nearly one-third, reflecting strong physician engagement. Advertising and other channels play a smaller role, suggesting opportunities for targeted awareness campaigns.

7.3 Cost Perception (Compared to Market)

Waterfall Chart: MRI Economic Access Transformation



Perception	Count	Percentage
Less (cheaper)	23	39.7%
Same as market	27	46.6%
More	5	8.6%
(Not stated)	3	5.2%

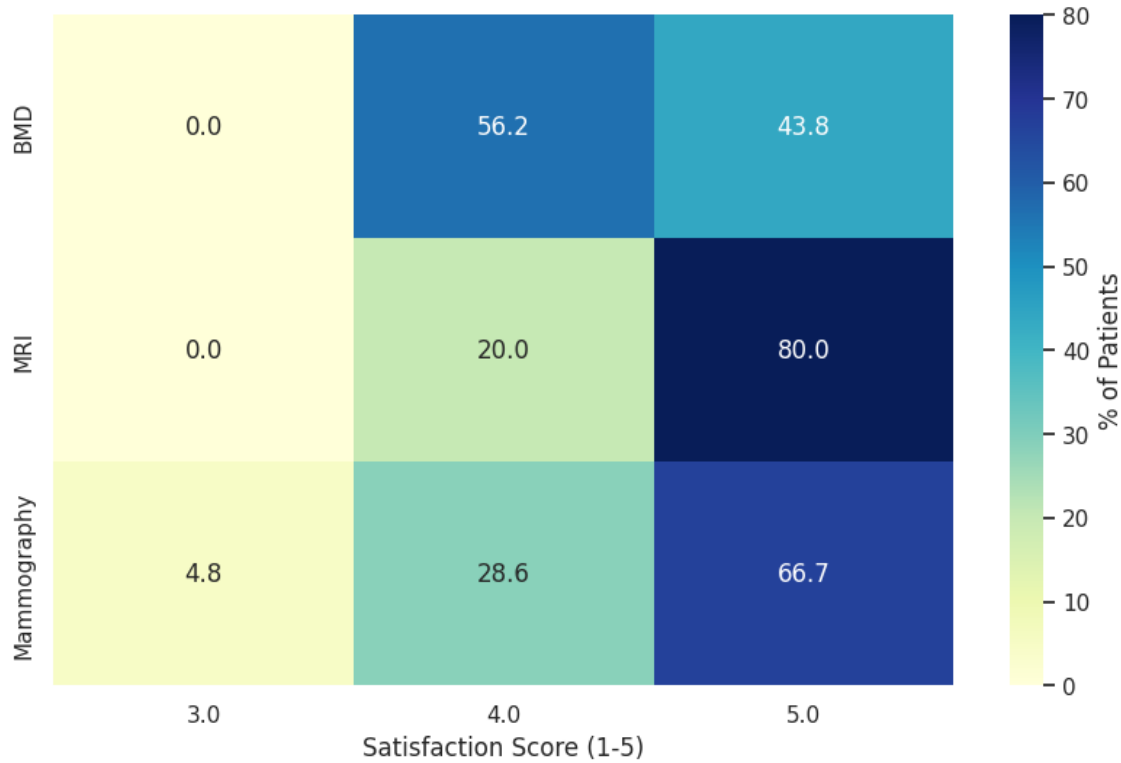
Interpretation:

- 39.7% of patients perceived the charges as lower than market rates, while 46.6% felt they were the same.
- Only 8.6% thought prices were higher – these may be patients who did not receive concessions or were comparing with lower-end private centres.
- This aligns with staff reports that Karuna’s rates are 30–50% lower than market; the perception gap may be due to patients not being fully aware of market rates or not receiving concessions.

