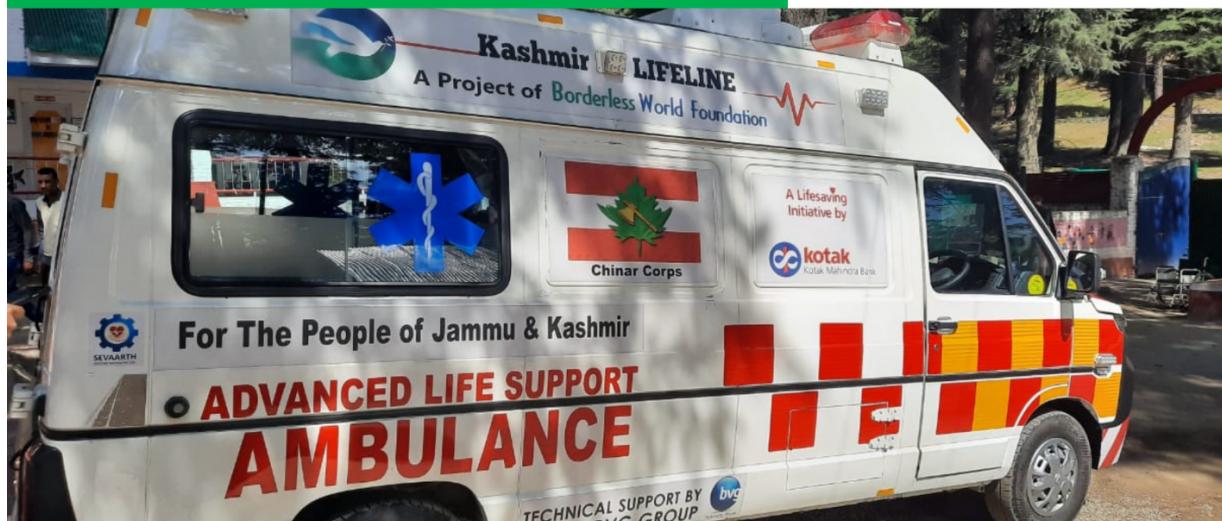


IMPACT ASSESSMENT OF KOTAK MAHINDRA BANK'S CSR HEALTHCARE PROJECT IMPLEMENTED BY BORDERLESS WORLD FOUNDATION (DECEMBER 2022)



REPORT BY



Acknowledgment

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Abbreviations

Table 1 : List of abbreviations

Abbreviation	Full Form
BWF	Borderless World Foundation
CSR	Corporate Social Responsibility
DAC	Development Assistance Committee
FGD	Focus Group Discussion
FY	Financial Year
INR	Indian Rupee
J&K	Jammu and Kashmir
KII	Key Informant Interview
KMBL	Kotak Mahindra Bank Limited
NHM	National Health Mission
OBC	Other Backward Classes
OECD	Organization for Economic Cooperation and Development
PHC	Primary Healthcare Center
RBA	Resident of Backward Areas
SC	Scheduled Caste
SDG	Sustainable Development Goals
ST	Scheduled Tribe
UN	United Nations
VVIP	Very very important person

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Executive Summary

Kotak Mahindra Bank Limited (KMBL) provided 5 ambulances to the Indian army in Jammu & Kashmir (J&K) under its CSR initiatives of financial year 2020-21. The project was implemented by Borderless World Foundation (BWF). The objective of this project is to increase the accessibility and availability of healthcare facilities in the most remote and inaccessible areas of Kashmir valley. This project has contributed towards social and national integration between the army and the community, as shared by the Borderless World Foundation Project Team and the Army personnel. The well-equipped emergency medical and trauma care ambulances were provided in the Baramulla region of J&K, one of the aspirational districts¹ of India.

KMBL has commissioned Sattva Consulting to conduct an impact assessment study of this project for FY 2020-21. The study focuses on assessing the following:

- **Relevance** of the project to the needs of the beneficiaries and its coherence with national and regional priorities
- The **effectiveness** of the project in achieving the desired outcomes and creating an impact in line with the strategies defined by KMBL
- The **impact** created by the project among beneficiaries

Sattva Consulting undertook a descriptive cross-sectional study with a mixed-methods approach, consisting of quantitative and qualitative data collection methods. This helped gather meaningful impact-related insights from a 360-degree perspective across the stakeholders involved and was fundamental to providing relevant recommendations. 7 qualitative interviews were conducted with relevant stakeholders, and 29 quantitative surveys were conducted with attendees of the medical camp in Uri and Naugam.²

Key Insights from the Impact Assessment Study

- The **5 ambulances** are currently serving community members including army personnel, their families, and civilians. These ambulances are being utilised for both evacuation purposes and medical camps.
- Transportation is a huge challenge in Baramulla due to the difficult terrain. These ambulances **play a critical role in cases of medical emergencies and medical camps**. The army and civilians will be benefiting for a long time from the one-time support provided by KMBL.

