KPMG

Impact Assessment of Healthcare Project (Bhaktivedanta Hospital)

IIFL Home Finance Limited

March 2026

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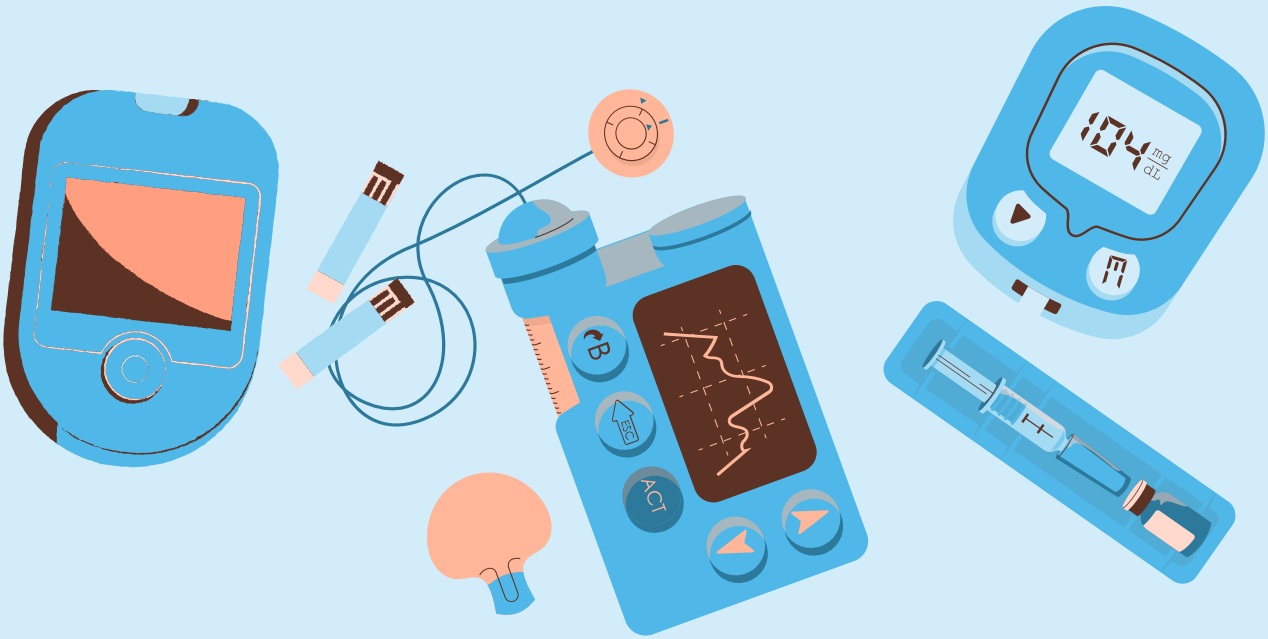

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Executive Summary

This impact assessment of IIFL Home Finance Limited's CSR-supported initiative at Bhaktivedanta Hospital & Research Institute, was conducted using the OECD-DAC framework, covering six criteria: Relevance, Coherence, Effectiveness, Efficiency, Impact and Sustainability.

This study employed a mixed-methods research design utilizing both qualitative and quantitative indicators. Quantitative data was gathered through field-based surveys while qualitative questions were integrated with the quantitative tool and semi-structured questionnaires were used for other stakeholders. All the data points have been triangulated for ensuring the credibility and validity of the findings, basis the interactions at study location.

Below outlined are findings from stakeholders (patients/caregivers and hospital staff) reflecting the overall impact on hospital's case load, savings in treatment, satisfaction with services.

Expanded Treatment Capacity & Reduced Patient Load Pressure

- Addition of 21 new inpatient beds increased overall case load by 25–30%, enabling the hospital to conduct 20–30 additional surgeries per month and manage ~25 additional emergency cases.
- 95% occupancy of the newly added beds demonstrates strong utilisation and demand.
- Increased bed strength reduced referral pressure and improved the hospital's ability to treat complex cases (oncology, cardiology, urology, general surgery).

Significant Reduction in Admission and Treatment Waiting Time

- 94% of patients were admitted within an hour, compared to earlier waiting times of 30–60 minutes, now reduced to 15–30 minutes.
- 98% reported receiving treatment on time, reflecting improved triaging, facility readiness, and staff responsiveness.

Enhanced Affordability and Financial Relief for Patients

- 100% of patients/caregivers reported cost savings compared to nearby private hospitals;
- Concessions of 50% or more were frequently reported, enabled by the hospital's social work team.
- Expanded bed capacity also strengthened access for EWS patients, with 6 out of 21 beds typically allocated with preference given to disadvantaged groups.

Executive Summary

Improved Patient Experience and Perceived Quality of Care

- 96% of patients expressed satisfaction with services received.
- Respondents highlighted:
  - Professional and compassionate staff behaviour
  - Clean and hygienic wards
  - Clear explanation of procedures
  - Comfortable twin-sharing rooms improving dignity during recovery
- Patients from distant districts (Thane, Palghar, Nashik, Ratnagiri, Akola) increasingly prefer Bhaktivedanta due to service quality and affordability.

Strengthened Hospital Operations and Staff Capability

- 80% of hospital staff reported enhanced institutional reputation and credibility in the community.
- 40% reported an increase in referrals from other facilities.
- Physicians gained exposure to a broader variety of cases, strengthening clinical capabilities.
- Reduced patient density also contributed to a decline in nosocomial infections, as shared by medical staff.

Greater Accessibility for Marginalised and Remote Communities

- The intervention increased access to tertiary and emergency care for tribal and economically weaker populations who previously struggled with:
  - Long travel distances
  - Lack of tertiary facilities
  - High treatment costs
- Hospital's empanelment under Ayushman Bharat – PM JAY (AB-PMJAY) and MJPJAY (Mahatma Jyotiba Phule Jan Arogya Yojana), further reduced financial barriers.

Long-term Infrastructure Value and System Strengthening

- The expanded inpatient ward is a permanent infrastructure upgrade, contributing to sustainable scaling and improved emergency readiness.
- The project aligns with broader national health goals, including reducing the bed-to-population gap (India: 1.6/1000 vs. WHO benchmark 3/1000).
- Supports SDG 3 (Good Health & Well-being), SDG 9 (Infrastructure), and SDG 10 (Reduced Inequalities).

OECD-DAC Evaluation

The various components/outcomes of the project was evaluated using the OECD DAC criteria, which include relevance, effectiveness, efficiency, impact, and sustainability. The findings of the study are categorized as follows:

Relevance

Stakeholder interactions highlighted the relevance of Bhaktivedanta Hospital as one of the few multi-specialty and affordable facilities in the Mira Road–Bhayandar area. With 76% of respondents stating that the hospital offers all essential services, the added bed capacity has enabled treatment for a larger number of patients.

Effectiveness

The addition of 21 beds has increased the case load by 25–30%, enabling 20–30 additional surgeries per month. Admission waiting time reduced from 30–60 minutes to about 15 minutes, with 94% of patients reporting admission within an hour and 98% stating that treatment was delivered on time.