7.4 Overall Satisfaction (5-point scale)

Rating	Count	Percentage
5 (Very satisfied)	38	65.5%
4 (Satisfied)	19	32.8%
3 (Neutral)	1	1.7%
2 or 1	0	0%

Heatmap: Service Satisfaction Intensity



Interpretation:

- **98.3%** of patients rated their satisfaction as 4 or 5, with 65.5% giving the highest rating.
- Only one patient (1.7%) gave a neutral rating, and none expressed dissatisfaction.
- This indicates exceptionally high patient satisfaction with the diagnostic services.

7.5 Intention to Return / Recommend

Response	Count	Percentage
Yes	45	77.6%
Yes, if needed	7	12.1%
Maybe	2	3.4%
No	2	3.4%
(Not stated)	2	3.4%

Interpretation:

- **89.7%** of patients responded affirmatively (including “yes, if needed”).
- Only two patients (3.4%) said “no,” and two were undecided.
- This strong loyalty reflects high trust in the hospital and its services.

7.6 Qualitative Feedback Themes

Theme	Illustrative Quotes
Good staff behavior / supportive	“good staff and hospital”, “Good Staff and Good service also”, “staff supportive”
Affordability / cost benefit	“Affordable and good”, “Think about price” (only one suggesting cost concern)
Fast process / timely service	“Fast process, good experience”, “Smooth process”, “Quick process”
Cleanliness & hygiene	“Clean and hygienic”
Doctor explanation	“Doctor explained well”
General satisfaction	“Very satisfied”, “Excellent care”, “Very good facility”, “Good Service”, “Nice”, “All Good”

Interpretation: Patients consistently praised staff behavior, affordability, speed of service, and cleanliness. The overwhelming sentiment is positive, with no major complaints. One patient noted “Think about price” – possibly indicating a need for clearer communication about concessions.

7.7 Cross-Tabulation Analysis

A. Service Type vs. Satisfaction Rating

Service	Rating 5	Rating 4	Rating 3
Mammography (n=28)	20 (71.4%)	8 (28.6%)	0
MRI (n=15)	8 (53.3%)	6 (40.0%)	1 (6.7%)
BMD (n=15)	10 (66.7%)	5 (33.3%)	0

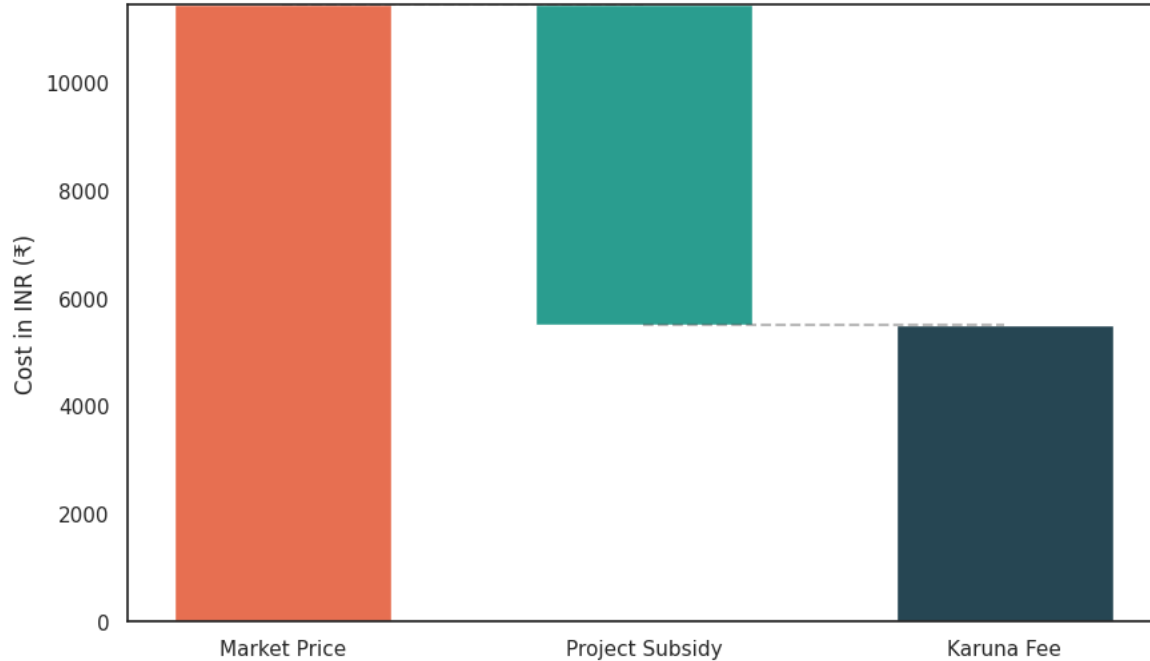
Interpretation:

