



**SUN
PHARMA**

IMPACT ASSESSMENT REPORT

SUPPORT TOWARDS SETTING-
UP OF CANCER SANATORIUM
INSTITUTE

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BBREVIATIONS

SUN PHARMACEUTICAL INDUSTRIES LTD.

CSR	Corporate Social Responsibility
FDEC	Foundation for Disease Elimination and Control of India
IA	Impact Assessment
OECD-DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
OHUM	Healthcare Management System (OHUM Software)
OPD	Outpatient Department
PM-JAY	Pradhan Mantri Jan Arogya Yojana
PRE	Patient Relation Executive
TMH	Tata Memorial Hospital
TMC	Tata Memorial Centre

EXECUTIVE SUMMARY

PROJECT BACKGROUND

Recognizing the challenges faced by outstation cancer patients in accessing treatment and accommodation in Mumbai, Sun Pharma supported the Shantilal Sanghavi Foundation in establishing the "Cancer Sanatorium Institute" in Wadala, Mumbai, operational since March 1, 2025. Located in close proximity to Tata Memorial Hospital, the facility has supported 964 patients from 28 states by providing access to chemotherapy and radiotherapy services (49 beds), along with 128 fully occupied accommodation rooms equipped with essential amenities and transport support. By addressing accommodation and access-related challenges, the initiative has enabled outstation patients to stay closer to the treatment centre and better navigate their treatment journey.

PROJECT DETAILS



Project Name

FY 2020-23



Donor

Sun Pharmaceutical Industries Ltd.



Implementing Partner

Shantilal Sanghavi Foundation



Project Start Date

1st March 2025



Location

Wadala, Mumbai



Facility Type

Day-care Treatment Centre (No Indoor Admission)



Key Services

Chemotherapy and Radiotherapy (Surgery at Tata Memorial Hospital)



Treatment Linkage

Patients referred from Tata Memorial Hospital



Total Beds

49 Treatment Beds



Accommodation Capacity

128 Operational Rooms (out of 400 planned capacity) *
(128 rooms are currently operational based on NOC approvals;
remaining planned for phased expansion)



Target beneficiaries

Cancer patients from outside Mumbai



Eligibility Criteria

- Confirmed diagnosis;
- Referral from Tata Memorial Hospital;
- Patients above 16 years;
- Primarily outstation patients



Fee Structure

- Economy: ₹250 per day;
- Deluxe: ₹2200 per day (subsidized)



Patient Coverage

964 Patients



Geographic Reach

Patients from 28 States



Alignment with SDGs



The program also reflected strong coherence with national initiatives:

- Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY)
- [National Health Authority \(Official PM-JAY site\)](#)

PROJECT ACTIVITIES



INFRASTRUCTURE SETUP

Established a cancer care and accommodation facility with treatment units and residential spaces to support outstation patients.



TREATMENT SERVICES

Provided chemotherapy and radiotherapy services at the centre, while facilitating surgical treatment through Tata Memorial Hospital.



PATIENT REFERRAL AND ADMISSION

Implemented a referral-based admission system in coordination with Tata Memorial Hospital to ensure timely allocation of rooms for eligible patients.



ACCOMMODATION SUPPORT

Residential facilities offered for patients and caregivers during active treatment phases, ensuring proximity to the treatment centre.



ESSENTIAL SERVICES PROVISION

Ensured availability of basic amenities such as water, sanitation, cooking facilities, and common spaces for patients.

**TRANSPORT SUPPORT**

Provided free transport services to and from Tata Memorial Hospital to facilitate regular treatment visits.

**EMERGENCY SUPPORT**

Facilitated emergency response services, including ambulance support for critical situations.

**PATIENT COORDINATION AND MANAGEMENT**

Managed patient records, admissions, discharges, and occupancy through digital systems and structured processes.

**STAFF TRAINING AND CAPACITY BUILDING**

Ensured that medical and operational staff were trained by Tata Memorial Hospital to deliver treatment services and manage patient care effectively.

**COUNSELLING AND PSYCHOSOCIAL SUPPORT**

Delivered counselling and emotional support to patients and caregivers to help them cope with treatment-related stress.

**COMMUNITY ENGAGEMENT ACTIVITIES**

Conducted activities such as yoga, games, and group interactions to improve patients' mental well-being.

**SKILL DEVELOPMENT INITIATIVES**

Organised skill-building sessions (e.g., handicrafts, cooking, small-scale production activities) to support livelihood opportunities post-treatment.

**FACILITY MANAGEMENT AND MAINTENANCE**

Maintained cleanliness, hygiene, and discipline within the facility through structured systems and staff support.



KEY FINDINGS



100%
of the respondents are from outside Mumbai.



100%
of the respondents are undergoing active treatment (chemotherapy/radiotherapy).



91.2%
of the respondents incur daily accommodation costs above ₹200.



96.5%
of the respondents reach the hospital within 30 minutes.



93.0%
of the respondents reported reduction in travel burden (80.7% significant, 12.3% slight).



84.2%
of the respondents would have either incurred high costs (50.9%) or faced difficulty continuing treatment (33.3%) without the facility.



94.7%
of the respondents reported that the facility significantly supported treatment continuity.



100%
of the respondents reported availability of basic facilities.



100%
of the respondents reported satisfaction with facility conditions.



100%
of the respondents found the facility very useful.

KEY IMPACTS



The facility reached 100% outpatient patients, demonstrating alignment with its intended target group.



The facility supported 100% patients during active treatment phases, enabling continuity of care.



The facility provided affordable stay options, resulting in 82.5% reporting a significant reduction in accommodation costs.



Improved accessibility contributed to 100% attendance of scheduled treatment visits.



Reduced travel-related stress and improved ease of accessing treatment for 93% of beneficiaries.



