

Caring Hands: A CSR Initiative

By ICICI Lombard General Insurance
Company Limited



Impact Assessment Report
| FY 2020 – 21

Report by CSRBOX
March 2022

Disclaimer for the Impact Assessment Report

- This report has been prepared solely for the purpose set out in the Memorandum of Understanding (MoU) signed between Renalysis Consultants Pvt Ltd (CSRBOX) and ICICI Lombard General Insurance Company Limited dated January 2022 to undertake the Impact Assessment of their programme 'Caring Hands' implemented in the financial year 2020 -21
- This impact assessment is pursuant to the Companies (Corporate Social Responsibility Policy) Amendment Rules, 202, notification dated 22nd January' 2021.
- This report shall be disclosed to those authorized in its entirety only without removing the disclaimers.
- CSRBOX has not performed an audit and does not express an opinion or any other form of assurance. Further, comments in our report are not intended, nor should they be interpreted to be legal advice or opinion.
- This report contains analysis by CSRBOX considering the publications available from secondary sources and inputs gathered through interactions with the leadership team of ICICI Lombard, project beneficiaries, and various knowledge partners. While the information obtained from the public domain has not been verified for authenticity, CSRBOX has taken due care to obtain information from sources generally considered to be reliable.
- With Specific to Impact Assessment of Caring Hands under ICICI Lombard (FY 2020 - 2021), CSRBOX has used and relied on data shared by the ICICI team, implementing agencies, secondary research through internet, research reports, and project target beneficiaries.

With Specific to Impact Assessment of Caring Hands under ICICI Lombard (FY 2020 - 21), CSRBOX:

- Has neither conducted an audit, due diligence nor validated the financial statements and projections provided by the ICICI Lombard;
- Wherever information was not available in the public domain, suitable assumptions were made to extrapolate values for the same;
- CSRBOX must emphasize that the realization of the benefits/improvisations accruing out of the recommendations set out within this report (based on secondary sources) is dependent on the continuing validity of the assumptions on which it is based. The assumptions will need to be reviewed and revised to reflect such changes in business trends, regulatory requirements, or the direction of the business as further clarity emerges. CSRBOX accepts no responsibility for the realization of the projected benefits;
- The premise of an impact assessment is 'the objectives' of the project along with output and outcome indicators pre-set by the program design and implementation team. CSRBOX's impact assessment framework was designed and executed in alignment with those objectives and indicators.

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Acronyms

Acronyms	Description
COVID19	Coronavirus Disease of 2019
CSR	Corporate Social Responsibility
DRP	Dark Room Procedure
FY	Financial Year
GDP	Gross Domestic Product
ID	Identity Document
INR	Indian Rupee
IRECS	Inclusiveness, Relevance, Effectiveness, Convergence, Sustainability
MIS	Management Information Systems
MSVI	Moderate to Severe Vision Impairment
NGO	Non-Governmental Organization
ROI	Return on Investment
SDGs	Sustainable Development Goals
SROI	Social Return on Investment
UN	United Nations
USD	United States Dollar
WHO	World Health Organisation

Table 1

Glossary of Terms

Acronyms	Description
Cataract	A cataract is a dense, cloudy area that forms in the lens of the eye. A cataract begins when proteins in the eye form clumps that prevent the lens from sending clear images to the retina.
Moderate to Severe Vision Impairment	Moderate and Severe Vision Impairment (MSVI) is defined as visual acuity in the better eye lower than 6/18 but at least 3/60 at presentation.
Inclusive	An inclusive culture involves the full and successful integration of diverse people into a project or a program.
Visual Impairment or Disability	Visual impairment or Disability is a term used to describe any kind of vision loss, whether it's someone who cannot see at all or someone who has partial vision loss.
Sustainable Development Goals	The Sustainable Development Goals or Global Goals are a collection of 17 interlinked global goals designed to be a "blueprint to achieve a better and more sustainable future for all".
Agenda 2030	The 2030 Agenda for Sustainable Development seek to end poverty and hunger, realise the human rights of all, achieve gender equality, and ensure the lasting protection of the planet and its natural resources.
Sustainability	Sustainability means meeting our own needs without compromising the ability of future generations to meet their own needs. It requires an integrated approach that takes into consideration environmental concerns along with economic development.
Mobilisation	Mobilization is the process of making something capable of movement or having people and resources ready to move or act.
Brand Recall Value	The marketing metric Brand Recall is the percentage of individuals who can recollect your brand.

Brand Equity	Brand equity refers to a value premium that a company generates from a product or service with a recognizable name when compared to a generic equivalent.
SROI	Social Return on Investment (SROI) is an outcomes-based measurement tool that helps organisations to understand and quantify the social, environmental, and economic value they are creating.
Demography	Demography is the statistical study of populations, especially human beings. Demographic analysis can cover whole societies or groups defined by criteria such as education, nationality, religion, and ethnicity.
Marginalised	The meaning of marginalised is relegated to a marginal position within a society or group.
Mainstreamed	The act of incorporating a social group, etc, into the mainstream.

Table 2

Executive Summary

Childhood vision impairment is a severe public health issue, but it hasn't received due attention. At least 200,000 children in India are estimated to have severe visual impairment or blindness, with approximately 15,000 enrolled in schools for the blind.¹ Although this is a small proportion of India's estimated 5 million blind people, it is significant in terms of 'blind-years.' Appropriate strategies to provide preventive and curative services are the need of the hour. Early eye-screening interventions with school-going children can be proved effective to address the issue. This report maps the impact created through the interventions of the 'Caring Hands' project in FY 2020-21.






IRECS Framework				
 Inclusiveness	 Relevance	 Effectiveness	 Convergence	 Service Delivery
Strong inclusiveness, excellent	Highly relevant considering majority of beneficiaries	High perceived value in the program, overall guidance and solutions provided	Convergence with different stakeholders to maximise the impact created	All involved beneficiaries and stakeholders highly appreciate the program
54% of the children beneficiaries were female. 93% children come from families with monthly income less than or upto INR 25,000 40% of the beneficiaries work as salaried employees & 28% are working as daily wage earners	48% of the children beneficiaries did not know their eye problems as they never got their eye test before. 40% got their eyes tested for the first time in the ICICI organised eye check up camp. Most stakeholders stated that eye problems increased due to more screen time during the pandemic therefore the utmost need of eye care.	39% of the children are more able to focus on studies after wearing the spectacles provided. 15% Are motivated to coming to school. 90% of the children and 90% parents gave the program a 5 star rating.	2 NGO partners were involved in the on-ground implementation. 10 Schools/Camp Centres/Shelter homes/ Communities were also involved in the program to reach out the most marginalised and in need beneficiaries.	91% of the parents and 96.5% of the children stated that they are more aware about eye care and following steps to keep them healthy. 45% of the children beneficiaries got their vision corrected with spectacles provided by the camp.

Table 3

¹<https://pubmed.ncbi.nlm.nih.gov/8543070/>

Chapter I: The Program Overview

Defining the problem and response to the problem through Caring Hands

Globally, 285 million people are visually impaired, with 39 million of them blind. With 8 million blind people, India has the world's second-highest number of blind people, with cataract being the leading cause of blindness.² To ensure a happy and healthy childhood for all children, it is essential to identify any visual impairment in children at the outset.

In an era when healthcare coverage and costs are at the forefront of public debate and concern, it is critical to comprehend the magnitude of the disease's economic toll. This is especially true for eye disorders and vision loss, as these conditions frequently result in chronic, life-long direct and indirect costs that are likely to persist.