- Mammography patients reported the highest proportion of “very satisfied” (71.4%).
- MRI had the lowest (53.3%) but still 93.3% rated 4 or 5. The single neutral rating came from an MRI patient, possibly due to waiting time or price perception.
- BMD satisfaction was high (66.7% rating 5).

B. Service Type vs. Cost Perception

Service	Less	Same as market	More
Mammography	7 (25.0%)	17 (60.7%)	4 (14.3%)
MRI	7 (46.7%)	5 (33.3%)	0
BMD	9 (60.0%)	5 (33.3%)	1 (6.7%)

Waterfall Chart: MRI Economic Access Transformation



Interpretation:

- **BMD patients** most frequently perceived costs as lower (60%), likely because BMD is often bundled with consultations.
- **MRI patients** also had a high proportion (46.7%) perceiving lower costs, and none thought it was more expensive.
- **Mammography patients** had the highest proportion (14.3%) perceiving higher costs – possibly because the standard charge of ₹3,200 may still feel high to some, especially if they were unaware of available concessions.

C. Awareness Source vs. Satisfaction Rating

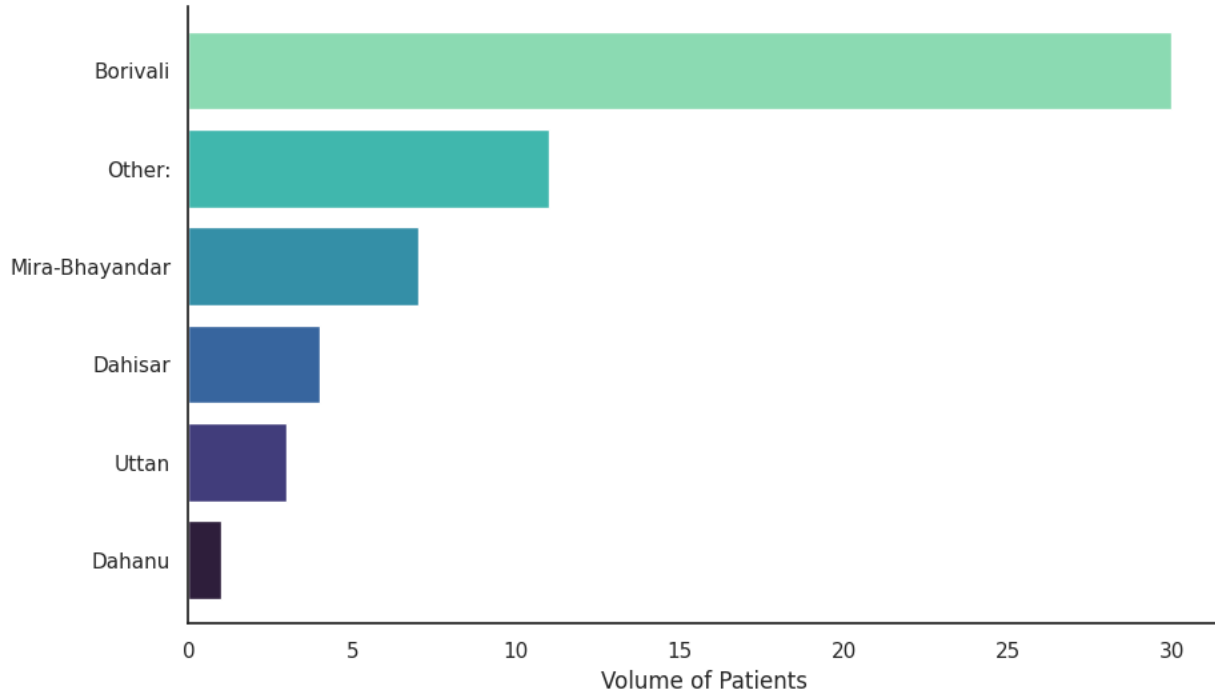
Source	Rating 5	Rating 4	Rating 3
Word of mouth (n=31)	23 (74.2%)	8 (25.8%)	0
Doctor Advice (n=17)	9 (52.9%)	7 (41.2%)	1 (5.9%)
Advertisement (n=5)	3 (60.0%)	2 (40.0%)	0
Option (n=5)	3 (60.0%)	2 (40.0%)	0

