



Impact Assessment for Pediatric Cardiac
Surgeries supported at Sri Sathya Sai Sanjeevani
Hospitals located at Chhattisgarh, Haryana, and
Maharashtra | CSR initiative of Axis Bank Limited
January 2024 to March 2024

DTTILLP, January 2026

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**CSR initiative of Axis Bank Limited towards
Pediatric Cardiac Surgeries supported at
Sri Sathya Sai Sanjeevani Hospitals**

1. Executive Summary

1.1 Introduction

Project title	CSR initiative of Axis Bank Limited Supporting Pediatric Cardiac Surgeries at Sri Sathya Sai Sanjeevani Hospitals
Implementing partner	Sri Sathya Sai Sanjeevani Hospitals under Sri Sathya Sai Health and Education Trust
About the Organization	<p>Sri Sathya Sai Health & Education Trust runs Sri Sathya Sai Sanjeevani Centres for Child Heart Care which are Paediatric Cardiac Hospitals. It is a dedicated network of paediatric cardiac hospitals that provides completely free, high-quality care to children born with congenital heart disease (CHD), regardless of the socio-economic background. Guided by the vision of securing every child's "Right to a Healthy Childhood," the organization works through a holistic model with the aim to reduce the global burden of CHD.</p> <p>The mission includes developing compassionate and skilled medical teams, driving research and advocacy for congenital heart care and extending care beyond surgery through, screening, and community outreach. The hospital programmes also serve children from all parts of India as well as neighbouring countries, reflecting their growing role as a regional hub for paediatric cardiac care</p> <p>To date, the Sanjeevani network has conducted more than 25,000 paediatric heart surgeries, entirely free of cost, and has screened hundreds of thousands of children through its outreach and mother-and-child health.¹ Through this unique model, the organization continues to bridge critical gaps in access to quality congenital cardiac care for the most vulnerable.</p>
Project overview	<p>The project was implemented by the Sri Sathya Sai Sanjeevani Centres for Child Heart Care with CSR grant from Axis Bank, to support 175 cardiac surgeries for children diagnosed with congenital heart disease (CHD). The intervention was designed to ensure that underprivileged and needy patients receive timely, high-quality, and completely free specialized paediatric cardiology services through the centres at Nava Raipur-Chhattisgarh, Palwal-Haryana, and Kharghar, Navi Mumbai-Maharashtra. The support was to be towards preoperative, inpatient and post operative care for children visiting the Sri Sathya Sai hospitals, from across India.</p>
Project period	January 2024 – March 2024
Grant amount	INR 2,62,50,000
Project location	Chhattisgarh, Haryana and Maharashtra
Problem statement	<p>Worldwide, an estimated 6% babies are born with a congenital disorder, resulting in a large number of associated deaths.² Amongst these, congenital heart diseases (CHDs) are the most common major congenital anomaly, present in approximately 1 in 100 live births, and account for nearly one-third of all birth defects.³ Congenital heart disease (CHD) remains the leading cause of mortality amongst infants, and young children due to NCDs.</p> <p>In 2015, the United Nations introduced the Sustainable Development Goals (SDGs) to tackle major global development challenges, two of which were addressing high neonatal and under-five mortality.⁴ Given that CHD contributes substantially to childhood morbidity and mortality, congenital cardiac care stands as an integral part of addressing and aligning to the SDGs.</p>

¹ <https://srisathyasaisanjeevani.org/>

² WHO — congenital disorders / birth defects overview https://www.who.int/health-topics/congenital-anomalies?utm_source=chatgpt.com#tab=tab_1

³ Zimmerman MS, Smith AGC, Sable CA, et al. Global, regional, and national burden of congenital heart disease, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet Child Adolesc Health*. 2020;4(3):185-200

⁴ <https://data.unicef.org/topic/child-survival/child-survival-sdgs/#:~:text=The%20proposed%20SDG%20target%20for%20child%20mortality,as%2025%20deaths%20per%201%20C000%20live%20births.>

In high-income countries (HICs), improvement in care has led to significant increase in survival of children with CHD. However, in low- and middle-income countries (LMICs) where paediatric cardiac care is lacking, access to adequate surgical intervention remains a challenge.⁵

Globally, India is responsible for the largest number of under-five deaths, including those due to congenital heart disease (CHD).⁶ CHD is the single most common cause of birth-defect related deaths and the 7th most common cause of infant deaths.⁷

Government of India has introduced several initiatives including National child-health screening initiatives (Rashtriya Bal Swasthya Karyakram-RBSK) to strengthen early detection and referral pathways for congenital anomalies.⁸ However, the challenges associated with care persist. Coverage and follow-up remain inconsistent, while shortage in skilled human resources and specialized facilities continue to limit timely diagnosis and definitive treatment. Financial inaccessibility further deepens inequity. As per the 2021 NITI Aayog Report⁹, over 30% of Indians cannot afford healthcare services and lack financial protection for their health. Further, inadequacy in the availability of quaternary care facilities often prompts patients to resort to suboptimal treatment options available locally, or in often cases, forego treatment altogether.

In view of the high disease burden, geographic concentration of services, and significant financial barriers, the presence of three Sanjeevani centres can be considered an advantage. Moreover, the centres provide free and high-quality paediatric cardiac care; a welcome step to address accessibility and affordability issues, while shrinking critical gaps in existing capacity of paediatric cardiac care.



The support aligns strongly with **SDG 1 (No Poverty)** by addressing the financial burden associated with congenital heart disease (CHD), particularly for economically vulnerable families. Paediatric cardiac surgeries are among the most expensive tertiary healthcare interventions and are often inaccessible to low-income households. As a result, families frequently have to delay or forgo treatment, prioritising daily livelihoods over life-saving care for their children. By providing completely free pre-operative, inpatient, and post-operative cardiac care, the project prevents catastrophic out-of-pocket expenditure and protects households from falling into or deeper into poverty.

Through early diagnosis, life-saving surgical interventions, and structured follow-up care, the project directly contributes to reducing preventable child morbidity and mortality associated with congenital heart conditions, advancing **SDG 3 (Good Health and Well-being)** by ensuring timely access to specialized pediatric cardiology services for children diagnosed with CHD.

The project contributes indirectly to **SDG 4 (Quality Education)** by improving children's ability to participate in schooling and learning activities. CHD-related illness often results in frequent school absenteeism, reduced concentration, and social withdrawal among affected children. Caretakers reported that, prior to surgery, a significant 88% of school age children missed school days due to health-related challenges, who could resume school post-surgery.

SDG alignment

⁵ World Health Federation. Call-to-Action on Addressing the Global Burden of Pediatric and Congenital Heart Diseases. 8th World Congress of Pediatric Cardiology and Cardiac Surgery. Washington DC. 2023

⁶ Duke T, Kissoon NT, Rogers MC. Pediatric intensive care: A global perspective. In: Shaffner DH, McCloskey JJ, Hunt EA, Tasker RC, editors. *Roger's Textbook of Pediatric Intensive Care*. 6th ed. Wolters Kluwer; 2024. p.3-10

⁷ Baranwal, A. K., Prinja, S., & Kaur, N. (2023). Congenital heart disease: would it be the key driver of infant survival During Amrit Kaal (2022–2047)? *Indian Pediatrics*, 60(2), 98-102.

⁸ Rashtriya Bal Swasthya Karyakram, National Health Mission. Available from: <https://nhm.gov.in/index4.php?lang=1&level=0&lid=773&linkid=499&utm>

⁹ Health Insurance for India's Missing Middle, October 2021. Available from: https://www.niti.gov.in/sites/default/files/2021-10/HealthInsurance_forIndiasMissingMiddle_28-10-2021.pdf

The project contributes to **SDG 8 (Decent Work and Economic Growth)** by reducing productivity losses and livelihood disruptions among caregivers and families of children with CHD. Prior to the intervention, parents and caregivers frequently missed workdays due to repeated hospital visits and caregiving demands. Post-surgery, a significant reduction in workdays lost was reported, enabling caregivers to return to work, stabilize household income, and improve economic security.

The Pediatric Cardiac Care project aligns closely with **SDG 10 (Reduced Inequalities)** by ensuring equitable access to advanced cardiac care irrespective of income or location and By offering high-quality care across multiple regional centers and supporting children from socio-economically disadvantaged backgrounds the project reduces structural and geographic inequalities in access to tertiary healthcare.

The project exemplifies **SDG 17 (Partnerships for the Goals)** through effective collaboration between Axis Bank, Sri Sathya Sai Hospitals, medical professionals and national schemes. This multi-stakeholder model leverages financial resources, clinical expertise, and institutional infrastructure to deliver sustainable, high-impact paediatric cardiac care.

1.2 Impact assessment findings overview

The table below presents a summary of Deloitte’s observations and findings of the impact assessment as per OECD DAC Network on Development Evaluation (EvalNet) criteria for the support provided towards pediatric cardiac surgeries. A summary of the findings is presented in the table below, while elaborate documentation is available in subsequent chapters of the report.

Parameter	Key Highlights
Relevance	<ul style="list-style-type: none"> • Congenital Heart Diseases present a significant health burden globally, affecting both developing and developed nations. In many low- and middle-income countries, including India, majority of the population lacks access to organized and regulated paediatric cardiac care. According to Indian Paediatrics, 2024, only around 25 centres have exclusive paediatric cardiac programs.¹⁰ Most centres are in the private sector, concentrated in metro cities, especially in southern and western India, while there are far fewer centres in the north, central and eastern parts of India.¹¹ This results in delayed care for many children due to distance, limited capacity and long waiting lists. • Therefore, there is a pressing need to significantly increase the number of paediatric cardiac care centres and raise awareness about testing and diagnosis to effectively mitigate and manage the rising incidences of CHDs. • With nearly 75% of families reporting no or uncertainty around access to paediatric cardiac facilities in their localities, Sri Sathya Sai Sanjeevani Hospitals in Raipur, Palwal and Navi Mumbai address this geographic disparity and need, providing care to the underserved population in these areas.
Coherence	<ul style="list-style-type: none"> • Sri Sathya Sai Sanjeevani Hospital’s centres in Palwal and Raipur contributes to managing footfall at hospitals in overburdened facilities/institutes in tier-I cities by providing specialized cardiac care services locally, thereby reducing the need for patients to travel to larger cities such as Mumbai and Delhi to seek specialized treatments or consultations. • Leverages linkages with the national/state efforts such as Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (PMJAY) and Rashtriya Bal Swasthya Karyakram (RBSK)’s schemes to improve access to affordable paediatric care has attracted patients from lower socio-economic backgrounds to seek diagnostic care and surgical treatment services free of cost. • Sri Sathya Sai Sanjeevani Hospitals support RBSK ’s outreach and screening efforts to identify cases of CHD in the community.

¹⁰ Baranwal AK, Kaur N, Govardhan SV. Pediatric Cardiac Critical Care: A Vital Link in the Chain-of-Survival of Children with Congenital Heart Disease. Indian Pediatr. 2024 Jul 15;61(7):682-686. PMID: 38973683.

¹¹ Iyer KS. 'Cry of the children': congenital heart surgery in India-a journey of six decades. Indian J Thorac Cardiovasc Surg. 2022 Jul;38(4):357-365. doi: 10.1007/s12055-022-01379-2. Epub 2022 Jun 7. PMID: 35693114; PMCID: PMC9170545.

- While there is no centralized waitlist across the three centres, the centres offered patients alternative destinations in case of a shorter possible waiting time at one of the other centres.
- Collaborative trainings of healthcare professionals at the PHC and CHC level were also organised by SSSSH with the government, to train them in paediatric heart related diagnosis and screenings.
- The facility also continues to partner with academic institutes including medical colleges, for the creation of a dedicated workforce in Paediatric Cardiology.