Sustainability

The addition of new beds provides lasting value to the hospital's infrastructure, ensuring long-term benefits. It also strengthens the facility's ability to scale services in the future and supports alignment with government or accreditation standards for bed-to-population ratios.

Impact

As per sampled respondents, there has been an increase in health-seeking behaviour in the community. Allocating beds for EWS patients has further improved access for marginalised groups, supported by 48% of patients who felt they were able to save money by seeking treatment at this facility while 100% respondents felt treatment was less costly compared to nearby private facilities.

Efficiency

All hospital staff members reported a 95% occupancy rate for the 21 IIFL-supported beds, indicating efficient utilisation of the expanded capacity.

Coherence

The project aligns with national efforts to optimise bed capacity and strengthen healthcare delivery, especially given the WHO benchmark of 3 beds per 1,000 people versus India's current 1.6. It also contributes to key SDGs, including SDG 3, SDG 10, and SDG 9.

Does not meet expectation

Partially meet expectations

Meet expectations

01 Introduction and Context Setting

About IIFL Home Finance Limited

IIFL Home Finance Limited is a housing finance company that focuses on expanding access to affordable and adequate housing for diverse segments of society. The company provides housing loans for purchase, construction, and renovation, along with secured SME loans and construction finance for developers engaged in affordable housing projects. Its offerings are designed to support individuals and communities in improving living conditions and achieving housing security.

As a technology-enabled financial institution, IIFL Home Finance has adopted digital systems across key business processes to enhance service delivery, transparency, and operational efficiency. The company's digital approach supports simplified loan processing, improved customer service, stronger risk management, and better monitoring of asset quality. Through these systems, IIFL Home Finance aims to provide reliable, accessible, and responsible financial solutions that contribute to broader development outcomes, including improved housing access and sustainable community growth.

CSR at IIFL Home Finance Limited

CSR at IIFL Home Finance Limited highlights the company's commitment to inclusive and sustainable development, especially for marginalized communities. By addressing interconnected challenges such as poverty, lack of education, poor health, and environmental degradation, the initiatives aim to create long-term impact. The focus is on alignment of the program to Sustainable Development Goals, while responding to local needs.

Thematic Areas of Corporate Social Responsibility (CSR)

- Sustainable Livelihood
- Education
- Financial Literacy
- Healthcare
- Rural Development
- Green Building Awareness

This program was implemented by the IIFL Foundation, the CSR arm of the IIFL Group, which leads the organization's social development initiatives. The IIFL Group, one of India's foremost financial services conglomerates, has built a strong presence of contributing to national development. The IIFL Foundation was established to channel this commitment into structured and sustained CSR programmes. Through its focused interventions across health, education, livelihoods, and community development, the Foundation plays a key role in extending the Group's social impact. By implementing initiatives such as this healthcare infrastructure project, the IIFL Foundation reinforces the Group's broader vision of fostering equitable growth, strengthening community well-being, and supporting long-term development outcomes.

About IIFL Foundation

Established in 2014-15, IIFL Foundation (The Foundation) serves as the Corporate Social Responsibility (CSR) arm of the IIFL Group, one of India's largest financial services conglomerates by market capitalization.

The Foundation has consistently demonstrated its commitment towards enhancing various facets of community development. It has strategically designed and implemented an array of initiatives aimed at advancing education, fostering financial literacy, promoting health, and championing social development projects, including vital efforts in water conservation and disaster response.

Mission

To enhance access to quality healthcare for vulnerable and marginalized communities, ensuring equitable, preventive, and inclusive health services for all.

Rationale of the Project

Healthcare is a fundamental pillar of human development and a prerequisite for ensuring a good quality of life. However, access to healthcare remains a global challenge, with affordability being one of the primary barriers. According to the WHO World Health Report 2025, while 1.4 billion more people were living healthier lives by the end of 2024, progress in expanding essential health services without financial hardship has been slow with only 431 million additional people having gained such access.[1]

Sustainable Development Goal (SDG) 3 emphasizes universal health coverage, including reducing out-of-pocket (OOP) expenses. Globally, over one billion people spend more than 10% of their household budgets on healthcare, pushing many into poverty.[2] OOP expenditure remains a significant share of health financing worldwide, often leading to catastrophic spending for households.

In India, home to 1.4 billion people, healthcare spending accounts for approximately 3.5% of its GDP, with per capita expenditure around $85.[3] Despite progress, challenges persist: physician density at 1.7 per 1,000 people[4] and bed availability being 1.6 per 1,000 people[4], both of which are much below the WHO threshold. While 77% of the population lives within 5 km of a primary healthcare facility, quality and affordability remain concerns, especially in rural areas where only about 50% have access to quality care.[5]

Maharashtra faces significant healthcare challenges. About 7.8% of its population is multidimensionally poor, with health indicators like child nutrition and maternal health contributing to deprivation.[6] A recent report reviewed state's public health and medical education departments from 2016 to 2022, revealing that many healthcare units were overburdened and often operated at twice their intended capacity.[7]

1. World Health Organization. (2023). Tracking Universal Health Coverage: 2023 Global Monitoring Report. https://www.who.int/publications/i/item/9789240080379
2. United Nations. (2025). The Sustainable Development Goals Report 2025. https://unstats.un.org/sdgs/report/2025/The-Sustainable-Development-Goals-Report-2025.pdf
3. National Health Systems Resource Centre. (2024). National Health Accounts estimates for India (2020–21). Ministry of Health & Family Welfare, Government of India. https://nhsrcindia.org/sites/default/files/2024-09/NHA%202020-21.pdf
4. Ministry of Health & Family Welfare, Government of India. (2023). Rural Health Statistics 2021–22. https://ruralindiaonline.org/en/library/resource/rural-health-statistics-2021-22/
5. NITI Aayog. (2021). Health Insurance for India's Missing Middle. https://www.niti.gov.in/sites/default/files/2023-02/Health-Insurance-for-India%E2%80%99s-Missing-Middle_08-12-2021.pdf
6. Government of Maharashtra. (2025). Economic Survey of Maharashtra 2024–25. https://cdnbbsr.s3waas.gov.in/.../2025030788773769.pdf
7. Comptroller and Auditor General of India. (2024). Performance Audit Report on Public Health Infrastructure and Management of Health Services in Maharashtra. https://cag.gov.in/en/audit-report/details/121279

Rationale of the Project

The 5 A's framework used for evaluating healthcare access and outlining the key challenges faced in accessing quality healthcare highlight that gaps exist across all five dimensions (availability, accessibility, affordability, accommodation, acceptability), particularly in affordability and availability, disproportionately impacting marginalized communities in Maharashtra.[8]

Quality healthcare infrastructure is essential not only for improving health outcomes but also for ensuring equitable access to quality healthcare across socio-economic groups. In India, where OOP expenditure is high and insurance penetration is limited, underserved communities face delayed treatments and worsening health conditions, highlighting the need for increased healthcare infrastructure for hospitals that cater to underserved communities.

Fig. 1: Entrance to the newly constructed inpatient ward, supported by IIFL Home Finance Limited

8. Kasthuri, A. (2018). Challenges to Healthcare in India - The Five A's. *Indian journal of community medicine : official publication of Indian Association of Preventive & Social Medicine*, [online] 43(3), pp.141–143. doi:https://doi.org/10.4103/ijcm.IJCM_194_18.