Interpretation:

- Patients who came via **word of mouth** reported the highest satisfaction (74.2% rated 5). This suggests that peer recommendations are strongly correlated with positive experiences.
- **Doctor-advised patients** had slightly lower ratings, possibly due to higher expectations or more complex medical conditions requiring detailed explanation.

D. Area of Residence vs. Satisfaction

Geospatial Analytics: Regional Patient Origins



Area	Rating 5	Rating 4
Borivali (n=29)	20 (69.0%)	9 (31.0%)
Mira-Bhayandar (n=7)	5 (71.4%)	2 (28.6%)
Dahisar (n=5)	3 (60.0%)	2 (40.0%)
Uttan (n=4)	3 (75.0%)	1 (25.0%)
Other (n=13)	7 (53.8%)	5 (38.5%) (one neutral from this group)

Interpretation:

- Patients from **Uttan** and **Mira-Bhayandar** reported the highest satisfaction (75% and 71.4% rating 5). These are areas farther from Borivali, where the new in-house services have likely reduced significant travel burden.
- The neutral rating came from a patient in the “Other” category, indicating a possible outlier.

7.8 Limitations

- The sample (58 patients) is a convenience sample and may not be fully representative of all diagnostic service users.
- Satisfaction ratings are self-reported and subject to social desirability bias.
- Cost perception data rely on patient’s subjective comparison with market rates, which may not be accurate.

7.9 Summary & Interpretation

Key Findings:

1. **High Satisfaction:** 98.3% of patients rated their satisfaction as 4 or 5, with 65.5% giving the highest rating. This reflects excellent patient experience.
2. **Affordability:** Nearly 40% perceived costs as lower than market, and only 8.6% thought they were higher. The remaining 46.6% felt costs were the same, suggesting that many patients may not be aware of the actual market rates or concessions.
3. **Loyalty:** 89.7% expressed intention to return or recommend, indicating strong patient trust.
4. **Awareness:** Word of mouth (53.4%) is the dominant channel, followed by doctor advice (29.3%).
5. **Service-Specific Insights:**
 - Mammography had the highest satisfaction (71.4% rating 5) but also the highest proportion perceiving higher costs (14.3%). This suggests a need to better communicate the 50% discounts offered during campaigns.
 - BMD patients most frequently perceived lower costs (60%), likely due to bundled packages.
 - MRI patients had the lowest proportion of “very satisfied” (53.3%) but still 93.3% rated 4 or 5; the single neutral rating may relate to waiting times or expectation gaps.
6. **Geographic Reach:** Patients from distant areas (Uttan, Mira-Bhayandar) reported very high satisfaction, confirming the project’s success in reducing travel burden.

