

IMPACT ASSESSMENT REPORT

CSR PROJECTS 2022



Bharat Petroleum Corporation Ltd.



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List of Abbreviations

1. Bharat Petroleum Corporation Limited (BPCL)
2. Centre for End to End in CSR (Centre for End to End in CSR)
3. Indian Institute of Corporate Affairs (IICA)
4. Gopabandhu Institute of Medical Science & Research (GIMSAR)
5. Corporate Social Responsibility (CSR)
6. Primary Health Centre (PHC)
7. Community Health Centre (CHC)
8. Indian Cancer Society (ICS)

EXECUTIVE SUMMARY

This project report is an impact assessment of high-value CSR Projects funded by Bharat Petroleum Corporation Limited (BPCL) at multiple locations in India. This research project was awarded to the Centre for End to End in CSR at the Indian Institute of Corporate Affairs (IICA) and involves both primary and secondary data collection, related analysis, and compilation of data in the form of a report. This report is divided into separate chapters for each of the CSR projects, each detailing the specific findings of the projects undertaken by BPCL.

Below are brief summaries of the projects and key findings:

1. Support for MRI machine and CT Scan machine at Gopabandhu Institute of Medical Science & Research (GIMSAR), Cuttack, Odisha

BPCL facilitated the procurement of an MRI and a CT scan machine to support early diagnosis of critical illnesses at SCB Hospital in Cuttack through Project Implementing Agency: Servants of The People Society. This intervention addressed the limited diagnostic testing facilities in the area. Early diagnosis was achieved for about 25-40% of referred patients, leading to faster treatment and recovery. The upgraded ICU facilities enabled advanced medical treatment.

2. Support for medical equipment for Covid intervention for ICU at Govt. Medical College

A 25-bedded intensive care unit was upgraded to enhance healthcare facilities, including for COVID-19 patients through Project Implementing Agency: National Health Mission (Arogyakeralam). This intervention reduced the number of referral cases and allowed for comprehensive treatment at GMC, resulting in lower mortality among critical patients.

3. Construction of 11 Community toilets blocks under Swachh Bharat Abhiyan at Mahul & Chembur

Community toilet blocks were constructed by BPCL to promote open defecation free (ODF) communities through Project Implementing Agency: Habitat for Humanity India Trust. The new facilities replaced dilapidated and unhygienic toilets, reducing sanitation-related ailments and improving hygiene. The saved time and energy from not having to travel long distances to defecate are now used for household chores.

4. Providing primary healthcare services through the operation of four Medical Mobile Units

A mobile medical health program using Mobile Medical Units (MMUs) was implemented in Thane, Nashik, Dhule, and Jalgaon Districts to improve primary healthcare accessibility through Project Implementing Agency: Wockhardt Foundation. Survey respondents reported significant medical expense savings, averaging Rs 12711, with no fees charged for MMU services.

5. Financial Support for Cancer Care and Cure in partnership with Indian Cancer Society (ICS) through six empaneled hospitals at various location in India

BPCL provided financial support through the Project Implementing Agency: Indian Cancer Society for underprivileged cancer patients across six empanelled hospitals. The majority of respondents reported stable medical conditions and recovery, as they were unable to afford treatment costs without this support. Alternative financing options often involved borrowing or selling assets.

6.0 FINANCIAL SUPPORT FOR CANCER PATIENTS IN EMPANELLED HOSPITALS

6.1 Project at a Glance

Empanelled Hospitals	Treatment Offered
Cancer Institute (CI), Adyar	Surgery, radiation therapy, chemotherapy, supportive care, drugs/medicine, investigation charges, prosthesis/growth hormone, bone marrow treatment (for specific cases in later stages)
Christian Medical College (CMC), Vellore	Surgery, radiation therapy, chemotherapy, supportive care, drugs/medicine, investigation charges, prosthesis/growth hormone, bone marrow treatment (for specific cases in later stages)
Kailash Cancer Hospital (KCH), Gujarat	Surgery, radiation therapy, chemotherapy, supportive care, drugs/medicine, investigation charges, prosthesis/growth hormone, bone marrow treatment (for specific cases in later stages)
Sri Shankara Cancer Hospital Res Centre (SSCHRC), Bengaluru	Surgery, radiation therapy, chemotherapy, supportive care, drugs/medicine, investigation charges, prosthesis/growth hormone, bone marrow treatment (for specific cases in later stages)
Tata Memorial Hospital (TMH), Mumbai	Surgery, radiation therapy, chemotherapy, supportive care, drugs/medicine, investigation charges, prosthesis/growth hormone, bone marrow treatment (for specific cases in later stages)
Rajiv Gandhi Cancer Institute (RGCI), Delhi	Surgery, radiation therapy, chemotherapy, supportive care, drugs/medicine, investigation charges, prosthesis/growth hormone, bone marrow treatment (for specific cases in later stages)

Project Details	Value
Sanctioned Project Budget	Rs 14,99,49,600
Duration	15-month period
Number of Cancer Patients Supported	450
Primary Stakeholders	Doctors, administration, and staff at empanelled hospitals; local community; patients; Indian Cancer Society (implementing partner)

6.2 Need for CSR intervention

Cancer is one of the leading causes of death in India, and the cost of treatment is often prohibitive for many families. Financial support helps to make treatment more affordable and accessible for those who need it. As indicated in the beneficiary survey, majority of the respondents were dependent on financial assistance to undertake cancer treatment.