The facility reduced financial strain and supported treatment continuation for 84.2% of respondents.



Demonstrates strong impact in ensuring uninterrupted treatment for 94.7% of beneficiaries.



Ensured access to essential services for 100% of beneficiaries during their stay.



The facility has contributed to improved patient experience during treatment, as reflected in high levels of reported comfort and service adequacy.



Indicates high relevance and usefulness of the intervention for 100% of beneficiaries.

01. INTRODUCTION

NEED FOR THE PROGRAM

India is witnessing a growing cancer burden, projected to increase from approximately 1 million cases in 2012 to 1.7 million by 2035, indicating rising demand for cancer care services. Tata Memorial Centre (TMC) has experienced a steady rise in patient load, with over 1,10,000 new cases registered across centers in 2019, including 45,624 cases at Tata Memorial Hospital (TMH). Currently, TMH registers approximately 65,000 new cancer patients annually, along with 4,50,000 follow-up cases, reflecting significant pressure on the tertiary care infrastructure. Further, nearly 60% of patients visiting TMH come from outside Maharashtra, highlighting the dependence of outstation patients on urban tertiary care centres for specialized treatment.

Cancer treatment also involves substantial out-of-pocket expenditure, with over 48% of health expenditure in India being out-of-pocket, increasing the burden on economically vulnerable patients (National Health Accounts, India 2019-20). The increasing burden of cancer, coupled with the complexity of treatment pathways and high patient inflow, necessitates additional support systems for patient navigation, accommodation, and continuity of care. As highlighted by the implementing partner, the need for the facility emerged due to the high patient load at Tata Memorial Hospital and the lack of affordable accommodation options for outstation patients, which often creates barriers in accessing and continuing treatment.

OBJECTIVES OF THE PROGRAM



To set up a clean and aesthetically designed sanatorium for housing cancer patients for chemotherapy and radiation treatment.



To offer affordable accommodation support for outstation patients and their caregivers during active treatment phases.



To enable continuity of treatment by ensuring proximity to treatment centres and support services.



To strengthen patient support systems through counselling, coordination, and community-based engagement.

Sources:

1. National Cancer Registry Programme (NCRP), ICMR - Cancer projections 2012-2035
2. TMC Annual Report 2019 - 1,10,000 new cases across centres
3. TMH Patient Statistics - 65,000 new + 4,50,000 follow-ups annually
4. TMH Demographics - 60% outstation patients
5. National Health Accounts 2019-20 - 48% out-of-pocket health expenditure

ABOUT SUN PHARMACEUTICAL INDUSTRIES LTD (DONOR)

Sun Pharmaceutical Industries Ltd. is one of India's leading pharmaceutical companies, engaged in the manufacturing and distribution of a wide range of pharmaceutical formulations and active pharmaceutical ingredients. The company has a strong global presence and operates across multiple therapeutic segments.

Through its corporate social responsibility (CSR) initiatives, Sun Pharma supports interventions in healthcare, education, and community development, with a focus on improving access to quality healthcare services and strengthening health infrastructure in underserved regions.

ABOUT SHANTILAL SANGHAVI FOUNDATION (IMPLEMENTING PARTNER)

Shantilal Sanghavi Foundation is a non-profit organization working in the field of healthcare and patient support, with a focus on improving access to treatment and supportive care services.

The foundation implements initiatives aimed at addressing gaps in healthcare infrastructure, particularly for vulnerable and outstation patients requiring long-term treatment. Through its programs, the organization provides accommodation, support services, and a conducive environment to ensure continuity of care and improved patient well-being.



02 RESEARCH METHODOLOGY

Sun Pharmaceutical Industries Ltd. commissioned SoulAce Consulting Pvt. Ltd. to conduct an Impact Assessment of the project "Support towards Setting up of Cancer Sanatorium Institute" implemented by the Shantilal Sanghavi Foundation. The assessment aimed to evaluate the project's effectiveness, relevance, and impact in supporting outstation cancer patients through treatment and accommodation services.

The study adopted a mixed-methods approach, combining quantitative beneficiary data with qualitative insights from patients and key stakeholders. The findings are intended to inform program improvements and document the outcomes achieved through the partnership.

OBJECTIVES OF THE STUDY

The primary objectives of the study were:



To assess the effectiveness and relevance of the Cancer Sanatorium initiative in supporting outstation cancer patients.



To evaluate the extent to which the facility improves access to treatment and accommodation support.



To analyze the impact of the intervention on reducing non-medical burden and enabling continuity of care.



To identify strengths and areas for improvement in program implementation.

USE OF MIXED METHOD APPROACH

The study adopted a mixed-methods approach, combining quantitative and qualitative research methods. Quantitative data was collected from beneficiaries to assess key indicators, while qualitative insights from patients and stakeholders provided deeper understanding of experiences and program outcomes. This approach enabled a comprehensive and balanced assessment of the intervention.

APPLICATION OF QUALITATIVE TECHNIQUES

Qualitative methods were used to capture the experiences and perspectives of beneficiaries and key stakeholders, including patients, caregivers, and facility staff. Semi-structured interviews enabled in-depth understanding of treatment journeys, challenges faced, and the role of the facility in supporting patients.

APPLICATION OF QUANTITATIVE TECHNIQUES

Quantitative techniques were used to analyze beneficiary-level data through structured surveys. The data provided measurable insights on key indicators such as access, cost, travel, and treatment continuity, enabling objective assessment of program outcomes.

ENSURING TRIANGULATION

The study ensured triangulation by collecting data from multiple sources, including beneficiary surveys, stakeholder interactions, and field observations. Both qualitative and quantitative methods were used to validate findings, enhancing the reliability and credibility of the analysis.