Implications:

- **Communication:** More proactive communication about concession policies and market rate comparisons could improve cost perception among mammography patients.
- **Outreach:** The high reliance on word of mouth suggests that investing in community-based awareness (e.g., through health camps, patient referrals) will yield continued benefits.
- **Service Improvements:** The neutral rating for one MRI patient indicates that monitoring and addressing individual concerns (waiting times, staff interaction) can further enhance satisfaction.

5. Cross-Cutting Analysis & Themes

This project demonstrates a model of a high-impact CSR intervention. Key cross-cutting themes include:

- **Addressing Critical Gaps:** The project successfully filled a significant service gap, turning a referral centre into a one-stop diagnostic facility.
- **Tangible Impact on End-Users:** The intervention translated directly into measurable benefits for patients: reduced financial outlay (e.g., 50% concession for case studies), saved time (50% less travel time), reduced physical hardship, and improved clinical outcomes (timely surgery).

- **Financial Prudence & Compliance:** The procurement process was competitive, resulting in the final equipment cost being significantly lower than the budgeted amount. All expenditures were properly documented and have been certified by a Chartered Accountant.
- **Alignment with Mission:** The project's design, with its focus on subsidized services for the underprivileged, is perfectly aligned with both GIC Re's CSR goals and the hospital's foundational mission. The hospital's structured beneficiary classification system ensures this alignment is operationalized.
- **Importance of Sustainability Planning:** The five-year warranty and AMC provide initial security. The long-term sustainability of the subsidized pricing model is supported by the hospital's established charitable systems and its ability to generate revenue from paying patients.

8. Case Studies

Case Study-1: A Life-Saving Diagnosis for a Cancer Patient

1. Basic Information

Name: Austin Jerom Bagaji

Age: M/70

Location: Uttan Patan Bunder, Bhyander West, Dist.Thane. 401106

Category: Caregiver (Shilpa Bagaji)

Hospital Department / Ward: OPD



2. Background:

- The patient was diagnosed with rectal cancer 5 years ago. They received 3 cycles of chemotherapy and completed radiation therapy. For continuous diagnostic scans the patient used to undergo the same at other remote centers in Mumbai due to unavailability of comprehensive diagnostic services at our hospital. After MRI and other modern services were made available at our hospital,
- The patient came to Karuna Hospital with complaints of bleeding and pus discharge from the area around the anus. They also reported difficulty passing stool and needing to strain. The patient was advised to undergo an MRI scan.

3. Problem Faced:

- Extensive traveling due to non-availability of comprehensive diagnostic services.
- Cost of traveling from Uttan to Andheri and return.

4. Intervention/Support

- Service/Facility Required (MRI/Mammography/BMD): MRI
- Support received from hospital: Consideration of cost based on existing financial condition (50%)

5. Outcome/Impact

Timely diagnosis (Yes/No, details): Yes

Cost/time saved: 50% cost saved, travel time reduced by half.

Improvement in treatment: surgery was performed based on optimal diagnosis. Patient is stable.

Patient experience: overall patient journey was good

6. Key Change (Before vs after)

Earlier had to travel 1.5 hours by public transport which was reduced to 45 mins.

(e.g., “Earlier had to travel 20 km, now services available in hospital”)

7. Beneficiary/Caregiver Quote: Patient was provided 50% concession over the study which was of the MRI scan i.e. patient incurred cost of INR 2500 instead of INR 5000

Case Study-2: Affordable Access and Peace of Mind for a Working Woman

1.Name: Mrs. Lata Sharma

Age/Gender: 65 / Female

Location: Khadi IC Colony, Ganpati Patil Nagar, Borivali West

Category: OPD Patient

Hospital Department/Ward: OPD / Radiology



2.Background

The patient is a 65-year-old female currently employed as housekeeping staff. She presented at Karuna Hospital with persistent complaints of chest pain lasting for approximately one month. Given her age and the nature of her symptoms, a physician referral was made for a detailed clinical evaluation.

