



# Impact Assessment Report

## Development of affordable cancer care for the population in Darrang in Assam

Implementing Partner: Tata Education and Development Trust (TEDT)

# CONTENTS

<b>Chapter 1   Executive Summary</b>	<b>01 - 02</b>
Project Background	01
Project Details	01
Project Activities	01
Key Outcomes	02
Key Impacts	02
<b>Chapter 2   Overview of the Project</b>	<b>04 - 05</b>
Project Background	04
About Bharat Petroleum Corporation Ltd. (BPCL)	05
About NGO Partner: Tata Education and Development Trust	05
<b>Chapter 3   Research Methodology</b>	<b>06 - 07</b>
Project Details	06
Objectives of the Study	06
Research Design	06
Application of Quantitative Techniques	06
Application of Qualitative Techniques	06
Ensuring Triangulation	06
Sampling Framework	06
Data Collection	06
Stakeholders	07
Commitment to Research Ethics	07
<b>Chapter 4   Key Findings</b>	<b>08 - 16</b>
<b>Chapter 5   Recommendations</b>	<b>17</b>
<b>Chapter 6   OECD Framework</b>	<b>18</b>
<b>Chapter 7   Conclusion</b>	<b>19</b>
<b>Chapter 8   Study Tools</b>	<b>20 - 27</b>
<b>Annexure</b>	<b>28 - 29</b>

# 01. EXECUTIVE SUMMARY

## PROJECT BACKGROUND

The project, titled "Development of Affordable Cancer Care for the Population in Darrang, Assam," aims to establish a comprehensive cancer care facility through a collaboration between Tata Education and Development Trust (TEDT), Bharat Petroleum Corporation Ltd (BPCL), and Assam Cancer Care Foundation (ACCF). The initiative seeks to provide accessible, affordable, and standardized cancer treatment, focusing on early detection, prevention, and high-quality care. By developing a multi-level infrastructure, including diagnostic services and advanced treatment centres, the project aspires to enhance cancer care accessibility in Assam and position the region as a hub for cancer research and education.

### PROJECT DETAILS



#### Implementation year

FY 2019-20



#### Assessment year

FY 2024-25



#### Implementing Partner

Tata Education and Development Trust (TEDT)



#### Project Budget as per MOU

₹29,30,93,011/-



#### Project Expenditure

₹16,24,90,975/-



#### Total Beneficiaries

Approx 30,000 individuals



#### Project Location

Darrang, Assam



#### Sample Size

100 individuals



#### SDG Goals

3 GOOD HEALTH AND WELL-BEING



10 REDUCED INEQUALITIES



### PROJECT ACTIVITIES



Establishment of a three-level cancer care grid across Assam.



Deployment of state-of-the-art medical equipment for diagnostics and treatment.



Training of medical personnel for specialized cancer care.



Implementation of patient-centric care protocols.



Provision of affordable and accessible cancer treatment.



Conducting health education and awareness programs.



Facilitating telehealth services for remote consultations.



Continuous monitoring and evaluation of treatment outcomes.

# Key Outcomes



**92.0%**

of respondents expressed high satisfaction with medical staff, indicating excellent patient-staff interaction.



**84.0%**

of respondents found substantial ease of access to treatment services, enhancing patient convenience and timely care.



**92.0%**

of respondents noted the availability of medical equipment, ensuring reliable support for ongoing treatments.



**88.0%**

of respondents received significant financial subsidies, reducing economic strain on families.



**96.0%**

of respondents experienced excellent quality of care, underscoring the hospital's commitment to patient well-being.



**88.0%**

of respondents reported overall satisfaction with hospital services, demonstrating positive patient experiences.

# Key Impacts



**60.0%**

of respondents acknowledged that the hospital significantly improved the quality of life for patients, enhancing their well-being.



**84.0%**

of respondents noted enhanced ease of access, which contributed to improved treatment compliance and outcomes.



**88.0%**

of respondents benefited from substantial financial subsidies, alleviating financial burdens on families.



**85.0%**

of respondents observed improved health conditions, indicating effective treatment and care interventions.



**80.0%**

of respondents experienced a positive impact on health literacy and awareness through clear communication.



**92.0%**

of respondents appreciated enhanced patient-staff interaction, fostering a supportive care environment.



**85.0%**

of respondents reported improved treatment outcomes, underscoring the hospital's clinical effectiveness.



**88.0%**

of respondents expressed enhanced community trust and satisfaction with the healthcare services provided.

## CHAPTER 2

### OVERVIEW OF THE PROJECT



*Darang Cancer Care Hospital*

#### PROJECT BACKGROUND

The project "Development of Affordable Cancer Care for the Population in Darrang, Assam" aims to establish a sustainable and accessible cancer care facility in collaboration with Tata Education and Development Trust and Assam Cancer Care Foundation (ACCF). ACCF, a nonprofit joint venture between Tata Trusts and the Government of Assam, focuses on enhancing cancer care across the state. The initiative seeks to standardize care delivery, ensure affordability, and promote health through awareness, prevention, early detection, screening, treatment, and palliative care services.

It aims to transform Assam into a hub for cancer research by establishing three tiers of facilities: apex centres for comprehensive cancer care and research, secondary facilities attached to general medical colleges, and diagnostic and daycare centres in eleven districts. This initiative is pivotal in addressing the growing healthcare needs of cancer patients in Assam, especially in underserved regions like Darrang. As part of the intervention the Hospital was provided funding to purchase key medical equipment's which are key to the treatment and diagnosis of cancer.

