

# Impact Assessment Report

## Day Care Centres for People with Dementia (PwD)

A CSR Initiative by Axis  
Bank Limited



Program Timeline: April 2022 – May 2023  
Reporting Period: FY 2025-2026

A report by  
**Crisil**  
Intelligence



## Disclaimer

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

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

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

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

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

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

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

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

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

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

## Ethical Consideration

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

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

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

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

## Contents

Executive Summary .....	5
Understanding the Context .....	2
Overview of the Day Care Centre for Persons with Dementia Program .....	2
About Axis Bank .....	3
About Dignity Foundation .....	4
About the Day Care Centre for Persons with Dementia Program .....	5
Approach and Methodology .....	6
Methodological Blueprint: Approach and Methodology Adopted .....	8
Sampling Framework.....	9
Primary Findings from the Ssurvey.....	10
Field Visit: Centre Survey .....	16
SWOT Analysis .....	26
Alignment with OECD DAC Framework .....	28
Snapshot of Alignment of the DDC Program with OECD DAC Framework .....	32
Alignment with SDGs .....	33
Snapshot of Alignment of the DDC Program with SDG Goals .....	36
Conclusion and Recommendations .....	37

## List of Figures

Figure 1: DCC - Wanwadi, Pune, 6th February 2026.....	10
Figure 2: Demographic details of the patient caregivers .....	16
Figure 3: Feedback on service utilization and satisfaction .....	16
Figure 4: Caregiver burden and well-being .....	18
Figure 5: Economic impact of the program on patient caregivers .....	18

## Abbreviations

<b>ABL</b>	<b>Axis Bank Limited</b>
<b>WHO</b>	World Health Organization
<b>DCC</b>	Day Care Centre for Persons with Dementia
<b>PwD</b>	Persons with Dementia
<b>NABH</b>	National Accreditation Board for Hospitals & Healthcare Providers
<b>DoSJE</b>	Department of Social Justice and Empowerment
<b>SWOT</b>	Strengths, Weaknesses, Opportunities, and Threat
<b>OECD</b>	Organization for Economic Cooperation and Development
<b>DAC</b>	Development Assistance Committee
<b>CSR</b>	Corporate Social Responsibility

## Executive Summary

Dementia is a progressive, neurodegenerative condition that impairs cognitive functions including memory, decision-making, and problem-solving. While changes in brain functioning are a gradual process of ageing, Dementia is not considered to be a normal aspect of ageing as it is caused by diseases that affect the brain with Alzheimer's being the most common form of dementia and most common neurodegenerative disease contributing to 60-70% of all cases.

### Risk factors for dementia include

- Age (being 65+)
- Genetics and family history of dementia
- Lifestyle factors (smoking, consumption of alcohol)
- Co-morbid health conditions (diabetes, poor cardiovascular health)
- Head injuries
- Low physical and mental stimulation and social isolation

### Dementia Care Ecosystem in India

Approximately 7.4% of adults over the age of 60 (an estimated 8.8 million people) are currently living with the condition in India. India's dementia care ecosystem operates within significant structural constraints.

Major gaps in India's dementia care include:

- Stigma about the disease and lack of awareness
- Poor access to professional, well trained dementia caregivers
- High cost of medical treatment and care
- Lack of a national policy on dementia care

Dementia day care centres represent an emerging care modality that bridges the gap between family care and institutional services, demonstrating promising outcomes in symptom management and caregiver support. Collaborations across sectors that engage diverse stakeholders such as private entities, CSR foundations and governmental bodies can contribute to strengthening the dementia care ecosystem in India

### About Axis Bank

Axis Bank, one of India's leading private sector banks, carries out various CSR activities across the country in accordance with its corporate social responsibility policy. Axis Bank's CSR philosophy is to make meaningful and measurable contributions to the inclusive, equitable and sustainable development of India.

### Key CSR focus areas include

- Sustainable livelihoods
- Education and skill development
- Financial literacy and inclusion
- Environmental sustainability
- Supporting health, nutrition and sanitation activities
- Humanitarian & relief support
- Sports

### About Dignity Foundation

Dignity Foundation has been a pioneer in holistic elder care and betterment of senior citizens since 1995. Dignity Foundation helps senior citizens lead active lives, prioritizing productive ageing with social support. Dignity Foundation's work is guided by five core values: equality, simplicity, positive thinking, self-belief, and perseverance.

### About the Day Care Centre for Persons with Dementia Program

Dignity Foundation established the Day Care Centre for Persons with Dementia (DCC) with a CSR grant of 1.09 crore from Axis Bank.

### The program offers patients:

- A safe, cognitively and sensorially stimulating environment
- Therapeutic interventions including brain games, physiotherapy, occupational therapy, arts and crafts, and yoga and meditation
- Daily pick up and drop off facilities
- Nutritious daily meals

## Approach and Methodology

This impact assessment evaluates the Axis Bank funded DCC set up in Wanwadi, Pune. The study follows a mixed-methods approach, combining primary quantitative and qualitative data along with a structured observational review. The study followed a stratified random sampling strategy and primary data was gathered through structured surveys with family members of patients and key informant interviews with centre caregivers, centre manager, and visiting occupational therapist. Further, a facility level observational checklist was administered at the Wanwadi centre to assess physical and operational standards.

## Key Findings

### I. Demographic Profile of the Respondents

The assessment surveyed caregivers of patients with dementia utilizing the DCC in Wanwadi, Pune. The average age of patient caregivers is 59 years with most patients being senior citizens over 70 years old. 67% of the cohort are sons of the patients who had postgraduate level education and were currently employed. Prior to enrolment in the program, patients had been living with dementia for an average of 3 years and 67% have been associated with the DCC for more than 1 year.

### II. Service Utilization and Satisfaction

All caregivers reported being very satisfied with the level of care provided at the centre but were also dissatisfied with the centre's communication. Caregivers also noted that convenient location of the centre coupled with the pick-up and drop-off facility provided by the day care made the program very appealing to them.

### III. Overall Impact of the program

#### ➤ *Health and functionality*

Based on physiotherapist observations, the condition of all patients remained stable. Among patients who showed improvement, caregivers reported observable increase in physical activity and energy levels, and

greater enthusiasm for attending the day care. 67% of caregivers note that since joining the program, the patient's overall health had significantly improved. These caregivers also saw an improvement in the patients' independence and adherence to treatment.

#### ➤ *Social and emotional well-being*

While the caregivers note that the centre has been a great opportunity for their family members to socialize, they note differing impacts on their social and emotional well-being. 67% report an improvement in overall mood and lowered energy and 33% report that while the patient is even tempered, their overall socialization has reduced

#### ➤ *Caregiver burden and well-being*

Before enrolment, 100% of caregivers reported very high stress levels. After the program, this proportion fell significantly, with the majority reporting low stress levels. Overall, caregivers were able to save approximately 35 hours of caregiving per week because of the program's intervention

#### ➤ *Economic impact of the program*

The program also proved to be financially accessible for all respondents. At an average monthly cost of INR 17,500 for a comprehensive care package, the program was highly accessible for all.

## Conclusion and Recommendations

The DCC is a timely intervention aiming to fill a critical service gap in dementia care in India. The centre's key strengths lie in its holistic, dignity-centred approach to patient care. All patients are treated with respect and are well-looked after at the centre. The program aligns with 3 SDGs (3, 10 & 17) and shows moderate alignment with OECD DAC. It's most critical gap, however, is poor communication and record-keeping and low transparency with families and external stakeholders. The following recommendations are suggested to improve program effectiveness

- Improve communication with family
- Improve documentation and record keeping
- Expand services provided to include more patients
- Provide volunteer opportunities to reduce centre caregiver burden and expand services

# Understanding the Context



Dementia is a progressive, neurodegenerative condition that leads to impairment of mental processes affecting the ability to think, learn, remember, make decisions, and solve problems. According to the World Health Organization (WHO) approximately 57 million people are living with dementia across the globe, with 10 million new diagnoses every year, making it the 7<sup>th</sup> leading cause of death and a major cause of disability amongst the elderly worldwide<sup>1</sup>. An estimated 7.4% of adults over 60, around 8.8 million people are living with dementia in India<sup>2</sup>. With the increase in longevity of life spans, and a decrease in fertility rates, International Institute for Population Sciences & UNFPA projected a 20% rise in the number of older individuals by 2050, making it highly likely that this population will have surpassed the population of children in the country by 2046<sup>3</sup>

Although Dementia has a multi-factor etiology attributable to disease and injury, Alzheimer's is the most common form of dementia contributing to 60-70% of all cases<sup>1</sup>. While age is the most well-known risk factor for dementia, changes in the brain structure attributing to dementia are thought to occur at least two decades before the presentation of symptoms with several risk factors being lifestyle related. India's ageing population is particularly vulnerable due to its high cardiovascular risk factors such as diabetes and hypertension which makes it susceptible to stroke and dementia. Further, the complexity of addressing dementia within India extends beyond epidemiological considerations. The heterogeneity of India's population, characterized by diverse socio-economic factors demands a more nuanced approach to the study of and care provision for dementia that consider contextual specificities while maintaining evidence-backed standards of care.

### Dementia Care Ecosystem in India

India's dementia care ecosystem operates within significant structural constraints. Reports by the Dementia India Report and the Alzheimer's and Related Disorders Society of India have highlighted a concerning increase in the dementia burden in India supplemented by shortage in trained caregivers and reliable sources of knowledge. The WHO maintains the urgency of meeting the goals of the global dementia action plan which seek prevention, equitable care, and dignity for people with dementia and their caregivers. While India lacks a national policy on dementia, the National Program for Health Care of the Elderly (NPHCE) represents the governments primary response to health needs of population aging. Yet it does not contain dementia-specific care directives.