The need for medical assistance for cancer patients is consistently high. Across the empanelled hospitals, discussants revealed that they receive over 300 applications each year. The patients are shortlisted based on diagnostic evaluation of the doctor and in close coordination with the designated social worker. The guidelines of Indian Cancer Society are followed to shortlist the patients for treatment. The Key Informants at the empanelled hospitals confirmed the need for this project and recommended that it be expanded to include a larger number of patients.

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6.3 About the Project Area

The project covers six metropolitan areas in the country with a large urban and rural population.

- Chennai is the capital of the Indian state of Tamil Nadu. It is the fourth most populous city in India and the sixth most populous urban agglomeration in the world. As of 2011, the city had a population of 4.68 million, while the population of the urban agglomeration was estimated at 8.9 million.¹¹
- Vellore is a city and the administrative headquarters of Vellore District in the Indian state of Tamil Nadu. As of 2011, the city had a population of 423,425.12 Bengaluru is the capital of the Indian state of Karnataka. As of 2011, the city had a population of 8.42 million, making it the third most populous city in India and the 18th most populous urban agglomeration in the world.¹³
- Vadodara is a city in Gujarat, India, located on the banks of the Vishwamitri River. As of 2011, it had a population of 1.6 million, making it the third largest city in Gujarat after Ahmedabad and Surat.¹⁴
- Delhi is the capital of India and one of its nine union territories. As of 2011, Delhi had a population of 16.75 million, making it the second most populous city in India after Mumbai and the seventh most populous urban agglomeration in the world.¹⁵
- Mumbai is the capital city of Maharashtra and one of its nine union territories in India. As of 2011, Mumbai had a population of 12.4 million, making it the most populous city in India and one of the most populous urban agglomerations in the world.¹⁶

¹¹ <https://www.census2011.co.in/census/city/541-chennai-tamil-nadu.html>

¹² <https://www.census2011.co.in/census/city/542-vellore-tamil-nadu.html>

¹³ <https://www.census2011.co.in/census/city/543-bengaluru-karnataka.html>

¹⁴ <https://www.census2011.co.in/census/city/544-vadodara-gujarat.html>

¹⁵ <https://www.census2011.co.in/census/city/545-delhi-delhi-nct-of-delhi-.html>

¹⁶ <https://www.census2011.co.in/census/city/546-mumbai-maharashtra-.html>

6.4 Study Tools

The key tools for primary data collection for this project was beneficiary survey and Key Informant Interviews. Field data collection was conducted through active support from ICS that included sharing of updated contact details of the beneficiaries. Given the sensitive nature of medical data sought, a non-disclosure agreement was signed with the implementing partner. A verbal consent was taken from the respondent who included either the patient or a member of his/her family before proceeding with interview schedule. The questions in the interview schedule focused on whether the patient received financial aid under the project and enquired about their current health status.

A total of 131 respondents were reached out for beneficiary survey across the six empanelled hospitals and Key informants such as doctors, nurses and representatives from Medical Social Department were contacted at these hospitals.

6.5 Study Findings

- Majority of the respondents (96%) reported that the patients were able to undergo the required follow up treatment for their illness. Reasons for not being able to follow up includes that the patient has passed away, or the patient family decided to opt for alternate financing for the treatment (Ayushman card issued by the Government of India)
- Majority of the respondents reported that their patient is recovering from the illness and has a stable medical condition (86.2%). Three respondents reported that the patient has passed away, while for 11 (8.4%) respondents, the patient's recovery was reported to be stagnant.
- In some cases (frequency 3 respondents) complaint of delay in receiving the reimbursement of treatment costs. These patients had to bear the initial cost of treatment until the patient was enrolled in the programme.
- All the respondents reportedly received financial assistance as part of this project and were not financially secure to bear the cost of treatment. The alternate financing options that were reported in our discussions include borrowing money, selling jewellery/house/land, or not being able to continue the treatment due to lack of funds.