Effectiveness

- The project succeeded in making pediatric cardiac care accessible and affordable, attracting patients not only from Maharashtra, Haryana and Chhattisgarh, but also from 8 neighbouring and underserved States in the country.
- As per discussion with cardiologists at SSSSH, the surgeries have a long-term success rate of ~99%, with no major complications.
- The project has been effective in delivering quality outcomes with 97% surgical success rates, 94% reporting no post-surgical complications, and 99% patient satisfaction (ratings 4 or 5) reflect strong clinical performance and patient experience.
- The reduction in symptomatic illness was drastic and immediate, with 90% patients (out of the sample of 94 participants) reporting positive improvement on increase in appetite, energy levels, weight gain, reduction in fever/cold frequency, improved mobility and social interaction etc.

Efficiency

- The entire screening and hospitalization was provided completely free-of-cost including boarding, lodging and food for the caretaker.
- Axis Bank Limited's CSR support of INR 1.5 Lakh per patient is an average estimated cost and not a cap on expenditure per patient. In case the cost exceeded INR1.5 lakh, it was covered through donations and trustee contributions.
- The waitlist for surgical interventions was managed in coordination with the cardiologists and surgeons, ensuring maximum utilization of the Operation Theatres (OTs), ICU beds and the surgical team. Wherever feasible, cath lab interventions were used to reduce patient-time in the hospital to facilitate a quicker turnaround.

Impact

- **Improved child health and mortality**
 - 90% parents reported significant improvement in their child's health post-surgery, with reduced risk of complications and faster recovery.
 - Parents reported improved energy levels, better appetite, healthier physical development, and the ability of children to carry out daily activities without health-related limitations, enabling a more active and normal childhood.
- **Reduced financial burden of the families**
 - The programme significantly reduced the financial strain on families by eliminating or substantially lowering treatment-related expenses with 97% of families reported reduced medical expenses post-surgery, with 43% incurring zero post-operative costs.
 - The support mitigated catastrophic health expenditure and reduced reliance on borrowing or debt, allowing families to redirect resources toward essential needs such as food, housing, and education.
 - 67 (78%) participants out of 86 who responded, experienced a sharp reduction in workdays lost post-surgery, contributing to improved income stability and financial security.
- **Increased access to education and improved social wellbeing**
 - Restoration of health translated into improved school attendance and participation in learning, with children resuming regular schooling post-surgery.
 - Improved physical stamina and concentration also supported better social interaction with peers and family members.
- **Improved awareness and health-seeking behaviour in the community**
 - As per interactions with stakeholders, there is a significant change in the ecosystem with respect to awareness on paediatric cardiac ailments, amongst the paediatric community, nursing homes and primary healthcare workers in the catchment areas, especially the older centres. This results in early diagnosis and timely treatment of patients.
 - There is also a reduction in the fear associated with congenital heart diseases since the parents hear about the surgical success through word-of-mouth

Sustainability

- The program covers the long-term health and social wellbeing tracking of the patients through an in-house impact team.
 - Strong surgical outcomes and patient trust led to increased awareness and referrals, with 41% of families learning about services through community networks and 34% through medical professionals.
 - High parental satisfaction and unanimous willingness to recommend the hospital indicate strong social sustainability.
 - Further, reduced treatment abandonment, continuity in follow-up care, and improved long-term child health outcomes suggest sustained benefits beyond the immediate intervention period.
 - Regular medical follow-ups after 1 month, 3 months, 6 months and 1 year as required at the nearest SSSSH Centre to ensure comprehensive care.
 - Staff retention and capacity across levels (specialised paediatric heart surgeons, cardiologists, nurses and care staff) remains a challenge to the hospitals. However, the Naya Raipur centre, being the oldest established among the three, has comparatively more experienced staff and shows signs of local talent also coming in through the paediatric cardiac specialization.
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2. Approach and methodology

Deloitte’s approach to the Axis Bank Limited CSR funded project is conceived in line with the objectives and based on prior experience in conducting evaluations of similar nature and scope of work (SOW). A mixed-method assessment design is deployed for the assessment. This primarily focuses on primary data collection through field visit and through virtual interactions and is supplemented/ triangulated with the help of relevant secondary data and knowledge as available.

The data for the impact assessment is collected by using data collection tools, through document review, and key stakeholder and participant interactions (on a sample basis). The primary data collection process involves interaction with the sample participants, key stakeholders, program staff and secondary stakeholders. Child-appropriate and ethically compliant methodologies are integrated across the assessment. Parental informed consent is obtained for all participating children, with parents/guardians serving as proxies to provide insights on the child’s development and post-surgery progress. For adolescents aged 15 years and above, direct interactions are conducted in the presence of a parent or guardian. All research tools are made age-appropriate and adapted to the child’s developmental stage to ensure safe, sensitive, and accurate data collection. The data collection is followed by a phase of analysis and documentation of observations and findings.

2.1 Methodology for Impact Assessment

The below Key Performance Indicators (KPIs) along the UNDP’s Results Based Framework were reviewed to assess the outcomes and impact of the project. Both primary and secondary project related data was reviewed to gain a holistic understanding of the implementation model and outcomes.

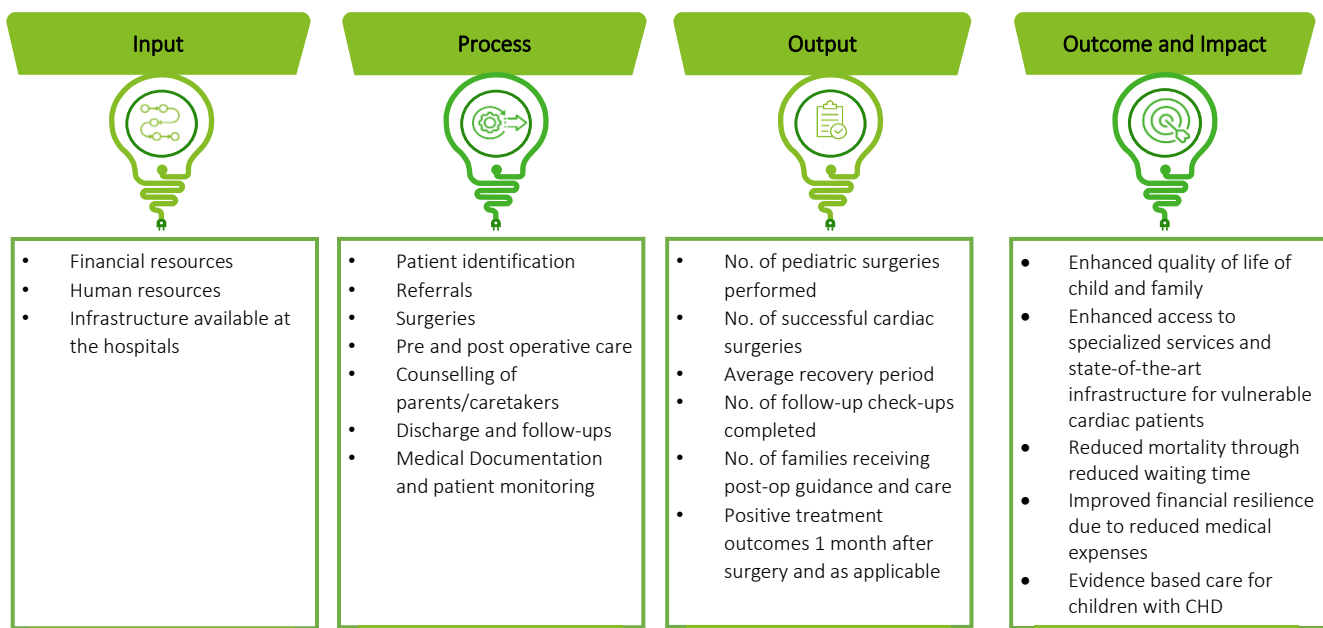


Figure.1. Results Based Framework

2.1.1 Child Protection Framework

The Child Protection and Safeguarding Framework outlined below reflects the principles and protocols guiding our engagement with children throughout the assessment. These considerations ensure that all interactions, data collection processes, and tools used in the study adhere to ethical standards and are sensitive to the safety, wellbeing, and developmental needs of child participants.

Ethical considerations

- **Informed Consent and Assent:** We obtain consent from parents or guardians and assent from the child, explaining the need for the impact assessment during sample surveys, interviews or focused group discussions
- **Child welfare is our topmost priority:** We undertake the questions considering the best interests of the child ensuring no child is harmed during the interview processes
- **Confidentiality and Privacy:** We ensure strict confidentiality of the data shared by the IPs. Deloitte ensures strict personal data safeguards while dealing with data and its analysis.

Age-appropriate considerations

- **Child-Centered Methods:** While dealing with children, we ensure employing child-friendly techniques such as storytelling or demonstration methods for malnutrition assessments using MUAC tapes who may struggle with formal interview techniques
- **Adapt research tools:** We ensure use of tools and questions that are appropriate for their comprehension level
- **Support Systems:** Have protocols in place for psychological support if children exhibit distress during the research process

Socio-economic and cultural considerations

- **Inclusion of vulnerable groups:** We ensure that the sample is representative of the population in that sub section, with equitable representation of children from various socio-economic backgrounds
- **Cultural Norms and Practices:** We understand cultural contexts and use age-appropriate culturally relevant language to elicit responses from children

Parental, teacher and guardian involvement

- **Parental/teacher/guardian control and guidance:** We typically interview a child in the presence of his/her mother/father/guardian in community settings and teacher in school settings. However, we ensure that specific nuances are captured while eliciting individual responses from them.
- **Handling sensitive topics:** We navigate parental dynamics for questions revolving around sensitive topics such as asexual and reproductive health, general health, and education

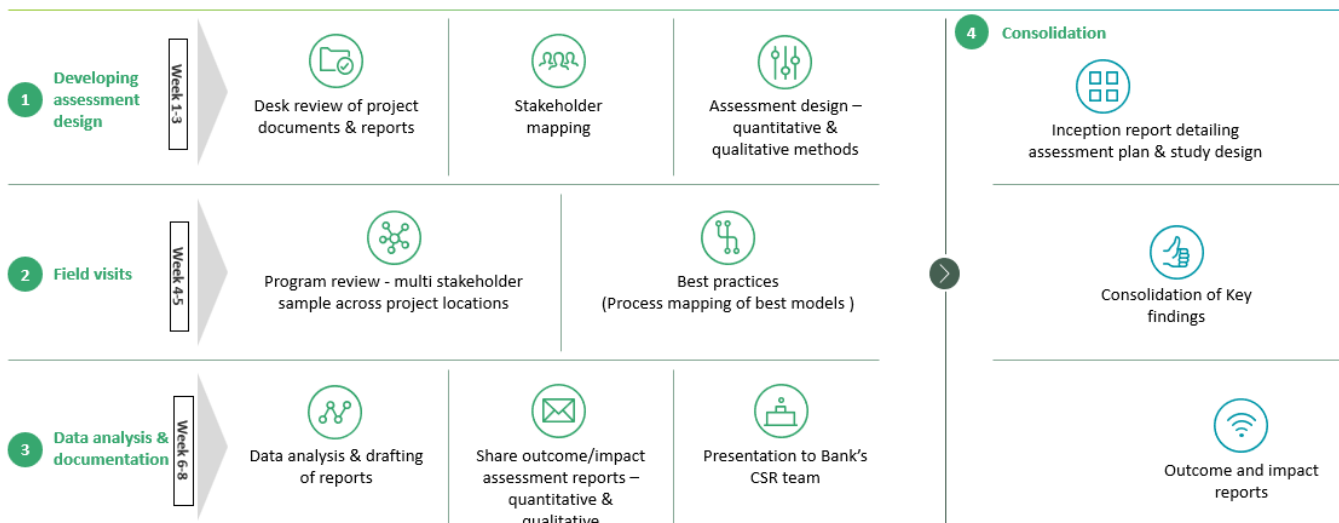


Figure 2. Child Protection Framework

2.2 Study design

The impact assessment for the project was conducted through a desk review of project documentation and a physical visit to the Mumbai and Chhattisgarh Sri Sathya Sai Sanjeevani hospitals. Additionally, virtual interactions were conducted with patient caretakers across locations to understand the spectrum of support provided and develop a contextual dimension. The indicators listed are evaluated using both a qualitative and quantitative lens, aligning to secondary literature, to ensure a comprehensive understanding of the project impact.