RESEARCH DESIGN



Name of the project

Support towards Setting up of Cancer Sanatorium Institute



Implementing Organisation

Shantilal Sanghavi Foundation



Research design used

Descriptive Research Design



Sampling technique

Stratified Random Sampling (Patients, Staff and Caregivers)



Sample size

57 beneficiaries (14 Patients and 43 caregivers/ family members)



Qualitative Methods Used

Semi-structured interviews with patients, caregivers, and staff

KEY STAKEHOLDERS



14- Beneficiaries (Cancer Patients)



43- Caregivers/ Attendants



3- Shantilal Sanghavi Foundation (Implementing Partner)



56- Facility Staff (PRE, Floor Coordinators, Medical & Support Staff)

STUDY TOOLS

- Structured questionnaires for beneficiaries based on predefined indicators
- Semi-structured interview guides for stakeholders (patients, caregivers, staff)
- Field observations and interaction notes

ETHICAL CONSIDERATIONS

The study adhered to ethical research standards, ensuring informed consent, confidentiality, and voluntary participation. Participant identities were anonymized, and data was securely managed. All interactions were conducted with respect, ensuring dignity, privacy, and well-being of respondents throughout the study.

03. KEY FINDINGS AND KEY IMPACTS

This chapter provides a detailed overview of the key findings from the comprehensive Impact Assessment study. The findings are presented across key sections covering beneficiary profile, pre-intervention conditions, experience during stay, and the overall impact of the intervention.

Through primary surveys and in-depth interactions with patients, caregivers, and facility staff, the study provides valuable insights into access to accommodation, cost implications, treatment continuity, and overall patient experience.

DEMOGRAPHIC PROFILE (N=57)

This section provides an overview of the beneficiary profile, including their socio-economic background and livelihood characteristics. It helps in understanding the economic conditions and vulnerability of patients and caregivers, thereby contextualizing their access to and dependence on the facility during treatment.

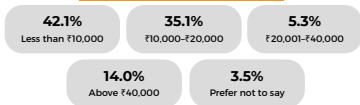
RESPONDENT TYPE



OCCUPATION



MONTHLY HOUSEHOLD INCOME



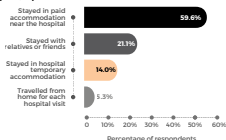
The beneficiary profile indicates that the majority of respondents are caregivers (75.4%), reflecting the critical role of family support during treatment. A significant proportion belongs to economically vulnerable households, with over 77% reporting monthly incomes below ₹20,000, and livelihoods largely dependent on informal or unstable sources such as farming, self-employment, and wage labour.

KEY FINDINGS

The key findings are based on primary data from 57 respondents analyzed using a triangulation approach combining quantitative and qualitative insights. The section covers pre-intervention conditions, experience during stay and post intervention scenario.

PRE-INTERVENTION SCENARIO

CHART 1: ACCOMMODATION ARRANGEMENTS BEFORE FACILITY (N=57)



59.6%

of the respondents relied on paid accommodation near the hospital during treatment, while 21.1% stayed with relatives or friends and 14.0% depended on temporary hospital arrangements.



5.3%

of the respondents reported travelling from home for each visit, reflecting significant logistical constraints.

These trends suggest the absence of stable and affordable accommodation options for patients, particularly those travelling from outside the city. Field observations further corroborate that many patients face displacement challenges in Mumbai, leading to dependence on informal or high-cost arrangements prior to accessing the facility.

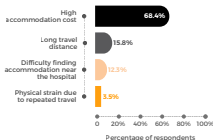


Before this facility, we travelled from home for every chemotherapy visit - the physical strain was unbearable. Sometimes we stayed with relatives or friends, but nearby accommodation costs ₹500+ per day - too high for our income. With repeated travel under a ₹5,000 budget for 1-7 days, we struggled. This sanatorium made treatment possible - all facilities available, a 15-minute walk to the hospital, and we attended every visit.

Patient's family member, Shantilal Sanghavi
Foundation Cancer Sanatorium Institute,
Wadala, Mumbai



CHART 2: KEY DIFFICULTIES FACED DURING EARLIER TREATMENT (N=57)



Respondents shared that high accommodation cost was the most significant challenge faced by, reported by 68.4% of beneficiaries. This was followed by long travel distances (15.8%) and difficulty in finding accommodation near the hospital (12.3%), while a small proportion (3.5%) experienced physical strain due to repeated travel.

These findings highlight that financial and logistical barriers were central to the treatment experience prior to the intervention. Field observations further suggest that outstation patients often face uncertainty and stress in securing affordable stay options, reinforcing the need for structured accommodation support near treatment centres.

Field Observation: Shantilal Sanghavi Cancer Center (30th March 2026)

Outstation patients arrive visibly stressed about accommodation, often unaware of affordable options near TMH. Many report prior experiences of ₹500-1000/day nearby lodging or staying with distant relatives. The center's ₹250/day economy rooms (33-day avg stay) immediately alleviate this uncertainty, with 100% occupancy reflecting critical demand. Real-time TMH Occupancy Team coordination ensures no patient is turned away.

INTERVENTION SCENARIO

CHART 3: AVERAGE EXPENDITURE PER TREATMENT CYCLE (N=57)



24.6%

of the respondents report substantial treatment-related expenses, spending above ₹20,000 per cycle on accommodation, travel, and food.



50.0%

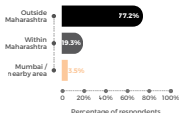
of the respondents now spend less than ₹5,000 per cycle post-intervention due to the program's ₹250/day economy rooms and free transport.