## ABOUT BHARAT PETROLEUM CORPORATION LTD. (BPCL)

Bharat Petroleum Corporation Ltd. (BPCL) is a leading integrated oil and gas company in India, engaged in the entire spectrum of activities from exploration and production of oil and natural gas to refining crude oil and distributing petroleum products. Headquartered in Mumbai, Maharashtra, BPCL operates refineries across Maharashtra, Kerala, and Madhya Pradesh. The company's diverse portfolio includes a focus on renewable energy alongside its production of oil products such as light and middle distillates. BPCL markets its products through a vast network of retail outlets, dealers, and distributors under well-known brands like Mak, Speed, and Bharat Gas. Additionally, BPCL plays a crucial role in supplying fuel to both domestic and international airlines, contributing significantly to India's energy sector and economy.

## ABOUT NGO PARTNER: TATA EDUCATION AND DEVELOPMENT TRUST

The Tata Education and Development Trust, a cornerstone of the Tata Trusts, operates under the Maharashtra Public Trusts Act, 1950, with its headquarters at Bombay House, Mumbai. Established in line with the visionary ideals of Jamshedji Tata, the Trust is dedicated to fostering community development and has successfully executed numerous impactful projects across India. It continues to embody Jamshedji Tata's ethos of empowering the nation's brightest minds for the service and upliftment of society. Renowned for its humanitarian initiatives, the Trust plays a pivotal role in advancing social and economic development through innovative programs and partnerships. From the historic JN Tata Endowment for higher education established in 1892 to pioneering workplace benefits such as healthcare and childcare, the Trust exemplifies a commitment to employee welfare and societal progress. Jamshedji Tata's enduring legacy underscores the Trust's ongoing dedication to excellence and transformative impact in India.



**Bharat  
Petroleum**

energising lives

Darrang Cancer Centre  
(A Unit of Assam Cancer Care Foundation)



We Thank BPCL for being our  
Collaborating Partner  
Linear Accelerator & Dosimetry  
Brachytherapy

**BPCL BRANDING DISPLAYED**

## CHAPTER 3

### RESEARCH METHODOLOGY

#### PROJECT DETAILS

The research methodology for evaluating the impact of the Development of Affordable Cancer Care project in Darrang, Assam, implemented by Tata Education and Development Trust (TEDT) in collaboration with CSR partner Bharat Petroleum Corp Ltd (BPCL), is outlined in this chapter. The study aims to assess the project's effects on healthcare accessibility, treatment outcomes, and community well-being in the specified location.

#### OBJECTIVES OF THE STUDY

The primary objective of this study is to comprehensively evaluate the immediate and long-term impacts of the Cancer Care project on patient outcomes and community health in Darrang, Assam. Specifically, the research seeks to analyze the effectiveness of interventions such as facility accessibility, treatment quality, patient satisfaction, and the socio-economic impact on beneficiaries.

#### RESEARCH DESIGN

This study employs a Mixed-Method Approach, integrating both quantitative and qualitative techniques to provide a holistic understanding of the project's outcomes. The combination of these methods allows for a nuanced exploration of the project's impact from diverse perspectives, including patients, healthcare providers, and community stakeholders.

#### APPLICATION OF QUANTITATIVE TECHNIQUES

Quantitative methodologies involve structured surveys conducted with a sample of 100 beneficiaries selected through simple random sampling. This approach ensures representative data collection and allows for statistical analysis to measure the project's effectiveness in enhancing healthcare accessibility and patient satisfaction in Darrang, Assam.

#### APPLICATION OF QUALITATIVE TECHNIQUES

Qualitative methods include in-depth interviews conducted with key stakeholders, including healthcare professionals, project administrators, and community leaders. These interviews aim to gather detailed insights into personal experiences, challenges, and contextual factors influencing the project's outcomes.

#### ENSURING TRIANGULATION

To enhance the credibility and reliability of research findings, triangulation is employed by integrating data from both quantitative surveys and qualitative interviews. This approach ensures comprehensive validation of findings and reduces biases, providing a robust assessment of the Cancer Care project's impact in Darrang, Assam.

#### SAMPLING FRAMEWORK

The study includes four in-depth interviews and data collection from 100 beneficiaries through simple random sampling. This sampling strategy is designed to capture a diverse range of perspectives and experiences within the beneficiary population, reflecting the socio-economic and demographic diversity of Darrang, Assam.

#### DATA COLLECTION

Primary data collection involves structured surveys administered electronically and in-person, supplemented by in-depth interviews conducted face-to-face with key stakeholders. The use of technology for data collection ensures accuracy, efficiency, and real-time insights into the project's implementation and impact.

## STAKEHOLDERS

Key stakeholders involved in the study include Tata Education and Development Trust (TEDT), CSR partner Bharat Petroleum Corp Ltd (BPCL), healthcare professionals, project beneficiaries, and community leaders in Darrang, Assam. Their participation and perspectives are crucial to understanding the Cancer Care project's effectiveness and identifying areas for improvement.

## COMMITMENT TO RESEARCH ETHICS

The research adheres to stringent ethical guidelines to protect participant confidentiality, ensure informed consent, and uphold data security throughout the study in Darrang, Assam. Ethical considerations are central to maintaining the integrity and validity of the research process and respecting the rights and privacy of all stakeholders involved.