About the Project

The healthcare program, supported by IIFL Home Finance Limited, focused on strengthening medical infrastructure at Bhaktivedanta Hospital in Mira Road, Mumbai. It involved expanding the in-patient ward to enhance capacity and improve patient intake, thereby reducing wait times and referrals. This initiative aimed to provide equitable, affordable, and quality tertiary care while improving emergency response capabilities.

By upgrading facilities and installing essential equipment, the program contributed to better patient outcomes and reinforced the hospital's role in regional health system strengthening.

Problem Statement

Bhaktivedanta Hospital's 200-bed capacity was insufficient to meet patient demand, leading to frequent congestion and inability to admit all patients. This limitation was particularly critical during emergency situations, where the lack of available beds hindered timely care.

Solution

Construction of an additional 5th-floor inpatient ward, adding 21 new beds to expand the hospital's treatment capacity

Project Location	**Bhaktivedanta Hospital, Mumbai**
Project Budget	**INR 6 Crore**
Project Implementation Year	**FY 2023–24**

02 Approach & Methodology

Objective of the Study

This impact assessment study utilized the OECD-DAC evaluation framework, a globally recognized tool for assessing social impact initiatives. The framework provides a qualitative understanding of the effectiveness, relevance, and sustainability of development interventions. The evaluation was conducted with a focus on six key criteria: relevance, coherence, effectiveness, efficiency, impact, and sustainability. Below outlined are the objectives of the evaluation:

I. Evaluate the project's impact on access to quality and affordable healthcare facilities, dignified experience by patients and overall improvement in hospital capabilities to deliver services.

II. Identify strengths, bottlenecks, and implementation gaps through stakeholder feedback and sustainability assessment.

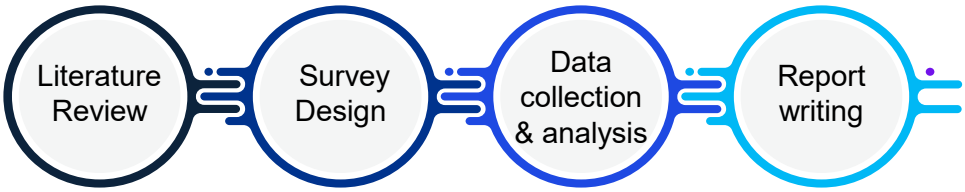
III. Provide evidence-based recommendations for future CSR initiatives and improved leveraging of government resources.

OECD-DAC Evaluation Framework

Evaluation parameters	Evaluation areas
Relevance	**The extent to which the intervention objectives and design respond to beneficiaries, global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.**
Coherence	**The compatibility of the intervention with other interventions in a country, sector or institution.**
Effectiveness	**The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.**
Efficiency	**The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.**
Sustainability	**The extent to which the net benefits of the intervention continue or are likely to continue.**
Impact	**The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.**

Approach for the study

This section details the approach, methodology, and sampling techniques employed to conduct an in-depth evaluation of the projects. The study was designed to capture both qualitative and quantitative insights, ensuring a comprehensive assessment of the projects' impact and effectiveness.



Literature review: A thorough review of existing literature was conducted, utilizing academic and industry sources. This involved a systematic search across relevant databases, publications, and publicly available industry documents to establish a foundational understanding of the research context and identify gaps addressed by the healthcare infrastructure project.

Survey Design: Survey tools were developed to capture both quantitative and qualitative data. A mixed approach, consisting of both quantitative and qualitative methods, was adopted for the assessment to provide a more comprehensive understanding of the project impact across multiple time points. All tools were finalised after consultation with IIFL Home Finance team.

Identified Stakeholders	Tools Utilized
Patients/Caregivers	Structured Interviews
Hospital staff	Semi-structured Interviews
Government Officials	Semi-structured Interviews
Health Workers	Semi-structured Interviews

Survey Instruments: A combination of tools was utilized to ensure accurate and reliable data collection during the study including focus group discussions, in-depth interviews and key informant interviews.

Survey Distribution: KPMG India resource personnel conducted the surveys in-person and telephonically with the sample population. Data collection was facilitated through an online digitized tool for efficiency and accuracy. A stratified random sampling method was employed to ensure a structured, representative sample reflective of the target geography (Mira Road, Mumbai).

Synthesis and Reporting: The findings from the literature review, surveys, and interviews were synthesized to develop a comprehensive understanding of the projects' impact. The synthesis process identified key themes, trends, and potential gaps in the data, providing actionable insights for enhancing the project. The results of the study are compiled in this detailed final report, encompassing key findings and actionable recommendations for improving future research and practices.

Approach for the study

Sampling & Study Outreach

Based on the discussion with the IIFL Home Finance team and with the objective of evaluating the project's total impact, a sample using stratified random sample method for geographical selection was determined based on:

- Confidence Level (95%): The extent to which the sample results represent the true characteristics of the entire population, expressed as a probability (95% certainty).
- Margin of Error (5%): The extent to which the reported results may differ from the actual population values, allowing for a ±5% variation.

Sample Covered

Stakeholders	Outreach
Patients/ Caregivers	50
Hospital Management	8
Medical staff (doctors, nurses, support staff)	12
Government health official	1
Total	**71**

The study covered a total sample size of 71 people including patients/caregivers, hospital management, medical staff and government official.

Limitations and Ethical Considerations

While utmost care was taken to ensure that the assessment takes care of all challenges, the study has been conducted based on desk review and primary research. However,

i. The values and figures obtained from the respondents are indicative and not specific in nature. It is also dependent on respondent's ability to recall information for the period under assessment.

ii. Due to the support provided as part of multiple CSR projects from various organizations over the past 2 years, few stakeholders may have shared insights about the cumulative impact at the hospital. However, efforts have been made to determine project-specific impact.

Theory of Change

<table>
<tr><th>Input</th><th>Activity</th><th>Outputs</th><th>Outcomes</th><th>Impact</th></tr>
<tr><td rowspan="4">Financial support by IIFL Home Finance Limited</td><td rowspan="4">Addition of 21 new beds in in-patient ward to increase capacity</td><td>Number of new beds added</td><td>Improved patient intake capacity</td><td rowspan="4">Improved access to equitable, affordable and quality tertiary care facility

Improved patient health outcomes

Strengthened hospital infrastructure and credibility

Contribution to regional health systems strengthening</td></tr>
<tr><td rowspan="2">Total bed capacity increased (before vs after in percent)</td><td>Reduced patient referrals</td></tr>
<tr><td>Reduced patient wait time for admission</td></tr>
<tr><td>Number of emergency patients treated</td><td>Enhanced emergency response capacity</td></tr>
<tr><td>Number of planned equipment installed and operational</td><td>Equipment available for specialised procedure</td></tr>
</table>

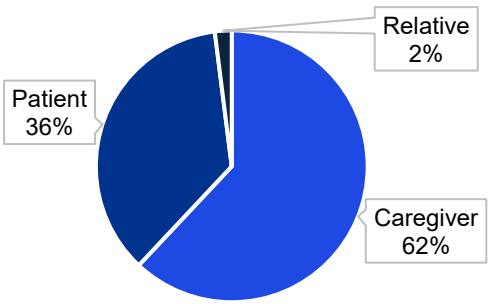
03 Impact Assessment Findings

Study Findings- Patients/Caregivers

Respondent Category

A total of 50 respondents were engaged for the study, comprising 20 in-person and 30 virtual interactions. When patients could not be interviewed directly, inputs were gathered from their caregivers or relatives.