Program Manager, Ms. Patiya Mulla, shared that **"Outstation patients previously faced ₹500-1000/day Mumbai lodging. Our facility reduces their burden to ₹250/day, enabling treatment continuity."**

Field Observation:

Patients arriving from North-East/Jharkhand report visible relief upon learning economy room rates, with many stating they'd have discontinued treatment at market accommodation costs.

CHART 4: PLACE OF RESIDENCE OF PATIENTS (N=57)



100%

of the respondents are from outside Mumbai, as the facility prioritizes patients from outside the city; this is further supported by field insights indicating that most patients are referred from Tata Memorial Hospital and primarily cater to outstation patients who face challenges in accessing treatment and accommodation in the city.

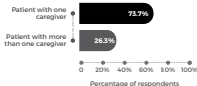


Dr. Sapna Purohit shared that most patients come via Tata Memorial Hospital referral, facing significant financial/logistical barriers in Mumbai. We integrate affordable accommodation (₹250/day economy rooms) with treatment linkages, cooking facilities, transport, and psychosocial support through counselling/community engagement to ensure treatment continuity.

Dr. Sapna Purohit, Director, Shantilal Sanghavi Foundation, Wadala, Mumbai



CHART 5: CAREGIVER STAYING WITH THE PATIENT (N=57)



73.7%

of the patients stay with one caregiver, while 26.3% are accompanied by more than one, highlighting the critical role of family support during treatment; this is further supported by field insights indicating that the facility allows one attendant per patient and also ensures basic support and coordination for caregivers during the treatment period.

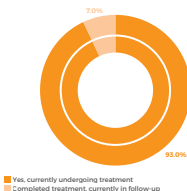
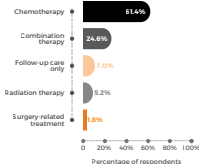
Mr. Neeraj Ghadge, Patient Relation Executive, Shantilal Sanghavi Foundation Cancer Sanatorium Institute, Wadala, Mumbai

TMH-referred patients from distant regions arrive with one caregiver - our policy ensures immediate room allocation and seamless coordination. Families stay together during critical treatment phases, with staff guiding caregivers on hospital schedules and logistics.

Field Observation:

Caregivers express relief at the one-attendant policy providing structure and support, enabling them to focus fully on patient care without accommodation uncertainty.



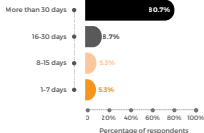
CHART 6: CURRENT TREATMENT STATUS OF PATIENTS**CHART 7: TYPE OF TREATMENT BEING RECEIVED (N=57)****93.0%**

of the patients are currently undergoing treatment, with chemotherapy being the most common modality (61.4%), followed by combination therapies (24.6%), indicating the need for continuous and long-duration care; this is further supported by the Program Manager, who highlighted that chemotherapy and radiotherapy services are delivered by trained medical professionals associated with Tata Memorial Hospital, ensuring quality care and requiring patients to stay in close proximity for uninterrupted treatment.

Ms. Atiya Mulla, Program Manager, Shantilal Sanghavi Foundation Cancer Sanatorium Institute, Wadala, Mumbai

"Most patients are referred through Tata Memorial Hospital and come from outside Mumbai, often travelling from distant states. They are typically in active treatment phases, such as chemotherapy or radiotherapy and require accommodation close to the hospital.

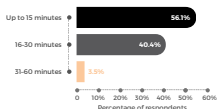
Many patients have limited financial capacity and face challenges in managing their stay and treatment logistics in the city. The facility maintains close coordination with Tata Memorial Hospital and also provides emergency support such as ambulance services, ensuring timely access to treatment and continuity of care for outstation patients.

CHART 8: DURATION OF STAY DURING CURRENT TREATMENT CYCLE (N=57)**80.7%**

of the beneficiaries stay for more than 30 days during a treatment cycle, indicating long-term dependence on the facility; this is further supported by the Patient Relation Executive, who noted that the average duration of stay for economy patients is around 33 days, reflecting the need for sustained accommodation during prolonged treatment.

Field Observation (30th March 2026):

Economy section patients average 33-day stays for extended chemotherapy/radiotherapy cycles. The facility's design supports long-term care with structured routines - floor coordinators monitor health daily, community activities build resilience, and proximity to TMH ensures treatment adherence throughout extended stays.

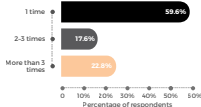
CHART 9: TRAVEL TIME FROM FACILITY TO TREATMENT HOSPITAL (N=57)**56.1%**

of the patients reach the treatment center within 15 minutes, and 40.4% within 16-30 minutes, indicating high accessibility. This proximity improves ease of attending treatment, as noted by the Program Manager, who emphasized that reduced travel time allows for more convenient and regular attendance. All respondents reported attending their scheduled hospital visits during treatment.



I travelled 1,500+ km from Jharkhand for chemotherapy and radiation after surgery at Masina Hospital. Before this facility, high lodging costs and travel logistics were crushing us. Now staying since Feb 26, 2025 with free transport to Tata Hospital + 24/7 ambulance support. I reach treatment in minutes. Zero missed visits - the proximity and logistics support made my treatment possible.

Patient, Sanjay Kumar Mishra, 58, Bokaro, Jharkhand

**CHART 10: FREQUENCY OF STAY AT FACILITY DURING TREATMENT (N=57)****59.6%**

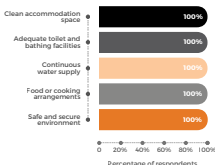
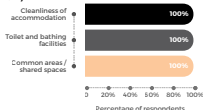
of the respondents stayed at the facility once during their treatment period, while 22.8% reported staying more than three times, indicating repeated reliance on the facility for treatment-related accommodation.