¹ The Government of India has launched the 'Transformation of Aspirational Districts' initiative in January 2018 with a vision of a New India by 2022 wherein the focus is to improve India's ranking under the Human Development Index (HDI), raising living standards of its citizens and ensuring inclusive growth of all.

² The ideal case would have been to survey those who had used the ambulance service, however, that list was not provided by the army due to confidentiality concerns.

- The **high-quality** build and provisions of advanced medical equipment in the 5 ambulances have received unequivocal appreciation from the **6/6 medical officers** who were interviewed during the study.
- The 5 ambulances have also played a crucial role in **bridging the gap between the army and the community**. It has helped in bringing a sense of belongingness and national integration among the community members.

The ambulances provided under this intervention have been extremely beneficial to cater to medical emergencies in the remote area of Baramulla, J&K.

Chapter 1: Overview

The overview chapter gives an outline about emergency healthcare facilities in India and J&K. It also provides details about KMBL's healthcare project and details its coherence with international and national goals.

Overview of emergency healthcare facilities

Healthcare facilities in India

According to the World Bank data, India's population in 2021, stands at 1.39 billion³. The massive population has led to a scarcity of essential resources that are needed by every citizen. Article 21 of the Indian Constitution mandates the right to live with dignity and respect for every Indian citizen. An emergency medical aid facility is also an essential requirement under Article 21 and cannot be denied.

Emergency medicine in India has largely been centralized with very few private hospitals willing to admit emergency cases. This step by private hospitals was mainly to avoid any legal implications during emergencies⁴. This challenge was mitigated to some extent when it was mandated that all hospitals must deliver care to patients in times of emergencies and any such failure would be deemed to be a violation of Article 21 of the Indian Constitution through a Supreme Court judgment in a 1992 case.

The main principle behind Emergency Medical Systems worldwide is to provide a common emergency communication number to citizens that can be connected to responsive agencies. While India has the emergency number 108 for availing the services of such ambulances, the responsiveness of the system has always been doubtful⁵.

Healthcare facilities in J&K

J&K has been a conflicted and disturbed area since India's independence. The following districts in J&K are named as 'disturbed' under section 3 of the Armed Forces (Jammu & Kashmir) Special Powers Act, 1990: Jammu, Kathua, Udhampur, Poonch, Rajouri & Doda and Srinagar, Budgam, Anantnag, Pulwama, Baramulla, and Kupwara⁶. The conflicts have led to loss of many lives in the region, leading to some extent of hostility between the army and the civilians. Along with these conflicts, the terrain and weather conditions of these regions have added to the list of challenges for the people residing in these areas.

Due to the rugged terrain, extreme weather conditions, and poor communication and road network, J&K has faced damage to life and property in the past. The state is vulnerable to many

³The World Bank, "Population, India", Accessed November 2022, <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=IN>

⁴Supreme Court of India; Parmanand Katara vs. Union of India AIR1989SC 2039

⁵Ramanujam P, Aschkenasy M. Identifying the need for pre-hospital and emergency care in the developing world: a case study in Chennai, India. J Assoc Physicians India. 2007;55:491-495.

⁶Shams Irfan, "De-Stinging AFSPA", Published April 2009, <https://kashmirilife.net/de-stinging-afspa-de-stinging-afspa-72/>

natural disasters such as earthquakes, landslides, avalanches, etc. due to its peculiar topography⁷.

Both the conflicts and terrain in the area calls for the need for a strong emergency medical system in J&K. According to Vivek Bhardwaj, Additional Chief Secretary J&K Government, Health and Medical Education, “Across J&K, maternity, pediatrics, emergency and trauma, surgery, cardiology, etc. were unavailable after the OPD hours”. There is a need of 24*7 healthcare facilities in hospitals located in peripheral areas, especially district hospitals⁸.

About KMBL’s healthcare intervention implemented by Borderless World Foundation

Context and Background

Kotak Mahindra Bank Limited (KMBL) is a leading Indian banking and financial services company headquartered in Mumbai. In a journey spanning nearly three decades, the company has grown both in scale and in stature.

KMBL’s Corporate Social Responsibility (CSR) vision is to improve the quality of life of the communities through positive impact on economic, social, and environmental parameters and in alignment with India’s social development objectives and United Nations (UN) Sustainable Development Goals (SDGs). KMBL has been impacting communities across the country through its interventions in the areas of healthcare, education and livelihood, environment and sustainable development, sports, and relief and rehabilitation.

KMBL’s healthcare initiatives, implemented by Borderless World Foundation (BWF), five well-equipped emergency medical and trauma care ambulances were provided in the Baramulla region of J&K.