Respondent category, n=50

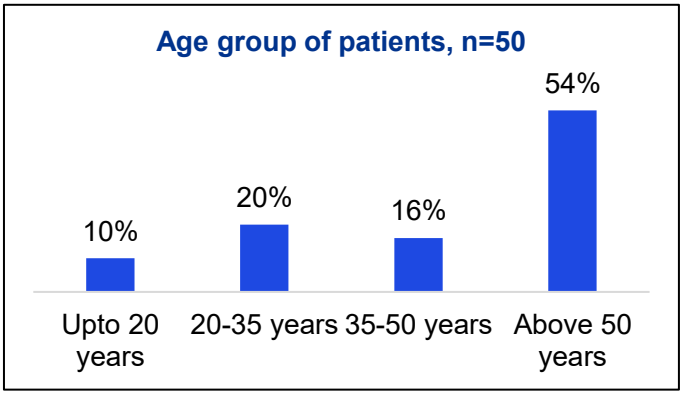


Demographic Profile of Patients

Among the sampled respondents, 52% were female and 48% were male, with a majority aged above 50 years. Although most patients originated from nearby districts like Thane and Palghar, some reported traveling from farther districts such as Nashik, Ratnagiri, and Akola.

48% Male

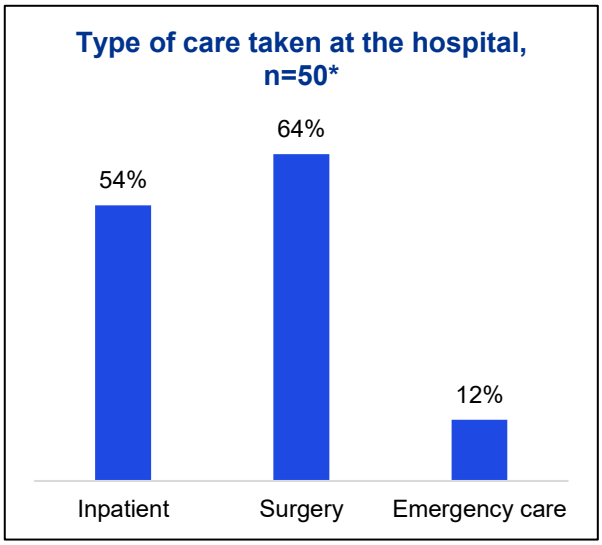
52% Female



Reason for seeking treatment

Respondents reported taking treatment for various kinds of procedures broadly categorised into a). Inpatient, b). Surgical procedures, and c). Emergency care. The surgical procedures, specifically, ranged across Departments including nephrology, cardiology, oncology, gynecology, osteology, etc.

This demonstrates the reliance of various patient categories from nearby areas and the need for a multi-specialty facility. Being in vicinity to Western Express Highway and various construction sites, the hospital sees various cases requiring emergency admission.



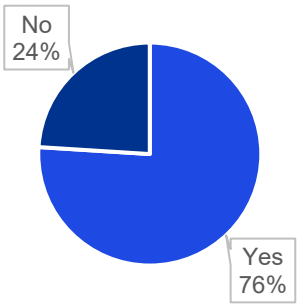
**Graphs where the total exceeds 100% represent responses to multiple choice questions. This occurs because respondents could select more than one option, and the percentages reflect how often each option was chosen.*

Study Findings- Patients/Caregivers

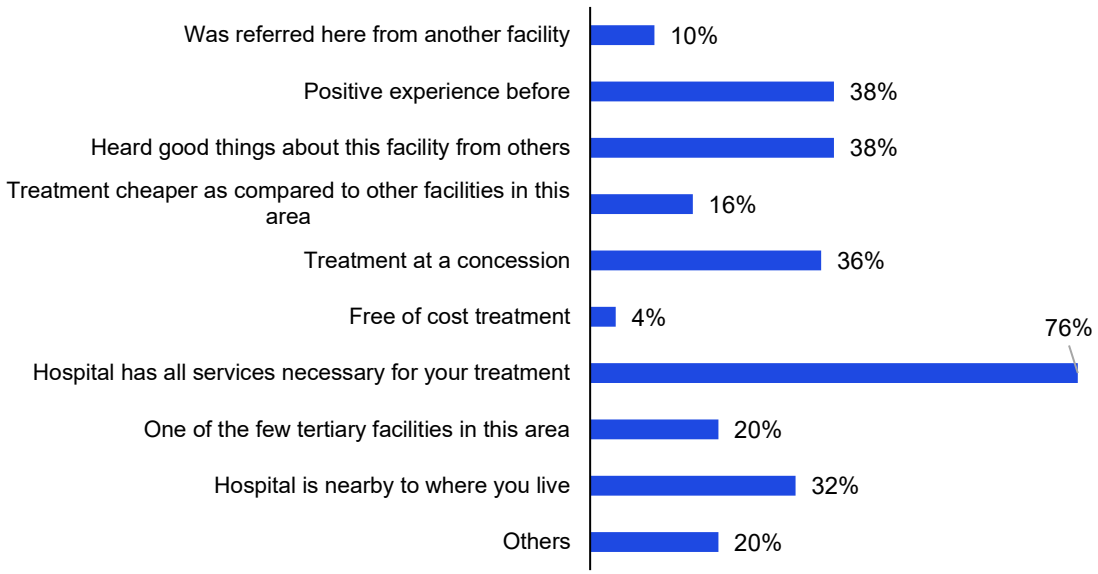
Reasons for choosing Bhaktivedanta Hospital

About 52% of respondents were already familiar with the hospital, while 48% were visiting for the first time. When asked whether it was their preferred choice for treatment, 76% responded positively. Those who did not identify it as their first choice generally lived in distant locations and were referred here due to the unavailability of required services closer to home.

If Bhaktivedanta was the 1st choice for getting treatment, n=50



Reasons why patients chose Bhaktivedanta Hospital for their treatment, n=50*



Respondents shared various reasons for choosing Bhaktivedanta Hospital for treatment. These included primarily, availability of necessary services related to treatment, followed by positive experience in the past and positive reviews from others.