The assessment is conducted in following stages -



2.3 Desk review and secondary research

The study team had an introductory call with select members of the Implementation Partner (IP) Sri Sathya Sai Sanjeevani Hospital team to understand the nuances of the project. The meeting was attended by members of the Sri Sathya Sai Sanjeevani Hospital project team. The team explained the project need and operating model, the targets and achievement of the project, and the key indicators against which achievements were mapped. Through the discussion, the team was able to understand the available data sources and formulate assessment methodology.

As a next step, the team engaged in an in-depth desk review of the available documents to understand the project at length. Available data sources are identified, utilized, and reviewed to identify specificities to be explored during the desk review process. The non-exhaustive list of the documents that was requested from the implementing partner and reviewed to ensure complete understanding of the project model are listed below.

Project Documents Reviewed:

- Project Proposal
- MoU and Budget
- Project closure report
- Financial utilization document
- Participant MIS

2.4 Stakeholder Mapping

A stakeholder mapping exercise, based on the desk review, was conducted to identify the range of interactions required to document multiple perspectives about impact. The documentation of insights from multiple stakeholder interactions is critical for validating findings through triangulation. The stakeholder mapping for the current assessment is presented below:



Primary Stakeholders

- Patients
- Family/Caretakers



Secondary Stakeholders

- Doctors and Medical Staff
- Administrative staff and Program team
- Implementing Partner- SSSSH team

2.5 Sampling plan and study tools

A multi-stage mixed methodology was adopted to identify the sample of participants for the study. The final set of the participants was selected purposively. Since the project was implemented across three centres, we sampled our participants in proportion to the participant count at the centre to ensure representative sample. A snapshot of the sample covered is given below:

Stakeholder	Key points covered	Sample covered	Study tools employed
Primary Stakeholders <ul style="list-style-type: none"> • Families/Caretakers (as proxy of patients) • Patients (above 15+ years of age) 	<ul style="list-style-type: none"> • Treatment availed • Timespan of the treatment • Feedback on the admission process, waiting time, procedures, and conduct of the nursing staff, medical staff, post-discharge processes/ support • Perceived social impact (education, support for parents/ guardians) • Perceived impact on financial aspects (reduced expenditure) 	120 parents/ caretakers out of which 94 parents/ caretakers (8 in-person + 86 virtual) responded	Survey forms/Focus Group Discussion (FGD), Case study

Stakeholder	Key points covered	Sample covered	Study tools employed
Secondary Stakeholders <ul style="list-style-type: none"> Doctors and medical staff Administrative staff and program team 	<ul style="list-style-type: none"> Feedback on the project Perception of impact Gap areas and needs that could be potentially bridged by CSR support Program implementation Program monitoring 	8 doctors and other medical/ 5 Paramedical staff 7 admin and program team	Key Informant Interview (KII)

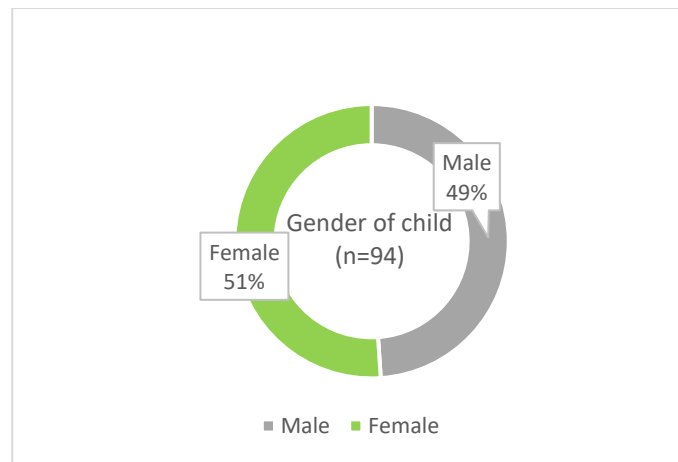
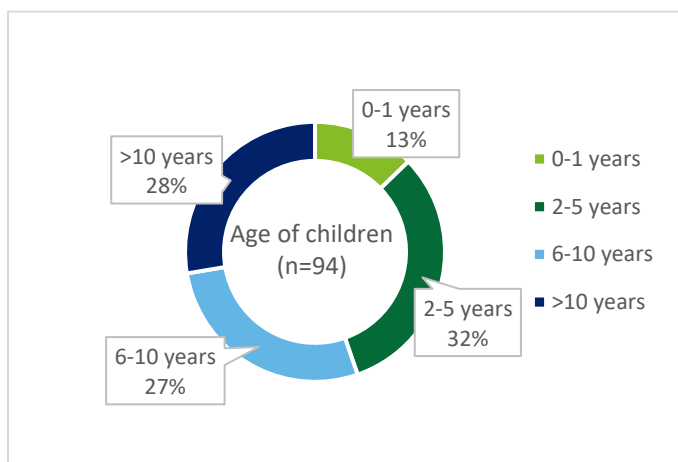
2.6 Demographics of the sample

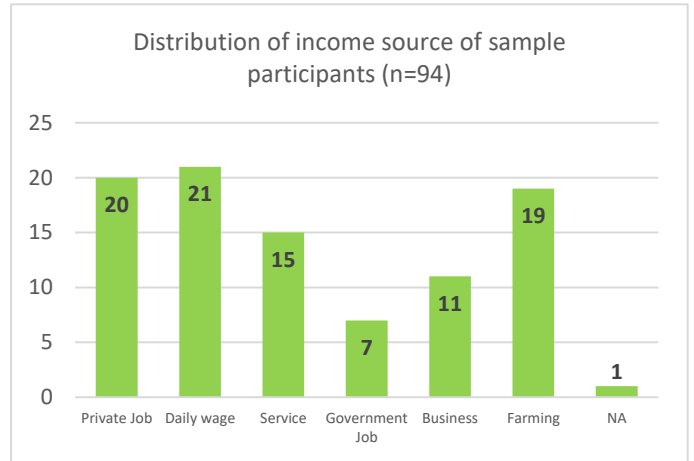
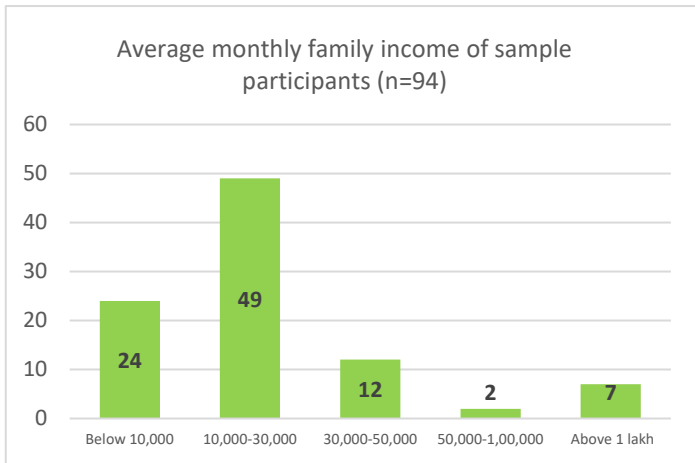
The primary participants of this impact assessment were children who received paediatric cardiac surgeries at the SSSH hospitals located in Raipur, Palwal, and Kharghar (Navi Mumbai). A total of 120 parents or caretakers were approached as part of the study. Of these, 94 parents/caretakers were successfully interviewed, including 8 in-person interactions and 86 telephonic surveys while the remaining 27 could not be reached.

Amongst the participants, 86% were participants treated at the Raipur centre, followed by 10% from the Palwal centre and 4% from the Kharghar (Navi Mumbai) centre. A snapshot of the sample covered is given as below:

Project location	Sample Covered	Type of sampling
<ul style="list-style-type: none"> Raipur Palwal Kharghar, Navi Mumbai 	81 participants 9 participants 4 participants	Purposive

A sample of 94 parents/caretakers, three doctors, five other medical/paramedic staff and seven program staff were interviewed for the purpose of the assessment. The demographic, economic and social backgrounds included in the sample is shared below:





The secondary stakeholders included 8 members of the medical facility, comprising 3 doctors and 5 nurses, along with other medical and paramedical staff.

In addition, interactions were conducted with 7 members from the administration and programme teams involved in project implementation and coordination.

2.8 Limitations

- A key limitation for the data collection process was the wide geographical spread of participants, with children and their families coming from 11 different States across India. Conducting in-person interactions at a single location was not feasible due to travel distance, time constraints, and associated costs.
- As the primary participants were young children, direct feedback could not be collected from them. All surveys and interactions were conducted with parents or primary caretaker as proxy participants, which may have influenced the interpretation of satisfaction and experience-related findings.
- The assessment adopted a purposive sampling approach. In-person interactions and FGDs were therefore conducted mainly with patients who visited the hospitals for follow-up and the stakeholders selected based on accessibility and availability, given the clinical nature and one year since completion of the intervention.
- Participants for in-person interviews were identified and coordinated with by the implementing partner (IP). While this facilitated logistical efficiency and ensured participation, it may have introduced selection bias, with a higher likelihood of engaging families who were more reachable, responsive, or positively inclined towards the programme.
- To ensure broader coverage, virtual interactions through telephonic interviews were leveraged as an alternative method to engage with participants who received treatment in Haryana and Chhattisgarh, enabling the inclusion of families from multiple States. Despite complete information provided to participant on the study, the caretakers may have limited their responses based on comfort in comparison with in-person interactions.
- Responses from telephonic interviews were dependent on the availability of parents or caretakers, access to a working phone at the time of contact, and their occupational and personal commitments.
- The assessment captures outcomes and perceived impacts at a specific point in time post-surgery. As a result, longer-term clinical and socio-economic impacts, particularly those related to educational attainment, employment outcomes, and sustained health improvements, may evolve beyond the assessment period.
- The study did not include interactions with individuals or families who were not able to access or benefit from the programme. As a result, the assessment does not capture the perspectives of those who may have faced challenges in accessing care or whose healthcare needs remained unmet.
- The findings of the review are limited to the scope of the provided documentation and the accuracy of the information shared by the implementing partner. We have worked on the assumption that the documents made available to us for performing the agreed work, are authentic. The authenticity of such documents was not independently assessed by us.

3. Impact Assessment Observations

3.1 Input

- The CSR grant of INR 2,62,50,000 from Axis Bank Limited to Sri Sathya Sai Sanjeevani Hospital covered the cost of treatment of 175 patients with congenital heart surgeries.
- The surgeries are supported across the three centers – Naya Raipur, Palwal and Kharghar through a network of specialist pediatric and congenital surgeons, cardiologists and paramedical and support staff.
- The average per-patient budgeted is INR 1.5 Lakh. In cases the amount exceeds the surgical cost, the general pool of donations covers the differential amount.