In India, socio-economic factors significantly influence the challenges faced by individuals with dementia and their caregivers. Stigma about the disease and lack of awareness cause significant impediments to treatment. Further, while women are more likely to develop dementia, they typically serve as primary caregivers, often becoming informal caregivers with limited support. These caregivers face immense burdens affecting their quality of life, while dementia care creates substantial financial strain on families. The annual household cost of caring for someone with dementia ranges from INR 45,000 to 2 lakh in urban areas and INR 20 to 66,000 in rural areas, with informal care contributing nearly half of total costs<sup>4</sup>. Rural elderly with dementia face additional barriers including lack of awareness about symptoms, limited access to specialists, diagnostic facilities, and transportation, creating significant obstacles to accessing supportive or rehabilitative services within the larger ecosystem of poor psychoeducation about the disease. Professional care facilities for dementia in India remain limited, underfunded, and largely concentrated in urban areas. The professional workforce required to provide quality dementia care is poorly trained, making it critical to address gaps in existing care capacities and healthcare initiatives. Dementia day care centers represent an emerging care modality that bridges the gap between family care and institutional services, demonstrating promising outcomes in symptom management and caregiver support.

---

<sup>1</sup> World Health Organization. (2025). Dementia fact sheet. <https://www.who.int/news-room/fact-sheets/detail/dementia>

<sup>2</sup> Lee, J., et al. (2023). Prevalence of dementia in India: National and state estimates from a nationwide study. *Alzheimer's & dementia : the journal of the Alzheimer's Association*, 19(7), 2898–2912. <https://doi.org/10.1002/alz.12928>

<sup>3</sup> International Institute for Population Sciences & United Nations Population Fund 2023. *India Ageing*

<sup>4</sup> Rao, G. N., & Bharath, S. (2013). Cost of dementia care in India: delusion or reality?. *Indian journal of public health*, 57(2), 71–77. <https://doi.org/10.4103/0019-557X.114986>

# Overview of the Day Care Centre for Persons with Dementia Program



## About Axis Bank

Axis Bank, one of India's leading private sector banks, carries out various CSR activities across the country in accordance with its corporate social responsibility policy. Axis Bank's CSR philosophy is to make meaningful and measurable contributions to the inclusive, equitable and sustainable development of India. This policy guides CSR activities and helps ensure they are focused on creating impact in the lives of economically, physically, and socially challenged communities. The bank's key focus areas include creating sustainable livelihoods, promoting education and skill development, creating awareness on public interest topics such as financial literacy, facilitating and providing access to formal banking channels for the unbanked and under-banked, promoting environmental sustainability, and supporting health, nutrition, and sanitation initiatives.

### Key focus areas

#### 1. Sustainable livelihoods

Axis Bank deeply cares about creating sustainable livelihoods and their role in poverty alleviation and integrated development, especially in some of the most socioeconomically disadvantaged regions of the country. The Bank works to promote women empowerment through such activities by upskilling them and providing them livelihood assets may lead to an improvement in their socio-economic status

#### 2. Education and skill development

Axis Bank's works to strengthen the availability of and access to quality education across India especially for youth from remote or socially/economically underprivileged backgrounds. The Bank also pays attention towards supporting initiatives that contribute to strengthening India's larger higher education and research ecosystem, and in this endeavour work to support technical education, research & development, emerging technologies, and incubation

#### 3. Financial literacy and inclusion

Axis Bank keenly works towards strengthening financial awareness and promotes their greater economic participation and access to government schemes and initiatives particularly among the unbanked and under-banked sections of society.

#### 4. Environmental sustainability

The Bank endeavours to support initiatives aimed at strengthening and protecting India's biodiversity and natural environment, maintaining and improving ecological balance, protecting flora and fauna, reducing human-animal conflict, and conserving its natural resources.

#### 5. Supporting health, nutrition and sanitation activities

With the aim to enhance general well-being of low-income households in India, Axis Bank takes up interventions towards improving health & nutrition, and supporting interventions aimed at strengthening India's wider public healthcare eco-system.

Through these CSR efforts, Axis Bank is contributing to building an empowered India by creating opportunities for lifelong learning, economic participation, health, nutrition and personal development among the most marginalized sections of society.

## About Dignity Foundation



Founded in 1995, over nearly three decades, Dignity foundation has established itself as one of India's foremost NGOs working exclusively for the betterment of senior citizens. The organization works to change the way people look at ageing in India and attempt to create a society where senior citizens feel secure, confident, valued, and can live with dignity. Dignity Foundation helps senior citizens lead active lives, prioritizing productive ageing with social support. The foundation strives to reinstall confidence that age and productivity are not mutually exclusive by utilizing seniors' experience and maturity in activities that serve community needs.

Dignity Foundation operates across six major Indian cities including Mumbai, Chennai, Delhi, Pune, Kolkata, and Bangalore. Over 20,000 senior citizens have been benefited from Dignity Foundation's productive ageing services across 30 centres. The organization runs multiple programs addressing various aspects of elderly care. Their Chai Masti centres provide spaces where seniors can gather for social interaction, skill building, and talent showcasing. The foundation operates loneliness mitigation centres, day-care centres accommodating and dementia day-care centres. They run a monthly ration kit distribution program that has benefited over 12,000 senior citizens providing basic provisions to elderly poor living in urban slums.

The foundation maintains a helpline to provide elders with counselling, emotional support, and legal advice through trained experts. They assist 2,500 elder helpline callers each year. They operate 6 loneliness mitigation centres and have been able to support above 400 poor elders by offering companionship support. The organization also publishes Dignity Dialogue, India's oldest magazine catering to senior citizens, offering expert articles and encouraging productive use of time.

Dignity Foundation's work is guided by five core values: equality, simplicity, positive thinking, self-belief, and perseverance. The organization serves all members without discrimination based on caste, creed, religion, or socio-economic status, operating under principles of relentless commitment to elder care. Through multicultural programs, they provide platforms for seniors to showcase their talents, while initiatives like doorstep physiotherapy reach out to senior citizens across various localities, ensuring comprehensive coverage and support for India's growing elderly population.

## About the Day Care Centre for Persons with Dementia Program

The Day Care Centre's for Persons with Dementia (DCC) aims to provide a safe and cognitively and sensorially stimulating environment for people living with dementia. Comprehensive care is provided through trained caregivers who design holistic programs to help maintain dementia patients' cognitive functioning and improve their quality of life.

Members receive multiple therapeutic interventions including physiotherapy, occupational therapy, art and crafts, and yoga and meditation sessions. The center offers safe pick-up and drop facilities along with nutritious meals throughout the day. Activities focus on cognitive and social stimulation through games, music, and exercise programs tailored to individual needs based on initial assessments.

The center serves an important dual purpose: providing quality care for individuals with dementia while offering crucial respite for family caregivers. The specialized DDC are operational in 5 cities in Mumbai, Pune, Chennai, New Delhi, and Kolkata. Dignity Foundation has intentionally kept prices affordable to make quality dementia care accessible to more elderly individuals. This Pune center is part of Dignity Foundation's broader national dementia care initiative, with similar facilities operating in Mumbai, Chennai, New Delhi, and Kolkata.

The DDC in Pune was set up with funding support from Axis Bank. For FY 2023-24, the bank provided Dignity Foundation with financial aid of 1.09 crore. The funds were utilized to cover infrastructure expenses and procurement of equipment.



Figure 1: DCC - Wanwadi, Pune, 6th February 2026

# Approach and Methodology



The key purpose of this assessment is to identify the ways in which the intervention and the resultant inputs and activities have been leveraged by the program participants, as well as evaluating the key barriers/enablers, in the form of suggestions, to ensure maximum impact of the programs in the long run.

To conduct the impact assessment study, the objectives of the assignment are given below:

#### **Objective 1: Impact created in the lives of the direct program participants**

- Assess the tangible and intangible ways in which the program has influenced the functionality of patients and reduced caregiver burden in family members.
- Capture positive as well as unintended changes in the educational experiences and personal growth of the program participants.

#### **Objective 2: Appropriateness of the program strategies**

- Evaluate whether the program design and delivery align with the evolving aspirations and real-world challenges faced by dementia patients and their caregivers.
- Analyse how well the program has supported participants through challenges, and institutional barriers, including any program adjustments made in response to feedback or contextual changes

#### **Objective 3: Impact towards programmatic sustainability**

- Examine the potential of the dementia patients and their families to sustain their progress and functionality even after program completion.
- Explore the likelihood of ongoing benefits, that reinforce long-term empowerment

#### **Objective 4: Recommendation towards the targeted outcomes**

- Based on the assessment findings, provide actionable recommendations to enhance the effectiveness, inclusivity, and sustainability of the initiative for current and future participants

The impact assessment study has adopted a concurrent mixed method design, in which quantitative and qualitative data are collected through the key program stakeholders. This approach will allow for a comprehensive assessment of the intervention by capturing quantitative evidence, backed by qualitative experiences.

Quantitative data was collected through a semi-structured survey questionnaire, administered to the direct program participants. The survey focused on the impact and effectiveness of the program. Qualitative data was collected through in-depth discussions with key stakeholders. The data focused on understanding the multi-dimensional impact of the initiative along with understanding its gaps.

Findings from the quantitative and qualitative data are integrated to provide a comprehensive assessment of the impact of intervention. The integration involved comparing and contrasting the findings from the two data sources to identify any converging or diverging evidence.

## Methodological Blueprint: Approach and Methodology Adopted

The evaluation employs a concurrent mixed methods design, integrating both quantitative and qualitative datasets from principal program stakeholders to construct a rigorous multi-dimensional impact evaluation. This methodology ensures robustness by quantifying effects through quantitative survey data and corroborating findings with qualitative insights from stakeholder interviews.