Blindness is a major public health concern in India and throughout the world. It is estimated that 1.1 billion people worldwide have a vision impairment, with 90% of these people residing in low- and middle-income countries. For example, India has more than 137 million people with near vision loss and 79 million with impairment. According to the National Blindness and Visual Impairment Survey 2015-19, cataract (71%) and refractive error (13.4%) were the leading causes of visual impairment in people over the age of 50. According to the World Health Organization's World report on vision, cataract, a type of age-related vision loss, is responsible for nearly 51 percent of blindness worldwide.³

While these figures are staggering, it is also important to note that 90 percent of vision loss is preventable, with at least 771 million people worldwide suffering from avoidable vision loss. According to a PricewaterhouseCoopers report, an investment of USD 2.20 per person per year in low- and middle-income countries between 2011 and 2020 could have eliminated avoidable blindness.⁴

A 2006 study of the principal barriers to eye care in Andhra Pradesh, India, reported that 23.8 percent of the 2,615 respondents believed they did not have a serious vision problem, with 23.4 percent stating that they were able to see adequately, 20.4 percent those other obligations prevented an eye checkup and 17.5 percent that they did not have the money.⁵ One of the problems is that many poor people do not know that a simple, affordable product exists to restore their clear vision; they assume that only expensive eyeglasses will solve their vision problem.

Individuals and society bear a significant social and economic burden as a result of vision loss and blindness. Good vision is essential for a good standard of living because vision loss can cause disability, morbidity, and loss of productivity.

It was discovered that 160.7 million people with MSVI (Moderate to Severe Vision Impairment) or blindness were of working age, and the overall relative reduction in employment by people with vision loss was estimated to be 30.2 percent. Using GDP, the annual cost of potential productivity losses due to MSVI and blindness was estimated to be \$410.7 billion.⁶

Blindness in children has a significant impact on the family's psychological, emotional, and socioeconomic growth. A blind child is more likely to miss developmental milestones, be hospitalised more frequently, and die during childhood than a sighted child. Such severe vision loss also has a negative impact on edu-

²<https://www.vision2020india.org/>

³<https://idronline.org/the-link-between-blindness-and-poverty/>

⁴<https://idronline.org/the-link-between-blindness-and-poverty/>

⁵https://ssir.org/articles/entry/better_vision_for_the_poor#

⁶[https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00132-2/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00132-2/fulltext)

cational activities, orientation, and mobility from an early age, resulting in a lack of employment opportunities. It has also been discovered that, in contrast to adult blindness, which is 80 percent avoidable (either preventable or treatable), less than 50 percent of the causes are avoidable in children.⁷

Impact of COVID19 on Persons with Visual Impairment:

The COVID-19 outbreak has had an impact on people's lives all over the world, highlighting societal inequities, particularly in accessing healthcare and education. To contain the virus, governments declared national lockdowns in March 2020 that resulted in the closure of educational institutions. Many schools remain closed or continue to offer online education. The increase in screen time among children and adolescents was found to be greater than the American Academy of Child and Adolescent Psychiatry's recommended screen time (from the recommended hours to more than 6 hours). Sleep issues and an increased chance of myopia are two major detrimental effects of screen usage on children's and adolescents' physical health. Dry eyes are common as a result of digital eye strain, which places an additional strain on the muscles that help the eyes focus. Furthermore, when staring at digital gadgets, the eyes do not blink as frequently, causing faster disruption and evaporation of the tear film that covers the eye's surface. Minor eye irritations, such as burning and stinging, can result.⁸

According to the findings of a paper published by the Department of Ophthalmology at GSVM Medical College, online courses cause the eyes to become weary quickly. Along with online schooling, children are also growing addicted to smartphone gaming. Smartphone games have increased the number of children aged 2 to 15 who require high-powered spectacles. It's typical for them to have watery, itchy eyes.⁹ In India, the pandemic poses an even more significant threat to visually handicapped children. Access to technology is a major barrier to visually impaired children's online education. Parents are also concerned about their children's excessive use of technology and lack of social interaction.

The utilisation of technology and adequate internet access are two requirements for online education. The majority of India's marginalised groups live in places without access to the internet. ⁹ According to recent government figures in India (2019), roughly 24% of Indian families have internet connectivity, with the situation significantly worse in rural regions, where only 4% of households have access. However, access issues for children with visual impairment are not just confined to the availability of computers and the internet. There are likely to be additional obstacles: many youngsters do not have access to specialist software or visual aids at home, making online learning difficult. Due to their job and family obligations, a lack of digital skills to effectively use resources, or a lack of defined expectations for online learning, parents may have struggled to assist with online learning.¹⁰

In the absence of accessible, good-quality eye health services and inclusive environments, vision loss can affect individuals, households, and communities in a variety of ways, including increased poverty, reduced quality of life, and reduced employment. Significant productivity gains could be achieved by reducing and avoiding vision loss, as well as creating and implementing ways to assist visually impaired persons in finding and keeping jobs.¹¹

Poverty is assumed to be intricately linked to blindness, with poverty predisposing people to blindness. Due to a lack of access and ability to pay for services, people from low-income families are more likely to become blind. Blindness exacerbates poverty by reducing employment prospects and increasing the

⁷<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7003592/#ref7>

⁸<https://www.uabmedicine.org/-/eye-health-in-the-digital-age-does-too-much-screen-time-hurt-your-vision->

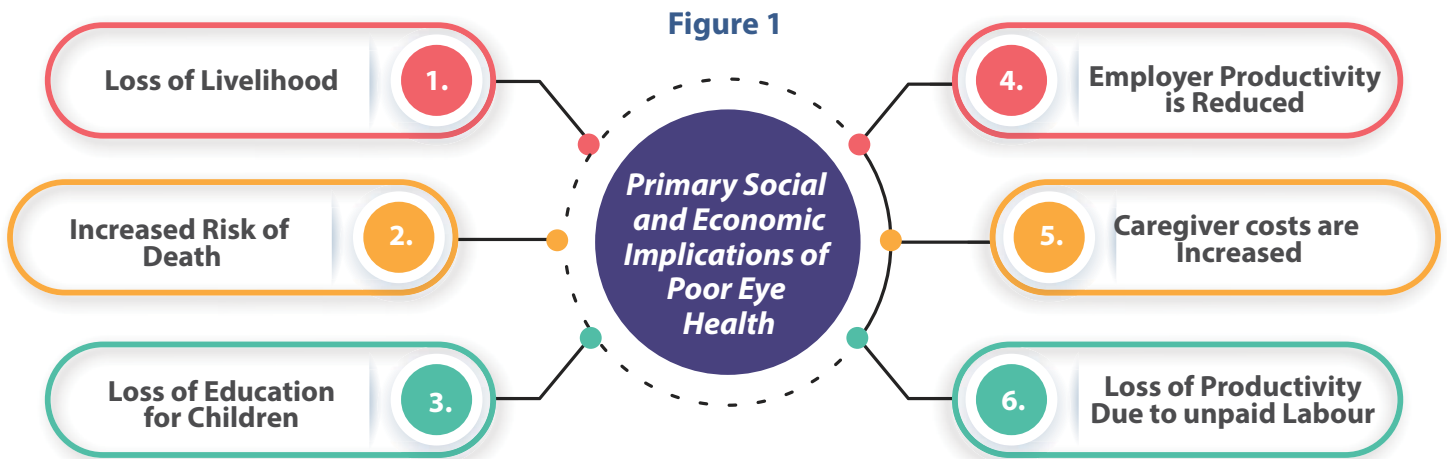
⁹<https://news.abplive.com/health/prolonged-online-studies-lead-to-severe-eye-strain-in-children-reveals-research-know-precautions-to-follow-1469714>

¹⁰<https://onlinelibrary.wiley.com/doi/full/10.1111/opo.12928>

¹¹<https://pubmed.ncbi.nlm.nih.gov/33997744/>

expense of treatment. As a result, poverty is both a cause and an effect of visual and other disabilities, which widen social gaps.