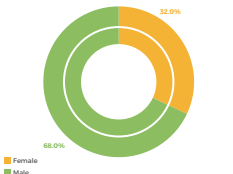
**DIGITAL MAMMOGRAPHY**



## CHAPTER 4

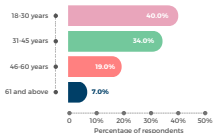
### KEY FINDINGS

**CHART 1: GENDER-WISE DISTRIBUTION OF RESPONDENTS**



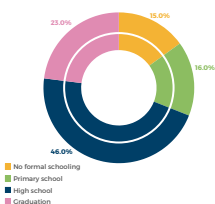
The data suggests a higher participation of males compared to females in the project.

**CHART 2: AGE-WISE DISTRIBUTION OF RESPONDENTS**



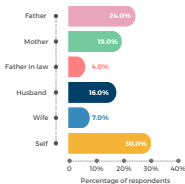
The data suggests that younger individuals, particularly those aged 18-30, are among the respondents.

**CHART 3: EDUCATIONAL BACKGROUND**



The data indicates that a significant portion of respondents have completed high school, suggesting a relatively high level of basic education among participants. This distribution highlights the importance of tailoring communication and support strategies to accommodate varying educational backgrounds.

**CHART 4: RELATION WITH PATIENT**

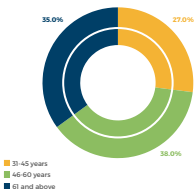


The data suggests that respondents have a diverse range of relationships with the patient. The largest groups include respondents identifying as the patient themselves, followed by parents.

### WAITING ROOM AT DARANG CANCER HOSPITAL

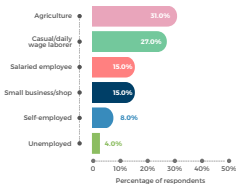


CHART 5: AGE OF THE PATIENT



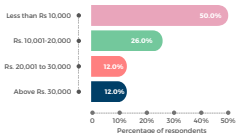
The data indicates that the majority of patients represented in the respondents' data are aged between 31 and 60 years, followed closely by those aged 61 and above. This distribution suggests that the project is addressing the healthcare needs of individuals both in their Middle Ages and old people, highlighting the importance of focusing on geriatric care and support within the project's initiatives.

CHART 6: FAMILY'S OCCUPATION



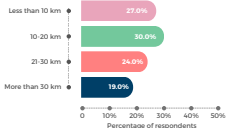
The data reveals a diverse range of occupations among respondents' families, with agriculture and casual/daily wage labour being the most prevalent. This distribution underscores the project's reach across different socio-economic backgrounds.

CHART 7: AVERAGE MONTHLY INCOME OF THE FAMILY



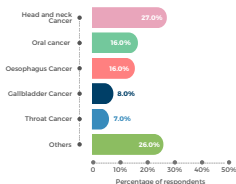
The data suggests that half of the respondent families have a monthly income of less than Rs 10,000. This indicates a high prevalence of economic challenges among participants, underscoring the importance of providing affordable healthcare solutions and financial support.

CHART 8: DISTANCE OF THIS HOSPITAL FROM RESIDENCE



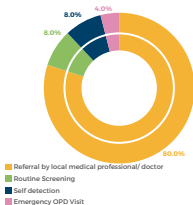
The data suggests that respondents' residences are evenly distributed across varying distances from the hospital, with a significant portion living within 20 kilometres. This distribution highlights the project's accessibility to a broad geographic area, although attention may be needed to address transportation challenges for those living farther away.

**CHART 9: TYPE OF CANCER THE PATIENTS ARE SUFFERING FROM AND STAGE OF CANCER AT WHICH DIAGNOSIS WAS DONE**



The project focuses on addressing prevalent cancers such as Head and Neck Cancer, Oral Cancer, and Esophagus Cancer among respondents. It also highlights that a significant number of patients were diagnosed at early stages or Stage 1 of cancer, underscoring the importance of early detection and timely intervention in the project's efforts to provide effective cancer care.

**CHART 10: WAYS TO DETECT THE CANCER INITIALLY AND THE TIME BETWEEN THE INITIAL SYMPTOM AND DIAGNOSIS**

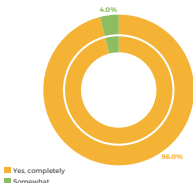


Initially, a large majority of detection of cancer primarily occurred through referrals by local medical professionals or doctors, and a much smaller percentage with routine screening and self-detection. The time between initial symptoms and diagnosis varied, with a significant number diagnosed within a month, but some experienced delays of 1-3 months or more than 6 months before diagnosis. These findings underscore the importance of improving access to timely diagnostic services and enhancing awareness among healthcare providers and the community about early cancer symptoms.

## ADD TEXT

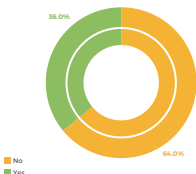


**CHART 11: WHETHER THE INFORMATION PROVIDED ABOUT THE CONDITION AND TREATMENT OPTIONS IS CLEAR AND UNDERSTANDABLE**



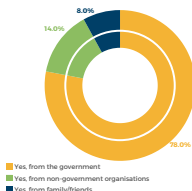
The majority of respondents found the information provided about the condition and treatment options to be completely clear and understandable. This high percentage indicates effective communication and education efforts within the project, ensuring that participants are well-informed about their health and treatment choices.