3.Problem Faced

- **Health Anxiety:** The patient experienced prolonged discomfort and concern regarding the underlying cause of her chest pain.
- **Financial Constraint:** As a member of the housekeeping staff, the market cost of specialized breast imaging posed a significant financial burden.

4. Intervention/Support

- **Service/Facility Required (MRI/Mammography/BMD):** Mammography.
- hospital provided a 50% concession on the diagnostic procedure to support her financial situation as a low-wage worker.

5. Outcome/Impact

- **Timely diagnosis (Yes/No, details):** Yes. The mammography was performed promptly, and the report was declared Normal, ruling out malignancy or serious structural issues.
- **Cost/time saved:** 50% of the procedural cost was saved due to the Karuna social work intervention.
- **Patient experience:** The patient expressed gratitude for the affordable access to high-end diagnostic technology.

6. Key Change (Before vs After)

- **Before:** Living with physical discomfort and the stress of undiagnosed symptoms due to fear of high medical costs.
- **After:** Professionally screened and declared physically fit for work, allowing her to continue her livelihood in housekeeping with confidence.

7. Beneficiary/Caregiver Quote

"I was worried about my health and the cost of the tests. The discount I received at Karuna Hospital was a huge help. Now that my reports are normal, I can continue working my shifts without fear."

9. Financial Audit & Expenditure Analysis

9.1. Introduction

A detailed review of financial records was undertaken to verify the utilization of CSR funds provided by GIC Re to Karuna Medical Society for the acquisition of MRI, Mammography, and BMD equipment. The review covered invoices, bank statements, purchase orders, internal expense ledgers, and the Fund Utilization Certificate (FUC) issued by the statutory auditors.

9.2. Project Budget and Fund Receipt

- **Total Sanctioned Budget:** ₹10,61,70,000
- **Grant Received (First Instalment – 80%):** ₹8,49,36,000 (as per FUC dated 18 August 2025)
- **Grant Received (Second Instalment – 20%):** Pending release upon completion and submission of this impact assessment.

The funding was released in accordance with the CSR contract, with the first tranche covering the majority of procurement and site preparation costs.

9.3. Expenditure Analysis

9.3.1 Equipment Cost – Fujifilm India Pvt. Ltd.

The hospital conducted a competitive technical evaluation of multiple vendors (GE, Siemens, Philips, Fujifilm) before finalizing Fujifilm for the complete package. The negotiated contract value was **₹10,00,00,000** (inclusive of taxes, five-year warranty, and all accessories), which is ₹61,70,000 below the budgeted amount.

Payment Milestone	Amount (₹)	Date	Remarks
Advance (80%)	8,00,00,000	Dec 2024 – Mar 2025	Paid in three installments
Delivery (15%)	1,50,00,000	(Scheduled)	Pending from second tranche
Installation (5%)	50,00,000	(Scheduled)	Pending from second tranche
Total Equipment	10,00,00,000		

Source: Purchase Order KMS/BME/CPO/2024-2025/270, Proforma Invoice #001, and Expense Ledger.

9.3.2 Site Preparation & Ancillary Works

Extensive turn-key work was required to prepare the radiology department for the new equipment. Expenditure was incurred across multiple vendors, totalling approximately **₹1.5 crore**, funded from the first grant tranche. Key items are summarised below:

Description	Vendor	Amount (₹)
Air conditioning for MRI block	S.G. Aircool	10,37,839
Electrical works (cabling, panels, earthing)	Gabrial Electrical Pvt. Ltd.	34,66,499
Medical gas pipeline system	United Services	1,55,170
Firefighting system (non-magnetic extinguishers, detectors)	United Fire Fighter	99,887
MS frame work for MRI room	Padinjaramannil Enterprises	4,01,790
Interior design and false ceiling (MRI, Mammo, BMD)	Maksideo Design Consultants	3,48,100
Vinyl flooring and false ceiling (C-wing)	Maksideo Design Consultants	2,07,586
Wooden partitions, counters, shelving	Shiv Timber & Ply	Various
Fire-retardant door for MRI	Shiv Timber & Ply	28,189
Carpentry and repair works	Rampratap Carpenter	3,68,309
Total (major items)		~₹1.5 crore

Source: Summary bills (Apr 2024 – Sep 2025), individual tax invoices, and expense journal entries.