3.2 Process

The program aims to provide no-cost treatment for congenital heart diseases (CHD) through paediatric cardiac surgeries and interventions. The program is executed across three centres in Chhattisgarh, Haryana and Maharashtra.

Sri Sathya Sai Sanjeevani Trust has a multi-pronged approach to tackling congenital heart diseases including research, outreach and screening along with Cath and surgical interventions. However, since the Axis Bank Limited CSR grant is directed only towards the surgeries, this report focuses on the process starting at the center premises.

The step-by-step process of the patient life cycle at Sri Sathya Sai Sanjeevani Hospital (SSSSH) is as follows:

Outreach and Mobilization

While this is not a part of the Axis Bank Limited's CSR grant, the Sathya Sai hospitals conduct outreach and mobilization in collaboration with the Rajasthan Government Health Scheme (RGHS) program and in standalone capacity as well. The primary healthcare workers are also trained to detect early signs of congenital diseases in infants and escalate the screening as soon as signs are observed.

Screening and admission

At each of the centres, there is a dedicated screening room that attends to the patients as soon as they arrive at the centre gate. On-duty doctors take the patient history and screen for two factors- if the disease is rheumatic heart disease (i.e. acquired after birth) and the age of the patient. The hospital prefers to cater to paediatric cardiac patients with CHD since there are fewer resources targeted towards these specific set of patients. However, if there are cases of adolescents or grown-up patients with CHD in need of immediate surgeries, the hospital also caters to those.

Only after the initial screening, the patients are taken into the OPD for further diagnostics including 2D ECHO and ECG if required by the cardiology team. No charges are incurred by the patients at SSSSH.

The cardiology team analyses the patient condition. Based on the patient condition there are 3 possible outcomes:

1. The patient requires immediate hospitalization and surgery
2. The condition is treatable through a minimally invasive Cath-lab procedure
3. The patient requires surgery, but they are to be put on waitlist either because of non-availability of OTs/ICUs or vitals aren't conducive to surgery.

Medical Management - Counselling and Pre-operative care

After the OPD diagnostic, the surgical waitlist is defined in collaboration with the surgical team and the trust administration to determine the seriousness of the case and the availability of resources. In case the patient is underweight or requires special care before surgery, she/he is admitted for 24x7 pre-operative care. In case of a longer wait-time, the parents are advised accordingly to either look at alternative options outside or referred to other SSSSH centers, especially in instances where surgery is required immediately. Based on symptoms, if the patient is a case of low priority compared to other cases and is fit to wait or is underweight, the parents/caretakers are informed and called for follow up, while medication administered in most cases, and symptoms closely monitored.

Surgical intervention and post-operative care

Once the patient is operated, there is a dedicated ICU and post-operative ward to oversee the patients. It was reported that there are on-duty doctors present in shifts 24x7, along with nurses who are especially trained in paediatric cardiac care. While one caretaker from the family is allowed inside the wards, feeding, cleaning and other essential activities are managed by the on-duty staff to reduce infection risks.

The patients are also counselled and advised on nutrition, physiotherapy and post-operative care of stitches, along with further precautions to be taken.

Discharge and follow-up

The patients are required to follow up generally after 1 month, 3 months and 6 months of the surgery. After discharge, the impact team at the hospital counsels the patients, parents, and conducts regular telephonic follow-ups to assess improvements in health and socio-economic outcomes of the patients.

A layout of the program model is presented below:

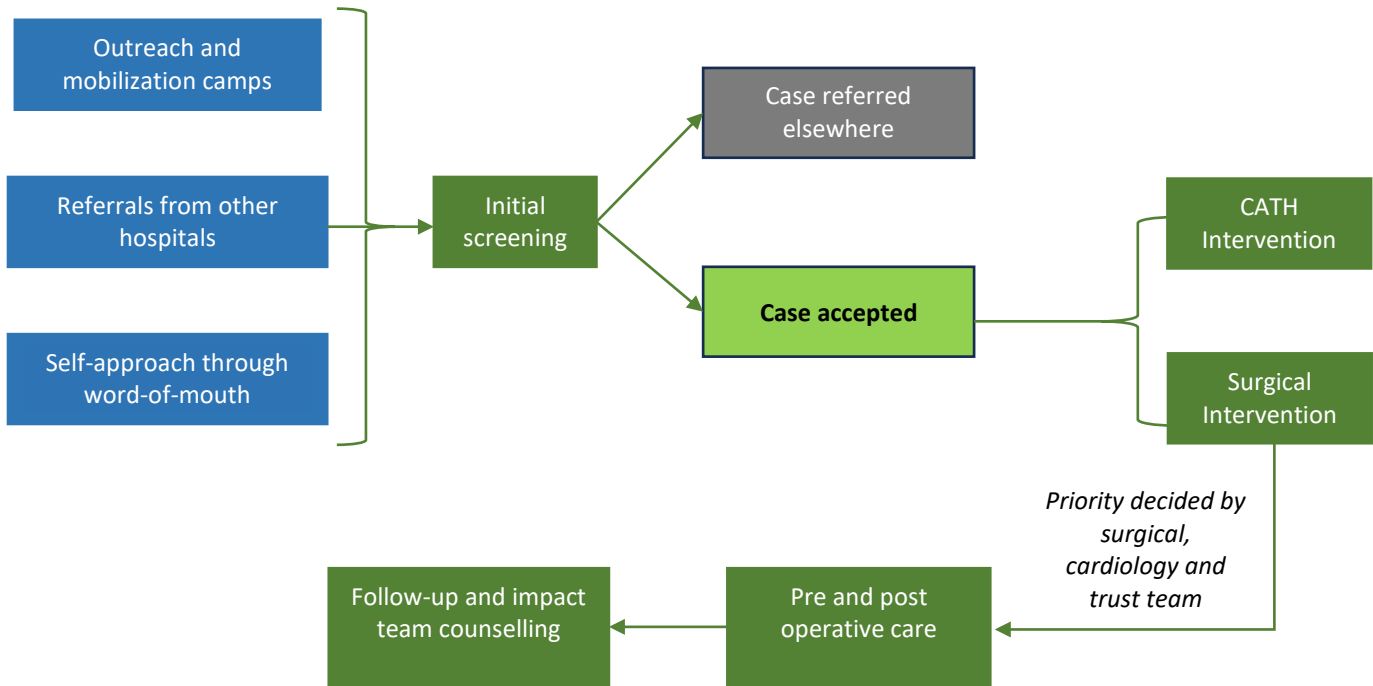
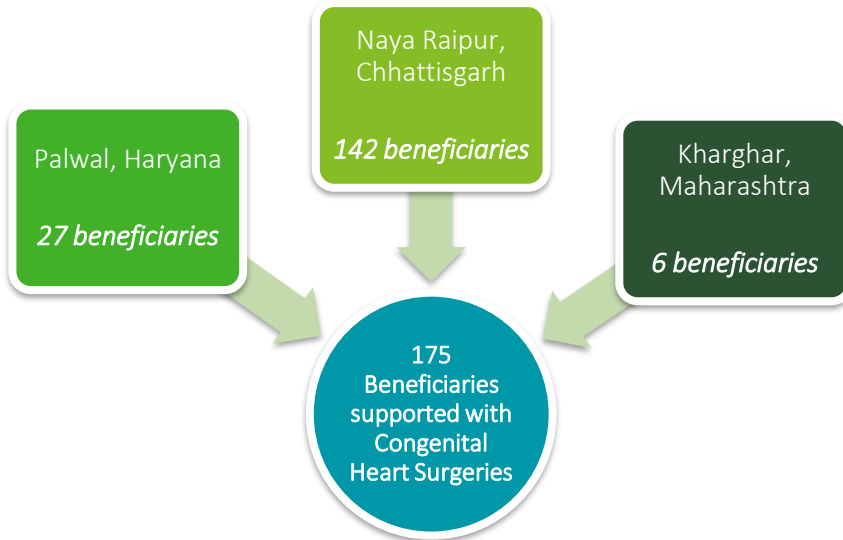


Figure 3. Project model

3.3 Output¹²

The Axis Bank Limited supported paediatric cardiac procedures for children and young adults with congenital heart disease at Sri Sathya Sai Sanjeevani Centres for Child Heart Care, at Nava Raipur, Palwal and Navi Mumbai with an aim to provide quality care totally free of cost for the patient’s family. The outreach of the initiative through the FY 23-24 CSR grant was as presented below.

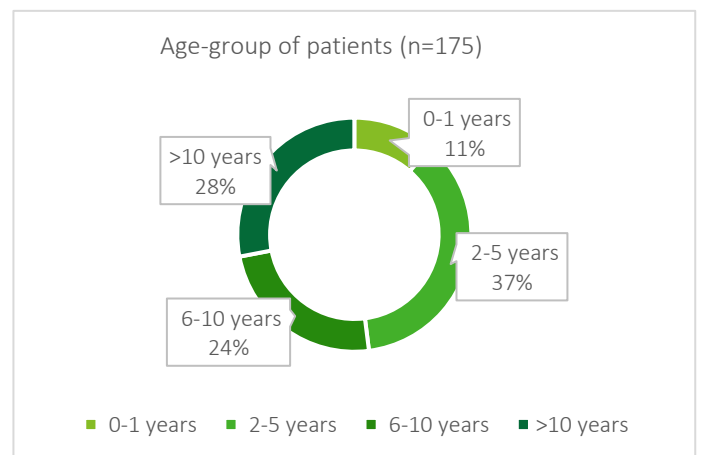
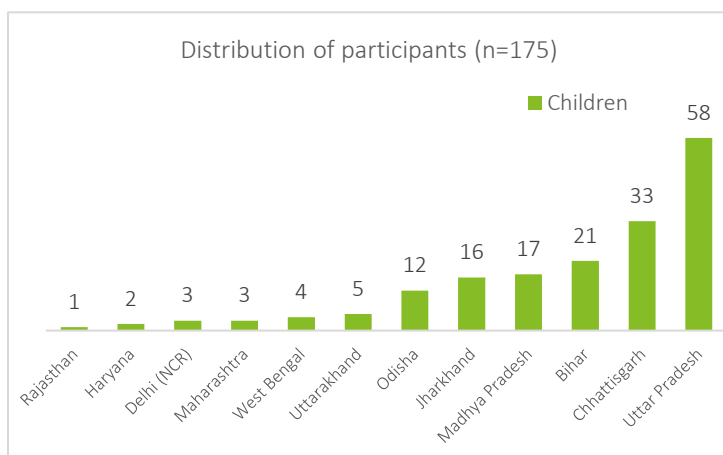


The project covered:

- Preoperative care including ECHO Screening and Cardiology Consultations till the child is fit called for surgery
- Inpatient care (Open Heart Surgery/Cath Intervention, Intensive Care) and Post Operative Care
- 1 month, 3-month, 6 month and yearly post operative cardiology follow ups

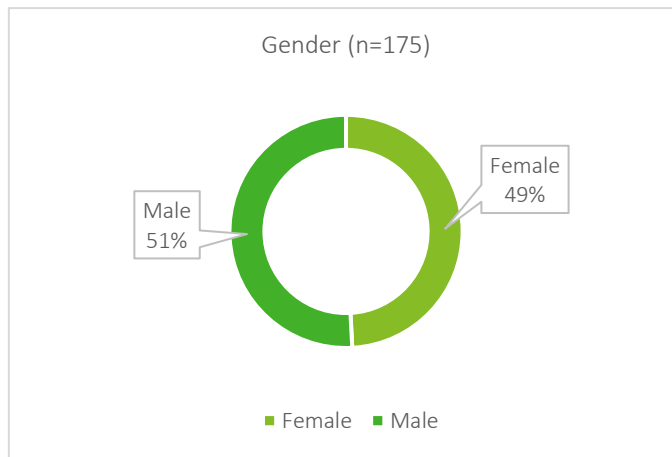
3.3.1 Demographics of participants¹³

A total of 175 children with congenital heart disease were treated under the project between January 2024 and March 2024 in Chhattisgarh, Haryana and Navi Mumbai. The participants belonged to underprivileged families from across the 3 States.