Figure 1: Primary social and economic implications of poor eye health:



Eliminating preventable blindness boosts productivity, which benefits the many trapped in the vicious cycle of poverty and poverty-induced disability. Aside from the economic implications, impaired vision can have negative psychosocial repercussions and disrupt people's daily life. According to WHO, adults with vision impairment have lower rates of workforce involvement and productivity, as well as greater rates of depression and anxiety.¹²

As a part of its CSR initiative, ICICI Lombard General Insurance Company Limited launched Caring Hands in 2011. With the initiative entering its 11th year, more than 2.5 lakh school-going children of age 9-12 have been reached out for eye screening, eye care counselling, and spectacles distribution to those in need. Under Caring Hands, annual eye screening camps are organised in government and municipal schools for underprivileged children with the support of ophthalmologists. Caring Hands is one of its kind program, as the whole initiative is implemented by ICICI Lombard employees as a part of their employee volunteering activities.

This year, keeping in mind covid protocols, camps were organised through voucher distribution and with the help of 2 NGO partners that supported in mobilising the community and camp execution across cities, covering both children, parents, and adult beneficiaries with a primary focus on children.



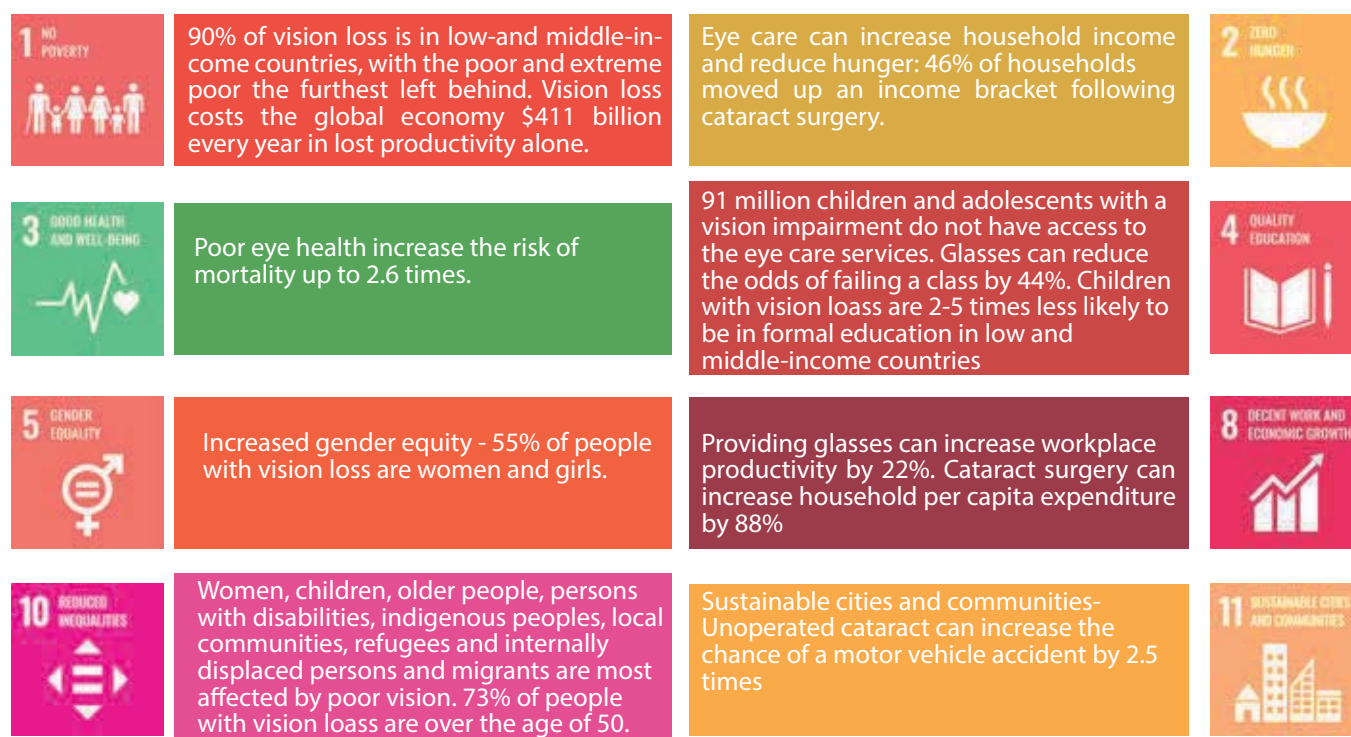
¹²<https://idronline.org/the-link-between-blindness-and-poverty/>

Alignment with SDGs:

In UN Resolution 70/1 of Sept 25, 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, Member States adopted a comprehensive, far-reaching, and people-centered set of universal and transformative Sustainable Development Goals and their aspirational and global targets, which include achieving universal health coverage by 2030, and stressing the need to leave no one behind.¹³ Since the onset of Agenda 2030 in 2015, countries have been trying to align their developmental initiatives with the Sustainable Development Goals.

Vision makes a very important contribution to the 2030 Agenda for Sustainable Development and cuts across many Sustainable Development Goals, from poverty reduction to economic growth and employment to education, gender, and reducing inequalities.¹⁴ Interventions around eye care fall in alignment with various SDGs. The following diagram highlights the reasons why eye care is an important tangent to achieve SDGs and to truly fulfil the vision of leaving no one behind.

Figure 2



¹³[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00035-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00035-8/fulltext)

¹⁴ <https://www.iapb.org/advocate/eye-health-and-sdgs/>

Chapter II: CSRBOX's Impact Assessment Design and Approach

Objectives of the Study

- Understanding the need of the program
- Assessment of the program implementation approach (keeping the period-specific limitations in mind)
- Assess the impact of the program as per the goals and objectives
- Insights to improve the quality of the interventions, approach plan, and market linkages
- Documentation of a few case studies

Pillars of the Impact Assessment

- **Relevance:** Outline relevance of the program by understanding the socio-economic background of the beneficiaries
- **Effectiveness:** Analyse the program life cycle and assess the effectiveness of the program in achieving the outcome goals
- **Impact:** Document key impact areas on beneficiaries
- **Sustainability:** Conduct dialogues with stakeholders to strengthen the program

Methodology

We have adopted a mixed-method approach of qualitative and quantitative data collection, using primary and secondary data. This helped in gathering valuable impact-related insights from a 360-degree perspective involving all the stakeholders.

- **Primary Sources of Data:** The data collected from various stakeholders during the study using data collection tools designed for this study is treated as primary data.
- **Secondary Sources of Data:** ICICI Lombard's internal MIS data of the coverage or other literature available and various other secondary sources for the benchmarking study and impact assessment framework.