⁷ Government of J&K, “Draft State Disaster Management Policy”

⁸Zehru Nissa, “Govt aims round-the-clock specialty services across Kashmir”, May 2022, <https://www.greaterkashmir.com/todays-paper/health-todays-paper/govt-aims-round-the-clock-specialty-services-across-kashmir>

About Borderless World Foundation

The Borderless World Foundation (BWF) is a non-profit and non-governmental organization functional in J&K, along the conflict-riven border region between India, Pakistan, and China. BWF has been involved in the rehabilitation and socio-economic empowerment of the poor and deprived section of the society in the strife-torn valley of Kashmir, through activities such as disaster relief and emergency medical support.⁹

About the Ambulances

Under KMBL's CSR initiative 5 Ambulances were provided to Borderless World Foundation in FY 2020-21. After completion and installation of the required sophisticated trauma care equipment, the ambulances were brought to Pune and later sent to New Delhi. The ambulances were flagged off by the Hon'ble Defence Minister Shri Rajnath Singh in presence of other dignitaries in New Delhi.

Post the flagging-off ceremony, the ambulances were moved to J&K and handed over to Chinara Corps, the Army units which operate in strategic locations near the Line of Control at Kashmir.

Currently, the ambulances are placed in various locations near Baramulla, based on requirements and availability of ambulances in remote hilly terrains. Each ambulance has a doctor, a nursing staff, and an ambulance driver. The ambulances are available round the clock, free of cost for patients and needy people. In addition to emergency medical relief, these ambulances also help to transport patients to the nearest health care centers and hospitals. These ambulances are also used in medical camps which are usually conducted at least once a quarter (barring the winter season) in each location.

The army and the civil hospitals manage the daily operations of these ambulances. They are responsible for aspects such as the deployment of doctors, paramedics, nurses, drivers, and hospital support, maintenance and servicing of the ambulance, and medical equipment, along with recurring operating expenses. The ambulance driver has a 24X7 mobile helpline number for quick accessibility in case of any emergency.

⁹ Borderless World Foundation, <https://www.borderlessworldfoundation.org/about-us.php>

Coherence with international and national goals

The project is in coherence with SDG 3 and National Health Mission. Additionally, the location of the project, Baramulla, is one of the aspirational districts of India.¹⁰



SDG 3 – Good Health and Wellbeing¹⁰

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

The project contributes to Target 3.8 – Achieve universal health coverage including access to quality essential health-care services.



National Health Mission (NHM)¹¹

Under the NHM, the project contributes to the **National Rural Health Mission**. The NHM encompasses Health System Strengthening.

¹⁰The Government of India has launched the ‘Transformation of Aspirational Districts’ initiative in January 2018 with a vision of a New India by 2022 wherein the focus is to improve India’s ranking under the Human Development Index (HDI), raising living standards of its citizens and ensuring inclusive growth of all.

¹¹United Nations, “Goal 3 - Ensure healthy lives and promote well-being for all at all ages”, Accessed November 2022, <https://sdgs.un.org/goals/goal3>

¹²National Health Mission, Accessed November 2022, <https://nhm.gov.in>

Chapter 2: Sattva's Approach and Methodology

This section highlights the objectives of the study, the study design, the sampling approach, and some of the limitations of the study.

Objectives of Study

KMPL commissioned Sattva to conduct an impact assessment study to evaluate the healthcare project for the financial year 2020-21. The objective of the study is to understand the following:

- **Relevance** of the project to the needs of the beneficiaries and its **coherence** with national and regional priorities
- The **effectiveness** of the project in achieving the desired outcomes and creating an impact in line with the strategies defined by KMBL
- The **impact** created by the project among beneficiaries



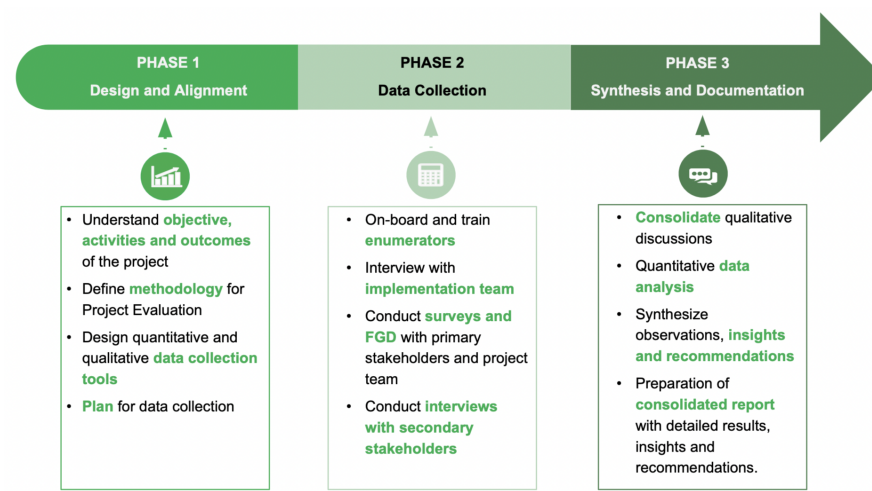
Study Design

Impact Assessment Approach & Execution Timeline

Sattva Consulting undertook a descriptive cross-sectional study with a mixed-methods approach, consisting of quantitative and qualitative data collection methods. This helped gather meaningful impact-related insights from a 360-degree perspective across the stakeholders involved and was fundamental to providing relevant recommendations.