**CHART 12: WHETHER HAVE TO TAKE A LOAN TO COVER THE TREATMENT EXPENSES**



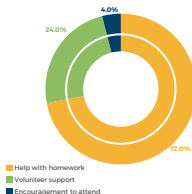
A significant portion of respondents reported not needing to take a loan to cover treatment expenses. However, 36% indicated the necessity of taking a loan, highlighting the financial challenges faced by some participants in accessing necessary treatment.

**CHART 13: WHETHER RECEIVED ANY FINANCIAL AID OR SUBSIDY FOR TREATMENT AND WHETHER ACCF HELPED IN GETTING ANY SUBSIDY**



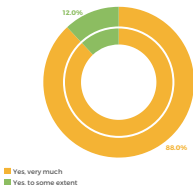
The majority of respondents received financial aid for treatment, primarily from the government, with smaller contributions from non-governmental organizations and family/friends.

**CHART 14: EMOTIONAL SUPPORT TO PATIENTS**



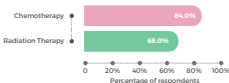
Emotional support to patients among respondents primarily involved helping with homework related to the treatment as suggested by doctors, followed by volunteer support and encouragement to attend activities. This indicates a strong familial role in providing practical and emotional support to participants patients.

**CHART 15: THE EXTENT TO WHICH THE SUBSIDIES DECREASED THE FINANCIAL BURDEN ON THE FAMILY**



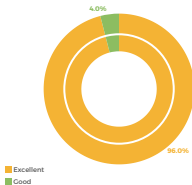
The average subsidy received by respondents was Rs. 47,857/-. Subsidies were reported to significantly alleviate the financial burden on families, with a majority indicating that they reduced the financial strain to a great extent. This underscores the critical role of subsidies in easing healthcare expenses and supporting families during treatment.

**CHART 16: TYPE OF TREATMENT RECEIVED & DURATION OF TREATMENT RECEIVED (IN MONTHS)**



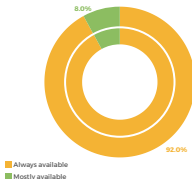
The majority of respondents underwent chemotherapy, while a significant number also received radiation therapy. This indicates a use of both treatment modalities in managing the health conditions represented in the respondent group. Treatment durations varied among respondents, with a notable portion undergoing treatment for more than 12 months. This suggests that prolonged treatment periods are common, highlighting the need for sustained support and resources to manage long-term healthcare needs effectively.

**CHART 17: QUALITY OF CARE RECEIVED & SATISFACTION WITH MEDICAL STAFF**



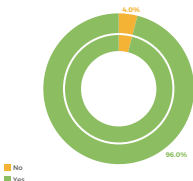
The overwhelming majority of respondents rated the quality of care received as excellent, indicating high satisfaction with the healthcare services provided. Similarly, a large majority expressed being very satisfied with the availability of doctors whenever needed, with a smaller proportion indicating general satisfaction. This underscores positive perceptions of accessibility and responsiveness among medical staff, contributing to overall satisfaction with healthcare delivery.

**CHART 18: AVAILABILITY OF MEDICAL EQUIPMENT AND THE EXTENT TO WHICH ACCESS TO TREATMENT SERVICES IS EASY**



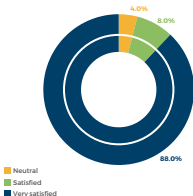
The vast majority of respondents reported that medical equipment was always available, indicating consistent access to necessary healthcare resources. A significant majority found access to treatment services to be very easy. This suggests efficient and accessible healthcare services, contributing to a positive experience for patients seeking treatment.

**CHART 19: WHETHER THE HOSPITAL HAS PROVIDED ADEQUATE FOLLOW-UP CARE AND SUPPORT**



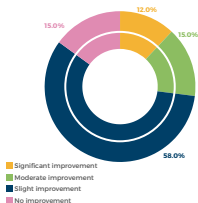
The majority of respondents indicated that the hospital had provided adequate follow-up care and support. This high satisfaction rate suggests effective post-treatment management and support services provided by the hospital, ensuring continued care and monitoring for patients' well-being.

**CHART 20: OVERALL SATISFACTION WITH HOSPITAL SERVICES & OVERALL SATISFACTION WITH EXPERIENCE**



A large majority of respondents reported being very satisfied with the hospital services, indicating a positive experience with the care provided. Similarly, a significant proportion of respondents expressed being very satisfied with their overall experience, with additional satisfaction reported notable and a small neutral response. This highlights a generally high level of satisfaction across various aspects of the hospital experience.

**CHART 21: IMPROVEMENT IN HEALTH CONDITION & OVERALL IMPACT OF THE HOSPITAL ON THE QUALITY OF LIFE**



Respondents reported varying degrees of improvement in their health conditions, with the majority indicating slight improvement. This suggests that while many experienced positive changes, the impact on health outcomes varied among participants. A significant proportion of respondents reported that the hospital significantly improved their quality of life. This indicates that the hospital's services have had a positive and meaningful impact on enhancing the overall well-being of a majority of patients.