**Graphs where the total exceeds 100% represent responses to multiple choice questions. This occurs because respondents could select more than one option, and the percentages reflect how often each option was chosen.*

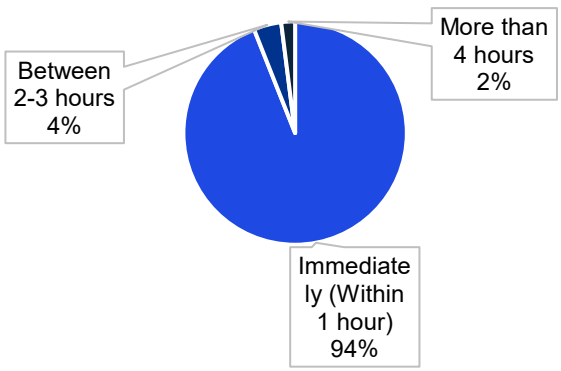
Study Findings- Patients/Caregivers

Experience at the hospital

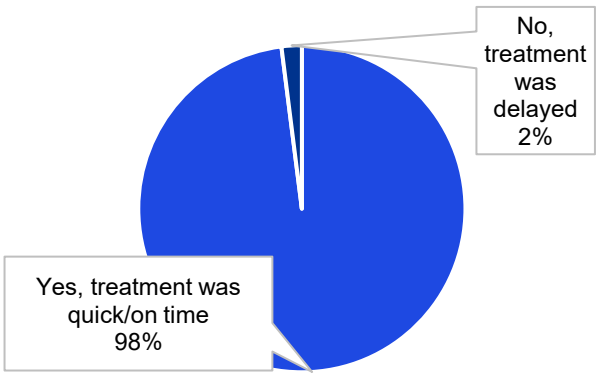
a. Reduction in wait times & access to timely treatment

A core objective of the intervention was to improve timely access to care. Findings show that 98% of respondents were admitted either within an hour or within 2–3 hours. Only 2% reported delays due to exceptional patient load, yet still opted to continue treatment at the facility due to its perceived quality and affordability. As a result of faster admissions, nearly all respondents indicated that treatment was provided promptly.

Amount of time taken for patients to get admitted, n=50



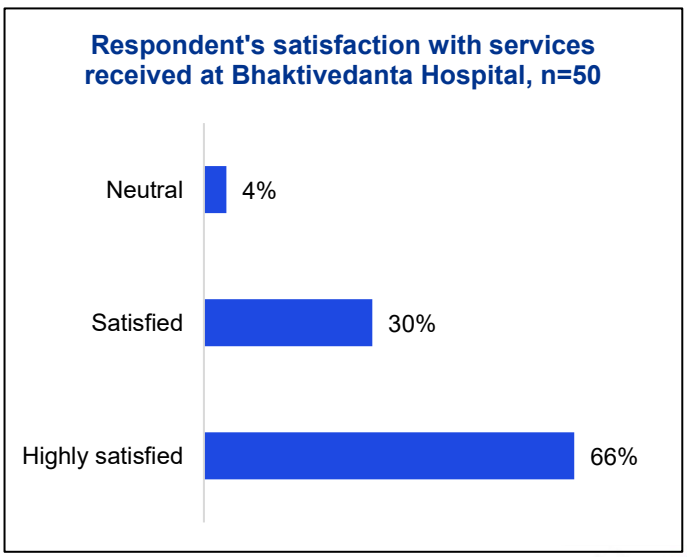
Respondent's perception of being provided the treatment on time, n=50



b. Satisfaction with services received

All respondents reported that hospital staff attended to them in a timely and professional manner, and 96% expressed overall satisfaction with the services received. In addition to the quality of facilities, respondents highlighted positive interactions with staff, noting that treatment procedures were explained clearly and their questions were addressed respectfully. They also found the hospital environment clean and hygienic, and many shared that their post-treatment recovery had been satisfactory.

Respondent's satisfaction with services received at Bhaktivedanta Hospital, n=50

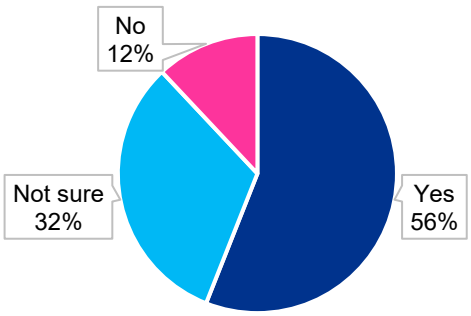


Study Findings- Patients/Caregivers

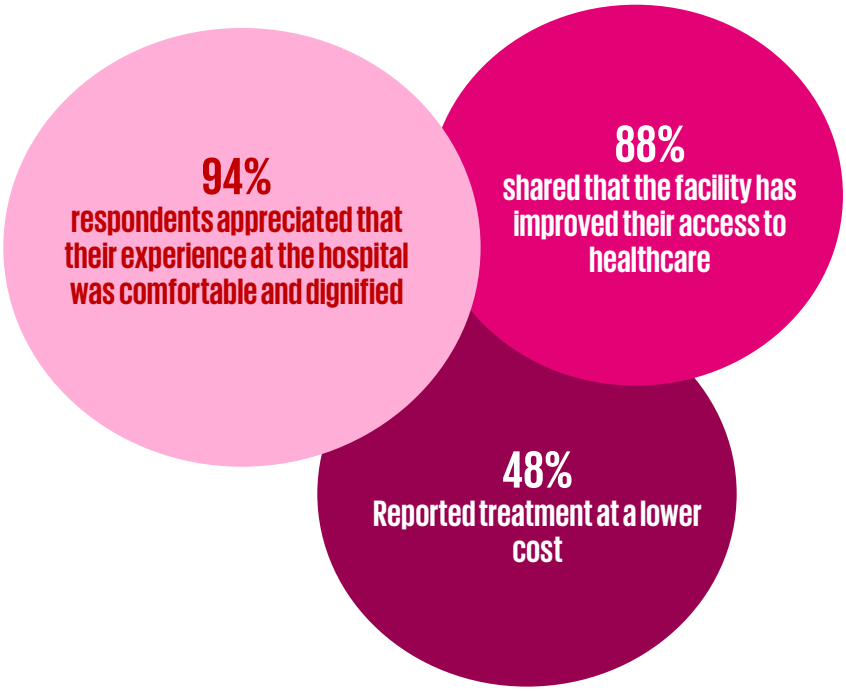
c. Reduction in treatment costs

Treatment costs varied widely across respondents depending on the type of procedure, duration of hospital stay, and clinical requirements, ranging from free of cost to about INR 5 lakh. Several respondents reported receiving concessions of over 50% following assessment by the hospital's social worker. All respondents noted that their expenses would have been significantly higher at other nearby private facilities. For instance, an oral cancer surgery that cost INR 3.0–3.5 lakh at this hospital was reported to cost over INR 5 lakh elsewhere. One respondent also mentioned that although a renowned hospital provides subsidised cancer care, the waiting period for admission and treatment there is comparatively longer.

Respondents' perception of saving money by receiving care at this facility, n=50



Some other positive outcomes experienced by respondents



Study Findings- Patients/Caregivers

Respondents mentioned few other positive outcomes at the facility. These included dignified and comfortable experience at the facility, improved accessibility and treatment at a lower cost as compared to other facilities.

Interactions with sampled beneficiaries also highlighted the following reasons for increased recognition of the facility in nearby areas.

Subsidised treatment

- Bhaktivedanta hospital had a dedicated Social Worker who facilitated subsidised or free of cost treatment for patients from economically weaker sections.