**Ms. Samiksha Sawant, Floor Coordinator
(Shantilal Sanghavi Cancer Center)**

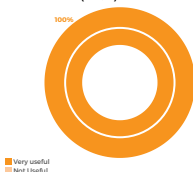
"She shared: 'Outstation patients return frequently - some stay 30+ days per month for chemotherapy cycles, exactly as cancer treatment protocols require. Each repeat visit shows less anxiety; they know staff, request familiar rooms, and join yoga/skill sessions immediately. This trust ensures they complete full treatment regimens.'"

Field Observation:

Patients on 30-day monthly chemotherapy cycles demonstrate strong facility familiarity during return visits, engaging confidently from day one and proving the center's reliability for extended cancer care protocols.

CHART 11: AVAILABILITY OF BASIC FACILITIES**CHART 12: CONDITION OF FACILITIES (N=57)**

Respondents report that all essential facilities, including clean accommodation, sanitation, water supply, food or cooking arrangements, and a safe environment, are available to all beneficiaries (100%), with overall satisfaction regarding cleanliness and condition of facilities also reported at 100%, indicating a well-maintained and supportive living environment; this is further supported by the Floor Coordinator, who highlighted that regular maintenance, structured cleaning practices, and patient engagement in upkeep contribute to maintaining hygiene and comfort within the facility.

CHART 13: OVERALL USEFULNESS OF ACCOMMODATION FACILITY DURING TREATMENT (N=57)

Respondents report that the accommodation facility is highly useful during treatment, with 100% indicating it as very useful, demonstrating the overall effectiveness and relevance of the intervention in supporting patients and caregivers.

Mr. Somesh Dayal, Implementing Partner team member, Shantilal Sanghavi Foundation Cancer Sanatorium Institute, Wadala, Mumbai

"Our facility is designed to provide a comprehensive and supportive environment for patients undergoing treatment. Along with access to chemotherapy and radiotherapy, we ensure that patients have comfortable accommodation and essential services during their stay.

We provide clean water, proper sanitation, cooking spaces, and a safe living environment, which are critical for patients undergoing long-term treatment. The facility also maintains a structured and well-managed space that supports both physical recovery and overall well-being."

KEY IMPACTS

The key impacts are derived from primary survey data (n=57) and qualitative insights from beneficiary and stakeholder interactions. The section captures changes in financial burden, access to treatment, and overall patient experience resulting from the intervention.

CHART 14: DAILY COST OF STAYING AT THE FACILITY

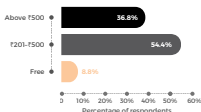
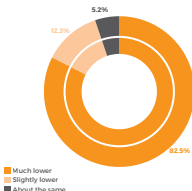


CHART 15: CHANGE IN ACCOMMODATION COST COMPARED TO EARLIER (N=57)



Respondents report that accommodation at the facility is relatively affordable, with a majority (54.4%) incurring daily costs between ₹201-₹500 and overall 91.2% paying more than ₹200 per day, while 8.8% reported accessing free accommodation; this has translated into a significant reduction in accommodation costs, with 82.5% indicating a substantial decrease and 12.3% reporting a slight reduction, demonstrating strong financial impact of the intervention; this is further supported by the Program Manager, who highlighted that subsidized tariffs (₹250 per day for economy rooms and ₹2200 for deluxe rooms) are considerably lower than market lodging costs in Mumbai, where patients earlier reported spending up to ₹20,000 or more per treatment cycle on accommodation, travel and food.

Ganga Poddar, 65, Godda, Jharkhand (Mouth Cancer Patient):

"She shared: 'We travelled from Jharkhand, facing high medical test costs outside Tata Hospital and 30-day surgery wait. Previously, Mumbai accommodation was unaffordable during our radiation therapy. Now under "NC" financial aid category (₹2,700 for 20 sessions), the facility's affordable stay + community support eliminated our financial burden completely.'"

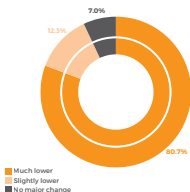
Field Observation:

Caregivers report significant cost reduction moving from market-rate Mumbai lodging to facility's subsidized accommodation, enabling them to focus entirely on treatment rather than daily survival expenses.

PATIENTS WAITING AREA

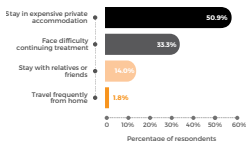


CHART 16: CHANGE IN TRAVEL BURDEN COMPARED TO EARLIER(N=57)



Respondents report a significant reduction in travel burden after accessing the facility, with 80.7% indicating a substantial decrease and 12.3% reporting a slight reduction, demonstrating improved ease during treatment; this is further supported by field inputs from staff and coordinators, who noted that most patients are referred from Tata Memorial Hospital and benefit from the facility's close proximity along with free transport support, enabling easier hospital visits and reducing physical and logistical strain during treatment.

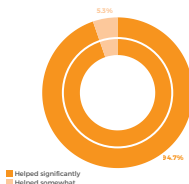
CHART 17: ALTERNATIVE ACCOMMODATION ARRANGEMENTS IN ABSENCE OF FACILITY (N=57)



Respondents indicate that in the absence of the facility, 50.9% would have relied on expensive private accommodation, while 33.3% reported that they would have faced difficulty in continuing treatment, highlighting the critical role of the facility in ensuring both affordability and treatment continuity;

this is further supported by the Program Manager, who noted that lack of affordable accommodation can lead to delays or disruptions in treatment, whereas the facility enables patients to stay near the hospital and continue treatment without interruption.

CHART 18: ROLE OF FACILITY IN ENSURING CONTINUITY OF TREATMENT (N=57)



Respondents report that the facility has played a critical role in ensuring continuity of treatment, with 94.7% indicating that it helped significantly and 5.3% reporting some level of support, demonstrating the strong impact of the intervention in enabling uninterrupted treatment; this is further supported by the Floor Coordinator, who highlighted that access to nearby accommodation reduces missed or delayed treatment sessions for outstation patients.