**DIGITAL X-RAY MACHINE**



### **Case Study 1**

#### **Dr Syed Iftikhar Subhani** **Medical Superintendent**

Dr. Syed Iftikhar Subhani, Medical Superintendent at a newly established low-cost hospital in Assam, shares insights into their transformative journey facilitated by the Assam Cancer Care Foundation in partnership with BPCL. This collaboration, aimed at enhancing cancer care and diagnostics, was crucial for addressing the region's high incidence rates. The hospital, strategically located to serve both rural and urban poor, now provides specialized treatment that was previously only available in distant cities like Guwahati and Tezpur. By receiving state-of-the-art equipment, including LINAC, Brachytherapy, and advanced diagnostic tools like MRI and CT simulators, the hospital has significantly improved treatment accuracy and success rates.

Before the project, challenges such as delayed procurement due to COVID-19 hindered their ability to provide timely care. However, with direct equipment procurement through tender processes and rigorous in-house maintenance, operational efficiency has been optimized. This has resulted in streamlined diagnostics, reduced patient waiting times, and improved overall treatment outcomes. Dr. Subhani emphasizes the critical role of in-house testing in expediting patient care, minimizing travel for diagnostics, and ensuring precise interventions, thereby enhancing the quality of life for cancer patients in Assam.

Dr. Subhani suggests expanding facilities to include guest rooms for families, midday meals for OPD patients, and financial support for ancillary expenses not covered under existing schemes. These initiatives further alleviated the financial burden on underprivileged patients and enhanced community outreach and support programs, ensuring holistic cancer care in the region.





## **Case Study 2** **Trustees,** **The Assam Cancer Care Foundation**

The Assam Cancer Care Foundation, established in December 2017 through a collaboration between the Government of Assam and Tata Trusts, aimed to revolutionize cancer care in the state. Facing a high incidence rate that earned Assam the title of 'Cancer Capital' of India, the foundation embarked on a pioneering initiative. This involved setting up a three-level cancer care grid across Assam, providing standardized and affordable treatment close to patients' homes. Despite initial delays due to the COVID-19 pandemic, an MoU with Bharat Petroleum Corp Ltd (BPCL) in 2019 facilitated crucial support. This partnership focused on installing essential medical equipment at the newly established Darrang Cancer Centre, a pivotal step towards improving local healthcare infrastructure.

The project faced challenges such as infrastructure setup delays and logistical complexities exacerbated by pandemic safety protocols. However, in 2022, the equipment was successfully installed, marking a significant milestone. The initiative not only expanded access to advanced cancer diagnostics and treatment but also alleviated the burden on patients who previously had limited options and faced financial strain from travelling to distant facilities. By prioritizing affordability and accessibility, the foundation aimed to benefit approximately half of Assam's cancer patients, addressing longstanding disparities in healthcare delivery.

The foundation emphasized the importance of sustained funding and community engagement beyond medical equipment provision. Suggestions included expanding BPCL's support to include health education workshops and preventive care campaigns in underserved areas. This holistic approach not only enhances community health outcomes but also fosters stronger community relations and ensures a comprehensive healthcare support system. Through strategic partnerships and innovative healthcare solutions, the Assam Cancer Care Foundation continues to make significant strides towards improving cancer care accessibility and quality in the region.





“

"When I found out I had oral cancer last year, my family and I were very scared. Living in a small village in Darrang, we didn't think we could get good treatment nearby. But the new cancer care centre made by Tata Trust and BPCL helped us so much. From the first check-up to the advanced treatments, everything was easy and well-organized. The doctors and nurses were very kind, and the financial help we got reduced our worries about money. Today, I feel much better and am very thankful for this project."

**Name:** Anjali Devi

**Age:** 45

**Occupation:** Homemaker

”

“

"When I was told I had esophageal cancer, the idea of travelling to far-away cities for treatment was very stressful and expensive. Thanks to the cancer care centre in Darrang, I got all the treatment I needed close to home. The centre had all the necessary equipment and the best care. The doctors and staff were always there to help and were very caring. The financial support made it possible for me to focus on getting better without worrying about the cost. My health has improved a lot, and I can now look forward to a healthier future."

**Name:** Ramesh Kumar

**Age:** 60

**Occupation:** Farmer

”

## IN DISCUSSION WITH DR SYED IFTIKHAR SUBHANI MEDICAL SUPERINTENDENT



## CHAPTER 5

# RECOMMENDATIONS



Establish reliable transportation services for patients from remote areas to ensure timely access to cancer care facilities.



Conduct regular health education workshops and preventive care campaigns, especially in underserved areas, to enhance community health outcomes.



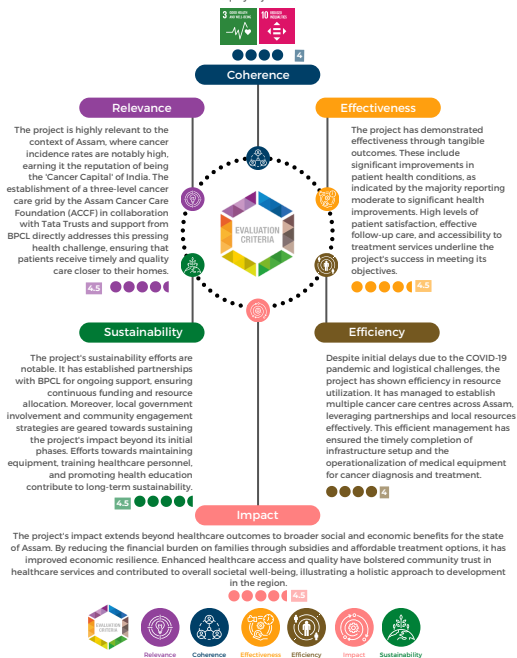
Implement routine cancer screening programs and training for local healthcare providers to detect cancer at earlier stages.