The impact assessment study was divided into 3 distinct phases: (i) Design and Alignment, (ii) Data collection, and (iii) Synthesis and Documentation. The study was conducted between August 2022 and November 2022.

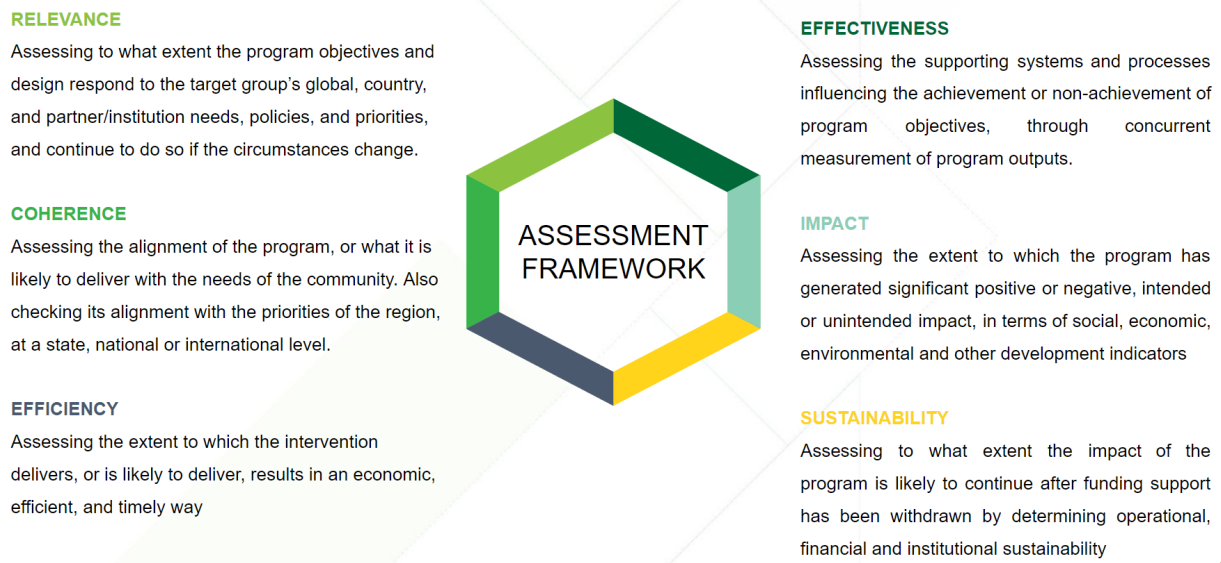
Fig 1: Key milestones of the impact assessment study



Impact Assessment Framework

The study deployed the OECD DAC framework (The Organization for Economic Cooperation and Development's (OECD) Development Assistance Committee (DAC)) for the purpose of the assessment. The six pillars of the DAC framework have been explained below (See Fig. 2)¹³.

Fig 2: Research Methodology Framework



Sampling

Stakeholder Mapping

For the purpose of the study, below stakeholders were identified and interacted with:



Community members - The surveys were conducted with community members in medical camps in Uri and Naugam to check for their awareness regarding the availability of ambulance service in the area. The respondents included army personnel, army families, and civilians. The ideal case would have been to survey those who had used the ambulance service, however, that list was not provided by the army due to confidentiality concerns.



Medical Staff/Doctors - Qualitative interviews were conducted with the Chief Medical Officer and Deputy Director of Health from district civil hospitals and army ambulances in Uri and Naugam. These interviews gave us insights into the current functioning of the 5 ambulances provided by KMBL and their response among the medical staff and the community.

¹³ OECD, "Evaluation Criteria", Accessed November 2022, <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>



Ambulance Drivers - The ambulance driver was interviewed during the study to understand the response time of ambulances and to get insights into the daily functioning and maintenance of the ambulances.



Implementation Agency - Borderless World Foundation is implementing the project. The Sattva team conducted in-depth interviews with the project team.

Additionally, interviews were conducted with the KMPL CSR team head and Project Team to understand the long-term vision, goals, and objectives of the project.

Sampling Approach

For this study, the Sattva Consulting team collected quantitative data from the 29 community members who attended the medical camps at Uri and Naugam on the day of data collection. The 2 medical staff who were interviewed for this study were working with civil hospitals, and the 4 medical staff were working in the ambulances allocated to the army in Uri and Naugam. This ensured that views of medical staff working with all 5 ambulances were captured in the study.