INTERVIEW WITH ADMINISTRATION

Kartik Dey, Age 34, Bankura- West Bengal, Beneficiary

My name is Kartik Dey. I am 34 years old and from Bankura district, West Bengal. I was diagnosed with cancer in the upper rectum after experiencing symptoms for several months and undergoing a colonoscopy and biopsy. Managing the cost of treatment has been very challenging for me. I have to change my stomach bag every four days, which costs around ₹7,000-₹8,000 per month. Because of my financial condition, my accommodation at the facility is free, which has been a big relief. My chemotherapy is also subsidised—I pay ₹2,500 instead of ₹4,000—and I am receiving support from a trust. This support has helped me continue my treatment and manage my expenses."

Dr. Sapna Purohit, Implementing Partner (Director)

"As an implementing partner, our focus has been to support outstation cancer patients by integrating accommodation with treatment linkages through Tata Memorial Hospital, from where most of our patients are referred. Many of them face significant financial and logistical challenges in Mumbai, so we provide affordable stay options along with essential services such as cooking facilities, transport support, and a safe environment.

Beyond accommodation, we also emphasise patient well-being through counselling, community engagement, and skill-building activities, as patients go through both physical and emotional stress during treatment. With consistently high demand and occupancy, there is a clear need to expand the facility so that more patients can benefit from these services."

Mr. Neeraj Ghadge, Patient Relation Executive

"When patients are referred from Tata Memorial Hospital, I ensure their admission and room allocation are managed without delay through the OHUM system, coordinating closely with the hospital's occupancy team. Many patients come from distant regions, especially North-East India, and rely on timely accommodation to continue their treatment.

I guide them on tariffs and manage advance payments, with economy rooms at ₹250 per day (10-day advance) and deluxe rooms at ₹2200 per day (5-day advance), helping them choose based on their financial condition. Most patients, particularly in economy rooms, stay for around a month, and I support them throughout to ensure their treatment continues smoothly without disruption."

Ms. Samiksha Sawant, Floor Coordinator

"When patients first arrive, especially those coming from outside Mumbai, they are often anxious and unsure—about the treatment, the cost of living, and how they will manage in a new city. As a Floor Coordinator, I become their first point of contact, helping them settle in, understand the system, and feel supported during this difficult time.

Over the course of their stay, I see a clear shift. Through regular counselling, daily interactions, and activities like yoga, skill-building sessions, and nutrition guidance, patients gradually become more comfortable and confident. They begin to engage with others, feel less stressed about their situation, and are better able to focus on their treatment.

Creating this supportive and structured environment helps patients cope emotionally and continue their treatment with greater ease and stability."

Ms. Rujuta Ravindra Chavan, Floor Coordinator

"As a Floor Coordinator, I interact daily with patients and their families, supporting them with counselling, health monitoring, and coordination during their stay. Many patients face emotional and financial challenges, and we help them adjust through continuous support."

We conduct daily activities such as yoga, counselling, cooking, and skill-building sessions, along with nutrition guidance, so patients remain engaged and reduce stress during treatment. Even patients staying in deluxe rooms, though for shorter durations, often participate in these activities, as they also need engagement and emotional support during illness. Over time, patients become more comfortable, build a sense of community, and are better able to manage their treatment."

Rubi Sharma, Floor Coordinator and Teacher

"As a Floor Coordinator and Activity Teacher, I focus on engaging patients through skill development activities that support both their mental well-being and future livelihood. We conduct sessions on making items like paper bags, resin keychains, jewellery, and candles, and also guide them on sourcing materials at low cost and how to sell their products."

We are also planning to introduce activities like cake baking for small celebrations, so patients remain engaged and motivated during their stay. These activities not only help reduce stress during treatment but also equip patients and their families with practical skills they can use even after returning home."

FIELD OBSERVATION NOTE : SHANTILAL SANGHAVI CANCER CENTER
DATE OF VISIT : 30TH MARCH 2026
PRIMARY OBJECTIVE : IMPACT ASSESSMENT OF SUN PHARMA-FUNDED HEALTHCARE AND SANATORIUM FACILITIES.



STRATEGIC POSITIONING & GOVERNANCE

Operates as a clinical extension of Tata Memorial Hospital through a formal MoU; chemotherapy and radiotherapy are delivered by Tata personnel at subsidized rates; led by Dr. Sapna Purohit, with operational management by Aatiya Mulla.



OPERATIONAL EFFICIENCY & SYSTEMS

OHUM software used for patient and financial management; real-time coordination with the Tata Occupancy Team ensures immediate room allocation; 964 patients served since April 2025; 128 rooms across 4 floors supported by 56 staff.



ACCESSIBILITY & PATIENT PROFILE

Primarily serves outstation patients, including those from North-East India; average stay of ~33 days in economy category indicates support for long-term treatment.



PATIENT SUPPORT & SERVICES

Floor coordinators provide counselling and coordination; facility offers engagement activities, nutrition guidance, free transport to Tata Hospital, and 24/7 ambulance services.



ENVIRONMENT & MANAGEMENT

Structured and disciplined environment with minimal conflicts, managed through counselling and staff intervention.

CASE STUDIES



BENEFICIARIES DETAILS

Shreedhar Maruti Sawant, a 50-year-old male from Andheri, Mumbai, diagnosed with mouth cancer, is undergoing treatment with the support of his brother and caregiver, Ajay Maruti Sawant.