Utilize telemedicine and mobile health units to reach remote populations, providing consultations and follow-up care.

## 06. OECD FRAMEWORK

The project's coherence lies in its alignment with Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities). By focusing on improving cancer care accessibility and quality in Assam, the project addresses critical health disparities and contributes to broader global health and equity objectives.



## CHAPTER 7

# CONCLUSION

The initiative to develop affordable cancer care in Darrang, Assam, through the collaboration of Tata Education and Development Trust (TEDT) and Bharat Petroleum Corp Ltd (BPCL), represents a significant stride in addressing healthcare disparities in the region. TEDT, with its extensive experience in community development and healthcare initiatives, has partnered with the Assam Cancer Care Foundation (ACCF) to establish a comprehensive cancer care facility. This partnership, bolstered by BPCL's CSR commitment, underscores a shared vision to improve access to quality healthcare and support cancer patients in Assam.

The project's impact is profound, evident from the overwhelming satisfaction among patients and their families. High satisfaction with medical staff underscores the project's dedication to patient care, while effective follow-up care and support have fostered a supportive environment. The project has also provided substantial financial subsidies, alleviated economic burdens, and ensured equitable access to treatment. This financial support has been crucial, reflecting the project's commitment to inclusive healthcare.

The project has significantly enhanced healthcare infrastructure in Assam, establishing three tiers of facilities from apex centres to district-level diagnostic and daycare units. This approach ensures comprehensive cancer care across the region, accompanied by initiatives in health promotion, awareness, prevention, early detection, and palliative care. These efforts have not only improved treatment outcomes but also empower communities with knowledge and support, contributing to enhanced health literacy and awareness.

## STUDY TOOLS

### QUESTIONNAIRE, INTERVIEW SCHEDULE, FGD POINTS

#### BENEFICIARY TOOL FOR CANCER PATIENTS/THEIR FAMILY MEMBERS

Sr. No	Item	Response options
<b>A.</b>	<b>Beneficiary profile</b>	
1	Name of the respondent	Text Fill
2	Location	Text Fill
3	Gender	A. Male                      B. Female
4	Age	A. 18-30 years              C. 46-60 years B. 31-45 years              D. 61 and above
5	Educational background	A. No formal schooling              D. Diploma B. Primary school                      E. Graduation C. High school                          F. Post Graduation
6	Marital Status	A. Single                      C. Widowed B. Married                      D. Divorced
7	Relation with patient (Write 'self' if the respondent is the patient)	Text Fill
8	Age of the patient (Ask only if the respondent is not the patient)	A. Less than 18 years              D. 46-60 years B. 18-30 years                      E. 61 and above C. 31-45 years
9	What is your family's occupation?	A. Municipal worker B. Agriculture C. Small business/shop D. Casual/daily wage labourer E. Self-employed F. Salaried employee G. Unemployed
10	What is the average monthly income of your family?	A. Less than Rs 10,000/-              C. Rs. 20,001 - 30,000/- B. Rs 10,001-20,000/-              D. Above Rs 30,001/-
<b>B.</b>	<b>About the Diagnosis</b>	
11	How far is this hospital from your house?	A. Less than 10 km              C. 21-30 km B. 10-20 km                      D. More than 30 km
12	Type of cancer	A. Breast Cancer                      D. Cervical Cancer B. Lung Cancer                      E. Other (please specify) C. Colon Cancer
13	Stage of Cancer at which diagnosis was done:	A. Early stage                      C. Stage 2                      E. Stage 4 B. Stage 1                          D. Stage 3
14	Was this hospital your first point of diagnosis?	A. Yes B. No

Sr. No	Item	Response options
15	How did you detect the cancer initially?	A. Self-detection B. Routine Screening C. Referral by local medical professional/doctor D. Emergency OPD Visit
16	What was the time between the initial symptom and diagnosis?	A. Less than a month B. 1-3 months C. 3-6 months D. More than 6 months
17	Was the information provided about your condition and treatment options clear and understandable?	A. Yes, completely B. Mostly C. Somewhat D. No
<b>C</b>	<b>Financial expenses:</b>	
18	Did you have to take a loan to cover your treatment expenses?	A. Yes B. No
19	Did you receive any financial aid or subsidy for treatment?	A. Yes, from the government B. Yes, from non-government organisations C. Yes, from family/friends D. No
20	Did ACCF help you get a subsidy?	A. Yes B. No
21	How much amount was waived off?	Text Fill
22	Did it decrease the financial burden on your family?	A. Yes, very much. B. Yes, to some extent. C. Not at all
<b>D</b>	<b>Treatment Outcomes:</b>	
23	Type of Treatment Received:	A. Surgery B. Chemotherapy C. Radiation Therapy D. Combination of the above E. Other (please specify)
24	Duration of Treatment received (in months)	A. A.Less than 3 months B. A.3-6 months C. A.6-12 months D. More than 12 months
25	Current Status of Treatment:	A. Ongoing B. Completed C. Discontinued
26	How would you rate the quality of care received?	A. Excellent B. Good C. Average D. Poor
27	Availability of doctors when needed:	A. Always available B. Mostly available C. Sometimes available D. Rarely available E. Never available
28	Satisfaction with Medical Staff:	A. Very satisfied B. Satisfied C. Neutral D. Dissatisfied E. Very dissatisfied
29	Availability of Medical Equipment:	A. Always available B. Mostly available C. Sometimes available D. Rarely available E. Never available