**Quantitative Insights - Measuring Program Efficacy:** Quantitative evidence is acquired via a semi-structured questionnaire administered directly to program participants. This instrument measures core impact metrics and program effectiveness, leveraging structured scaling and closed-ended responses for statistical reliability. Sampling has been executed to ensure representative coverage across relevant program participant cohorts and program locations.

**Qualitative Narratives - Capturing Stakeholder Perspectives:** Qualitative data is collected through in-depth key informant interviews with caregivers and other pivotal stakeholders. These interviews utilize open-ended probes to capture nuanced perspectives on program execution, process dynamics, sustainability concerns, and observed challenges. Transcripts are thematically analysed to anchor evidence in context-specific realities and highlight knowledge gaps.

**Convergent Evidence Mapping and Analysis:** All findings are triaged using a formal convergence-divergence analysis to identify corroborative and contradictory evidence streams across quantitative and qualitative dimensions. Advanced triangulation increases validity and supports nuanced interpretation of complex impact pathways.

**Benchmarking Against Global Standards: OECD-DAC & SDG Focus:** The evaluation maps the impact of the program with the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) framework to determine the merit of an intervention on the basis of six defined evaluation criteria – **relevance, coherence, effectiveness, efficiency, impact** and **sustainability**. Additionally, outcomes are mapped to the UN Sustainable Development Goals (SDGs) for global alignment. Contribution analysis clarifies how the intervention advances international development benchmarks.

In addition to the above, the study also uses **SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis** to systematically assess the program’s strengths, weaknesses, opportunities, and threats, informing core evaluation and strategic recommendations.

- Strengths: Evaluate the internal strengths of Axis Bank’s CSR programs, such as strong partnerships, efficient resource utilization, and innovative program design. The analysis will measure how these factors have contributed to the program’s success.
- Weaknesses: Identify any internal challenges, such as inadequate resources, limited stakeholder engagement, or inefficient program execution. Understanding these weaknesses will help improve future interventions.
- Opportunities: Assess external factors that offer potential for scaling up or replicating successful CSR projects. Opportunities such as technological advancements, community willingness, or government policies that align with the CSR initiatives will be explored.



- **Threats:** Examine external risks that could hinder the long-term impact of the projects. These could include changes in government regulations, economic downturns, or environmental challenges.
- **Case Studies:** Detailed case studies will be developed to showcase individual or community-level success stories, highlighting transformative changes driven by the CSR programs.

### Sampling Framework

The sampling framework for this study is designed to ensure a representative and statistically significant assessment of the program’s impact at Wanwadi in Pune. The approach will ensure a diverse and balanced dataset that captures the program's reach and effectiveness while maintaining statistical rigor.

#	Key Stakeholders	Data Collection Tool	Sample Size
1	Primary Program participants (Family members of patients)	Semi-structured survey questionnaires	3
2	Center Caretakers	Key Informant Interviews (KIIs)	3
3	Centre Managers	Key Informant Interviews (KIIs)	1
4	Visiting physical/occupational/art therapists	Key Informant Interviews (KIIs)	1
5	Axis Bank CSR Officials	Key Informant Interviews (KIIs)	2
6	Dignity Foundation program team	Key Informant Interviews (KIIs)	2

# Primary Findings from the Survey



## I. Demographic Profile

The survey draws insights from a sample pool of **caregivers of 3 program participants of the DCC in Pune**. The demographic background of the participants reflects the program's targeted outreach to individuals affected by Dementia and their caregivers. The average age of patient caregivers is 59 years with most patients being senior citizens over 70 years old. 67% of the cohort are sons of the patients who had postgraduate level education and were currently employed.

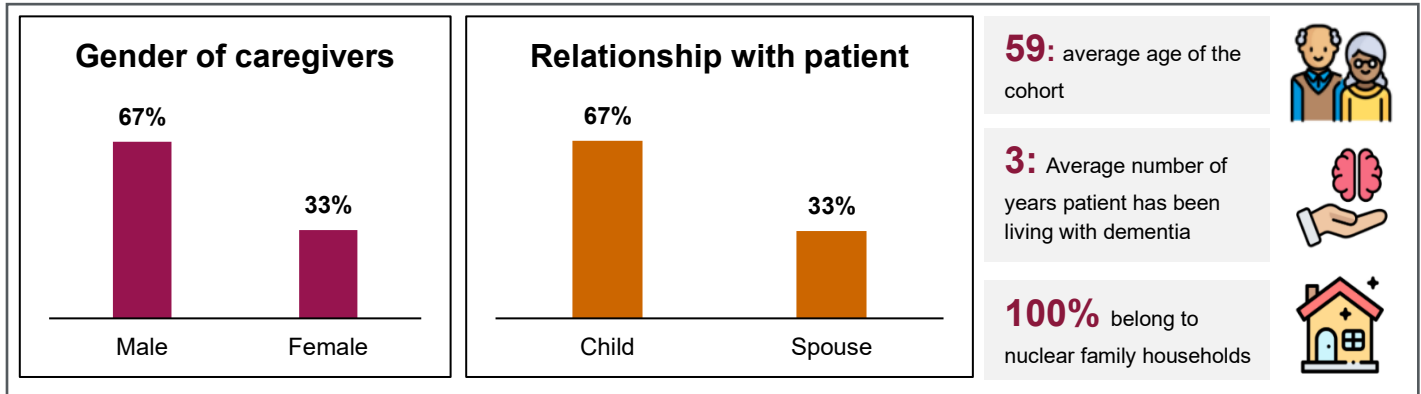


Figure 2: Demographic details of the patient caregivers

## II. Service Utilization and Satisfaction

Caregivers found the program to be an excellent service that reduced their caregiving hours by 7 hours. Before enrolling the patient in the day care, all caregivers spent nearly all the patient's waking hours attending to them and looking after their needs. As patients spend approximately 6 hours at the facility and accounting for the pickup and drop off facilities, **caregivers are assured of approximately 7 hours per day or 35 hours per week of high-quality care of their loved ones**. 67% of the patients have been at the centre for more than a year and 33% between 3 – 6 months. 100% of the caregivers are very satisfied with the level of care provided at the centre, praising the centre caregivers who attend to patients on the regular. However, 100% of caregivers are dissatisfied with the day care's communication, stating that they rarely receive regular updates on the patient's progress and are given that information upon request. 100% of caregivers also note that the location of the centre is highly convenient to them and coupled with the pick-up and drop-off facility provided by the day care, makes the program very appealing.

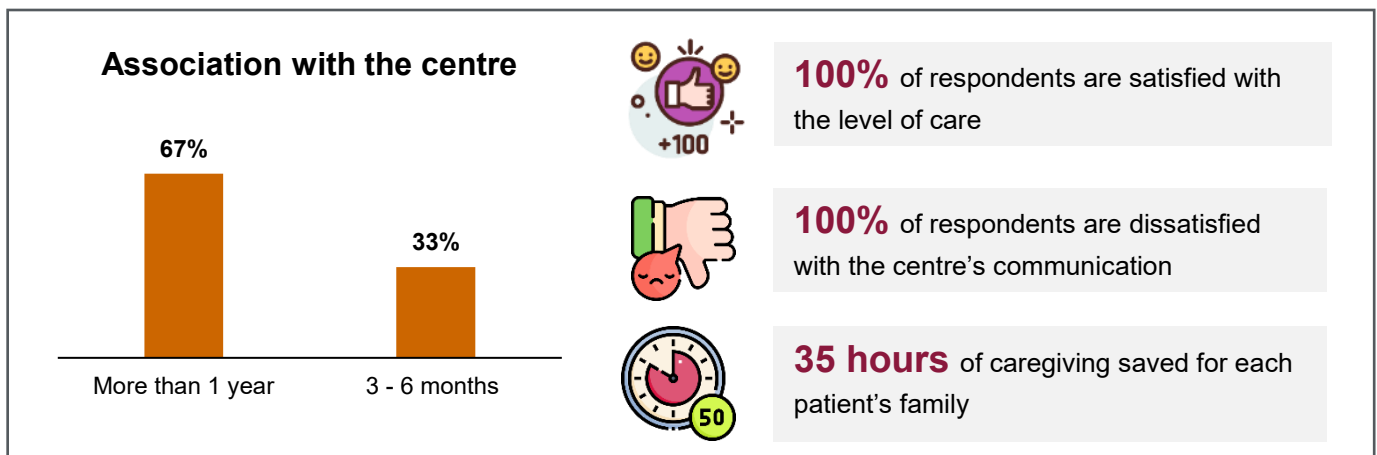


Figure 3: Feedback on service utilization and satisfaction

### III. Health and Functionality Impact

As with standard healthcare initiatives, a marked heterogeneity was observed in the impact of the program on the health and functionality of the program's participants. 67% of caregivers noted that since joining the program the patient's overall health has significantly improved. These caregivers also saw an improvement in the patient's independence and adherence to treatment since starting the day care service. However, in 33% of cases, the patient's health and ability to do tasks independently had worsened. It is important to note that overall health and status of disease can have extenuating impact on prognosis and overall health outcomes of the patient. In those patients who saw an improvement in health, caregivers note that overall, the patients were more active and energetic and were more enthusiastic about visiting the centre regularly.

### IV. Social and Emotional Well-Being

While the caregivers note that the centre has been a great opportunity for their family members to socialize, they note differing impacts on their social and emotional well-being. One caregiver noted a marked improvement in his mother's mood and social engagement.

**“Previously she was very short-tempered and irritable, and she did not want to go out or join the program itself. Now after the day care services, she takes interests in activities of her liking and engages with them well. Her mood has significantly improved since joining the program and she has turned amiable, sociable and more energetic”.**

Another caregiver noted that while their father was not very social from before and their active social engagement with friends and family has remained the same as before, there has been a marked improvement in his mood and emotional wellbeing.