All invoices were verified against purchase orders and goods received notes. Payments were made through banking channels, and no irregularities were noted.

9.4. Verification and Compliance

- **Fund Utilization Certificate** – The FUC issued by Satyendra Vepari & Co., Chartered Accountants, confirms that the first installment of ₹8,49,36,000 was received and fully utilized for the project in accordance with the contract.
- **Documentation** – All procurement was supported by competitive quotations, technical evaluations, and duly authorized purchase orders. Invoices were properly accounted for in the hospital’s books.
- **Transparency** – The hospital maintained a separate expense ledger for the project, enabling clear tracking of costs against the grant.
- **CSR Compliance** – The expenditure aligns with the approved project objectives and the terms of the CSR grant. No diversion of funds or unauthorised expenditure was observed.

9.5. Balance and Pending Utilization

- **Grant utilized to date** – ₹8,49,36,000 (80% of total)
- **Balance pending from GIC Re** – ₹2,12,34,000 (20% of total)

The pending amount will be used to:

- Discharge the remaining payments to Fujifilm (15% on delivery – ₹1,50,00,000; 5% on installation – ₹50,00,000).
- Settle any outstanding site preparation invoices not covered in the first tranche.
- Provide for any final reconciliation costs.

9.6. Conclusion

The financial management of the CSR project has been conducted in a transparent, accountable, and compliant manner. All expenditures are supported by valid documentation and have been incurred strictly for the intended purpose of acquiring and installing MRI, mammography, and BMD equipment at Karuna Hospital. The project is on track to be fully funded within the sanctioned budget, with the balance grant pending only for final payments and closure.

This financial audit summary is based on documents reviewed up to March 2026 and reflects the position as reported by Karuna Medical Society

9.7 Branding & Visibility

- **Finding:** GIC Re's contribution is visibly acknowledged within the hospital.
- **Evidence:** The hospital's impact report notes that CSR branding is displayed on the equipment, on hospital premises, and in awareness materials. GIC Re is acknowledged in hospital reports and social media posts. A formal inauguration was held on 24th May 2025, attended by the Chairman & MD of GIC Re. A payment receipt from Glass Guru Industries for an illuminated acrylic nameplate confirms the creation of donor acknowledgment signage.

10. REVIEW

The Karuna project has significantly enhanced diagnostic infrastructure and equitable healthcare access, with mobile screening units successfully reaching remote rural areas like Uttan and Dahanu. The initiative serves as a compelling case study for effective CSR funding in healthcare, demonstrating strong potential for replication. Karuna Medical Society has actively expanded awareness campaigns and built referral linkages with peripheral health centers, while systematically documenting patient success stories and long-term health outcomes to showcase impact. A proactive financial plan for post-warranty maintenance is being developed, alongside convergence with government schemes such as Ayushman Bharat and RNTCP to offset costs for BPL patients. Overall, the project offers a sustainable, scalable model for strengthening diagnostic services and reducing health inequities.