Sr. No	Item	Response options
30	How easy was the access to treatment services?	A. Very easy    C. Neutral    E. Very difficult B. Easy        D. Difficult
31	Has the hospital provided adequate follow-up care and support?	A. Yes B. No
32	Overall Satisfaction with Hospital Services:	A. Very satisfied    C. Neutral    E. Very dissatisfied B. Satisfied        D. Dissatisfied
33	Improvement in Health Condition:	A. Significant improvement    D. No improvement B. Moderate improvement    E. Deterioration C. Slight improvement
34	The overall impact of the hospital on your quality of life:	A. Significantly improved    D. No change B. Moderately improved    E. Worsened C. Slightly improved
35	Any Suggestions or comments	Text Fill

## STAKEHOLDER TOOL FOR HOSPITAL IN CHARGE/ DOCTORS

Sr. No	Questions	Responses
1	Name of the respondent	
2	Designation	
3	Contact number	
4	Type of the hospital	1.Charitable    2. Profitable    3. Low cost
5	What kind of services do you provide to the patients?	Text fill
6	What is the average number of patients that visit your hospital in a day?	Text fill
7	What is the socio-economic background of the beneficiaries who benefitted from the project period?	1.Poor economic background from rural and urban areas of the patients 2.Only the rural patients from poor socio-economic backgrounds
8	What type of charitable or low-cost treatment facilities do you provide to the patients? (multiple options)	1.Complete free service for cancer operation for vulnerable groups (BPL) 2.Low-cost treatment provided to vulnerable groups (apart from BPL) 3.Free medicine 4.Discount on medicines 5.Free oncological tests 6.Discount on oncological tests 7.Others, please elaborate

Sr. No	Questions	Responses
9	How did you identify the cases under the project? (multiple options)	1.Recommendation through the social welfare department 2.Recommendations from the other hospitals through the social welfare department 3.Recommendations from NGOs through the social welfare department
10	How effective is reaching out to the maximum number of underprivileged patients?	1.Through direct outreach programs in different places 2.Through outreach programs with the help of NGOs 3.Both
11	How many such equipments of a similar category did you have earlier? (Take count against each equipment received under the project)	Text fill

## STAKEHOLDER TOOL FOR HOSPITAL IN CHARGE/ DOCTORS

Sr. No	Questions	Responses
1	Name of the respondent	
2	Designation	
3	Contact number	
4	Type of the hospital	1.Charitable    2. Profitable    3. Low cost
5	What kind of services do you provide to the patients?	Text fill
6	What is the average number of patients that visit your hospital in a day?	Text fill
7	What is the socio-economic background of the beneficiaries who benefitted from the project period?	1.Poor economic background from rural and urban areas of the patients 2.Only the rural patients from poor socio-economic backgrounds
8	What type of charitable or low-cost treatment facilities do you provide to the patients? (multiple options)	1.Complete free service for cancer operation for vulnerable groups (BPL) 2.Low-cost treatment provided to vulnerable groups (apart from BPL) 3.Free medicine 4.Discount on medicines 5.Free oncological tests 6.Discount on oncological tests 7.Others, please elaborate



Sr. No	Questions	Responses
9	How did you identify the cases under the project? (multiple options)	1.Recommendation through the social welfare department 2.Recommendations from the other hospitals through the social welfare department 3.Recommendations from NGOs through the social welfare department
10	How effective is reaching out to the maximum number of underprivileged patients?	1.Through direct outreach programs in different places 2.Through outreach programs with the help of NGOs 3.Both
11	How many such equipments of a similar category did you have earlier? (Take count against each equipment received under the project)	Text fill
12	What challenges did you face earlier before the project? (multiple options)	1.Faced problems with the vendors 2.The procurement process was delayed 3.Delayed fund disbursement
13	How many patients did you cater to before the project?	Text fill
14	What type of equipment did you receive under this project?	Text fill
15	What is the difference between the new and old machines?	Text fill
16	Kindly explain the usage of each equipment.	Text fill
17	How many patients do you cater to now after receiving the instruments?	Text fill
18	How does the in-house testing reduce the prognosis time and mobility for the inpatient and OPD patients?	
19	What other benefits have you noticed in the treatment process after project execution?	Text fill
20	What would be the average cost of the treatment for an underprivileged patient in another low-cost hospital?	Text fill
21	What is the difference between your service and others?	Text fill
22	How many patients have you catered to so far under this project?	Text fill

Sr. No	Questions	Responses
23	Do you have any follow-up service?	1.Periodical phone calls to the patients from the medical social work/ social welfare department. 2. Patients visit on the scheduled date for follow-up check-ups 3.Both
24	Are you satisfied with the equipment standard the hospital received under this project?	1.Yes 2.No 3.To some extent
25	Did you face any challenges during the procurement of the equipment?	1.Yes 2.No
26	How did you procure the equipment?	1.Direct procurement by the hospital's purchase department through tender 2.Procured through the 3rd party
27	Do you face any challenges while operating the instruments?	Text fill
28	How is the maintenance process of the equipment?	1.Annual Maintenance Cost for each equipment done by the hospital on its own 2.Annual Maintenance Cost through 3rd party/other donors 3.The annual Maintenance cost for each equipment is included in the cost of the equipment
29	Do you think procuring equipment under this project enhances the treatment facilities?	1.Yes, much better than before 2.Not as such
30	Any other suggestions	

## STAKEHOLDER TOOL FOR HOSPITAL TECHNICIANS/ RADIOGRAPHERS

Sr. No	Questions	Responses
1	Name of the respondent	
2	Contact number	
3	Designation	
4	Specialised department	
5	What equipment have you received under the project?	
6	How did you manage before receiving the equipment?	
7	What is the standard of the received equipment?	