Figure 3



Mapping the Theory of Change





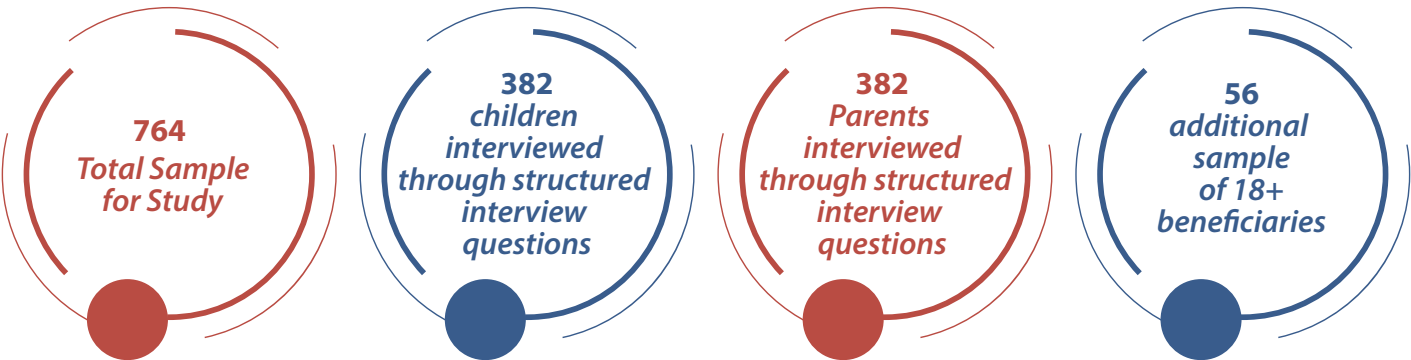
Implementation of the programme		Effect of the programme	
Key activities 	Output 	Outcome 	Impact 
Mobilisation and Pre-planing	<ul style="list-style-type: none"> No. of locations/ centres/shelter homes/- schools participated 	<ul style="list-style-type: none"> Mapping the schools/ centres/shelter homes in 5 km radius of ICICI Lombard offices Approvals from the school Identification of Ophthalmologist partners and branches 	<ul style="list-style-type: none"> Increased equitable access to eye care screening camps and check-ups among beneficiaries of all age groups
Eye-screening camp	<ul style="list-style-type: none"> No. of camps conducted No. of Children attended the camp No. of Parents attended the camp No. of Adults attended the camp Family Household income levels 	<ul style="list-style-type: none"> Improved understanding of Eye care practices Clear Diagnoses of eye problems & their solution Resource optimisation by the families of beneficiaries Better understanding of diagnoses Improved cost saving eye care solution 	<ul style="list-style-type: none"> Increase in school attendance after the camp Increased awareness among beneficiaries about eye care Improved cost saving eye care screening accessibility Improved standard of life. Improved learning and playtime for children
Spectacle distribution	No. of children, parents and adults received spectacles from the camp	No. of beneficiaries continuing to wear the spectacles	Improved vision among beneficiaries
Brand recalling/ Value	No. of beneficiaries relating names with the brand and camp	No. of beneficiaries recalling the brand and wanting to visit the camp again	Increased Awareness about ICICI Lombard among beneficiaries

Table 4

Sampling Approach



Note: A total of 6829 beneficiaries received vision impairment solutions and guidance.



Considering the limitations with respect to availability of correct and active mobile number of parent and children, efforts were made to cover sample coverage with above.

Also, the following category of respondents were covered in the study through virtual interactions:

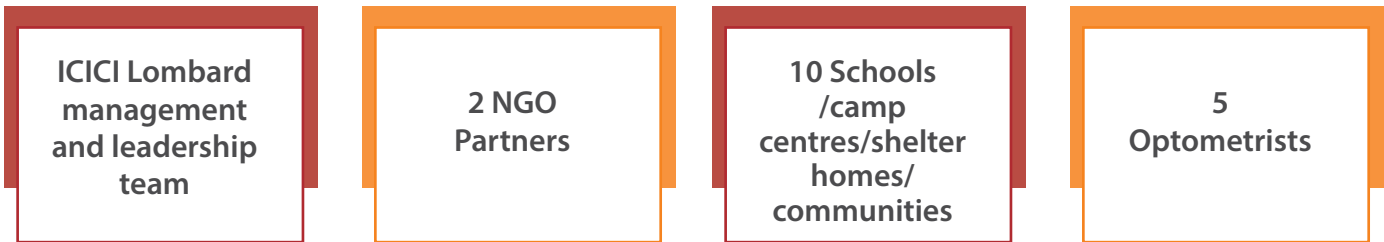


Figure 4

Note - Given the COVID19 situation and the restrictions, implementing agencies (NGO partners) were onboarded to execute the program on ground. Therefore, no interviews were conducted with the employee volunteers. The scope also expanded to include other centres where camps were conducted, such as shelter homes, communities, etc.

Execution of Data Collection








Stakeholder	Data Collection Tool		Sample Size & Distribution
	Quantitative	Qualitative	
 ICICI Lombard Top Management Team	Open Discussion and Semi Structured Interview		02
 Children	Survey (Impact Assesment)	Case Studies	Virtual - 382
 Parents	Survey (Impact Assesment, family income)		Virtual - 382
 18+ Adult Beneficiaries	Survey (Impact Assesment, family income)	Semi-structured Interview	Virtual - 56
 Schools/Camp centre shelter homes Communities		Semi-structured Interview	Virtual - 10
 Doctors/ Ophthalmologists		Semi-structured Interview	Virtual - 5
 NGO Partners		Semi-structured Interview	Virtual - 3

Figure 5



Chapter III: Caring Hand Initiative's in Terms of Scale and Coverage

Impact in numbers for FY 2020 – 21



Figure 6

Number of camps conducted across zones for total beneficiaries

Total number of camps conducted across zones for total beneficiaries

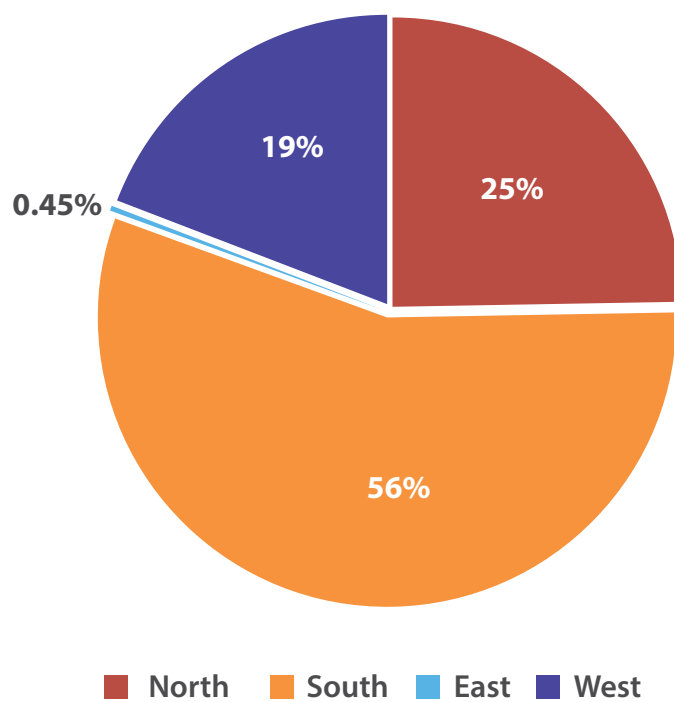


Figure 7

In the financial year 2020 – 21, the majority of the camps were conducted in the south region, followed by North, West, and East respectively.

Total number of beneficiaries covered across Zones

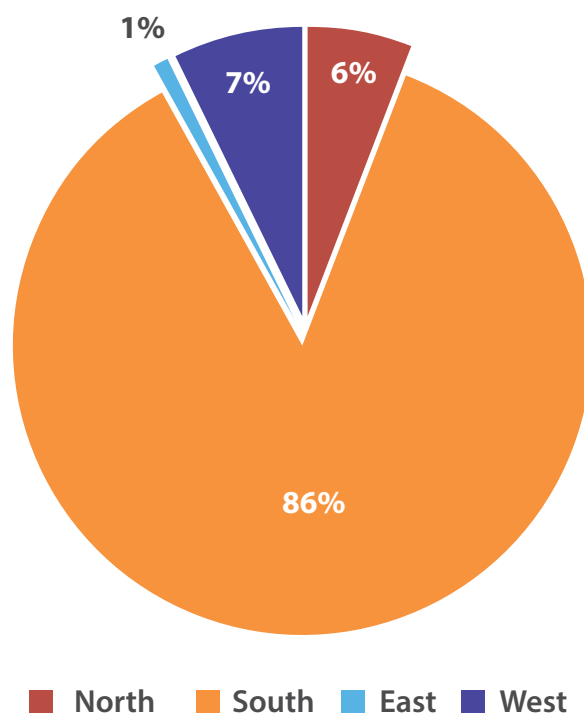


Figure 8

Majority of the children screened belonged to the South region, followed by West, North and East.