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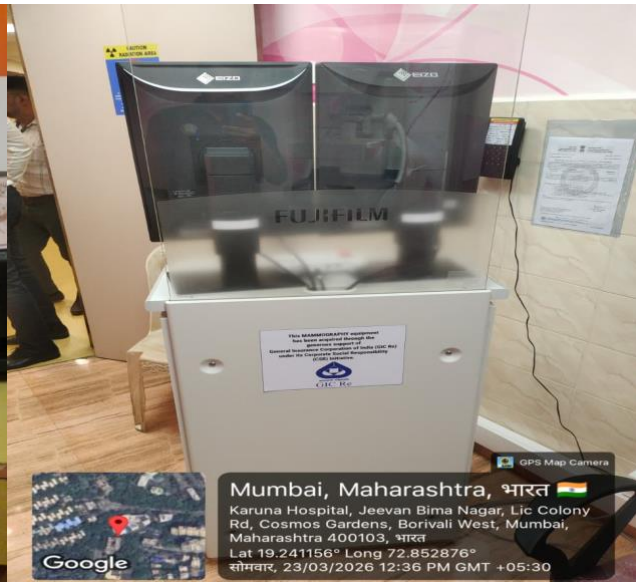
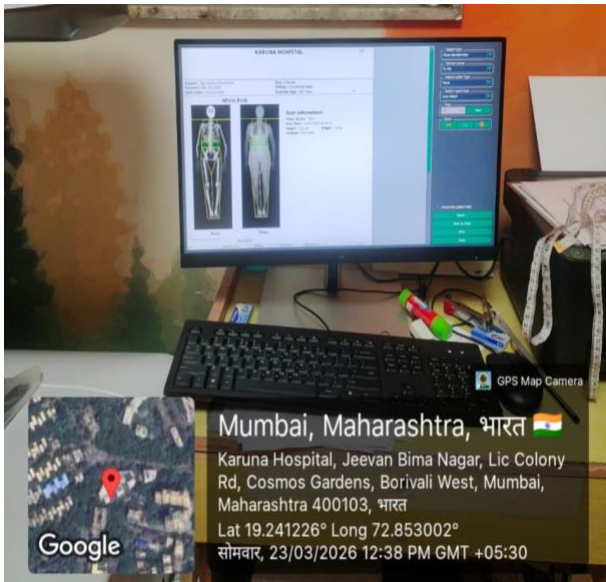
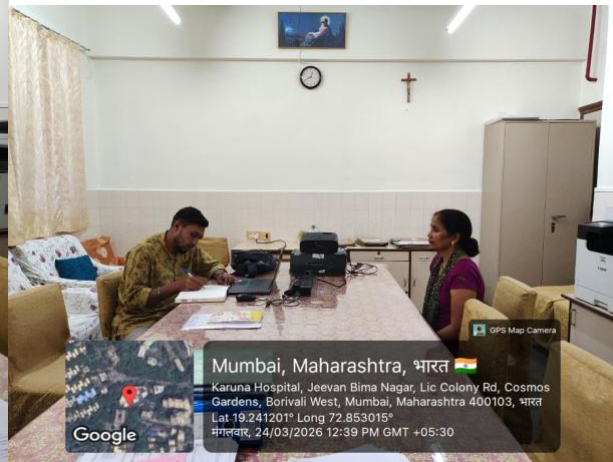
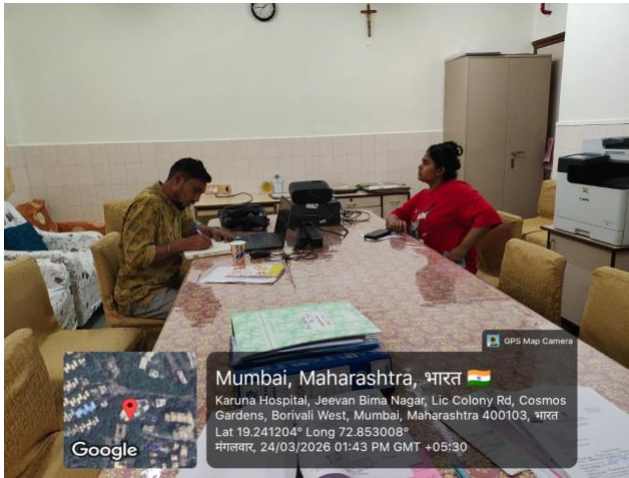
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