¹² Source: Project Completion Report January 2024 to March 2024

¹³ Source: Project Completion Report January 2024 to March 2024



3.4 Outcome and Impact

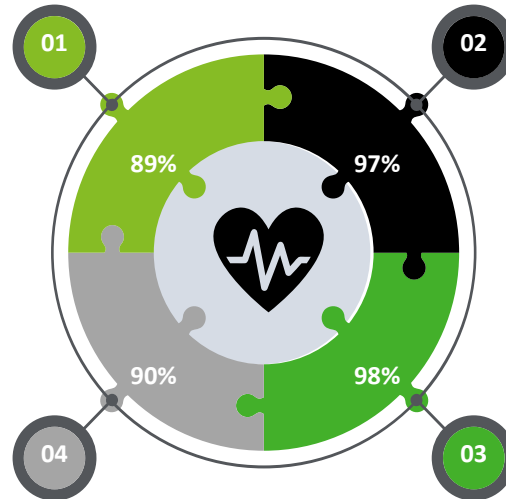
The account presented below is based on the analysis of survey responses and content analysis of the narratives recorded during Deloitte team’s interactions with multiple sample stakeholders including participants, medical staff at the hospital, cardiology and surgical teams and administrative staff. The impact outlined is specific to the model used in delivery of the interventions.

Improved child health and mortality

89% families reported improved health across more than 1 indicator such as energy levels, weight gain and reduced illnesses such as fever and cold.

Increased access to education and improved social wellbeing

90% school-age children who missed school days due to health-related challenges resumed regular school. There is a general improvement in social interaction and activity of children.



Reduced financial burden of the families

97% families reported experiencing average reduction in health expenditure. Caretakers and parents’ loss of work reduced by 82% at an average, resulting in better financial outcomes.

Improved awareness and health-seeking behaviour in the community

98% of the sampled patients have accessed follow-up care. It was also reported that there has been an increase in awareness around congenital heart diseases, with improvement in early detection and diagnosis.

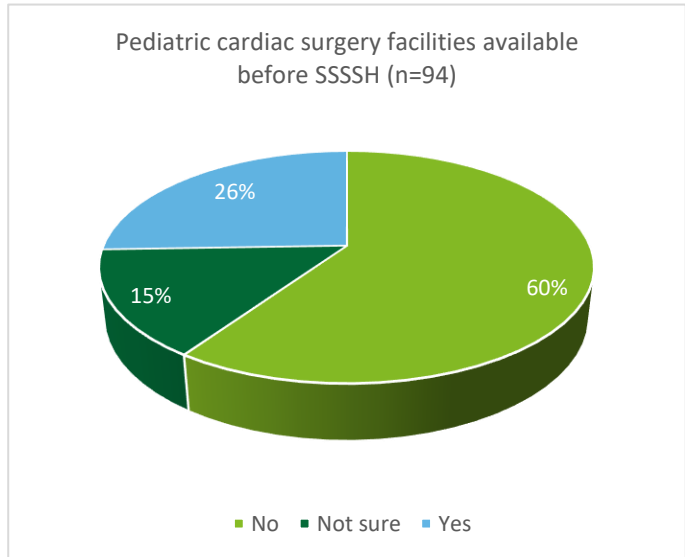
Figure 4. Program findings
Impact Assessment Observations

3.5 Key observations

3.5.1 Access to Pediatric Cardiac Care

The programme plays a critical role in addressing gaps in healthcare access by providing completely free, high-quality paediatric cardiac treatment to children from economically disadvantaged backgrounds, who are otherwise at high risk of missing timely and life-saving care.

- A significant proportion of families, nearly 60% of parents and caregivers, reported that pediatric cardiac surgery facilities were not available in their local areas prior to approaching Sri Sathya Sai Sanjeevani Hospital. An additional 15% were unsure about the availability of such facilities, indicating limited awareness and information related to specialized cardiac care. Only 26% participants reported the presence of pediatric cardiac facilities in their area.



- Among families who reported access to pediatric cardiac facilities, 50% first sought care at private hospitals or clinics, while the remaining families approached government hospitals, local clinics, or non-governmental organizations (NGOs). However, despite these efforts, many parents were unable to proceed with definitive treatment due to systemic barriers and high out-of-pocket costs.

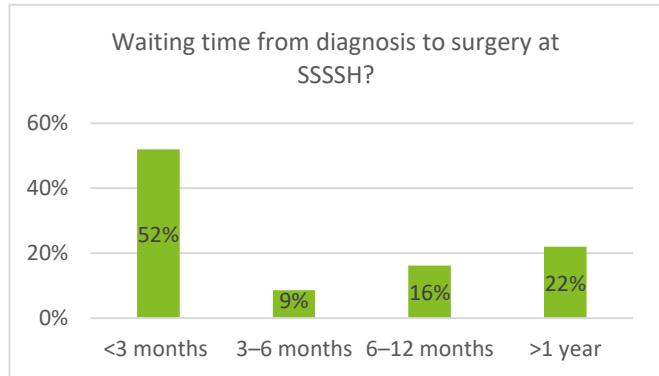
- 64% of families reported no, or uncertain access sought their first medical consultation at private hospitals or local clinics in nearby cities prior to reaching SSSSH, followed by 24% who approached government hospitals or other facilities. Notably, 11% of families could not seek medical care at any facility, indicating barriers related to affordability, awareness, and access.
- High treatment costs emerged as a major barrier, with families reporting estimated expenses ranging from INR 1.5 lakh to 3 lakh and above, making treatment unaffordable for most parents. Caretakers also described multiple consultations, long travel distances, fear and uncertainty around surgery, lack of specialized local facilities, prolonged illness of the child, and limited awareness of congenital heart conditions as challenges prior to reaching SSSSH. This rendered treatment accessible only to those with financial resources, leaving others, with fewer opportunities. This highlights the project's pivotal role in addressing the dearth of pediatric cardiac facilities in the underserved regions.
- SSSSH's strong surgical outcomes have been a key driver of awareness and patient mobilisation. Nearly 41% families learnt about the hospital through friends and relatives, while 34% were referred by doctors or healthcare professionals, reflecting both community trust and institutional credibility. Additionally, social media played a significant role in awareness, with 9% of participants citing it as a source of information, whereas it was not a prominent factor, but emerging.
- Parents cited multiple reasons for choosing SSSSH, primarily the completely free-of-cost treatment, the presence of a dedicated paediatric cardiac unit, and the hospital's clear identity as a specialised centre exclusively for heart surgeries. The quality of care provided uniform across all patients was consistently rated positive by parents.

“We got to know about her condition during birth and my daughter got treated for two years in Patna. But that wasn't highly cardiac specialized. So, we came to SSSSH. This hospital runs like a well-oiled machine, and we were very satisfied with the treatment as the quality of doctors was exceptionally good! “

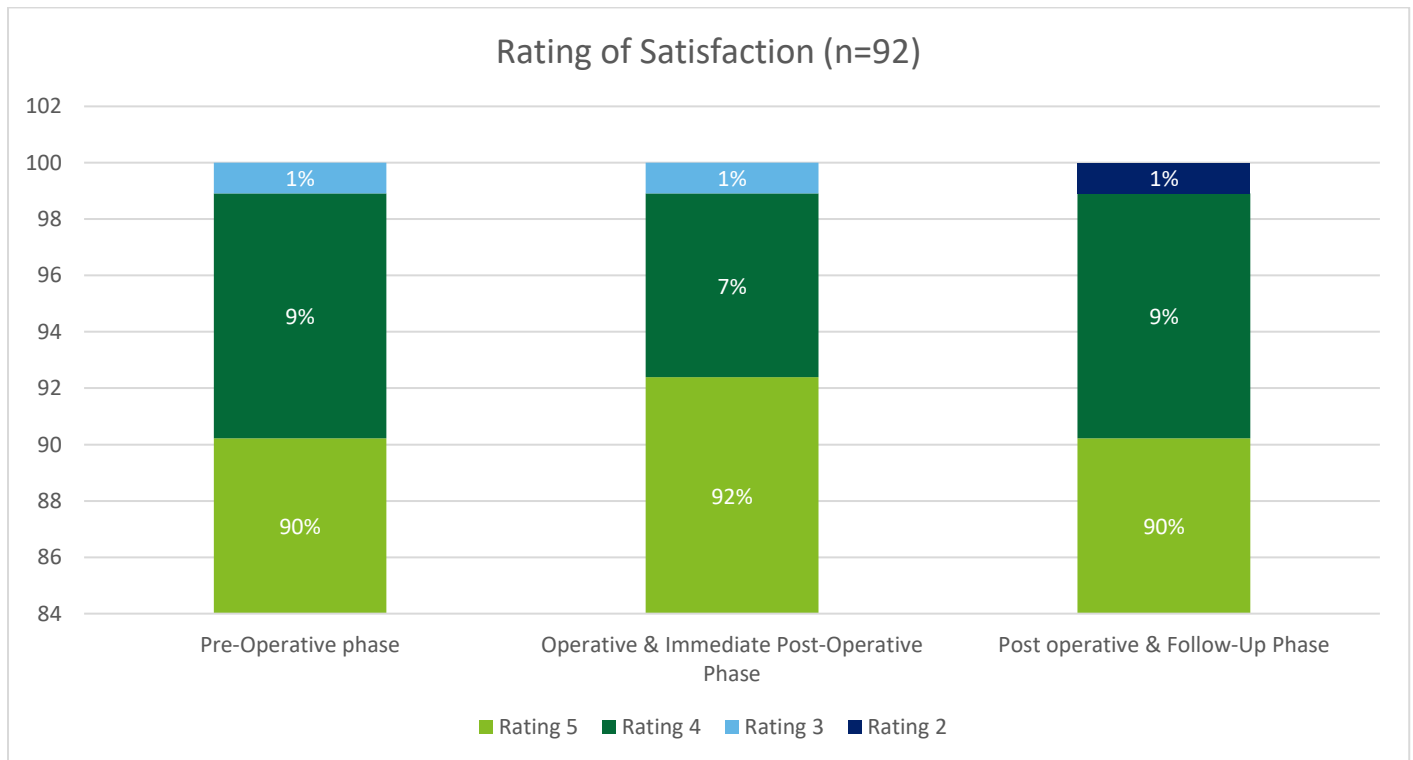
- Ashutosh Anand, Father of Omisha Anand, Bihar

3.5.2 Quality of Care and Patient Experience

- 100% participants reported receiving completely free treatment, including surgery, accommodation, and food support. However, one parent mentioned, he had to purchase some medicine from outside as the medicine was not available at the hospital. Parents and caretakers also reported a smooth patient screening and admission process.
- Waiting time being contingent on the stages of the treatment, around 52% of participants received surgery within three months of diagnosis, 24% within three to six months, while 22% experienced a waiting period of more than one year. Caregivers, corroborated by discussions with the programme team, reported that waiting times were primarily influenced by clinical severity, case prioritisation, and the availability of specialised surgeons for specific cardiac conditions.



- The survey revealed a high satisfaction rate amongst patients treated across Sathya Sai hospitals with 99% of participants reported being satisfied (rating 4 or 5) with the services received in different stages of treatment, highlighting the positive impact on child recovery. Overall, all participants expressed complete satisfaction with the quality of care received, follow-up care, and guidance, with a high likelihood of recommending the hospital to other parents for the cardiac surgery, as shown in graph below.