State-wise details of camps organised

Zone	State	No. of Camps	Total children screened	State wise average no. of children screened per camp
East	Bihar	1	638	638
West	Maharashtra	33	2427	74
	Madhya Pradesh	2	224	112
	Gujarat	7	863	123
South	Tamil Nadu	74	22663	306
	Karnataka	11	3701	336
	Andhra Pradesh	31	15595	503
	Puducherry	7	1165	166
North	Delhi	52	2781	53
	Uttar Pradesh	3	76	25
Total		221	50133	227

Table 5

A total of **221** camps were organised across the project locations. Among these, Tamil Nadu hosted the maximum number, **123**, followed by Delhi, Maharashtra, and Andhra Pradesh. Overall, the south zone hosted the highest number of camps for a total of **43124** beneficiaries.

State-wise children screened and supported with vision impairment related guidance and solutions

Zone	State	Total children screened	Percentage of children screened	No. of children supported with vision impairment related guidance and solutions	Percentage of children supported with vision impairment related guidance and solutions
East	Bihar	638	1%	171	3%
West	Maharashtra	2427	5%	820	13%
	Madhya Pradesh	224	0%	29	0%
	Gujarat	863	2%	58	1%
South	Tamil Nadu	22663	45%	3001	46%
	Karnataka	3701	7%	515	8%
	Andhra Pradesh	15595	31%	1192	18%
	Puducherry	1165	2%	146	2%
North	Delhi	2781	6%	535	8%
	Uttar Pradesh	76	0%	17	0%
Total		50133		6484	

Table 6

Out of all the zones covered, the maximum number of beneficiaries were covered in the south zone i.e., **43124** beneficiaries followed by west, north, and east zones. A total of **6484** children received support with regards to the vision impairment-related guidance and solutions.

Of the total **50133** children, **6484** children (approx. 19%) were further supported with vision impairment-related guidance and solutions.

Sample covered for Primary Survey

State Wise Number of Beneficiaries Covered

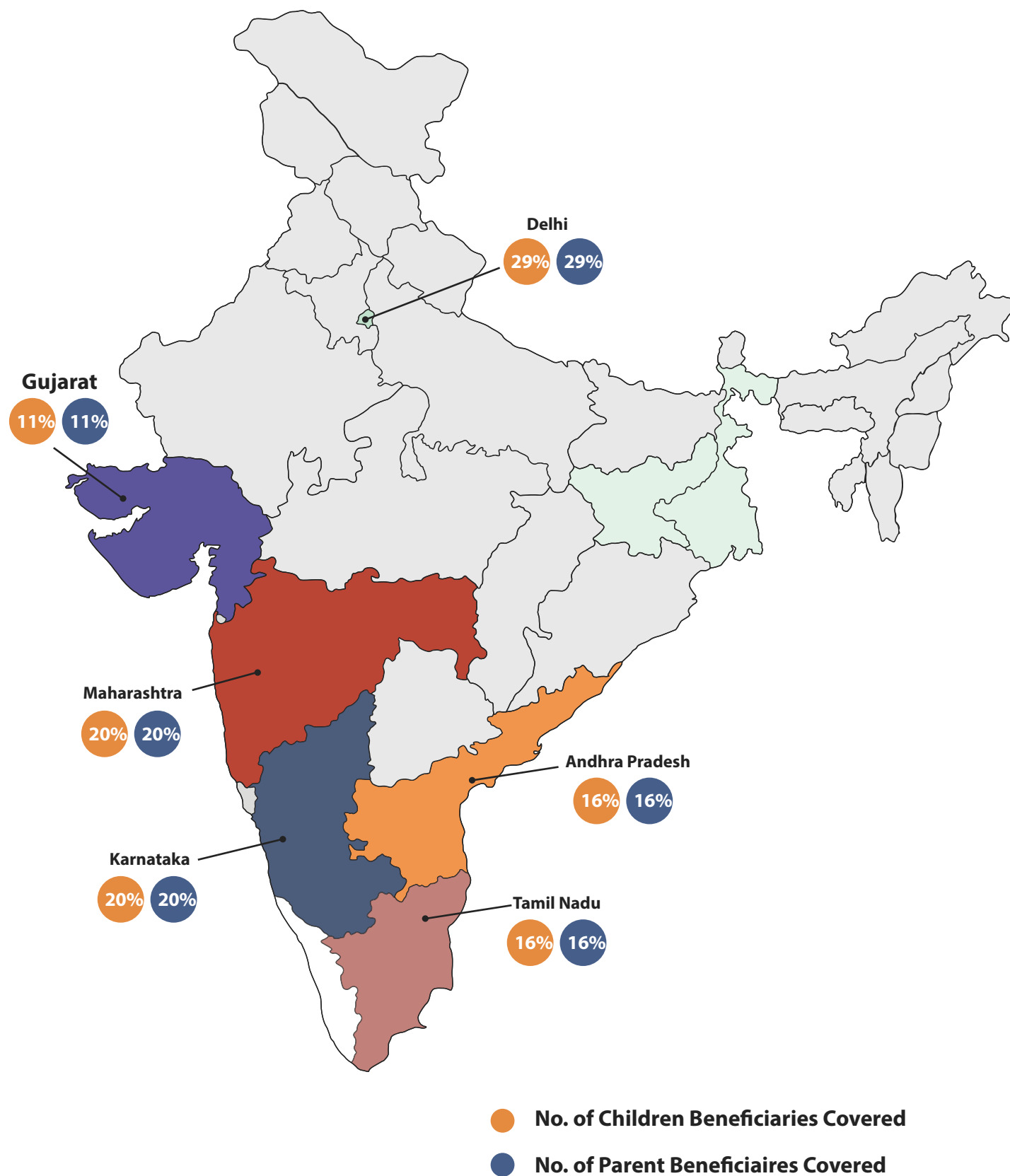


Figure 9

Children sample covered in the study (Zone-Wise)

Number of Children beneficiaires covered across zones

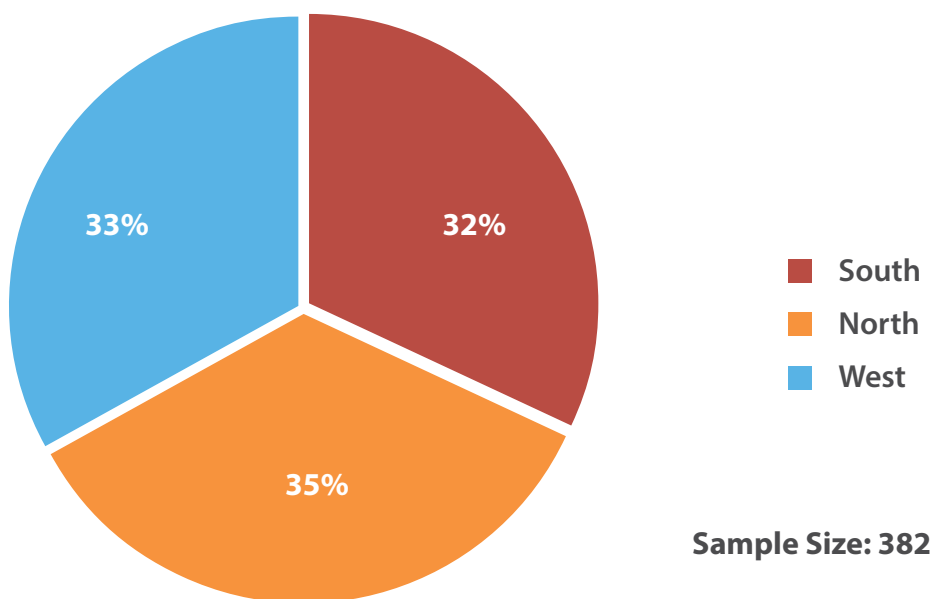


Figure 10

Parent sample covered in the study (Zone-Wise)