**“He has significantly improved post admission in the centre. Previously he used to be very irritable and in a bad mood all the time. He is much better now”.**

The third caregiver noted that her husband has mostly remained the same socially and emotionally as he was prior to admission in the program. However, he has become less sociable as compared to before and does not interact with friends and relatives the way he used to.

**“My husband has always been easy going and easy to deal with, so that has remained the same as before. He has always had a mild temperament and that has remained the same”.**

### V. Caregiver Burden and Well-Being

Respondents reported that being a caregiver was a responsibility that required them to be engaged with the patient at all times. The program helped down stress levels of caregivers and their overall feelings of being overwhelmed due to caregiver responsibilities.

One respondent noted: **“While my stress levels as a caregiver are still very high, they come down when the patient stays at the centre”.**

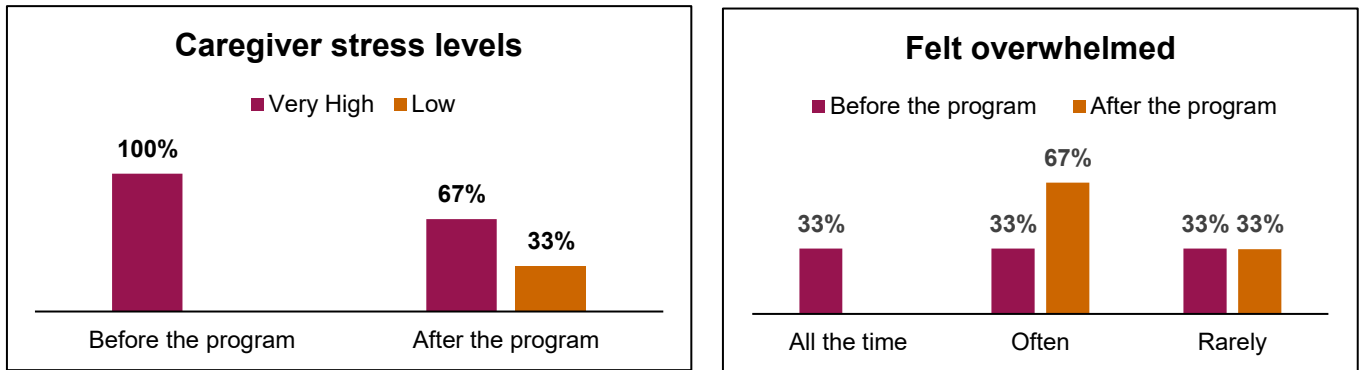


Figure 4: Caregiver burden and well-being

The program has also helped caregivers spend more time on their own personal activities with 67% reporting they now engage in these tasks every day.

One caregiver stated that: **“Now with the day care services, I can engage in my own personal activities. However, someone needs to be constantly with him. So, we (him and his wife) take turns to take care of my father”.**

67% of respondents feel that their health has remained the same at moderately healthy while 33% feel it has worsened despite the day care centre intervention. **Overall, the caregivers reported that the program has been crucial in helping them manage their loved one’s dementia and has helped improve the quality of their relationship with the patient.**

## VI. Economic Impact of the Program

The program cost caregivers INR 17,500 per month. This amount is a comprehensive care package and is inclusive of transportation to and from the centre, daily meals, and physiotherapy/occupational therapy activities provided at the centre. Aside from the day care, caregivers spend on average INR 16,500 on monthly out-of-pocket medical expenditure for the patient. 67% of caregivers hire additional help to look after the patient as and when needed and 33% noted that they hesitate to hire additional help and would like to care for the patient as long as they are able to. **100% of respondents reported that the program did not cause them financial stress, despite some workdays missed before and after the program (67%) and stated willingness to pay more if the program offered extended services such as weekend shifts.**

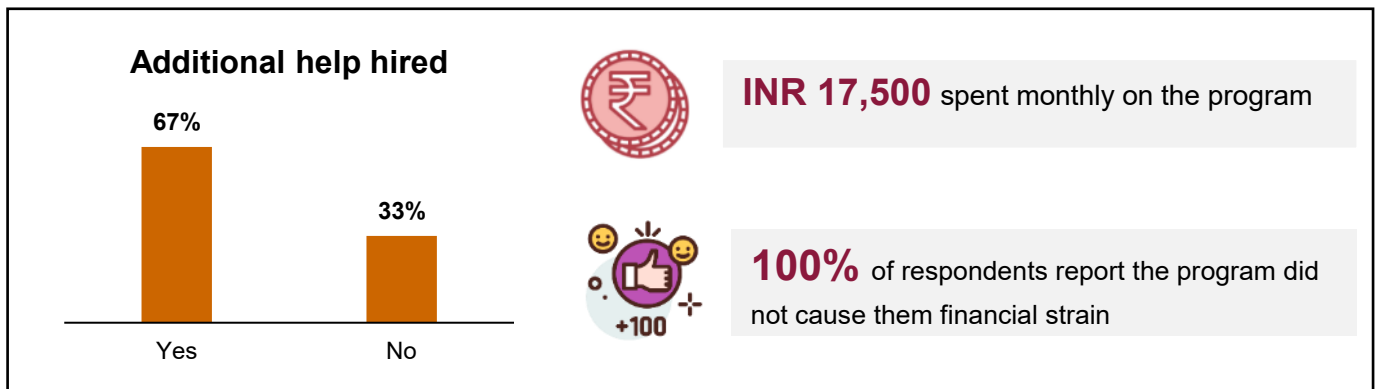


Figure 5: Economic impact of the program on patient caregivers

**VII. Key Stakeholders Speak**

<p><b>Centre Caregivers</b></p>	<p>The Pune centre currently has 3 full time caregivers at the centre who are responsible for looking after 4 patients. The caregivers report that while cognitive improvements have been observed in patients since admission to the program, they vary based on disease severity, with hyperactive and irritable patients requiring more patient care. Significant improvements in overall mood and irritability have been observed overtime along with improvements in essential daily activities. Patients also benefit from observing and learning from other attendees, creating a therapeutic peer environment. Activities that have been particularly beneficial include festival celebrations, brain games, art and craft sessions and group games. The caregivers pay a lot of emphasis on treating patients with care, respect, and patience and manages difficult episodes through distraction and engagement techniques, working to ground patients by providing items they enjoy, keeping them occupied and distracted. The caregivers note that due to the current caregiver-to-patient ratio, there are moments of strain on individual staff members. They receive routine training from the centre and state that adequate support is given to them from centre managers.</p>
<p><b>Physiotherapist</b></p>	<p>The physiotherapist at the DCC in Pune has been associated with the program since its inception. She assesses all members to check their awareness, balance, sitting, orientation, cognition and motor-coordination. She plans physical exercise for the patients focusing on balance, mobility and mobilization, and soft tissue release. She plans every day differently based on the patients' preferences. Every day at the centre is different and can include a mixture of games, walking exercises and acupuncture. Overall, she observes that since joining the program, the patients are a lot more stable and have not deteriorated.</p>
<p><b>Centre Manager</b></p>	<p>The Pune centre manager has been a part of Dignity Foundation for the past 9 months, serving as the Pune chapter head. The centre currently serves 4 program participants who follow a structured schedule from a morning arrival around 10:30 am stay at the centre till evening 4 pm. The comprehensive program includes prayers and meditation, physiotherapy and physical exercises, brain stimulation activities, meals and rest time. The centre head notes that patients can sometimes take around 1 month to familiarize themselves with the centre and its routine. Sustained engagement consistently produces positive outcomes with patients becoming calmer, more active and aware, and less irritable than before.</p> <p>The program incorporates Alzheimer's society dementia care standards and conducts regular staff awareness sessions. Staff are well-equipped to handle challenging episodes and prioritize diffusing the situation through engagement and activity redirection. Care protocol at the centre involves family members and healthcare workers, with medical support provided through Ruby Hall and Jehangir College in Pune – both partnerships for specialized care and training.</p> <p>The primary challenges of the program currently are funding constraints limiting personnel and transportation, with the single van restricting service to one route alone. High fees also limit access for economically vulnerable families and can be a significant barrier to access good healthcare given the poor awareness of Dementia in India.</p>

## VIII. Case Studies

Mr. K, a 50-year-old postgraduate working in the NGO sector, became the primary caregiver for his elderly father in 2024. Living in a nuclear family in Pune, he initially spent nearly all waking hours providing care, supported by his wife and mother along with a home caregiver. The patient was not formally aware of his disease status when care began. The family enrolled the patient at Dignity Foundation's DCC 3-6 months prior to this assessment. The patient now attends five days per week, spending 6-7 hours daily at the facility. The comprehensive care package costs INR 17,500 monthly, covering transport, meals, and therapeutic services. This represents the family's primary medical expenditure, as healthcare costs were minimal before diagnosis.

The patient showed significant health improvements, becoming more independent, less irritable, and overall easier to manage. His mood and emotional wellbeing improved dramatically from previous irritability and bad moods. Independence and treatment adherence both significantly improved. Social engagement remained stable with family support, though the patient is not particularly social outside the family unit.

Despite improvements, Mr. K's stress levels remain very high, decreasing only when the patient is at the centre. He still feels often overwhelmed by caregiving responsibilities. However, the day care has enabled him to engage in personal activities, though constant supervision remains necessary requiring family members to take turns. His physical health is moderately healthy, and his relationship with the patient has improved since enrolling in the program. Financial stress is minimal (rated 1 out of 5), though the family missed several workdays during the admission transition period.