Patient Satisfaction with treatment availed at Sri Sathya Sai Sanjeevani Hospitals

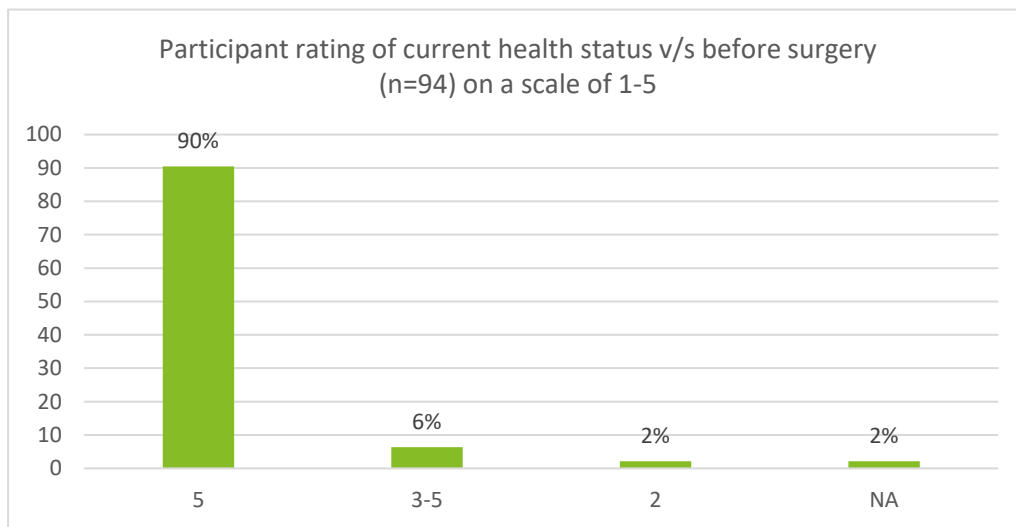
3.5.3 Improved Health Outcomes and Mortality

- Among the sampled participants, SSSSH achieved a surgical success rate of 97%, ensuring effective treatment and recovery for children affected by congenital heart disease (CHD). They no longer worry about moving to other hospitals, as Sathya Sai was able to provide them with the necessary treatment. The strong clinical performance, coupled with low mortality risk further reinforces positive word-of-mouth and strong community trust, amplifying awareness of its services.

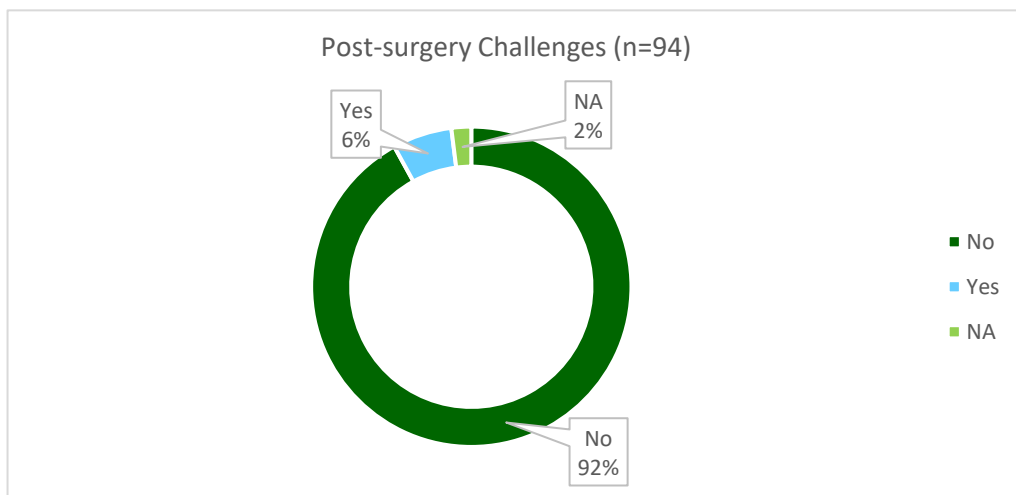
“We had visited 5 other places, but they told us there were low chances of survival. We always refer all the children with problems to Sathya Sai. We are very content with the services! “

-Neha, Mother of Aarushi, Lucknow, UP

- Moreover, majority of parents interacted with, unanimously agree that effectiveness of treatment procedures has reduced the risk of complications, leading to enhanced overall health outcomes and a higher likelihood of successful and faster recovery for children undergoing cardiac surgeries.
- 90% parents reported significant improvement in their child’s health status compared to the pre-surgery period. Caregivers also observed notable improvements in energy levels, mobility, and participation in physical activities, indicating enhanced functional recovery and well-being.



- Post-surgical recovery was largely smooth, with 92% of participants reporting no post-surgery complications. 6% reported further medical complications during follow-up, expressing that communication and clarity around surgery scheduling could be improved. 2% of the children however, passed away due to severe underlying medical conditions.



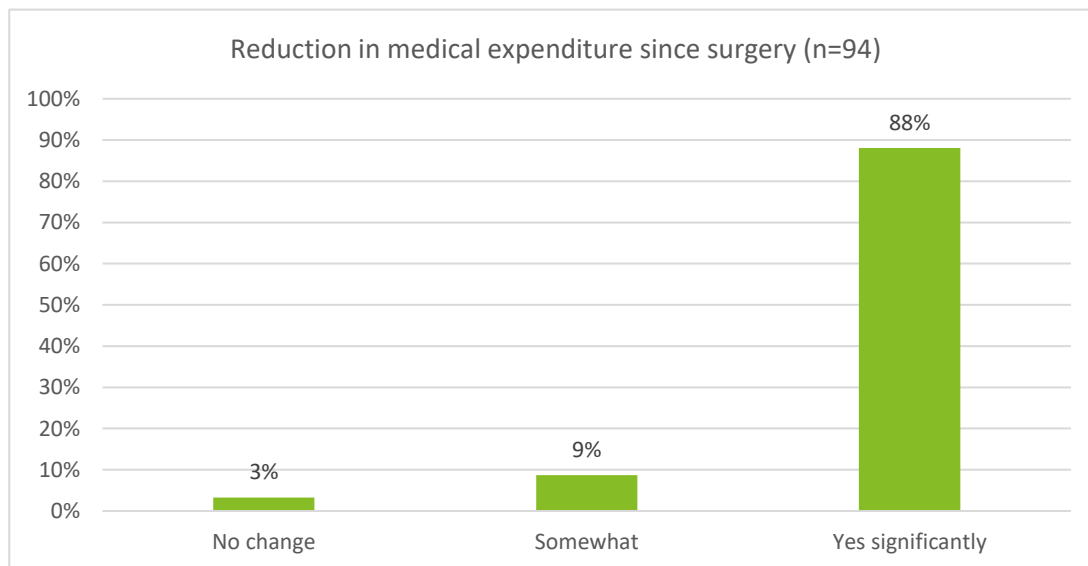
3.5.4 Reduced financial burden on families

- 88% participants shared that high cost of treatment prevented them from availing treatment earlier before the surgery. Having the necessary treatment readily available helped them avoid the costly private hospitals, where they might incur additional healthcare expenses.

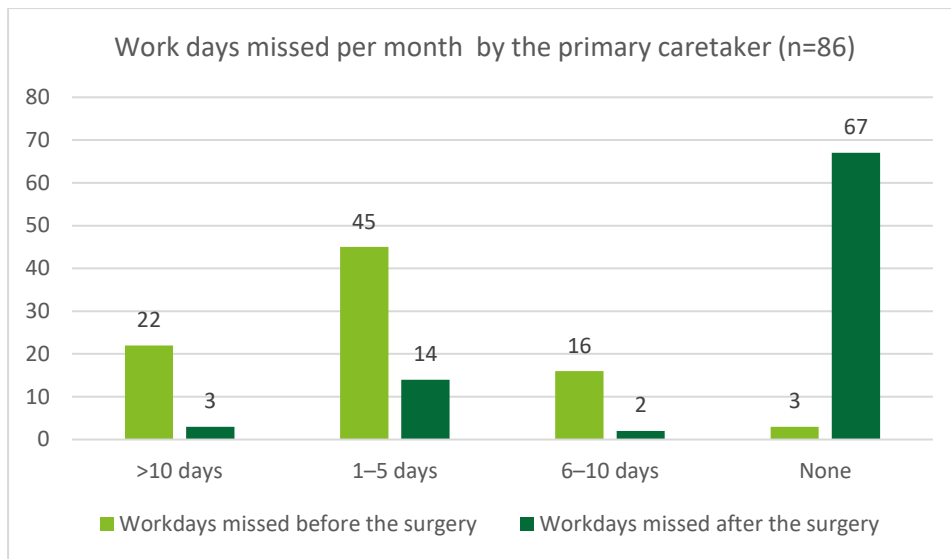
“The problem was identified in 2017 at a private hospital in Patna, but the cost of treatment was too high and we had no budget for this. We could not have covered the cost through our savings. Then we got to know about Sathya Sai Hospital in 2018 and since then we have been visiting the hospital. The doctors tried to operate in 2022, but it was not successful and hence the final operation took place in 2023. Now my child is fine and healthy.”

- **Parent of Palak Kumari, Patna**

- Increasing expenses incurred by patients revealed the high burden of catastrophic health expenditure borne by even those who could afford the treatment but required financial assistance to sustain the longer treatment periods.
 - OPD consultation charges at the hospitals were revealed to be continuously increasing through the years, currently comparable at standard market rates adding to the burden among the patients/caretakers.



- 97% of the participants reported reduction in the medical expenses since the surgery. Given that the families belonged to marginalized and vulnerable communities, eliminating the need to pay for costly medical tests or surgeries, allowed individuals to redirect their limited financial resources towards other essential needs such as food, housing, or education, thereby improving their overall quality of life.
- Prior to the surgery, families reported a significant financial burden associated with hospital expenses and essential care. About 45% of participants spent up to INR 5,000 per month, 20% incurred monthly expenses exceeding INR 10,000 and ~9% of participants spent between INR 5,000–6,000 per month. Additionally, a few participants reported expenditures ranging up to INR 1 lakh or more owing to the complicated and critical nature of care sought.
- Following the surgery, a substantial reduction in out-of-pocket expenditure was observed. 43% participants reported zero post-surgery expenses, while 23% spent less than INR 5,000 per month, primarily on routine medicines and follow-up visits.
- When further enquired, participants shared that these expenses were borne out of their savings and household income, while some patients could afford the treatment through mortgages, and external borrowings from family/friends.



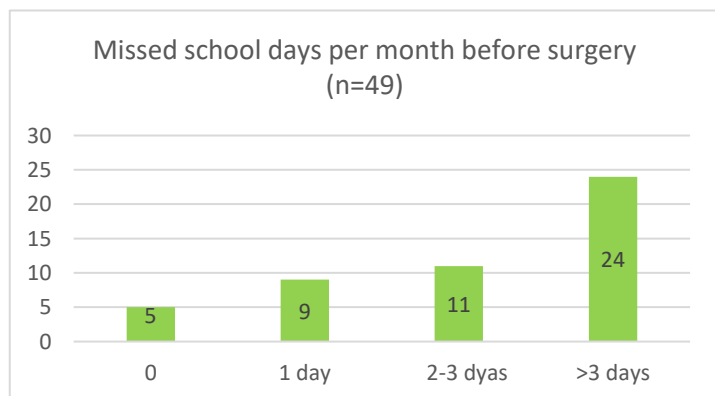
- Furthermore, holistic care provided reduced livelihood disruption for families supported. Most caretakers reported missing workdays before surgery due to caregiving and repeated hospital visits, including 22 participants missing more than 10 days. Post-surgery 67 (78%) participants out of 86 who responded, reported no workdays lost, with sharp decline across all categories, indicating return to regular work or livelihood activities, reduced income loss and financial burden on families.