Number of parent beneficiaires covered across zones

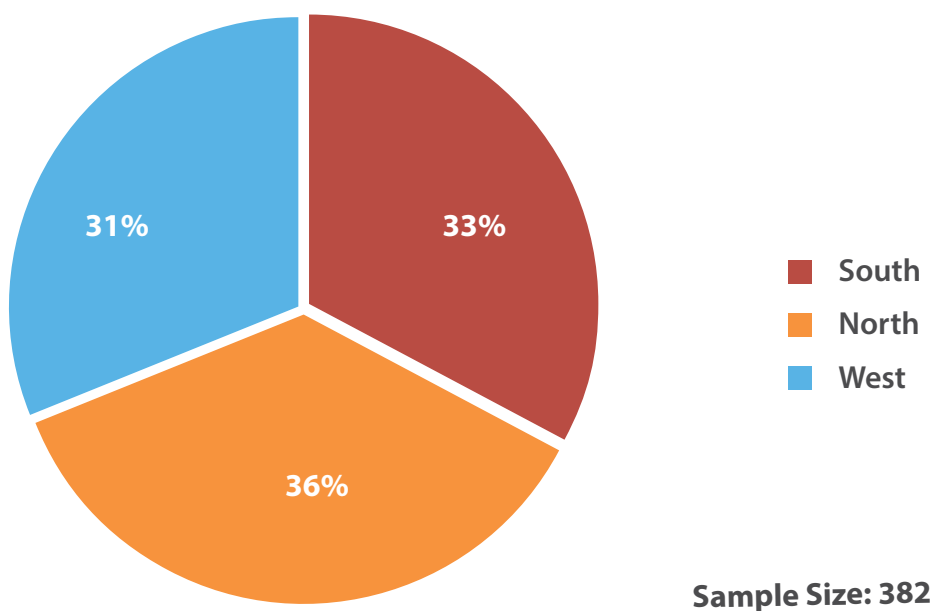


Figure 11

**Note: Samples of both the categories were covered from all the zones. Considering both the parents' and the children's samples together, the data collected is representative of the population within the zone.*

Percentage of children covered across cities

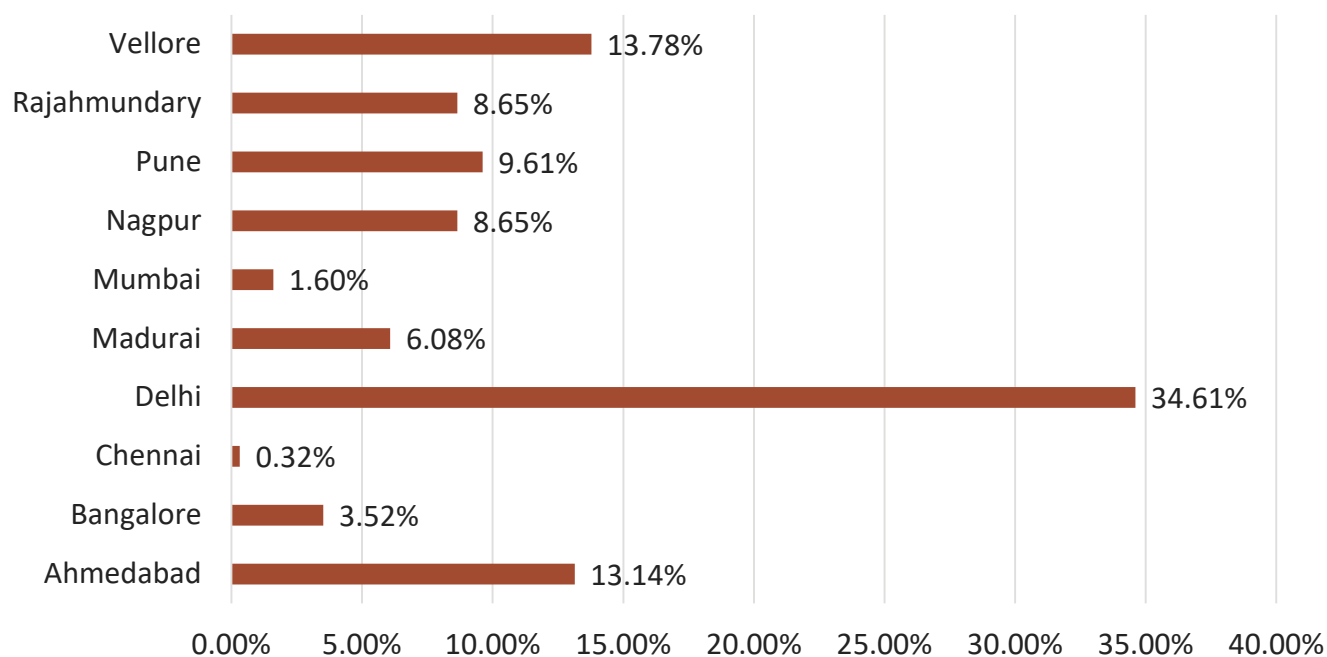


Figure 12

Number of parent beneficiaries covered across cities

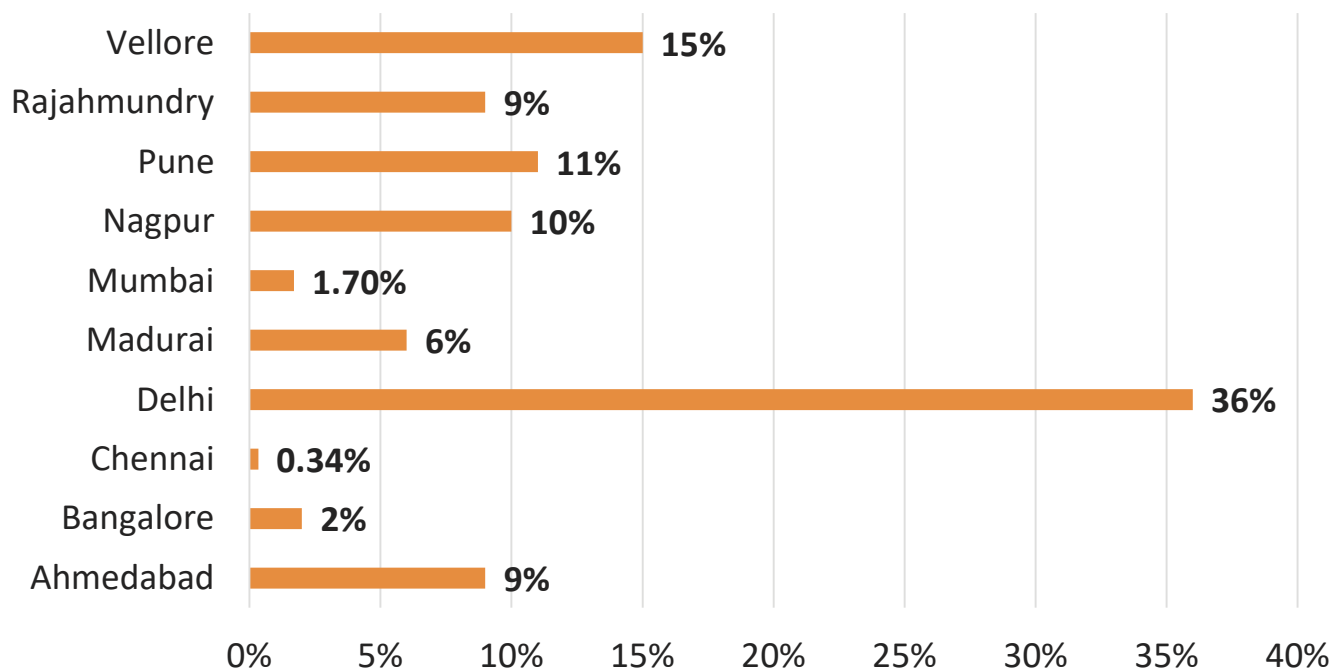


Figure 13

**Note: A total of 10 cities were covered across 6 states as part of the study. Delhi covered the highest number of beneficiaries, followed by Vellore, Pune, Nagpur and others.*