Mr. K is satisfied with the overall quality of care and finds the location very convenient. However, he is dissatisfied with communication from centre staff. The family requested a WhatsApp group for updates but found information was mostly provided only upon request rather than proactively. He identified three key challenges: communication gaps, transportation limitations, and operation schedules. They recommend acquiring additional vehicles beyond the single van currently available and implementing staff rotation to ensure the centre operates continuously without gaps. Despite communication concerns, the family would recommend the program to others.

Mrs. A, a 77-year-old senior citizen, became the primary caregiver for her husband since his diagnosis. Living alone with her husband in Pune, she spends nearly all waking hours providing care for her husband alone. The family enrolled the patient at Dignity Foundation's DCC a while back and have been happy with the level of care provided at the centre. The patient now attends five days per week, spending 6-7 hours daily at the facility. The comprehensive care package costs INR 17,500 monthly, covering transport, meals, and therapeutic services. This represents the family's primary medical expenditure, as healthcare costs were minimal before diagnosis.

Mrs. A notes that the patient's condition has largely remained stable as his mood and personality remains the same as it was before the onset of his illness. A person of mild temperament, the patient is easy going and mild mannered. However, Mrs. A notes that he has seen his social engagement and independence worsen with time. This may be a factor of age as opposed to the level of care offered by the facility.

Mrs. A notes that her stress levels remain very high, even when the patient is at the centre though she does not feel overwhelmed by caregiving responsibilities. Mrs. A is very satisfied with the overall quality of care and finds the location very convenient. However, she is dissatisfied with communication from centre staff and the discontinuation of recreational activities such as group outings and picnics.

Overall, she is happy with the program and has recommended it to others in need, but she would like the centre to become more proactive in communication and planning group activities.

# Field Visit: Centre Survey

**DIGNITY FOUNDATION**

**DEMENTIA DAY CARE CENTRE,  
WANOWRIE, PUNE**

**LOW-COST, HIGH SERVICE DEMENTIA CARE**

- Daily Home Pick-up and Drop Facility
- Refreshments and Lunch
- Therapies - Reminiscence, Music, Memory.
- Physiotherapy, etc.
- Reading time, exercises and meditation
- Cognitive activities and games

**Dignity Foundation**  
Spearheading Eldercare Since 1995

**AXIS BANK**

**CALL 91520 17120 | 99217 64647**  
EMAIL [responsedignity@dignityfoundation.com](mailto:responsedignity@dignityfoundation.com)

## Observational checklist for the Dignity Foundation DCC in Wanwadi, Pune

This is an observation-based checklist, drawing on the Department of Social Justice and Empowerment's (DoSJE) minimum standards for senior citizen homes, National Accreditation Board for Hospitals & Healthcare Providers' (NABH) checklist for dementia friendly hospitals, and general best practices

### Scoring-Based Checklist Tool

Score Description	
3	Fully compliant – meets or exceeds standards
2	Partially compliant – minor gaps observed
1	Non-compliant – major gaps
0	Not applicable/ Not available

### Section A: Centre Identification and Accessibility

Checklist item	Score	Observations	Evidence (reason for scoring)	Action Required
Centre name and signage clearly displayed	3	Clear signage outside the centre entrance	Name of the centre is clearly displayed on the sign	
Implementing partner branding visible	3	Axis Bank name clearly visible	A large signboard outside the main door to the centre mentions the implementation partner	
Location not remote or isolated	3	The day care is centrally located	Location is easily accessible and the centre provides pickup and drop-off services	
Centre easily accessible by public transport	3	The day care is centrally located	Location is easily accessible via local public transport	
Safe entry/exit routes	2	Main entry route is wheelchair accessible	There is only one entry/exit that is wheelchair accessible with a handrail	The centre can make other entry/exit points wheelchair accessible to aid in case of an emergency
Operating hours clearly displayed	1	Not observed	The name board outside the centre does not display working hours	The centre must include operating hours in its main signage
Van utilized for pick-up and drop	3	A third-party service is being utilized	The car is well-maintained and the driver well-equipped to handle elderly patients with dementia. Routine checks are in place to ensure patients are under safe care.	

**Section B: Building and Physical Infrastructure**

Checklist item	Score	Observations	Evidence (reason for scoring)	Action Required
Structural soundness of building	2	Building is old and has some wear to it	The building is an old bungalow that is structurally sound but can be at risk due to its age	A structural audit can be conducted to better establish the soundness of the building
Flooring, walls and ceilings well maintained	2	Building is old and the walls have some wear to them	While the building and walls are painted and neat, there are cracked walls and signs of water damage that can lead to bigger problems if left untreated	Cracks in walls and water damage needs to be repaired
Accessible infrastructure	2	Accessible infrastructure is limited	The centre is wheelchair accessible and has a handrail at the entrance, but there are no other accessibility additions in the building	The centre can include more accessible infrastructure such as handrails in the main activity areas
Living space quality	2	Living space is where most activities take place	Living space is large and well-maintained	The space can be made more accessible for the elderly and can include more comfortable furniture
Safety measures (anti-slip mats, handrails, fire extinguishers etc.)	1	Poor safety measures in place	The centre does not have anti-slip mats, clear exit signage and has an expired fire extinguisher	The centre must work on improving safety measures such as installing anti-slip mats, handrails in more areas, and develop a fire evacuation protocol including drills and a new fire extinguisher
Electricity & lighting	3	Electricity and lighting are functioning well	The facility is well lit; all electronics function and has power back up	

Scheduled maintenance	3	Maintenance is conducted as per need	The centre manager routinely gets required maintenance work done	
Emergency care (care protocol, first-aid kits, doctor on call)	3	The centre follows an emergency care protocol	There is a well-stocked first-aid kit and a doctor available on call	

### Section C: Centre Environment

Checklist item	Score	Observations	Evidence (reason for scoring)	Action Required
Facility is calm and quiet	3	The facility is very calm and quiet	The facility is in a calm and peaceful neighbourhood, and the centre staff ensure to maintain a calm ambience at the centre	
Décor not very overstimulating to patients	3	Décor is not overstimulating	The centre has not been decorated in an overstimulating manner. Artwork by the patients has been displayed	
Accessibility guidelines in environment to help functioning	1	The centre is lacking these	Absence of big, clear exit signboards or emergency lights	The centre can incorporate more accessibility guidelines such as emergency lights and exit signage
Quiet spaces/rooms for patients who need them	3	The centre has quiet spaces for patients	The recreation room is used as a quiet space for patients who need some down time	
Security at the centre	1	No designated personnel	The building has a watchman, but no designated security officer for the centre	The centre can hire security personnel to be on active guard duty as the patients are very vulnerable individuals
Availability of surveillance facilities (CCTV cameras)	3	CCTV cameras have been installed	The cameras are installed on external walls	

### Section D: Activity and Recreation Facilities

Checklist item	Score	Observations	Evidence (reason for scoring)	Action Required
----------------	-------	--------------	-------------------------------	-----------------

Activity variety	3	Variety of activities are undertaken at the facility	The activities include brain games, arts and craft, yoga and meditation and physiotherapy	
Individualized activities	3	Activities are individualized	Centre staff accommodate individual requirements of patients	
Social interaction activities	3	Social interaction activities are prioritized	The centre works to ensure social interaction is a regular part of patient's day. Group games and activities along with interpersonal communication is prioritized	
Cognitive impairment activities	3	Brain games are incorporated in the daily routine	Patients are engaged in several brain games and are encouraged to think, reason, and talk	
Vocational activities	3	Several activities are conducted to improve independence and mobility	The staff encourage patients to independently perform activities of daily life. Physiotherapy also helps patients regain/maintain mobility and strength	
Material relevance, quality, and quantity	3	Materials and equipment are appropriate	They are well maintained and adequate for the centre	
Adequate space for activities	3	Adequate space is provided for activities	The centre uses a recreation room along with the main living room for all activities	
Safety measures	2	Centre staff is vigilant, but safety measures can be improved	While the staff is vigilant and trained in first aid, the recreation areas can be better equipped with more safety measures	Installing handrails, another first-aid kit, slip-proof mats and more cushioning on the floors can make the recreation areas safer

**Section E: Human Resources**

Checklist item	Score	Observations	Evidence (reason for scoring)	Action Required
Caregiver qualifications	1	Caregiver qualification is found to be lacking	While the centre prioritizes experience over qualifications, only one of the caregivers has a	The other two caregivers can be supported to complete caregiver

			professional certification of a caregiver	certifications and upskill themselves
Staff-to-patient ratio	2	Good staff-to-patient ratio	Currently there are 3 caregivers looking after 4 patients. This is nearly one staff for every patient	The staff have expressed a need for more caregivers and ideally would like a 2:1 ratio of staff-to-patient
Practice of following 4Rs of dementia care	3	Follow the 4Rs with care and diligence	The centre staff patiently reassure and redirect patients and treat them with care, respect and consideration	
Regular staff training	3	Regular staff training is conducted on a monthly/quarterly basis	Centre manager reports regular staff training is conducted by the manager and a visiting doctor from Ruby Hall	
Qualifications of centre manager	3	Centre manager is well qualified for the role	The centre manager has a master's in social work and has worked for over 17 years in CSR and social work domains	
Involvement of specialists (different therapists)	3	The centre has a physiotherapist who visits regularly and has tie ups with hospitals nearby – Ruby Hall and Jehangir hospital	The physiotherapist also functions as the occupational therapist and has offered medical advice to the team and helped prepare the care protocol. Doctors from Ruby Hall and Jehangir hospital visit regularly for caregiver training and patient observation	
Safety protocols to protect senior citizens from personnel harm	3	The centre manager takes extensive care to ensure the senior patients are safe at the centre	The staff are monitored to ensure patients are safe from harm from exploitation and misuse of authority	