Figure 9: Top left: Key Informant Interview at tata memorial Hospital, Mumbai, bottom left and Right: MRI scanning machine and Key Informant Interview at Kailash cancer Hospital, Vadodara



Figure 10: (Left) MRI Scan machine at SSHRC Bengaluru and (Right) Cancer survivor and beneficiary of the project at CMC Vellore

Outcome	Responses
Patients able to undergo required follow-up treatment	96%
Reasons for not following up: patient passed away or opted for alternate financing (Ayushman card)	N/A
Patients recovering and in stable medical condition	86.2%
Patients passed away	3 Respondents
Patients with stagnant recovery	11 respondents (8.4%)
Complaints of delay in receiving reimbursement	3 respondents
Initial cost of treatment borne by patients before program enrollment	3 respondents
Respondents received financial assistance	100%
Respondents not financially secure to bear cost of treatment	100%
Alternate financing options reported	Borrowing money, selling jewellery/house/land, discontinuing treatment due to lack of funds
Patients with stagnant recovery	11 respondents (8.4%)
Scalability	Recommendations
Expand the project to cover more geographic areas and increase the number of beneficiaries by leveraging partnerships with more hospitals and increasing funding	Implement a streamlined reimbursement process to ensure timely financial assistance to patients, reducing the initial financial burden on them.

CASE STUDY 1 :

Chathresha Kurup C.R., a 43-year-old farmer from Washermen Pet in Chennai, faced a dire situation with non-melanoma skin cancer. Dependent on income from farming and fishing, his family's prospects dimmed as his condition worsened in November 2021. Thanks to the financial assistance from the BPCL-funded project, he received regressive treatment at Cancer Institute, Adyar. The hospital staff not only facilitated the application for aid but also managed all documentation, easing the burden on Chathresha's illiterate family. The community's support, combined with the project's financial help, allowed him to start treatment promptly. His painful lesions and rashes were treated, significantly improving his health. The family's hope is renewed, and his wife has even started a small shop to support their income. This initiative by BPCL has been transformative, providing crucial medical and emotional support, and offering a brighter future for Chathresha and his family.



CASE STUDY 2

Ms. Padma R, a 35-year-old resident of Church Street, Bangalore, faced a daunting battle with rapidly spreading breast cancer. On

August 5, 2022, she began treatment at Shri Sankara Hospital, Bangalore, which included chemotherapy, radiotherapy, and surgery. Despite being extremely ill, Padma placed her trust in the doctors and adhered strictly to the treatment plan. With the financial assistance from the BPCL-funded project, she received the comprehensive care she needed

and ultimately triumphed over cancer. Her successful recovery has allowed her to resume her dream of ensuring her daughter's education.

This initiative by BPCL has profoundly transformed Padma's life, providing her with the health and hope to continue pursuing her aspirations.

CASE STUDY 3 :

Ms. D. Mary, a 58-year-old resident of Mullai Nagar, Vellore, faced a grim battle with diaphragm cancer. With five family members relying on her husband's income as a rickshaw puller, her deteriorating health in April 2017, marked by severe abdominal pain, sleeplessness, loss of appetite, anxiety, and depression, threatened their livelihood. Admitted to the hospital, she diligently followed her treatment plan, aided by the financial support from the BPCL-funded project. Her perseverance paid off, leading to a full recovery. Now, Mary enjoys a healthy life with her family, her transformation a testament to the life-changing impact of BPCL's initiative.





CASE STUDY 4

Mrs. R. Mary Padmalaochobi, a 65-year-old resident of Royapuram, Chennai, struggled to support her family of five on a meager pension of Rs. 1000. Diagnosed with leukemia and spleen cancer in January 2022, her health rapidly declined, leaving her bedridden and fatigued. With financial assistance from the BPCL-funded ICS program, she underwent necessary treatment and experienced a remarkable recovery. No longer confined to bed and free from the overwhelming fatigue, her health has

significantly improved, transforming her life and providing newfound hope and stability for her family.

7.0 SCALING UP SUPPORT FOR PLACEMENT LINKED VOCATIONAL TRAINING CENTRE FOR LEPROSY AFFECTED AND UNDERPRIVILEGED YOUTH

7.1 Project at a Glance

Aspect	Details
Organization Supported	The Leprosy Mission Trust India (TLMTI)
Project Objective	Impart residential vocational training to 792 youth from leprosy and disability backgrounds
Number of Beneficiaries	792 youth (396 each year)
Training Locations	Champa, Faizabad, Nashik, Bankura, Vadathorasalur, Vizianagaram
Course Duration	18 months per batch (12 months classroom training + 6 months placement activities and remedial support)
Training Components	Technical and life skills to enhance earning capacity, employability, coping with emergencies, and mainstream societal participation
Types of Courses	Formal Trade Courses (recognized by NCVT/SCVT) and Non-Formal Trade Courses (recognized by Jan Shiksha Sansthan and Modular Employable Scheme)
Formal Trade Courses	Mechanic Motor Vehicle, Mechanic Diesel, Welder, Computer Operator & Programming Assistant, etc.
Eligibility for Non-Formal Courses	Students who do not meet educational eligibility for formal trades
Project Cost	Rs 3,60,36,000
Cost Coverage	Support for 60% of youth enrolled at VTIs (leprosy affected or dependents of leprosy affected family members), 40% of students admitted on full cost basis
Course Recognition	Formal courses recognized by NCVT/SCVT, Non-formal courses recognized by Jan Shiksha Sansthan and Modular Employable Scheme

Report Prepared by IICA