NEED/ KEY CHALLENGES

The diagnosis was a difficult phase for the family. Managing treatment while staying in Mumbai was initially challenging. The patient required radiation therapy over 30 sessions and visited the Shantilal Sanghavi Cancer Center five days a week (Monday to Friday). The family did not stay at the facility and travelled daily from home using a cab or bus, without facing major transportation issues. However, the cost of treatment was a major concern, as similar radiation therapy in private hospitals like Nanavati would have cost around ₹25 lakh.



SUPPORT RECEIVED

The patient accessed radiation therapy at the Shantilal Sanghavi Cancer Center at a highly subsidised cost. The staff provided proper guidance, and the treatment process was efficient, with minimal waiting time during visits.



IMPACT

The subsidised treatment significantly reduced the financial burden on the family. The efficient process and supportive staff helped reduce stress, making the treatment journey more manageable for both the patient and caregiver.



BENEFICIARIES DETAILS

Sanjay Kumar Mishra, a 58-year-old patient from Bokaro, Jharkhand, diagnosed with mouth cancer, is undergoing chemotherapy and radiation therapy after surgery at Masina Hospital, Byculla.



NEED/ KEY CHALLENGES

The patient faced multiple challenges during his treatment journey. Travelling from Jharkhand to Mumbai was a major difficulty, along with managing accommodation near the hospital. High lodging costs and the physical strain of ongoing treatment added to the burden.



SUPPORT RECEIVED

The patient has been staying at the facility since 26th February 2025 at a highly affordable cost of ₹250 per day, with access to cooking facilities that allow his wife to prepare home-cooked meals. The facility also provides free transport to Tata Hospital, 24/7 ambulance support, regular checkups, and maintains cleanliness and discipline. The staff are supportive, and additional guidance is available when needed. The patient is also receiving treatment under the Ayushman Scheme.



IMPACT

Access to affordable accommodation and support services has significantly reduced financial stress and physical burden. Proximity to the hospital, transport support, and a safe environment have made the treatment journey more manageable, enabling the patient to continue treatment with reduced stress and improved comfort.



BENEFICIARIES DETAILS

Ganga Poddar, a 65-year-old patient from Godda, Jharkhand, diagnosed with mouth cancer, is undergoing treatment with the support of his son, Ashish Ranjan Poddar.



NEED/ KEY CHALLENGES

The patient initially experienced persistent tooth pain, which was treated locally as a dental issue. However, the condition worsened and spread to the throat. After a biopsy at the District Hospital and a waiting period of around 20 days, he was diagnosed with mouth cancer. The family then travelled to Mumbai for specialised treatment. During the initial phase, they faced challenges related to the high cost of medical tests conducted outside the hospital and the waiting period of around 30 days for surgery.



SUPPORT RECEIVED

The patient is currently undergoing radiation therapy. Based on their financial condition, they were classified under "NC" (No Charge/Financial Aid) by Tata Hospital, making treatment more affordable at ₹2,700 for 20 radiation sessions. The facility provided accommodation and a supportive environment, with staff, doctors, and the community offering continuous support during treatment.



IMPACT

Access to financial support and affordable accommodation reduced the overall treatment burden. The supportive environment and community engagement helped the patient and caregiver cope better during the treatment process, making them feel supported throughout their journey.



KEY CHALLENGES AND BARRIERS

Key challenges and barriers drawn from the field notes and the interactions with the program team.

ACCOMMODATION AVAILABILITY

Waiting period reported for economy rooms due to high demand and full occupancy of 128 operational rooms.



RESIDUAL FINANCIAL BURDEN

Qualitative inputs indicate continued out-of-pocket expenses for treatment-related consumables (e.g., ₹7,000–₹8,000 per month for medical supplies).



TREATMENT COORDINATION

Staff reported that coordination for hospital appointments is dependent on Tata Memorial Hospital scheduling, creating challenges in managing timelines.



ACCESS TO ON-SITE MEDICAL SUPPORT

Staff highlighted the need for additional on-site medical personnel (e.g., nurses/RMO) for dressing and basic medical support beyond existing availability.



HIGH PATIENT LOAD AND STAFFING NEEDS

The facility has served 964 patients and is operating at full capacity; staff inputs indicate requirement of additional personnel to manage workload effectively.

04. IMPACT CREATED ACROSS MULTIPLE LEVELS

INDIVIDUAL LEVEL

94.7% of respondents reported that the facility significantly supported continuity of treatment.



93% of respondents reported reduction in travel burden, improving ease of access to treatment.

Qualitative inputs indicate reduced stress and improved ability to focus on treatment due to proximity and support services.

100% of respondents attended scheduled treatment visits, indicating adherence to treatment cycles.

FAMILY LEVEL

84.2% indicated that in the absence of the facility, they would have either incurred high costs or faced difficulty continuing treatment.



82.5% of respondents reported reduction in accommodation costs, reducing financial pressure on households.

Qualitative inputs indicate caregivers are able to stay with patients and manage treatment more effectively due to available accommodation and support.

COMMUNITY LEVEL

The facility has established a structured accommodation ecosystem for outpatient patients, addressing critical gaps in access to affordable stay during treatment.



Engagement activities and common spaces contribute to a supportive environment that enhances emotional well-being during treatment.

It enables co-location of patients and caregivers from diverse geographies, fostering peer support and shared coping mechanisms during prolonged treatment periods.

STATE LEVEL

With 100% of beneficiaries from outside Mumbai, the facility strengthens inter-state access to tertiary cancer care within Maharashtra.

Full occupancy of 128 rooms and waiting periods indicate sustained demand within the state's cancer care ecosystem.



The facility represents an established model of treatment-linked accommodation within Maharashtra's healthcare system.

Integration with Tata Memorial Hospital supports efficient patient flow and utilization of tertiary care services within the state.

NATIONAL LEVEL

The facility has served 964 patients from across 28 states, demonstrating its national-level reach and relevance.