Sr. No	Questions	Responses
8	Has the equipment received a better/updated version than the one you had earlier?	
9	What changes/benefits have you noticed in the treatment processes after the project execution?	
10	Does the equipment cater to more patients than earlier?	
11	Did you face any challenges while accessing the equipment?	
12	How much does the equipment contribute to the better treatment process?	
13	Can you highlight a few cases where the equipment played a really crucial role in diagnosis? (Any cases which would not have been diagnosed with previous equipment but now can easily be detected)	
14	Recommendations	

## STAKEHOLDER TOOL FOR ACCF PROGRAMME HEAD/ TEAM

Sr. No	Questions	Responses
1	Name of the respondent	
2	Designation	
3	Contact number	
4	Please give us a brief background of your organisation (Foundation date, Founding members, vision, mission, etc.)	Text fill
5	What was your purpose behind forming this organisation? (the need)	Text fill
6	Tell us about your collaboration with BPCL (process, timeline)	Text fill
7	When did you sign the MoU for the installation of equipment?	Text fill
8	How many hospitals have you covered under the project? Is it more or less than you had proposed?	Text fill
9	What was the previous situation? How did the treatment happen before?	Text fill

Sr. No	Questions	Responses
10	When did you finally install the equipment? Was it within the proposed timeline of the project?	Text fill
11	How long did it take to arrange the space, human resources, and other necessary arrangements for the installation?	Text fill
12	Was there a delay with the project? If yes, highlight reasons for the delay.	Text fill
13	Was the entire amount spent on the installation as per the MoU?	Text fill
14	If not, kindly explain the reason for over-expenses/under-expenses	Text fill
15	If the expense exceeded the budget, as mentioned in the MoU, how did you manage the excess amount?	Text fill
16	How many staff members are usually assigned to handle the machines in the hospital? (Brief details)	Text fill
17	What is the average cost of each scan? Do you provide any concessions/rebates to less privileged families? 1. Is there any difference in the test cost 2. Compared to the other hospital charges? How many days is the service available for the patients?	Text fill
18	What is the process of identification of the patients for concession/ rebate?	Text fill
19	Is there any difference in the test cost compared to what the other hospital charges?	Text fill
20	Are the machines functioning properly?	Yes / No
21	What steps have been taken for the maintenance of the machine?	Text fill
22	How does the fund get managed for maintenance?	Text fill
23	How many patients have received access to get tested by the machines so far from the installation? (Outreach of the project)	Text fill
24	Can you highlight some of the challenges that you faced during the project execution (if any)?	Text fill
25	What suggestions do you have?	Text fill

## ANNEXURES

### LIST OF FIGURES

Chart 1- Gender wise distribution of respondent

Chart 2- Age-wise distribution of respondent

Chart 3- Educational background

Chart 4- Relation with patient

Chart 5- Age of the patient

Chart 6- Family's Occupation

Chart 7- Average monthly income of the family

Chart 8- Distance of this hospital from residence

Chart 9- Type of cancer the patients are suffering from and Stage of Cancer at which diagnosis was done

Chart 10- Ways to detect the cancer initially and the time between the initial symptom and diagnosis

Chart 11- Whether the information provided about the condition and treatment options is clear and understandable

Chart 12- Whether have to take a loan to cover the treatment expenses

Chart 13- Whether received any financial aid or subsidy for treatment and whether ACCF helped in getting any subsidy

Chart 14- Emotional support to patients

Chart 15- The extent to which the subsidies decreased the financial burden on the family

Chart 16- Type of Treatment Received & Duration of Treatment received (in months)

Chart 17- Quality of Care Received & Satisfaction with Medical Staff

Chart 18- Availability of Medical Equipment and the extent to which access to treatment services is easy

Chart 19- Whether the hospital has provided adequate follow-up care and support

Chart 20- Overall Satisfaction with Hospital Services & Overall satisfaction with experience

Chart 21- Improvement in Health Condition & Overall impact of the hospital on the quality of life

## ABBREVIATIONS

<b>ACCF</b>	Assam Cancer Care Foundation
<b>BPCL</b>	Bharat Petroleum Corporation Ltd
<b>CSR</b>	Corporate Social Responsibility
<b>FY</b>	Financial Year
<b>GMC</b>	General Medical College
<b>INR</b>	Indian Rupee
<b>LINAC</b>	Linear Accelerator
<b>MOU</b>	Memorandum of Understanding
<b>MRI</b>	Magnetic Resonance Imaging
<b>NGO</b>	Non-Governmental Organization
<b>OPD</b>	Outpatient Department
<b>SDGs</b>	Sustainable Development Goals
<b>TEDT</b>	Tata Education and Development Trust