Table 4: List of stakeholders interviewed during data collection

Stakeholder	Survey		Key Informant Interview		Case Story	
	Planned	Actual	Planned	Actual	Planned	Actual
Community members in Baramulla - army personnel, army families, civilians	30 ¹⁴	29			2	0 ¹⁵
Medical staff/ Doctors			4-5	5		
Ambulance driver			1	1		
KMBL CSR Team			1	1		

¹⁴The surveys were conducted with community members in a medical camp in Uri and Naugam since the beneficiary list was not provided by the army due to confidentiality concerns.

¹⁵There was no beneficiary list shared by the army to identify a suitable respondent for the case stories due to confidentiality concerns.

Data Sources



Primary Sources of Data:

Primary data was collected in two ways; quantitative (surveys) and qualitative (KIs).



Secondary Sources of Data:

Literature review was done of project documents shared by the Wockhardt Foundation team. Information was also gathered from existing studies and programs implemented by national agencies such as the Ministry of Home Affairs, the Government of J&K, and the Government of India.

Limitations of the Study

This section explains the limitation of the study in detail:

Selection Bias: Due to the sensitive nature of the geographical location of the project, the list of beneficiaries was not provided by the Indian army. Hence, the survey was limited to the community members who attend the medical camp in Uri and Naugam, and could only explore aspects such as the level of awareness regarding the ambulance services in the area.

Chapter 3: Findings of the Impact Assessment Study

This chapter details the key insights derived from the impact assessment study, beginning with a detailed report on the operations, quality, and how the ambulances present in the area have been of support to the region. The section also highlights the insights derived from the 29 surveys conducted with the attendees of medical camps in Uri and Naugam.

The 5 ambulances provided by KMBL have helped in bridging the gap in the availability of emergency medical services in the Baramulla region of J&K

5 ambulances were provided to the J&K army under this project. 3 of these ambulances are currently with the army, and 2 of them are with the Civil Hospitals at Uri and Rohama. As mentioned previously, the J&K region is hilly terrain and the locations where the ambulances are stationed are remote. There is a need for such services in these regions and the ambulances provided by KMBL are helping to fulfill these needs. The ambulances are currently being deployed for both evacuation purposes and medical camps.

The 3 ambulances provided to the army largely cater to army personnel and porters (civilians who are contract workers for the army). Hence, the number of civilians using these ambulances is limited. The ambulance in Baramulla is serving the entire Baramulla region. The ambulances in Uri and Naugam are serving an area of 75 km each, covering a total of 10 villages.

Apart from the ambulances provided by KMBL to the civil hospitals at Uri and Rohama, both areas have 2 more ambulances. In total, each hospital has 3 ambulances. The 3 ambulances in Uri cater to a population of about 74,867¹⁶ and the 3 ambulances in Rohama, cater to a population of around 49,889¹⁷.

It was reported by the medical officers that once the civil hospitals get a permanent registered J&K number for the ambulance, the 2 ambulances provided by KMBL will be listed under the 108 toll-free number. This will provide easy access to civilians to avail the ambulances as per need.

Ambulances provided by KMBL have a sturdy and compact design and have been highly useful in the mountainous terrain of Baramulla

During the interviews conducted with medical officers, all six of them shared that the critical care ambulances provided by KMBL are well equipped, and one of the best that they have. All of them further shared that most of the ambulances available with them are generally makeshift ambulances, however, the ones provided by KMBL are fully equipped with all medical equipment. The ambulances are useful, comfortable, and have had no instances of breakdown.