“Pre surgery, my child used to frequently fall ill- Jitna paisa mehne me lagta tha treatment mey ab saal me utna kharcha nahi hota (the amount we used to spend in a month before surgery, now we don’t spend that much even in a year).”

- **Ramji, Father of Gouri, Madhya Pradesh**

3.5.5 Increased access to education and improved social wellbeing

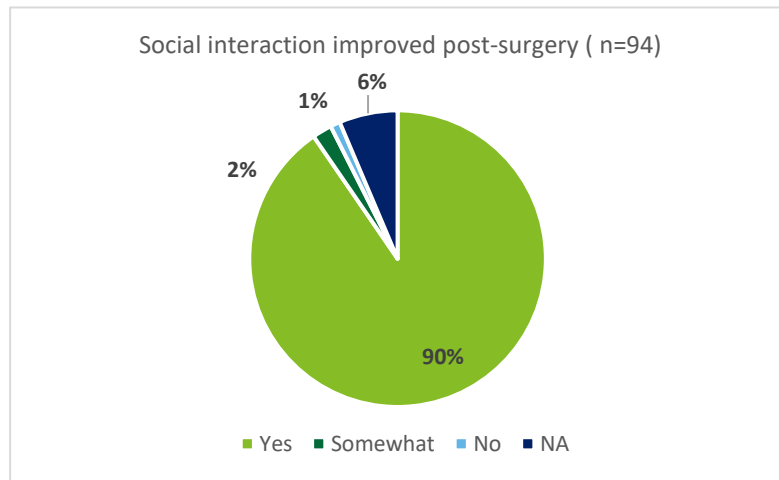
- Out of the 94 participants interacted with, 49 were school-going prior to surgery, while the remaining 45 were either too young, not enrolled in school due to recurrent illness, or adults.
- Further, 90% participants of the 49 school-going, reported that children missed school days due to health-related challenges prior to surgery. Post-surgery, these children resumed regular schooling, indicating improved educational participation and social inclusion. The remaining 5 (10%) had not missed school days even prior to surgery.
- A strong improvement in children’s overall well-being was reported post-surgery, with 89% participants rating their child’s current health status as 5 (on a 5-point scale).
- Caretakers observed improvements across multiple dimensions, including increased energy levels, improved appetite, weight gain, better emotional well-being, enhanced concentration, healed incisions, and improved fluid retention.



“We waited for 2-3 years before availing the service and my son was on medication as prescribed. Once referred, we were provided free of cost treatment at SSSHT-Raipur. It’s been 17-18 months since his treatment, he is doing really well now, with no need for medication “

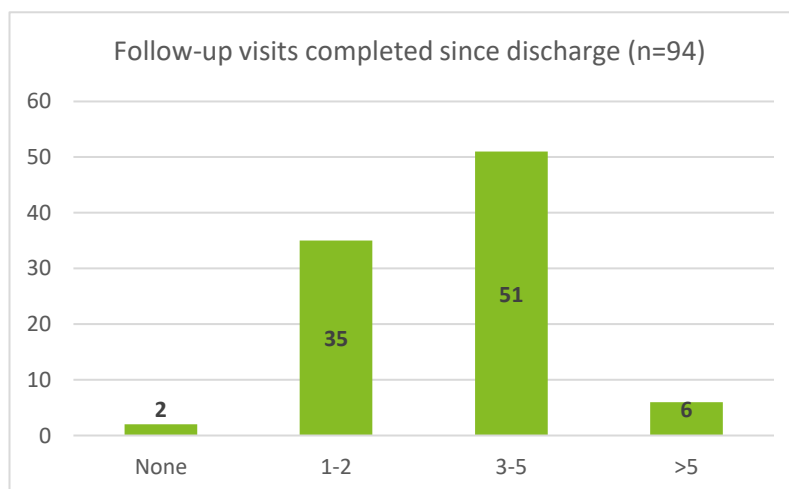
-**Jodharam Lodhi, Father of Bhuvnesh Lodhi, Madhya Pradesh**

- These health gains contributed to more positive social interactions with peers and family members, with 90% participants reporting clear improvement post-surgery.



3.5.6 Improved awareness and health-seeking behavior in the community

- A 100% exemption on the treatment cost for Pediatric patients facilitates and encourages treatment of cardiac conditions at a younger age, rendering better treatment and success rates.
- High patient satisfaction and positive perceptions of the hospital are directly related to increased patient footfall and awareness about the services available at SSSSH.
- The necessity for comprehensive pediatric cardiac treatment center outside of tier 1 cities has been long recognized by the increasing number of patients. The SSSSH hospitals in Palwal and Raipur benefit the patient with complete care and follow-up treatment.
- 98% of the sampled patients have accessed follow-up care, who had earlier sought treatment at the hospitals. Continuity in treatment reflects a decrease in treatment abandonment rate by the patients of SSSSH, particularly amongst the socio-economically vulnerable families.



- This sustained engagement for follow up visits observed, with families bearing the cost of post-operative medicines, reflects the perceived value and caregivers' confidence in the child's long-term health.

“I cannot express how happy I am with the hospital. I am grateful to the doctor who gave another life to my child. I do not think any other hospital would have been able to do this. I am going to be forever thankful to God, to help me find this hospital.”

-Barun Kumar Rajak, Father of Anita Kumari, Jharkhand

- Several participants interacted with reported that they had already recommended the project to friends and family who required similar medical services for their children. Notably, all participants unanimously agreed that they would recommend the hospital, if need arise amongst others in their network, indicating high level of trust and satisfaction with their own experience.

3.5.7 Improved Research in Pediatric Cardiology (Indirect Impact)

- The project team reported that clinical data generated from project participants is being utilised to advance research and evidence-based learning, with the aim of strengthening pediatric cardiac care at the facility. This has contributed to building institutional knowledge and supports the development of a dedicated and specialized workforce in pediatric cardiology, alongside enhancing the hospital’s long-term capacity to deliver quality pediatric cardiac care. This also advocates an opportunity for the hospital to further explore research funding partnerships for evidence-based care.

3.6 Strategic differentiators



Focus on a super specialty in pediatric cardiac care to maximize resources and deliver quality to patients.



Surgical approach is pragmatic and defined as emergent-urgent-elective. OTs and surgical staff are utilized by optimizing case selection



Ecosystem approach towards care – capacity building, mobilization and nurturing of talent and research



Long-term commitment to patient wellbeing beyond medical outcomes. The dedicated impact team counsels and observes patient trajectory long-term

4. Testimonials from the field

"I used to have very few memories of my child being healthy and playful. Since her birth, I have seen her in and out of hospitals every month with pneumonia and fever. Ever since the surgery, it is like she has been reborn. She is energetic like never before, is playful and happy. I will surely guide her and make her a successful person, so she can donate her first salary to the Sathya Sai Hospital in the future and help other children like her."

- Father of a participant operated at Raipur

"When we first heard the surgery cost of three to five lakh, we thought we had lost our son. I work as a laborer in Maharashtra and my wife works in the village. We heard about the hospital from a relative who had her daughter operated in Mumbai. When we called the hospital, they told us to go to Raipur since it was closer to us. The no-cost treatment helped us save our son and give him a second chance."

-Father of a participant operated at Raipur

"When we set up the center at Raipur 12 years ago, the catchment area (Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Jharkhand and Bihar) had little to no specialized pediatric cardiac facilities. We had the first mover advantage and helped build trust in the community. Over the years, we have seen a radical shift in health seeking behavior of the community – with average age of first identification of CHDs falling from 5 years to ~1-2 years (approximation from personal observation). The hospital has helped set up an ecosystem around pediatric CHDs leading to early diagnosis and prevention."

- Dr. Yogesh Sathe, Chief Cardiologist, Raipur

"Will ask my child to donate their first salary to the hospital."

- Father of a participant operated at Raipur

"They gave medicines regularly at SSSSH. When he was 4 years they said, he will undergo surgery. They helped and guided from start and called every 6 months. As he wasn't that critical, his surgery was scheduled later. This hospital provides equal treatment to all."

- Father of a participant operated at Palwal

Case Studies

Mohammad Sharik, Kharghar

Mohammad Sharik is currently 10 years old. He seems shy as the interaction begins but as his father starts complaining about his mischiefs, he starts getting comfortable and sharing more about his life, joyfully.

According to Mohd. Zulfikar, his father – a migrant labour from Bijnor (U.P.) working in Turbhe (Maharashtra), Sharik is a different kid after his surgery. He used to struggle even to walk, complaining about breathlessness and tiredness even while walking a few meters (a common symptom in children with CHD), and his education suffered a lot due to his health condition. Both the parents had an average cumulative loss of pay of about INR 2,000 per week as they had to attend to their sick child.

Sharik was first diagnosed of his condition about 5-6 years ago but couldn't access proper healthcare due to COVID and his financial condition. He had visited the Palwal hospital a few years back, but due to the longer waitlist, he couldn't be operated there. At the Navi Mumbai centre, he was operated in one month. Zulfikar mentions how the hospital offering free of cost surgery has greatly helped them to access quality healthcare.

Sharik's father complains about him being too naughty, and then mentions him being extremely frail and dull before surgery. Sharik, who aspires to be a policeman is just happy with the fact that he can now play football with his friends comfortably.



Mohammad Sharik (10) with his father at Sri Sathya Sai Sanjeevani Hospital after interaction with Deloitte team.

Picture courtesy: Deloitte (Taken and shared with informed consent of the parent)

Mannat Mahalange, Raipur

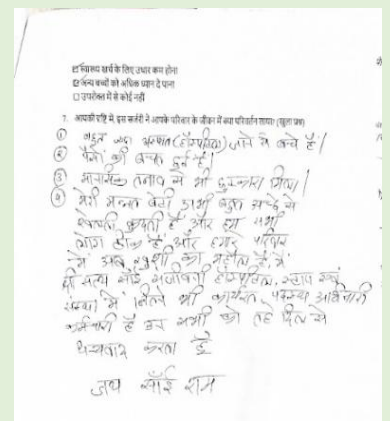
Mannat is currently 3 years old and is curious about why she is here and is happy to respond to simple questions asked to her. Her parents, both very young and in their early 20s share her struggle with frequent pneumonia, fever and sickness since birth. Mannat was diagnosed with a hole in her heart at birth but could not be operated because she was underweight. After coming to SSSSH, she was supported through pre-operative care and was operated at 1.5 years of age.



Deloitte team interacting with Mannat and her parents.

Picture Courtesy: Deloitte (Taken and shared with informed consent)

She has shown great improvement in day-to-day activities after the surgery. Her parents report increased appetite, better social interaction and energy levels. They are thankful to the hospital staff for their child's life. The family shared that they finally feel secure and relaxed to be able to think of extending their family, thanks to Mannat's improved health.