**Section F: Hygiene, Sanitation and Water Facilities**

Checklist item	Score	Observations	Evidence (reason for scoring)	Action Required
Well maintained and safe toilets	3	Toilets are well maintained and appropriate in number for patient size	While the toilets are not separate, they are well maintained and have a precautionary latch to protect patients from locking themselves in	

Regular cleaning and sanitation	3	Centre is clean and well-maintained	The centre is cleaned thrice a day and has a full-time caretaker	
Protocol to prevent infections	3	All areas are kept clean and staff are asked to take a sick leave if they are unwell	The centre takes health and hygiene very seriously and has a protocol in place to prevent infections	
Safe water supply	3	Safe water is always used	Patients are given safe RO filtered drinking water	
Handwashing facilities	3	Handwashing facilities are well equipped	Dettol handwash is placed in all handwash areas	
Waste disposal system	3	Waste disposal is prioritized to keep centre clean	Efficient waste disposal system keeps the centre clean	

**Section G: Documentation and Compliance**

Checklist item	Score	Observations	Evidence (reason for scoring)	Action Required
Maintenance of centre records and documents	1	Poor record keeping	There were notable gaps and inconsistencies in the centre's documentation. It did not demonstrate adequate record management protocol and controls	Going forward the centre must ensure a clear and transparent record management. The centre can also work to digitizing documents for ease of sharing them with third party members
Handover of documents to new management/senior management	1	Poor hand over	New management report very inadequate handover of documents that complicated the takeover process	The handover process could benefit from additional structure and documentation to ensure better continuity and clarity
Financial reporting	1	No annual/financial report	The foundation publishes an annual report, but the centre does not	Due diligence must be done to ensure timely and accurate financial reporting

Centre registration/affiliation certificates	3	Official registration is complete	The organization has been registered as an NGO with requisite TAN, PAN, FCRA and ATG documentation	
Caregiver staff records such as assessment and certification records	3	The centre maintains records of staff assessment and documentation	Proper documentation is maintained and their assessment is conducted weekly to understand best care practices	
Attendance registers (trainee and patients)	3	Attendance registered are well maintained	Maintained during check in/check out pick up/drop off	
Equipment inventory maintained	3	Inventory is well maintained	Inventory has been maintained of Axis Bank funded infrastructure and equipment support	
Regular progress reports of patients	1	Progress reports and sharing of reports is irregular	While the staff meet weekly to evaluate the progress made and what needs to be done, reports are not shared regularly with patient's families	Family caregivers request daily updates of patient status along with photos/videos of their time at the centre
Record of activities undertaken	1	Record of activities undertaken is irregular	There are several gaps in record keeping and the centre has not maintained them regularly	More diligent record keeping can be followed

**Section H: Family and Community Involvement**

Checklist item	Score	Observations	Evidence (reason for scoring)	Action Required
Family engagement	1	Family engagement has reduced of late	According to family members, family outings and engagement has come down considerably.	
Communication with family members	1	Communication with family members is poor	Family members report being very dissatisfied with the communication of the centre	The centre can work on improving communication channels with family members
Sharing daily progress reports	1	Daily progress reports are not being shared with patient's family members	Family members report not receiving daily or weekly updates proactively and being sent them only when asked. The centre has also been inconsistent in sharing progress status/photos/videos of	The centre can prioritize sharing daily progress reports with family members

			the patient during their time at the centre	
Incorporation of suggestions and feedback	1	Incorporation of suggestions and feedback is poor	Family members report their suggestions have not been incorporated	Work to incorporate implementable solutions and communicate when suggestions cannot be implemented

**Key strengths observed**

- The centre offers multi-dimensional, holistic care for patients with dementia and in doing so, fills a crucial service gap for an underserved population
- The centre and foundation do a lot towards spreading awareness about dementia
- The centre staff diligently follow the 4Rs of dementia care and treat all patients with dignity, care, and respect
- Patient family members and centre staff such as physiotherapist notice a significant positive change in the patients across cognitive, social, and physical domains

**Critical gaps/risks**

- The centre has poor communication, record-keeping, and transparency which serve as a significant impediment to their reputation and affects future funding
- Due to financial precarity, the centre is at risk of shutting down

**Proactive corrective actions required**

- More diligence and transparency is required in the documentation and record keeping and record sharing process
- Financial reporting and disclosure of fund utilization can help draw future funding

### Infrastructure and Equipment checklist for the Dignity Foundation DCC in Wanwadi, Pune

Dignity foundation reports that the CSR funds provided by Axis Bank were utilized for the procurement of the following

#	Item	Quantity	#	Item	Quantity
1.	Computer Table	2	18.	Tube light	10
2.	Office table	2	19.	Photo frame	1
3.	Office chairs	5	20.	Book Cupboard	2
4.	Plastic table	6	21.	Water supply pipe	3
5.	Water machine	1	22.	Shoe stand	1
6.	Refrigerator	1	23.	Security doors	2
7.	Microwave	1	24.	Window curtains	17
8.	Induction	1	25.	Window mosquito net	15
9.	Board games	35	26.	Axis Bank Banner	1
10.	Cycle	4	27.	Wiring and light board	6
11.	Rolling board	4	28.	Kitchen utensils: bowls, glasses, spoons, containers	4
12.	Relaxing chairs	6	29.	Broad band	1
13.	Carom board	1	30.	Garbage can	3
14.	Walker	3	31.	Radio	1
15.	AC	4	32.	Inverter and battery backup	1
16.	Ceiling fan	1	33.	Car Maintenance	1
17.	Exhaust fan	1			

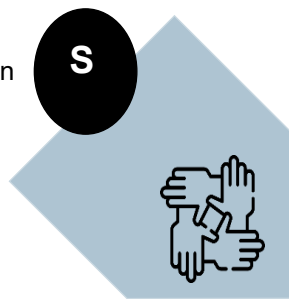
# SWOT Analysis



SWOT analysis is a strategic planning technique used to identify and evaluate the strengths, weaknesses, opportunities, and threats of an initiative. It is a framework that helps to assess the internal and external factors that can affect the impact and sustainability of a program. It helps in identifying potential risks and developing effective strategies for making informed decisions to enhance the impact and sustainability of the program. It also supports in streamlining the monitoring and evaluation process and improving accountability.

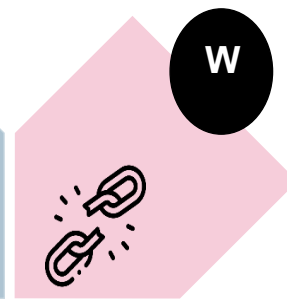
**Strengths**

- Specialized healthcare service offering multi-disciplinary care
- Trained caregivers offering dedicated care services
- Documented improvement in patient emotional and physical health
- Affordable pricing model



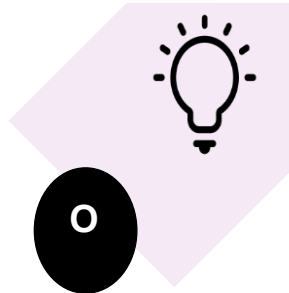
**Weaknesses**

- Poor communication with family members
- Poor documentation and record keeping and hand over of responsibilities
- Not financially sustainable and dependent on funding
- Severe cost-cutting leading to lowered quality of services offered



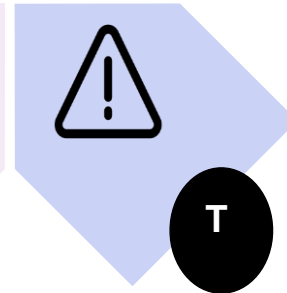
**Opportunities**

- Growing dementia prevalence in India creating an increased demand for such services
- Potential partnerships with healthcare providers, CSR funds, and governmental organizations
- Digital health integration for remote monitoring and family engagement
- Volunteer programs to help keep centre open round the clock



**Threats**

- Imminent closure without proper record-keeping and auditing
- Rising operational costs pushing need for additional funding
- Reputational damage leading to loss of funds, patients and poor referrals
- Regulatory changes in healthcare standards





The OECD DAC framework provides guidelines to determine the worth of an intervention on which evaluations are made. Under its ambit, the study will analyse the key components of the overall program.

### **Relevance**

*Relevance is defined as the extent to which the intervention responds to the program participants, global, country and partner/institution needs, policies and priorities, and continues to do so if circumstances change. Evaluating relevance helps in understanding and assessing the alignment of the goals and implementation of the program with the needs and priorities of the program participants and other stakeholders.*

The Dignity Foundation DCC demonstrates exceptional relevance by addressing a critical gap in India's healthcare system where working professionals must balance employment with intensive caregiving responsibilities. The program's design shows sophisticated understanding of dementia care as a multidimensional challenge requiring not just medical intervention but also therapeutic support, social engagement, nutrition management, and crucially, family caregiver respite. The structured daily schedule incorporating physiotherapy, occupational therapy, cognitive stimulation, meals, medication management, and safe transportation provide comprehensive support that would be virtually impossible for nuclear families to replicate independently.