¹⁶ Census 2011

¹⁷ Census 2011

Fig 3 : Interior of the ambulance



Fig 4 : Medical equipment placed in the ambulance

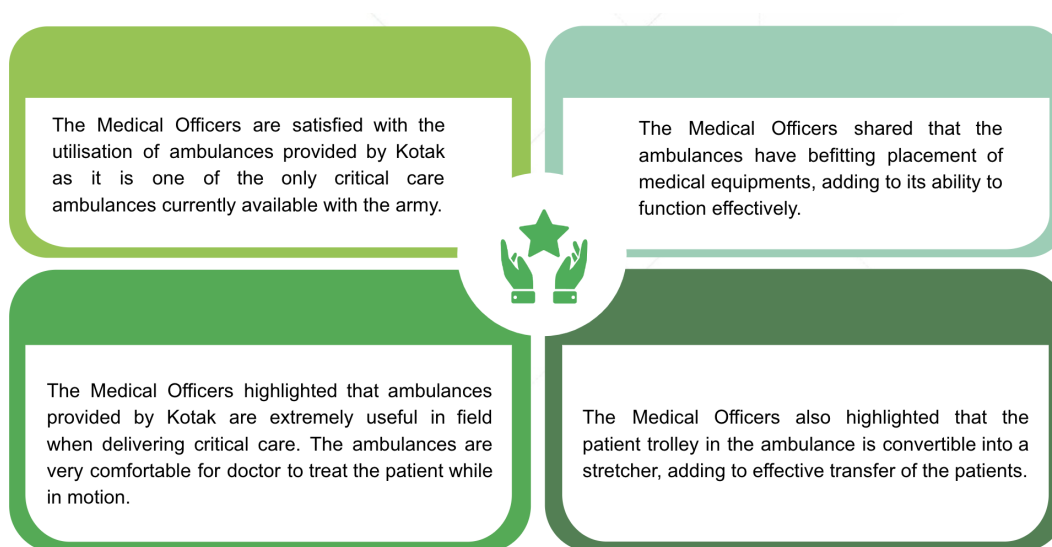


The Deputy Director of Health shared that the ambulance provided by KMBL is one of the best available in the region. Due to its high quality, it gets deployed to VVIP convoys in the region.

According to the BWF Project Team, the ambulances provided by KMBL are unique due to its compact design and the provision of advanced medical equipment.

As a possible area of improvement, one of the medical officers highlighted that syringe infusion is the only under-utilised medical equipment of the ambulance since doctors are not familiar with its usage.

Different aspects of superior quality of ambulances provided by KMBL were highlighted and appreciated by the Medical Officers from the army



There is a systematic mechanism in place for the ambulances to reach the patients in minimum time

As shared by the ambulance driver from the Naugam army ambulance, whenever any patient requires an ambulance, they inform porters who thereafter alert the medical officer. The medical officer then informs the ambulance driver, who reaches the location of the patient immediately. The patient is then either taken to the PHC in Naugam or a hospital in Srinagar for treatment, based on the discretion of the medical officer.

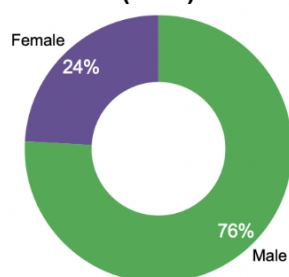
Due to lack of phone coverage in the area, there is no direct contact between the patients and the ambulance driver.

The responses from community members confirms the requirement of such ambulance services in Uri

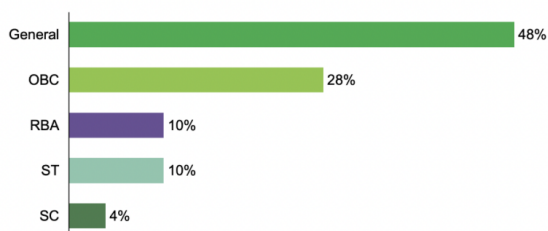
Since the list of beneficiaries was not provided by the army due to confidentiality concerns, 29 surveys were conducted with the community members who were attending the medical camp in Uri or Naugam.

Of the 29 survey respondents, **24%** were female and **76%** were male. Most of the respondents belonged to the general category (**48%**). The others belonged to Other Backward Classes (**28%**), Resident of Backward Areas (**10%**), Scheduled Tribe (**10%**), and Scheduled Caste (**4%**).

**Fig 5 : Gender of respondents
(n=29)**

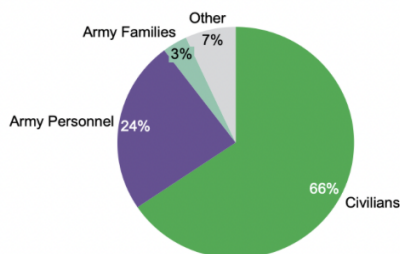


**Fig 6 : Social Category of respondents
(n=29)**



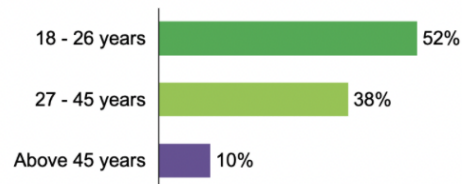
Most of these respondents were civilians (**66%**) or army personnel (**24%**).

**Fig 7 : Background of respondents
(n=29)**



52% of the respondents were in the age bracket of 18-26 years, and **38%** in the age bracket of 27-45 years. The remaining **10%** were above 45 years of age.

Fig 8 : Age Categorisation of respondents (n=29)



The average household income is **INR 4,34,750** for 8 army personnel or their families and **INR 1,42,428** for civilians and other groups.

Following are some of the insights derived from the 29 respondents.

As per the respondents, the average distance from their houses to the nearest hospitals was 9km, highlighting the need of ambulances in the area.

Out of the total respondents, **48% (14/29)** reported to have awareness about the availability of ambulance services in the region.

The survey was conducted with community members who were visiting medical camps in Uri or Naugam, and not those who had availed the ambulance services, This could be a potential reason for the low awareness amongst the respondents regarding the availability of ambulance services.

93% (13/14) of the respondents who were aware about the ambulance services said that they were willing to use the ambulance services. They were aware that the service could be availed in case of any emergency situations such as any major accidents, serious injuries or to support pregnant women. However, most of them **(79% - 11/14)** were unclear about how to contact these ambulances.