Hospital's empanelment under government health insurance schemes

- As part of hospital's empanelment under AB-PMJAY and MJPJAY, eligible patients could avail various kinds of treatment as part of the benefit package.

One of the few facilities in the area offering a wide range of services

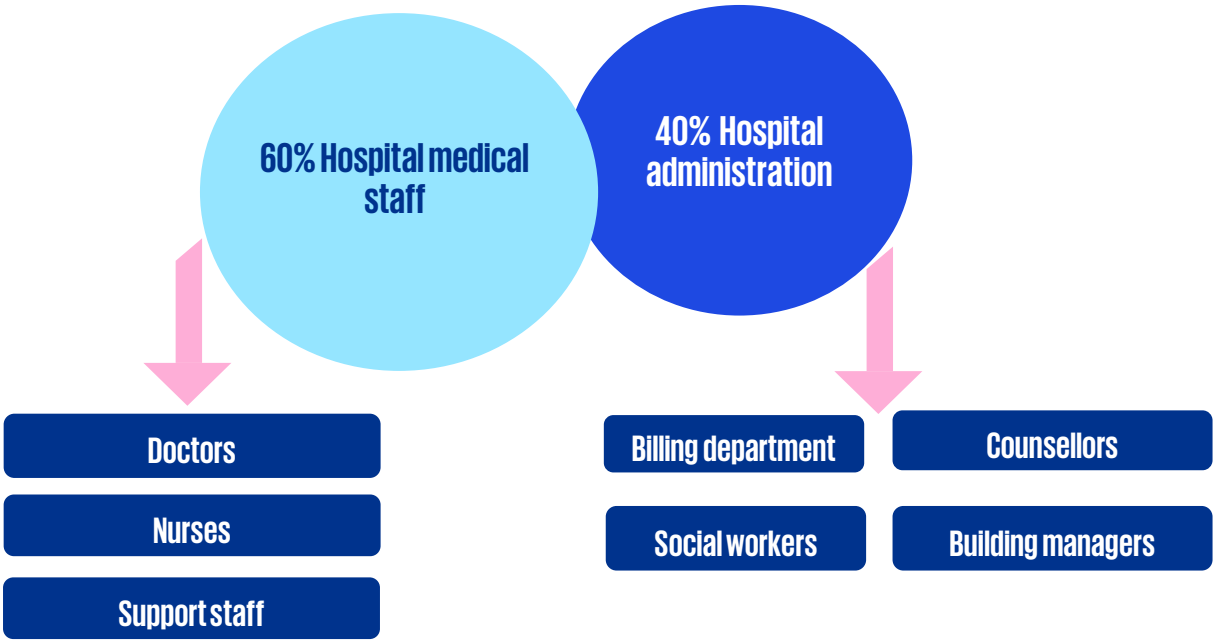
- The facility is one of the few tertiary care facilities in the area that has services at an affordable for the public.

Fig. 2: Twin-sharing room with a bed for caregivers for added comfort and support.

Study Findings- Hospital Staff

Respondent Profile

Interactions were held with a total 20 stakeholders including those from the management team as well as the medical team.



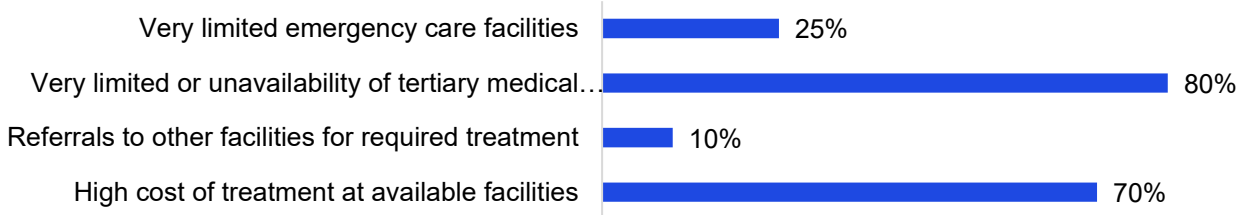
The designation of the respondents ranged from Head Nurse, Manager-TPA department, Emergency In-charge, Patient care facility coordinator, etc. among others. Their education qualification ranged from MBBS, B.Sc. Nursing, BAMS, MSW, GNM, etc. depending upon their area of expertise.

16 years Average years of **working in their respective profession**

11 years Average years of **working at Bhaktivedanta Hospital**

Healthcare challenges faced by community

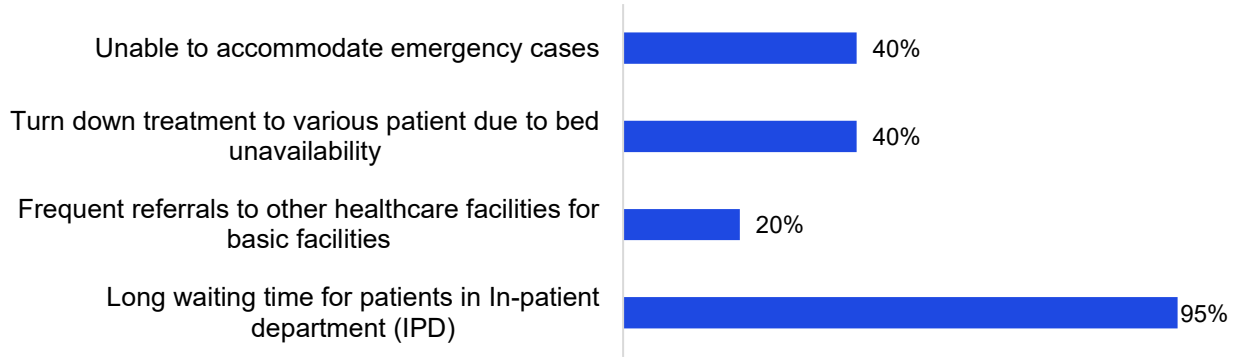
Respondent's perception of healthcare challenges in nearby community, n=20



Study Findings- Hospital Staff

Respondents shared numerous healthcare challenges with the most prominent being very limited or unavailability of tertiary medical facilities. A social worker mentioned that after Dahanu town in Palghar, there is a dearth of multispecialty facilities and Bhaktivedanta Hospital is the 1st facility (>100 km far). Numerous cases also come from nearby Adivasi areas who suffer from diseases like TB. Due to unavailability of facilities, a simple diagnosis and confirmation for TB takes a long time affecting various health outcomes for the individual and the community. These community members also belong to economically weaker sections and require care at an affordable facility.

Respondent's perception of challenges faced by Bhaktivedanta Hospital, n=20



95% of the respondents mentioned that high patient footfall and limited bed strength often leads to long waiting time for admissions. This was followed by 40% who shared difficulties in admitting emergency cases and having to turning patients away due to bed unavailability. The respondents, however, shared that despite being unable to admit patients, the hospital provided the first degree of care required in case of any emergency/other cases and referred to another facility for further treatment only after ensuring that the patient was stable.