The intervention targets a particularly critical point in the disease trajectory where patients require daily structured care but have not yet reached the stage requiring full institutional placement. This represents an optimal intervention window where quality day care can potentially slow disease progression, maintain functional abilities longer, and prevent premature institutionalization that would be both more costly and less desirable for families. The program demonstrates relevance not only to patient needs but to the entire family system, recognizing that dementia care fundamentally affects multiple family members whose wellbeing and functioning depend on adequate support structures. For families in nuclear households without extended family support, this intervention fills a gap that would otherwise force impossible choices between employment, personal health, and adequate patient care

### **Coherence**

*Coherence is defined as compatibility of the intervention with other interventions in a country, sector, or institution. It assesses and connects the intervention with the global, national and state-level programs/policies, as well as institution-level policies, and tries to understand the impact that the intervention is creating in the lives of target program participants. The alignment with global goals such as SDGs or national policies can also be considered coherence.*

The program demonstrates strong internal coherence, with therapeutic interventions, social engagement, nutrition support, transportation, and family communication designed to work synergistically rather than as fragmented services. Within Dignity Foundation's organizational structure, the Pune center aligns well with the foundation's broader mission of enabling dignified ageing and complements their other interventions including Chai Masti centers, loneliness mitigation programs, and general day care facilities, creating a continuum of care for different elderly needs. The program's alignment with Alzheimer's Society care standards and partnerships with Ruby Hall and Jehangir College medical institutions demonstrate coherence with evidence-based practice and the broader healthcare ecosystem. These partnerships create valuable referral pathways and knowledge exchange that strengthen overall dementia care capacity in Pune while avoiding duplication of specialized medical services already available in the community.

However, significant coherence gaps undermine the program's integration with broader systems. Operating solely on program fees without integration into health insurance schemes or government subsidy programs creates a fundamental incoherence with India's push toward universal health coverage and the National Program for Health Care of the Elderly. The lack of formal care coordination protocols with patients' primary care physicians means medical management may not be optimally integrated between the day care setting and regular healthcare providers. Internal coherence problems are evident in the communication gaps identified by families, suggesting that care delivery and family engagement components are not well synchronized despite being part of the same program. The closure of the second Axis Bank-funded center indicates serious coherence problems between program design and available operational resources, suggesting that the original scaling plan was not coherent with realistic implementation capacity.

### **Effectiveness**

***Effectiveness indicates the extent to which the intervention has achieved, or is expected to achieve, its objectives and results, including differential results across groups, if any.***

The program achieves strong effectiveness in its core therapeutic and respite objectives, with patient outcomes showing clear positive trajectories such as significant gains in independence, reduced irritability, improved mood and emotional wellbeing, and better treatment adherence. The multidisciplinary therapeutic approach successfully slows functional decline and, in many cases, restores capabilities through physiotherapy, occupational therapy, cognitive stimulation, and structured social engagement. Staff observations confirm that patients who initially arrive highly agitated typically become noticeably calmer and more engaged after the standard one-month adjustment period, demonstrating that behavioral management strategies are working as intended. The structured daily routine creates therapeutic predictability that helps dementia patients who struggle with confusion in unstructured environments. Importantly, the program has proven effective at strengthening rather than replacing family bonds.

However, effectiveness is substantially compromised by implementation weaknesses that prevent the program from fully realizing its potential. The family communication failures represent a critical effectiveness gap as despite achieving strong clinical outcomes, the program's approach to family updates means caregivers lack knowledge needed to reinforce therapeutic strategies at home, potentially limiting how well improvements generalize beyond the day care setting. The discontinued excursions due to cost-cutting have reduced program effectiveness by eliminating valuable environmental enrichment and community integration opportunities that served purposes beyond recreation. The single-van transportation infrastructure creates hard geographical limits, meaning families living beyond the thirty-to-forty-five-minute radius cannot access services regardless of need, and staff report that inquiries from scattered locations requiring three to four hours of travel time represent significant unmet demand the program is currently unable to address.

### **Efficiency**

***Efficiency is the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely manner. It is an indicator of whether an intervention's resources can be justified by its results.***

The program operates under severe resource constraints that fundamentally undermine cost-effective service delivery and create a financially unsustainable model. The monthly fee of INR 17,500 per patient represents the program's sole revenue source, which must cover trained caregiver salaries, an experienced chapter head, transportation operations, facility rental, and meals. This structure indicates critical efficiency problems in resource

mobilization and financial planning. The cost-cutting measures following management changes, particularly elimination of center staff, excursions and management instability, represent false economies that reduce program quality and potentially undermine effectiveness.

Transportation infrastructure exemplifies both efficiency strengths and weaknesses within the program. The dedicated van service efficiently eliminates the burden on working families to arrange daily transportation, which would be particularly challenging for caregivers who maintain employment. However, the single-van model creates severe geographical constraints by restricting service to one route, meaning fixed transportation costs are spread across only those patients living along that specific corridor rather than distributed across the broader potential patient population. The caregiver-to-patient ratio raises concerns that short-term cost efficiency through understaffing may prove counterproductive through burnout, reduced individualized attention, and safety risks. The program demonstrates some efficiency in leveraging partnerships with Ruby Hall and Jehangir College rather than duplicating specialized medical capabilities internally, but the poor family communication represents an efficiency loss since families are not equipped to effectively support therapeutic strategies at home, potentially requiring more intensive Centre-based interventions than would be necessary with better caregiver training.

### **Impact**

***Impact is the extent to which the intervention has generated, or is expected to generate significant positive or negative, intended or unintended higher-level effects.***

The program demonstrates significant positive impact extending well beyond its immediate therapeutic objectives, creating transformative changes in family systems, economic circumstances, and caregiver wellbeing that represent the broader value of the intervention. The relational and psychological impacts extend across the entire family system in ways that represent fundamental quality of life improvements rather than merely absence of deterioration. This impact on relationship quality has implications for both parties' emotional wellbeing and potentially for the patient's continued cooperation with care. The program has enabled family members to participate in a sustainable rotation of care responsibilities rather than having one person bear crushing burden, distributing impact across the system in ways that protect multiple individuals from burnout. However, the program cost of INR 17,500 monthly represents financial burden that could become unsustainable if his economic circumstances change. The program's communication failures have created frustration and dissatisfaction that partially offset the positive health impacts, and families' dependency on the service means that the program's sustainability crisis could create catastrophic negative impact if closure forces sudden care transitions.

### **Sustainability**

***An intervention is said to be sustainable when the net benefits continue, or will continue, even after the intervention has ended. The impact created by sustainable interventions continues and sometimes grows to provide benefits to the program participants.***

Financial sustainability represents an existential crisis that threatens the program's continued operation in both the immediate and long-term timeframes. Funding dependencies creates multiple risks: economic downturns reducing families' payment capacity could immediately threaten viability, while the fees necessary to cover costs limit service, constraining both social equity and the potential scale needed for economies of scope.

Beyond immediate financial threats, multiple sustainability dimensions show concerning vulnerabilities. Human capital sustainability is undermined by staff requests for additional personnel and resources suggesting potential

burnout that could lead to turnover, while inability to hire recommended positions or provide salary increases limits capacity to attract specialized talent in India's growing elderly care market where better-funded competitors could recruit away trained staff. The improvements families have achieved - reorganizing lives around day care availability, maintaining employment, restoring relationship quality - face immediate reversal if the program closes, creating cascading negative impacts across multiple family members.

### Snapshot of Alignment of the DDC Program with OECD DAC Framework

Criteria	Rationale for strengths	Rating
<b>Relevance</b>	<ul style="list-style-type: none"> <li>The Dignity Foundation DCC demonstrates exceptional relevance by addressing a critical gap in India's healthcare system where working professionals must balance employment with intensive caregiving responsibilities.</li> </ul>	● ● ● ● ●
<b>Coherence</b>	<ul style="list-style-type: none"> <li>The program demonstrates strong internal coherence, with therapeutic interventions, social engagement, nutrition support, transportation, and family communication designed to work synergistically rather than as fragmented services.</li> </ul>	● ● ● ●
<b>Effectiveness</b>	<ul style="list-style-type: none"> <li>The program achieves strong effectiveness in its core therapeutic and respite objectives, with patient outcomes showing clear positive trajectories such as significant gains in independence, reduced irritability, improved mood and emotional wellbeing, and better treatment adherence.</li> </ul>	● ● ● ●
<b>Efficiency</b>	<ul style="list-style-type: none"> <li>The program operates under severe resource constraints that fundamentally undermine cost-effective service delivery and create a financially unsustainable model</li> </ul>	● ● ●
<b>Impact</b>	<ul style="list-style-type: none"> <li>The program demonstrates significant positive impact extending well beyond its immediate therapeutic objectives, creating transformative changes in family systems, economic circumstances, and caregiver wellbeing that represent the broader value of the intervention.</li> </ul>	● ● ● ● ●
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>The program faces threats to its sustainability due to its financing model</li> <li>Human capital sustainability is also undermined in the project due to high care giving burden</li> </ul>	● ● ●

# Alignment with SDGs



The United Nations introduced the Sustainable Development Goals (SDGs) with the aim of fostering global peace, improving human welfare, and safeguarding the environment in 2015. These 17 goals and 169 targets emerged from an extensive collaborative effort involving national governments and millions of citizens worldwide, who collaborated to establish a universal roadmap for achieving social, economic, and environmental sustainability. India, as a developing nation, committed to achieving the SDGs by 2030, joining 193 other countries in this endeavour. Prior to India's commitment to the SDGs, the country took a significant step in 2013 by passing the New Companies Act, which mandated corporate social responsibility (CSR) initiatives. This legislation, coupled with India's longstanding tradition of social work and philanthropy, laid the foundation for enhanced social development efforts undertaken by the government, corporations, and civil society organizations. Consequently, the alignment with the SDGs spurred the creation of new and innovative programs, where sustainability became the overarching principle guiding all social development initiatives.

In this section, we attempt to orient multiple SDGs with the initiative, which targets to create an inclusive and equitable education system for everyone to improve students' lives. The program is aligned with various SDGs related to equitable quality education, reduction of gender inequality, economic growth, and sustainable development.



## Good Health and Wellbeing

Ensure healthy lives and promote well-being for all at all ages

**Target 3.4: “By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being”**

The DCC addresses this target through its holistic intervention that aims to slow cognitive decline and maintain functional abilities in patients with dementia, a non-communicable disease. The structured activities including physiotherapy, occupational therapy, cognitive stimulation through games and brain activities, and social engagement work to delay disease progression and reduce complications that could lead to premature mortality. The program also helps to significantly improve patient mood and emotional well-being and improves caregiver mental health – a factor often overlooked in health interventions.