It supports access to specialized cancer care for geographically dispersed populations who depend on urban tertiary centres.

The model demonstrates potential for replication in other high-burden cancer care centres across the country.



By reducing accommodation and access barriers, the facility contributes to improved treatment continuity for outstation patients.

Qualitative findings indicate that the facility addresses challenges faced by patients travelling long distances, including accommodation constraints and treatment access barriers.



**DINING AREA AND LOCKERS
FOR RESIDENTIAL PATIENTS**

05. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

The sanatorium effectively addresses critical non-medical needs of cancer patients, particularly accommodation, affordability, and supportive care. All respondents (100%) are from outside Mumbai, indicating precise targeting of outstation beneficiaries. A majority (91.2%) reported accommodation expenses exceeding ₹200 per day, underscoring the financial burden mitigated through subsidized stay. Further, 94.7% reported that the facility enabled treatment continuity, while 84.2% indicated that, in its absence, they would have incurred significantly higher costs or faced treatment disruption. Qualitative insights highlight psychosocial stress among patients, which is addressed through counselling and engagement activities. Overall, the intervention is strongly aligned with public health priorities of improving access to cancer care and reducing out-of-pocket expenditure for vulnerable populations.



COHERENCE

The intervention is well aligned with:



It is also aligned with the Government of India initiatives, such as:

- Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY)

This alignment reinforces the programme's contribution to equitable healthcare access and financial risk protection.



EFFECTIVENESS

The programme has demonstrated strong performance in improving access and adherence to cancer treatment:



A total of 964 patients has been served since inception, all from outside Mumbai.



Accessibility has improved, with 96.5% of respondents reaching the hospital within 30 minutes.



Treatment continuity is significantly supported, as reported by 94.7% of beneficiaries.



Appointment adherence is optimal, with 100% attending scheduled treatment visits.



Beneficiary satisfaction remains high, with 100% reporting availability of basic facilities and a safe, comfortable stay.

The intervention has effectively reduced barriers to treatment access and ensured continuity of care.



EFFICIENCY



OCCUPANCY AND UTILIZATION

The facility is operating at high utilization, with 128 rooms across 4 floors functioning at full occupancy.



RESOURCE UTILIZATION

The centre is supported by 56 staff across medical, administrative, and support functions, indicating structured human resource deployment.



Subsidized accommodation and shared infrastructure contribute to cost-effective service delivery.



OPERATIONAL SYSTEMS

Digital systems (OHUM) are used for managing admissions, discharges, and financial records.



Real-time coordination with Tata Memorial Hospital's Occupancy Team ensures immediate room allocation and minimal vacancy.



SERVICE DELIVERY PROCESSES

Admission, discharge, and patient coordination processes are structured and timely.



Support services such as transport to the hospital and emergency ambulance are integrated into operations.



Facility management, including cleanliness and common space usage, is systematically maintained.



IMPACT

The intervention has resulted in substantial financial and logistical relief for beneficiaries. A majority (82.5%) reported reduced accommodation costs, while 93% experienced decreased travel burden due to proximity to the hospital. Given that 91.2% previously incurred daily accommodation expenses above ₹200, the facility significantly reduces out-of-pocket expenditure. Additionally, beneficiaries reported reduced stress levels and improved ability to focus on treatment. Notably, 94.7% reported improved treatment continuity, indicating a direct impact on reducing care disruptions and enhancing treatment adherence.



SUSTAINABILITY

The facility demonstrates operational sustainability through structured management systems, trained staff, and strong coordination with Tata Memorial Hospital. The financial model includes CSR support, patient contributions, and institutional linkages, supporting continued operations. High demand, reflected in full occupancy and waiting periods for economy rooms, indicates scalability potential; however, expansion is constrained by infrastructure capacity. Strengthening staffing, expanding accommodation capacity, and diversifying support services could further enhance sustainability and enable replication of the model in other high-burden cancer care centres.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

06. RECOMMENDATIONS



Based on primary data findings and qualitative insights



EXPANSION OF ACCOMMODATION CAPACITY

The facility could explore phased expansion of economy category rooms to address waiting periods and high demand.



STRENGTHENING ON-SITE MEDICAL SUPPORT

Additional medical staff (e.g., nurses/RMO) could be deployed to provide basic care services such as dressing and routine medical assistance.



ENHANCED PATIENT SUPPORT SERVICES

Counselling and psychosocial support services could be further strengthened to address anxiety among outstation patients.



FINANCIAL SUPPORT LINKAGES

The facility could facilitate linkages with financial aid mechanisms to support treatment-related recurring expenses (e.g., consumables).



HUMAN RESOURCE AUGMENTATION

Additional operational staff could be engaged to manage increasing patient load and maintain service quality.



STRENGTHENING COORDINATION SYSTEMS

Coordination mechanisms with Tata Memorial Hospital could be further streamlined to improve scheduling and reduce delays.

07

CONCLUSION —

The Cancer Sanatorium initiative supported by Sun Pharmaceutical Industries Ltd. addresses a critical gap in cancer care by providing accommodation-linked support for outstation patients undergoing treatment. The project is designed to reduce logistical barriers associated with accessing tertiary care in Mumbai. The impact assessment conducted by SoulAce Consulting Pvt. Ltd. indicates that the facility has enabled patients to continue treatment with reduced travel and accommodation challenges, while ensuring adherence to scheduled visits. The availability of structured support services has contributed to a more manageable treatment experience for both patients and caregivers. With beneficiaries accessing the facility from across multiple states, the initiative demonstrates its relevance in supporting access to specialized cancer care for geographically dispersed populations. The model presents a practical approach to addressing non-medical barriers in cancer treatment and holds potential for replication in similar high-demand healthcare settings.