Fig.3 :Corridor of the newly built inpatient ward

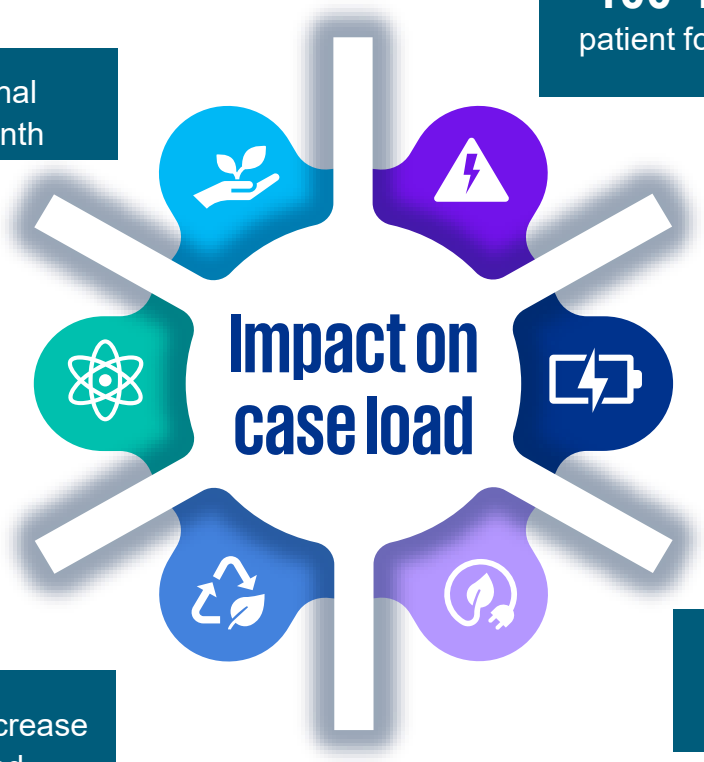
**Graphs where the total exceeds 100% represent responses to multiple choice questions. This occurs because respondents could select more than one option, and the percentages reflect how often each option was chosen.*

Study Findings- Hospital Staff

Impact of increase in bed strength*

100-150 additional patient footfall in IPD per month

20-30 additional surgeries per month



Waiting time for admission reduced from 1 hour to between **15-30** minutes

25 additional emergency cases per month

95% occupancy rate of the 21 beds

25-30% increase in case load

10% increase in patients from EWS category

Oncology, General Surgeries, Urology, Cardiology

Departments that have strengthened the most

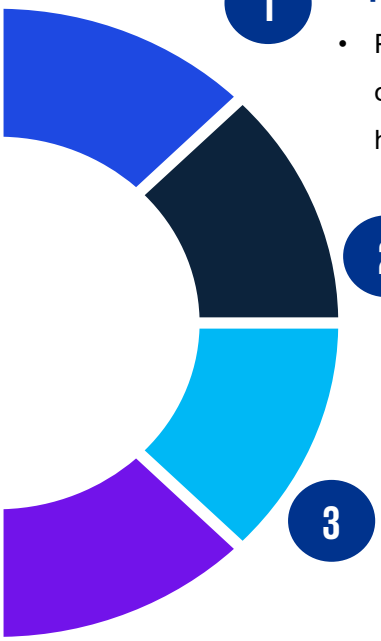
Breast cancers, Dialysis, Cataract

Patients who have benefitted the most

**The figures given are approximate and average in nature.*

Study Findings- Hospital Staff

Extended impact of the project



1 Improved health seeking behaviour

- Patients are more aware of reaching to the hospital in time for better treatment outcomes. Earlier, they usually relied on home remedies but now prefer hospitals.

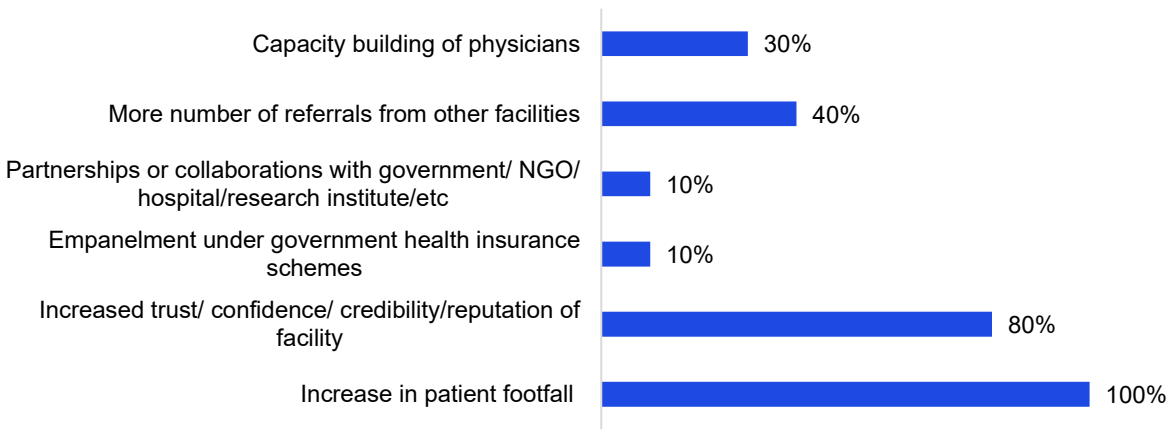
2 Improved access for EWS patients

- Currently, 6 out of 21 beds have been typically allocated with preference given to disadvantaged groups.
- This has improved hospital's accessibility to marginalised communities.

3 Decrease in nosocomial infections

- From an infection control perspective, a greater number of wards/beds and adequate spacing between patients translates to less patient density, ultimately, resulting in a lower number of nosocomial (hospital-borne) infections.