Efforts need to be made to create awareness regarding the availability of the ambulance services amongst the community members. The ambulances can become more accessible by connecting the service to a toll free number. This will enable the project to enhance its impact in the Baramulla region.

Conclusion

Due to the remote locations and the hilly terrain, there are several transportation challenges and medical emergencies in Baramulla. The 5 ambulances provided by Kotak Mahindra Bank Limited (KMBL) have been a huge support to the community to cater to these problems and has led to improvement in medical facilities in the region. The ambulances given by KMBL will impact the community for years to come.

Annexures

Annexure 1 : Data Collection Tools

Annexure Table 1 : Survey for community members

Sr No.	Type	Questions	Options/Probes
1	Text	Name of respondent	
2	Single Choice	Which of these categories do you belong to?	Army personnel
			Army personnel's family member
			Civilian
			Other
3	Text	If others, please specify	
4	Text	Gender of respondent	Male Female Other
5	Number	Age of respondent (more than 18 years)	
6	Single Choice	Social Category	General
			OBC
			ST
			SC
			Other
7	Text	If others, please specify	
8	Number	Annual household income	
9	Single Choice	Do you think there was a lack of ambulance services in your area 1 year ago?	Yes No Can't say
10	Single Choice	Are you aware of any ambulance service available in your area now?	Yes No Can't say
11	Text	Do you know who has provided these ambulance services?	
12	Single Choice	If yes, do you know what is the use of these ambulance services?	For treatment of common diseases such as cold, cough, fever, etc.
			In case of emergencies such as accidents, severe wounds, etc.
			I am not sure of the use of these

			ambulance services
13	Number	If yes, do you know which number to call to contact these ambulance services in case of an emergency?	
14	Single Choice	If yes, would you be willing to avail these ambulance services in case of an emergency?	Yes
			No
			Can't say
15	Text	If yes, why?	
16	Text	If no, why not?	
17	Single Choice	If aware, has there been a situation where you required the ambulance services but didn't avail them?	Yes No Can't say
18	Single Choice	If yes, why didn't you avail the service?	I didn't know there was an ambulance service available I didn't think the ambulance service would come in time hence, didn't want to use it Other
19	Text	If others, please specify	
20	Number	How far is the nearest emergency facility from your house? (in kms.)	
21	Text	Additional comments	

Annexure Table 2 : Case Story for beneficiaries

Sr No.	Questions
1	Introduction and Background - Name, age, gender, social category
2	Where are you from? How long have you been living in this city?
3	How is the quality of ambulance services in your area? Elaborate.
4	Can you share a personal experience when you availed the ambulance services?
5	Did you face any challenge while using the ambulance services in your area? If yes, can you elaborate?
6	Any suggestions for improvement

Annexure Table 3 : Questionnaire for Medical Staff/Doctors/Nurses

Sr No.	Questions
1	Introduction and Background - Name, gender
2	Where are you from? How long have you been living in this city?
3	How long have you been employed here as a medical staff/ doctor/ nurse?
4	How long have you been engaged with Borderless Foundation's emergency healthcare services project?
5	Do you have all the medical equipment you require to perform your job well?
6	What is your role in the procurement, verification and re-stocking of medicines and medical equipment in the ambulance?
7	Do you know of any other functional ambulance services in the area other than the ones provided by KMBL/ Borderless Foundation?
8	Do you think beneficiaries are able to save time or money due to the availability of the ambulance services?
9	How is the ambulance service bridging the gap between hospitals and patients?
10	Do you think there is a need for more ambulances in this area?
11	What are the possible hospitals where ambulances take the patients for treatment?
12	Have you faced any challenge with your job so far? If yes, can you elaborate?
13	Do you know who has provided these ambulances to the army?
14	Do you require any additional help to do your role better? Can you please elaborate?
15	Additional information

Annexure Table 4 : Questionnaire for ambulance driver

Sr No.	Questions
1	Introduction and Background - Name, age, gender, social category
2	Where are you from? How long have you been living in this city?
3	How long have you been employed at this location as an ambulance driver?
4	How long have you been engaged with Borderless Foundation's emergency healthcare services project?
5	Perimeter that you cover through the ambulance (in kms.)
6	How do you know if you need to go to any patient? Who/ where do you get this information from?
7	How do you help with the procurement and re-stocking of medicines and medical equipment?

8	How long does it usually take between when you receive a call from a patient or their family and when you reach the location of the patient?
9	Do you always bring patients to the same location/ hospital or does it differ based on the condition and location of the patient?
10	Do you know of any other functional ambulance services in the area?
11	Do you think beneficiaries are able to save time or money due to the availability of the ambulance services?
12	What are the possible hospitals where ambulances take the patients for treatment?
13	Have you faced any challenges with your job? If yes, can you elaborate?
14	Do you know who has provided these ambulances to the army?
15	Do you require any additional support to do your role better? Can you please elaborate?