Testimonial shared with Deloitte by Pritam Mahalange, Mannat's Father

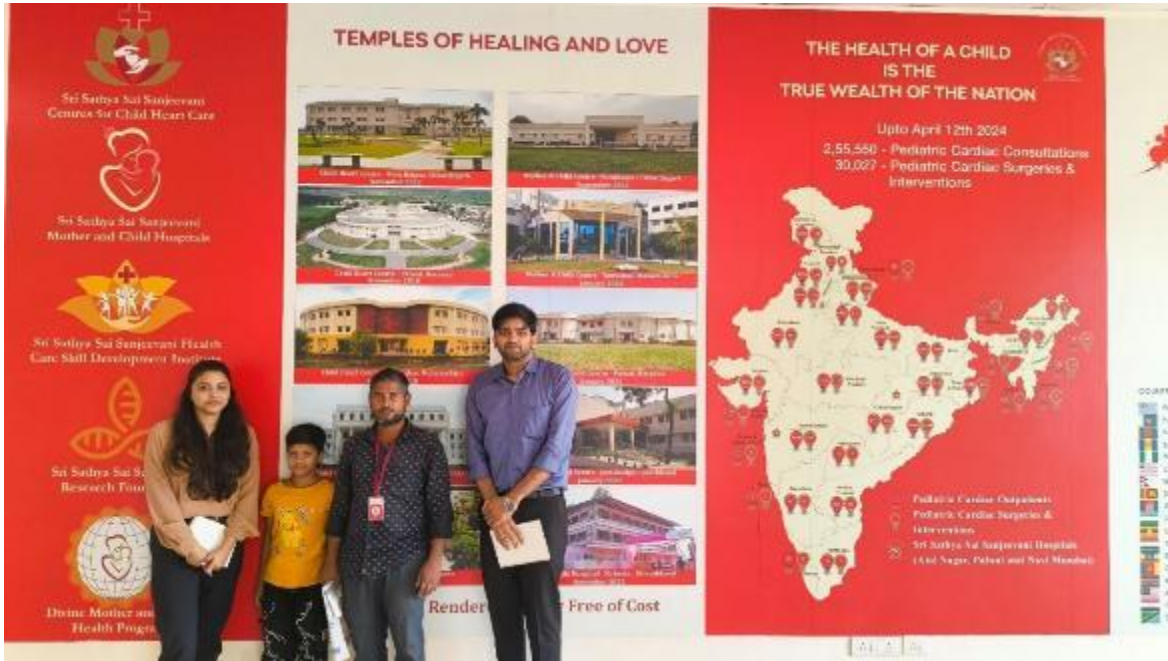
5. Recommendations and way forward

The project assessed by Deloitte outlined certain opportunity areas to enhance the effectiveness of the CSR grant and maximize impact. These are presented as project wise recommendations in the table below:

Aspect/s	Scope/Observations Identified	Recommendations
Patient footfall management	<ul style="list-style-type: none"> Parents reported delay on the day of surgery, often due to earlier procedures. This was challenging for children as they could not have food before surgery for a prolonged period. Few parents highlighted that the stay facilities were cramped and overcrowded, increasing the perceived risk of communicable diseases. Long waiting periods for younger children created discomfort particularly for breastfeeding mothers. 	<ul style="list-style-type: none"> There is scope for better coordination and clearer communication, including informing patients and attendants about expected waiting times for feeding the children. Considering rising inpatient numbers, the implementing partner can expand the space dedicated to patient caretakers. Meanwhile, to strengthen makeshift facilities on-site and develop separate spaces for female caretakers.
Sustainability and scalability	<ul style="list-style-type: none"> There is dearth of hospitals that cater to paediatric cardiac conditions in the country wherein SSSSH network has established a focused program as a response to ground level needs. 	<ul style="list-style-type: none"> SSSSH could build a data repository over the years in conjunction with other stakeholders for collaborative learning, especially hospitals that also provide free of cost/subsidised services. Key opportunity areas include cost efficiency and estimation of Disability-Adjusted Life Years (DALYs) averted.¹⁴ This repository could also be leveraged to influence policy circles at a national level for further enhancement.
Mobilisation	<ul style="list-style-type: none"> Digital platforms are emerging as a supplementary awareness channel, with 9% of participants citing social media as their source of information. 	<ul style="list-style-type: none"> While not yet a primary driver, this highlights its growing potential for increased outreach. Patient testimonials could also help provide relief to apprehensions of those who have not been comfortable/are fearful of availing the service, despite being free of cost.

¹⁴ Erdengqieqie Ye et.al. Global, regional, and national burdens of congenital heart anomalies from 1990 to 2021, and projections to 2050. *Frontiers in Pediatrics*. 2025 August. Available from: [https://pmc.ncbi.nlm.nih.gov/articles/PMC12399661/#:~:text=In%20studies%20on%20years%20lived,disability%20\(22%E2%80%9324\).](https://pmc.ncbi.nlm.nih.gov/articles/PMC12399661/#:~:text=In%20studies%20on%20years%20lived,disability%20(22%E2%80%9324).)

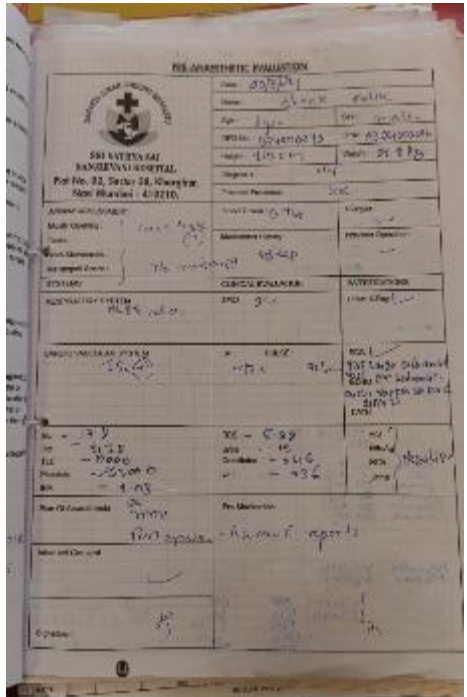
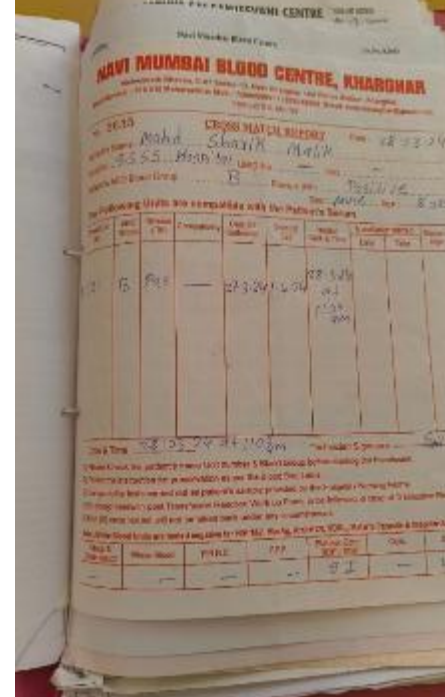
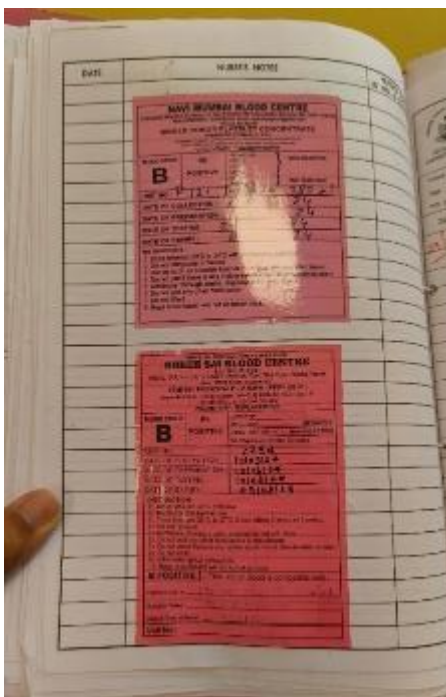
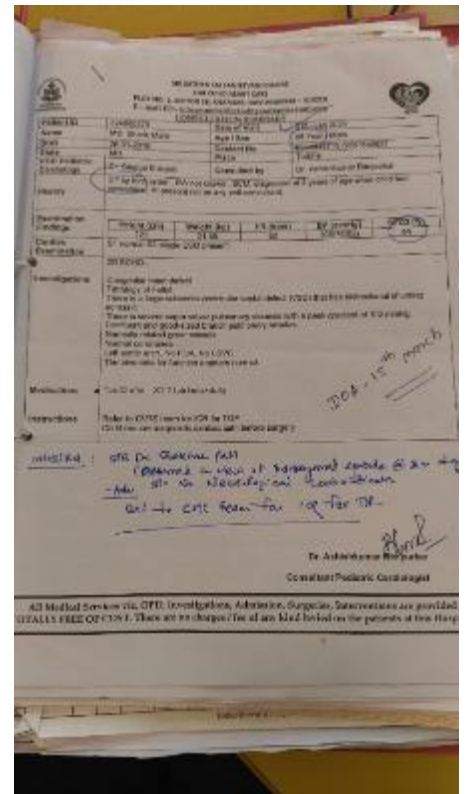
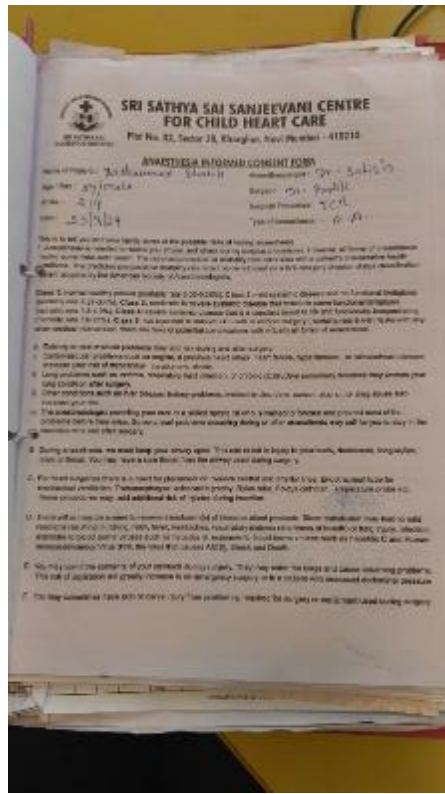
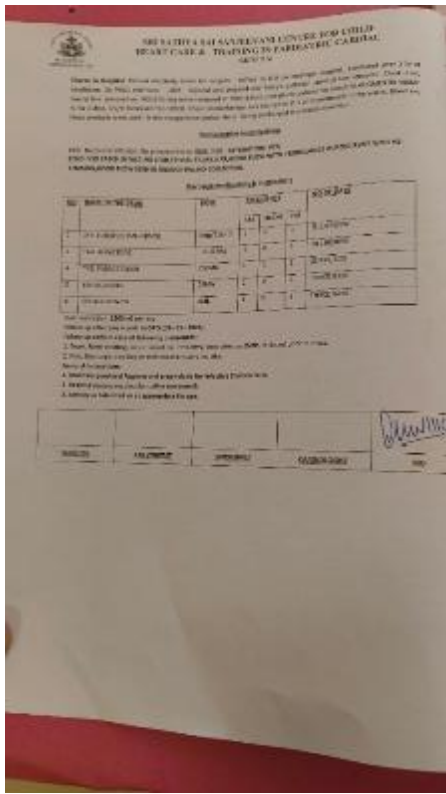
Annexure: Snippets from Deloitte's field visit



Deloitte team interactions with the patient family and representative from the Implementing Partner at Sri Sathya Sai Sanjeevani Hospital, Navi Mumbai



OPD waiting area, patient ward and Pediatric Cardiology Department at Sri Sathya Sai Sanjeevani Hospital, Navi Mumbai



Sample patient records observed at Sri Sathya Sai Sanjeevani Hospital, Navi Mumbai



Deloitte team interactions with patient families at Sri Sathya Sai Sanjeevani Hospital, Raipur



Deloitte team interactions with , parents/caretakers at Sri Sathya Sai Sanjeevani Hospital, Raipur



Deloitte team interactions with doctor and medical staff at Sri Sathya Sai Sanjeevani Hospitals, Raipur & Navi Mumbai

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