Ways in which the project has benefitted the facility, n=20

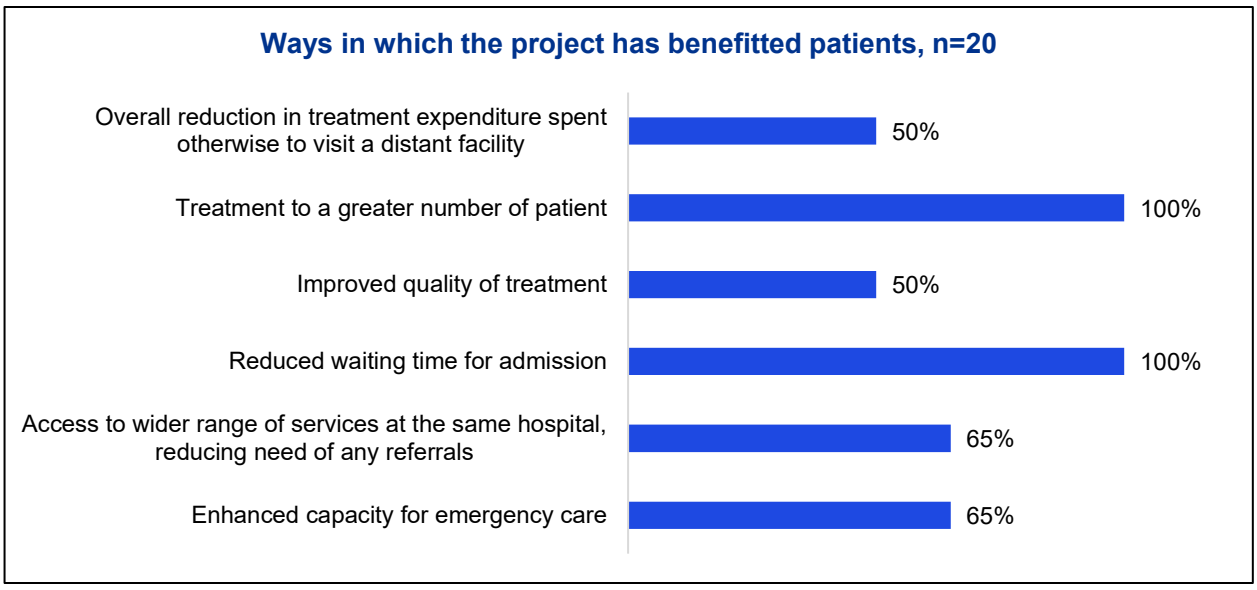


Findings indicate that the support has benefitted the facility in several ways beyond the increase in patient footfall. About 80% of respondents reported that the hospital's reputation and credibility have improved since the project, while 40% noted that it now receives more referrals than before. Additionally, 30% shared that physicians are gaining exposure to a wider variety of cases.

**Graphs where the total exceeds 100% represent responses to multiple choice questions. This occurs because respondents could select more than one option, and the percentages reflect how often each option was chosen.*

Study Findings- Hospital Staff

Impact on patients



All respondents felt that the hospital is now able to cater to a significantly larger number of patients, supported by reduced waiting times for admission. With the increase in bed capacity, the hospital has also expanded its ability to offer a wider range of services. For instance, the facility previously struggled to admit multiple cancer patients due to their longer treatment cycles and frequent chemotherapy requirements. It is now equipped to accommodate and treat several cancer patients simultaneously.

Fig. 4: Twin-sharing room at the inpatient ward.

**Graphs where the total exceeds 100% represent responses to multiple choice questions. This occurs because respondents could select more than one option, and the percentages reflect how often each option was chosen.*

Case study: District Program Coordinator

Stories of change

Palghar district in Maharashtra faces critical gaps in cancer care and palliative services. With no dedicated cancer hospital or structured palliative care facility, patients often travel long distances to tertiary centers, creating financial and logistical challenges. For tribal communities, these barriers are compounded by limited transportation access and unfamiliarity with complex healthcare systems.

Earlier, government programs for palliative support existed but were not fully operationalized. Screening drives frequently failed to translate into timely diagnosis or treatment due to the absence of referral linkages. Even with financial support schemes such as the Birsa Munda Fund, families struggled to navigate processes and maintain continuity of care.

The IIFL Home Finance Limited initiative introduced a localized, accessible, and coordinated care pathway. Through regular outreach and screening activities, the program is helping people recognize symptoms earlier and reducing hesitancy toward diagnosis. Health workers report that community members are more willing to engage when they see follow-up care and emotional support available.

This intervention is not only improving health service delivery but also bridging systemic gaps between community-level engagement and tertiary-level treatment. By strengthening screening-to-treatment continuity, providing navigation support, and building trust with families, the initiative is laying the foundation for a more effective public health system in Palghar.

Case Study: Patient

Stories of change

Deepali previously avoided higher-quality hospital services because she could not afford them, especially during surgery admissions, and often opted for crowded general wards that compromised her comfort and recovery experience. With the introduction of concession wards and subsidized twin-sharing rooms facilitated by the Patient Care team, she now accesses better facilities at an affordable cost.

Deepali highlights a cleaner and calmer environment, improved post-surgery care, and better coordination among staff as key improvements. She also notes that surgical care services have advanced compared to earlier years, even though staff continue to work under high workload and time pressure.

Financial support options have eliminated delays in treatment, allowing her to seek care confidently. For Deepali, the most significant change has been affordability with dignity having the ability to choose safer and more comfortable recovery spaces without financial hardship.

Strengths of the project

Key strengths of the program are highlighted below, collated based on the insights gathered during field visits, data analysis as well as best practices.

Boost in Operational Efficiency

The support has enabled smoother patient flow and reduced bottlenecks in admissions and treatment. This has also resulted in reduction of patient backlog and waiting time for admissions. As an outcome, there has been improvement in bed turnover rate, allowing faster patient discharge and admission cycles.

Strengthening of Critical Care Readiness

The additional bed capacity has been greatly supportive during emergencies. This further enables disaster preparedness for pandemics and supplements hospitals to handle seasonal spikes (e.g., dengue, flu outbreaks).

Promotion of Equity in Healthcare Access

The support has extended further services to marginalized or rural populations who face limited healthcare options. This in turn reduces the need for patient transfers to distant facilities and improves accessibility for economically weaker sections by increasing local capacity.

Supporting Long-Term Health Infrastructure

The addition of new beds in the hospital adds a permanent value to hospital infrastructure, resulting in long-term relief. This also strengthens the facility's ability to scale services in the future and may also contribute to meeting government or accreditation standards for bed-to-population ratios in the area.

Positive Social Impact & Trust Building

Results of the study show that the support has strengthened the hospital's reputation as a community health partner.

Way Forward

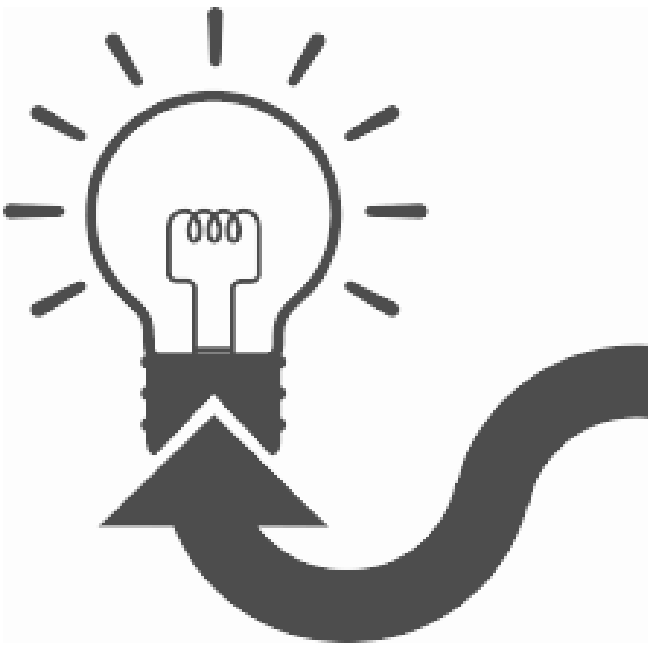
Ambulance/mobile van services for remote areas

- Respondents noted that many patients from nearby tribal areas face significant travel barriers due to infrequent public transport and the high cost of private travel. Because these challenges can delay or even prevent timely access to care, especially during emergencies, the hospital may consider providing transportation or ambulance support, wherever feasible to improve accessibility for these communities.

Enhancing accessibility

- To further enhance accessibility and affordability for patients from economically weaker sections, the hospital may consider offering subsidised in-house cafeteria services. Reducing food-related expenses can ease the overall financial burden on families, particularly during longer treatment periods.

Fig.6 :Entrance of the new building housing the inpatient ward at Bhaktivedanta Hospital.



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Thank you

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