Annexure Table 5 : Questionnaire for brigadier

Sr No.	Questions
1	Introduction and Background - Name, age, gender, social category
2	Where are you from? How long have you been living in this city?
3	How long have you been in the army? How long have you been a Brigadier here?
4	What is your role related to the ambulance facilities in this area?
5	When did these ambulances become functional?
6	Who can avail the services of these 5 ambulances?
7	How did you select the locations where each of these ambulances should be placed? What is the periphery covered by each ambulance?
8	Does the community know about the availability of ambulances in the area? How was this communication made to make the community aware about the ambulances?
9	What is the chain of sending ambulances to the patients? Is there a number they can call to avail the ambulance services?
10	Where do the ambulances stand when they are not in service?
11	Any challenges that you would like to highlight with respect to the ambulances provided by KMBL/ Borderless Foundation

Annexure Table 6 : Questionnaire for Borderless World Foundation

Sr No.	Questions
1	Introduction and Background - Name and designation - How long have you been a part of Borderless Foundation?
2	Can you share in brief about the situation and challenges in Baramulla and the healthcare facilities available there?
3	What was the motivation behind providing ambulances for the army and the community through your Foundation?
4	How did you choose the target locations for this intervention?
5	How is this intervention aligned to the national and global priorities regarding emergency healthcare services?
6	Are you aware of any other interventions regarding emergency healthcare facilities in this area? If yes, can you please tell us about it in brief?
7	Who was the team responsible to implement the project? Can you share more about their roles and responsibilities and the experience that they hold to fulfill them?
8	What are the M&E frameworks used for effective monitoring of the project's progress?
9	How have the risks associated with this project identified and mitigated so far?
10	Whose responsibility is it to register the ambulances? Where were these ambulances registered?
11	These ambulances as assets rest in whose books of account?
12	Who according to you are the primary beneficiaries of these ambulances - army, community or both?
13	Is there a helpline/ toll free number for the community to contact the ambulances? [If no] How can a community member access the ambulance in the case of an emergency? Is there any plan in the near future to provide a helpline number?
14	How has your experience been of working with KMBL?
15	Who has borne the amount for maintenance of these ambulances?
16	How is the quality of ambulances provided by KMBL relative to other ambulances available in the area?
17	Does your Foundation aim to provide more ambulances or any other healthcare related support in the Baramulla region in the near future?
18	What is your plan for financial and operational sustainability of this intervention?
19	Additional comments

Annexure 2 : Ethical considerations of the study

The assessment followed the ethical protocols in all aspects and at all stages of the engagement based on the discussion with team:

- **Informed consent and voluntary participation:** All respondents and participants have been given appropriate and accessible information about the purpose, methods and intended uses of the evaluation, what their participation in the project entails, and what risks and benefits, if any, are involved. The assessment has been undertaken only after consent - free from coercion or undue pressure - is received from the respondents. They have been made aware of their right to refuse participation whenever and for whatever reason they wish, without fear of penalisation or victimisation. Participants have also been made aware of where and for how long their data will be stored and how the data will be treated. Consent has been taken with regard to recording and usage of all information acquired - written, verbal, photographic. It has been kept in mind that the primary research is conducted in a place where the participants feel comfortable and safe in sharing their responses. At no point has any information been sought, either through explicit pressure or false promises, from the respondents.
- **Anonymity and confidentiality:** The identity of participants has been protected at all times through anonymity or confidentiality, unless the participants explicitly agree to, or request the publication of their personal information.

Annexure 3 : Data policy

Sattva Consulting has in place internal security protocols to protect the privacy of all data collected from respondents, especially any personally identifiable information (PII). Some of the relevant protocols for this project are:

- **Data Storage and Access:** Any devices used for data collection are password-protected to prevent unauthorized access. Survey software with encryption features, such as Collect, have been used so that encryption occurs during data collection and transmission to a central server. Data with PII is shared only using encrypted files, unless being shared directly from Sattva's cloud storage. Access to data on Sattva's cloud storage has been further limited to project team members who require access.
- **Data Retention:** Data with PII is only retained for pre-decided periods based on project requirements. Any data stored on data collection devices is removed after data collection for the project is complete, to minimize risk. Where possible, data stored on stolen/ lost devices is remotely deleted.
- **Training:** Personnel are provided adequate training on maintaining privacy of data collected, including procedures for handling devices to maintain data security.
- **Removal of PII:** All PII is removed from the raw dataset and separated into an "Identifiers Dataset" and "Analysis Dataset". A common ID is generated to allow re-joining PII data if required. Access to "Identifiers Dataset" is limited to select personnel as required. Limited and necessary PII is re-shared with enumerators/field supervisors to allow for quality checking and back-checking of data as per project requirements.