**Target 3.8: “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”**

The program contributes to this target by providing specialized dementia care services that fill a gap in India's healthcare system, where such services are scarce and often inaccessible to middle-income families who cannot afford private institutional care but lack access to public alternatives. The comprehensive care package covering transportation, meals, therapeutic services, and medication management represents a continuum of essential health services delivered in an integrated manner

**Target 3.d: “Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks”**

The program is a part of Dignity Foundation's larger agenda of spreading awareness about dementia and its associated indicators. Through various initiatives, the foundation systematically works to raise public awareness about the disease.



## Reduced Inequalities

Reduce inequality within and among countries

**Target 10.2: “By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.”**

The program fundamentally addresses age-based inequality by ensuring elderly citizens with dementia receive dignified, professional care rather than being relegated to inadequate home-based arrangements or facing neglect. The existence of specialized dementia care represents recognition that elderly persons with cognitive impairments deserve quality services tailored to their needs. The program promotes social inclusion by maintaining patients’ engagement with peers and community through structured activities, and ongoing social interaction that prevents isolation.

**Target 10.3: “Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard.”**

The program aligns with this target by providing services without any discrimination, following Dignity Foundations’ core value of equality. The program works to ensure that patients with dementia are treated with dignity, respect, and care that they deserve.



## Partnerships for the goals

Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

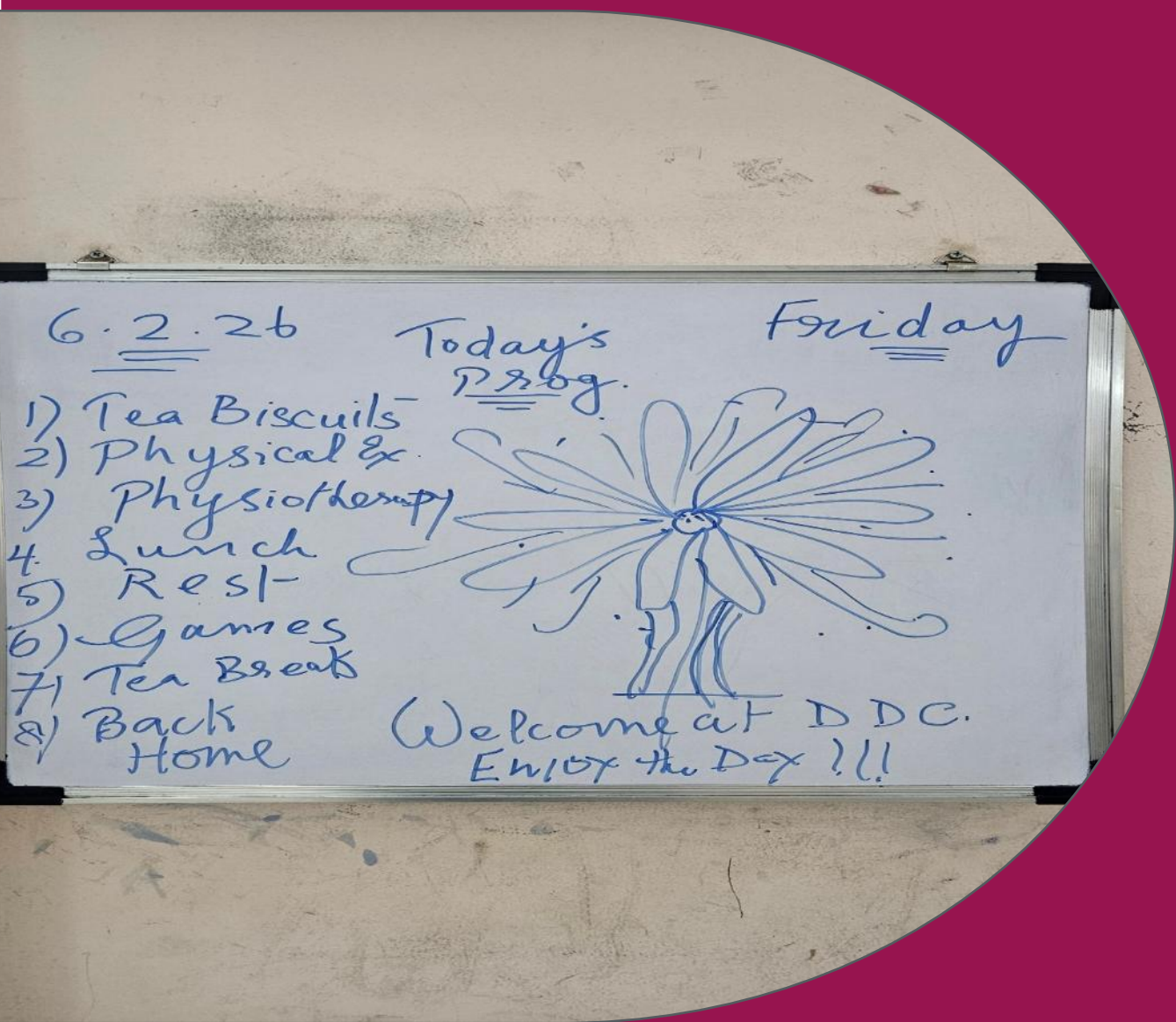
**Target 17.17: “Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships.”**

The program exemplifies the principles of SDG Target 17.17 by fostering effective partnerships between the private sector, public institutions, and civil society to advance health care and social inclusion goals. The program's design and implementation highlight the benefits of collaboration in achieving shared objectives. Axis Bank supports Dignity Foundation who identify patients that need care. This partnership leverages the strengths of both sectors. Axis Bank leverages its financial resources to support the program, demonstrating how corporate strategies can effectively contribute to public goals.

## Snapshot of Alignment of the DDC Program with SDG Goals

SDG	Targets
 <p>3 GOOD HEALTH AND WELL-BEING</p>	<ul style="list-style-type: none"> <li>➤ Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being</li> <li>➤ Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all</li> <li>➤ Target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</li> </ul>
 <p>10 REDUCED INEQUALITIES</p>	<ul style="list-style-type: none"> <li>➤ Target 10.2: By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.</li> <li>➤ Target 10.3: Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard.</li> </ul>
 <p>17 PARTNERSHIPS FOR THE GOALS</p>	<ul style="list-style-type: none"> <li>➤ Target 17.17: Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships.</li> </ul>

# Conclusion and Recommendations



6.2.26

Today's Prog.

Friday

- 1) Tea Biscuits
- 2) Physical Ex.
- 3) Physiotherapy
- 4) Lunch
- 5) Rest
- 6) Games
- 7) Tea Break
- 8) Back Home



Welcome at DDC.  
Enjoy the Day !!!

The Dignity Foundation DCC in Pune represents a vital and demonstrably effective intervention in India’s severely under-resourced dementia care landscape. The program has successfully carved out a critical niche in the continuum of elderly care, providing holistic support that meaningfully improves patient outcomes while providing caregivers required respite.

The program’s alignment with multiple sustainable development goals – particularly SDG 3 on good health and well-being, SDG 10 on reduced inequalities, and SDG 17 on partnership for the goals demonstrates its commitment to create broader social, economic, and community impact.

The Axis Bank funded DCC represents a powerful intervention addressing health inequalities in elder care while demonstrating pathways for continued refinement and impact maximization. We provide the following recommendations to help improve the scope of its impact

**Recommendations for program enhancement**

**1 Improve communication with family**

The program needs to work to improve communication with family members of caregivers by providing them daily updates along with monthly or quarterly care plans. Family members have requested for photographs and videos to help them keep track of their loved ones during the day.

**2 Improve document and record keeping**

Improve internal communication channels and database management systems to ensure that records and documents are rigorously maintained. The program can also work on improving overall program and process transparency

**3 Expand services provided**

Increasing service routes and expanding work hours to cover weekends can help increase inflow of patients into the center. Reinstatement of services previously provided like excursions and picnics can help ensure current patients continue to stay engaged with the center

**4 Volunteer opportunities**

A volunteer program can help provide the manpower needed to keep the program functional for longer hours, thereby drawing more patients into the program.

## About Crisil

Crisil is a global, insights-driven analytics company. Our extraordinary domain expertise and analytical rigour help clients make mission-critical decisions with confidence.

Large and highly respected firms partner with us for the most reliable opinions on risk in India, and for uncovering powerful insights and turning risks into opportunities globally. We are integral to multiplying their opportunities and success.

Headquartered in India, Crisil is majority owned by S&P Global.

Founded in 1987 as India's first credit rating agency, our expertise today extends across businesses: Crisil Ratings, Crisil Intelligence, Crisil Coalition Greenwich and Crisil Integral IQ.

Our globally diverse workforce operates in the Americas, Asia-Pacific, Europe, Australia and the Middle East, setting the standards by which industries are measured.

For more information, visit [www.Crisil.com](http://www.Crisil.com)

Connect with us: LINKEDIN / Twitter,

<https://www.linkedin.com/company/crisil/>, <https://x.com/CrisilLimited>

## About Crisil Intelligence (formerly Market Intelligence & Analytics)

Crisil Intelligence is a leading provider of research, consulting, risk solutions and advanced data analytics, serving clients across government, private and public enterprises. We leverage our expertise in data-driven insights and strong benchmarking capabilities to help clients navigate complex external ecosystems, identify opportunities and mitigate risks. By combining cutting-edge analytics, machine learning and AI capabilities with deep industry knowledge, we empower our clients to make informed decisions, drive business growth and build resilient capacities.

For more information, visit <https://intelligence.crisil.com/>