Percentage of Children beneficiaries covered across Geographies

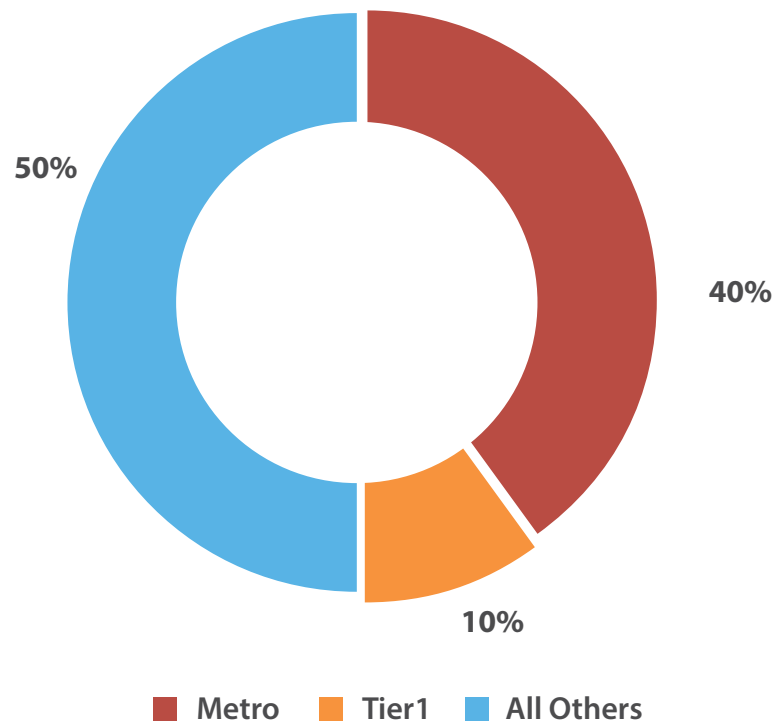


Figure 14

50% of our children respondents were from the All other cities category, followed by Metro cities (40%) and then Tier 1 cities (10%).



Vision Check for Children by the medical team

Number of parent beneficiaries covered across geographies

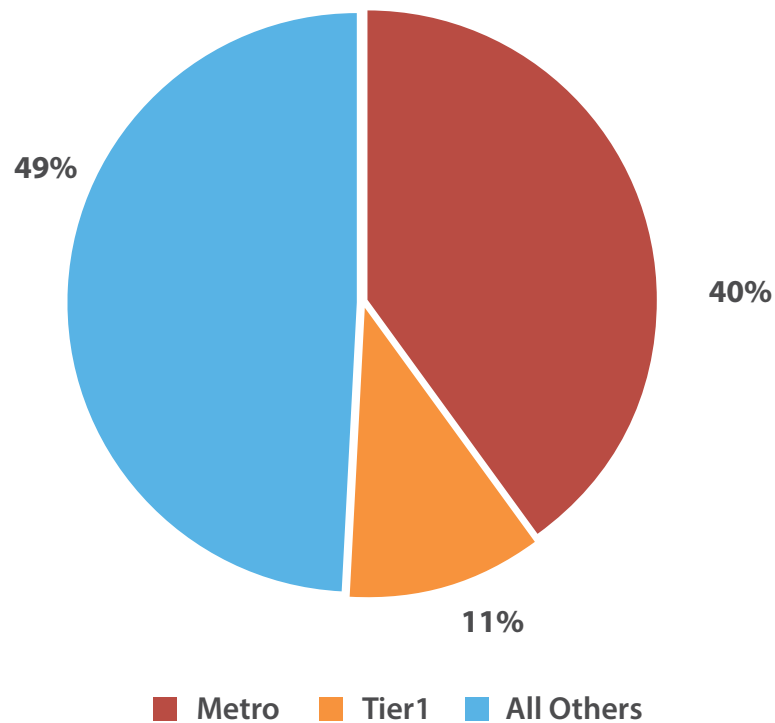


Figure 15

49% of our parent respondents were from the 'All Other' category, followed by Metro cities (40%) and then Tier 1 cities (11%).

Majority of our total respondents are from All Other cities, followed by Metro cities and Tier 1 cities.

Note:

Metro – Delhi, Mumbai, Chennai, Bangalore

Tier 1: State capital or cities having a population of more than 50 lacs

All other: All remaining cities or town

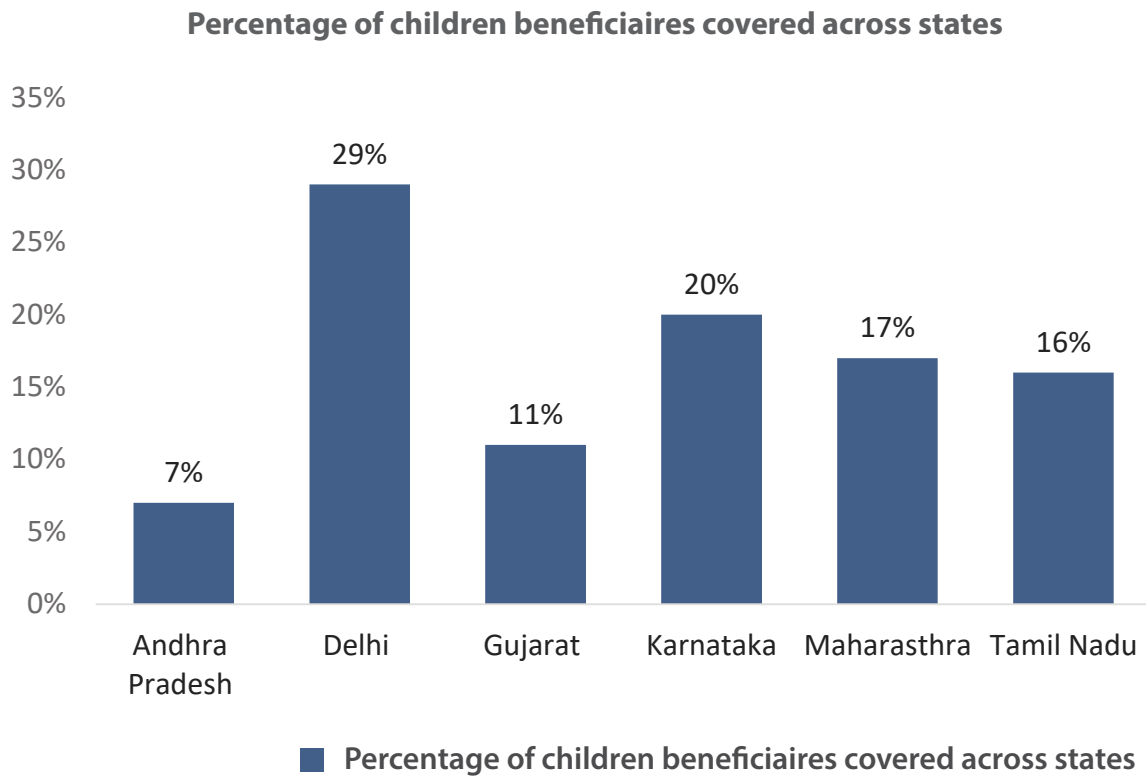


Figure 16

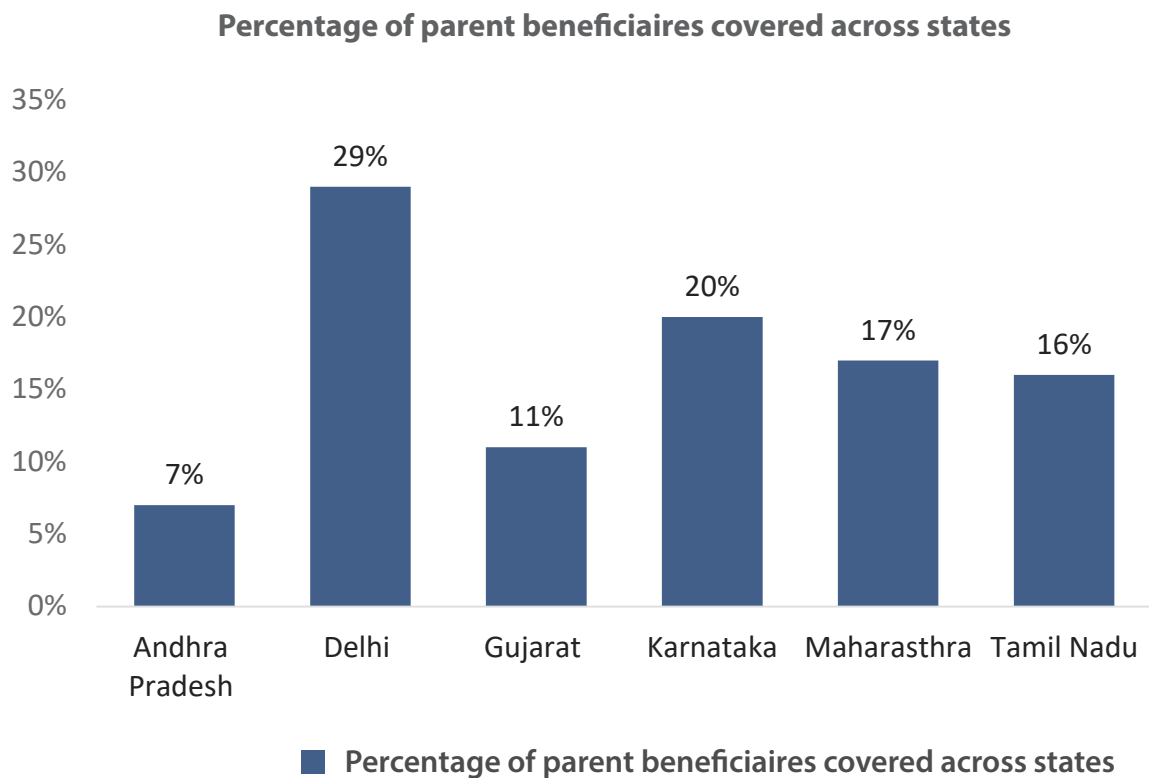


Figure 17

**Note: A total of 6 states were covered as part of the study. All the states having a major population of beneficiaries are covered in the survey.*

Total Children screened and provided with Spectacles in FY 19-20 and FY 20

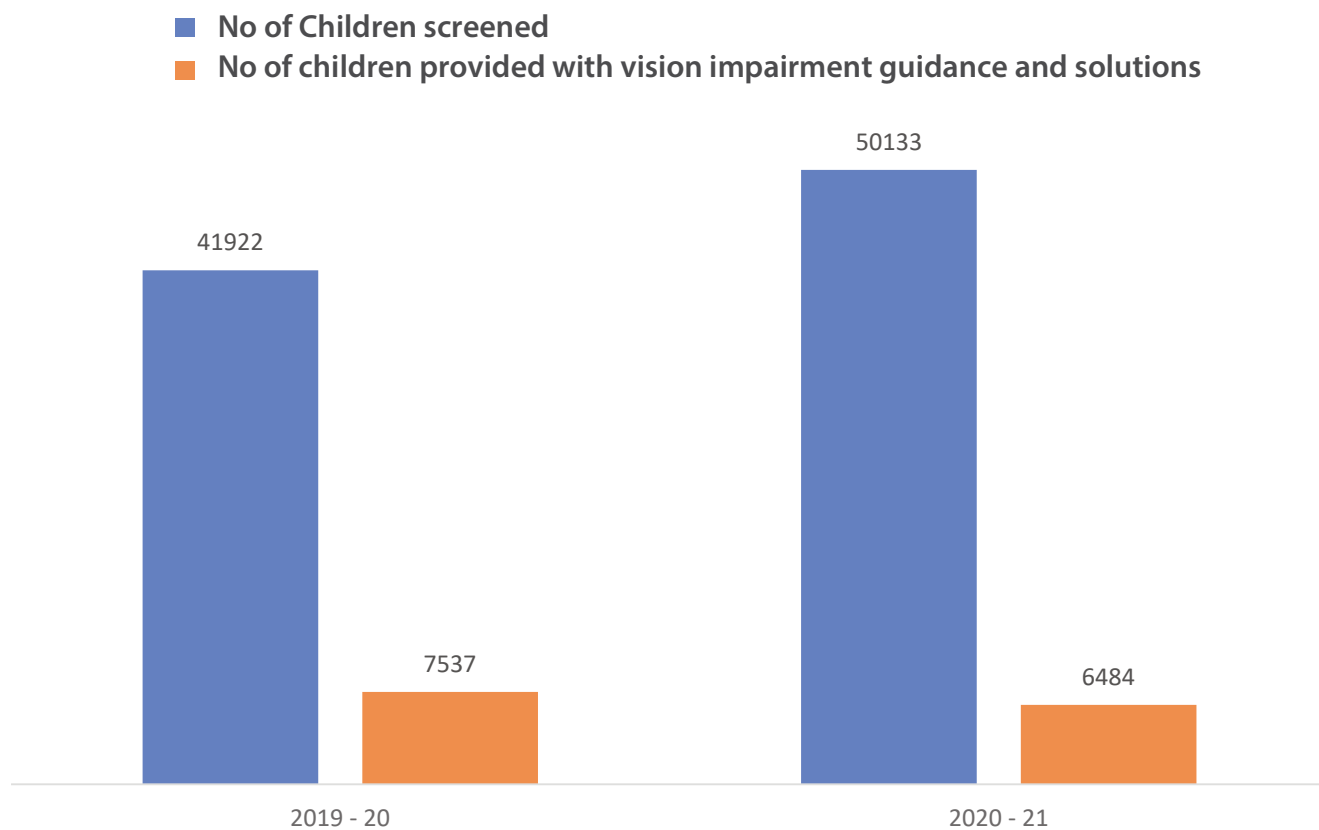


Figure 18



Chapter IV: Impact Canvas of Caring Hand Initiative

The section highlights the detailed findings of the initiative 'Caring Hands' and the impact that it created in the year 2021 – 22. The Figural representation of the data below is derived from responses received from the beneficiaries through questionnaire surveys, in- depth interviews with stakeholders, and secondary research. This year, parents as well as children, were screened in the camps and the Figures represent insights from both categories.

Inclusiveness

In terms of inclusivity, the study captured various demographic angles of the beneficiaries such as Gender segregation, Economic profile of the child beneficiaries and their parents, household family income, and geographical spread of the camps in the sample considered. The Figures indicate the reach of the camp to the marginalized communities to mainstream them.

Gender wise segregation of children beneficiaries covered

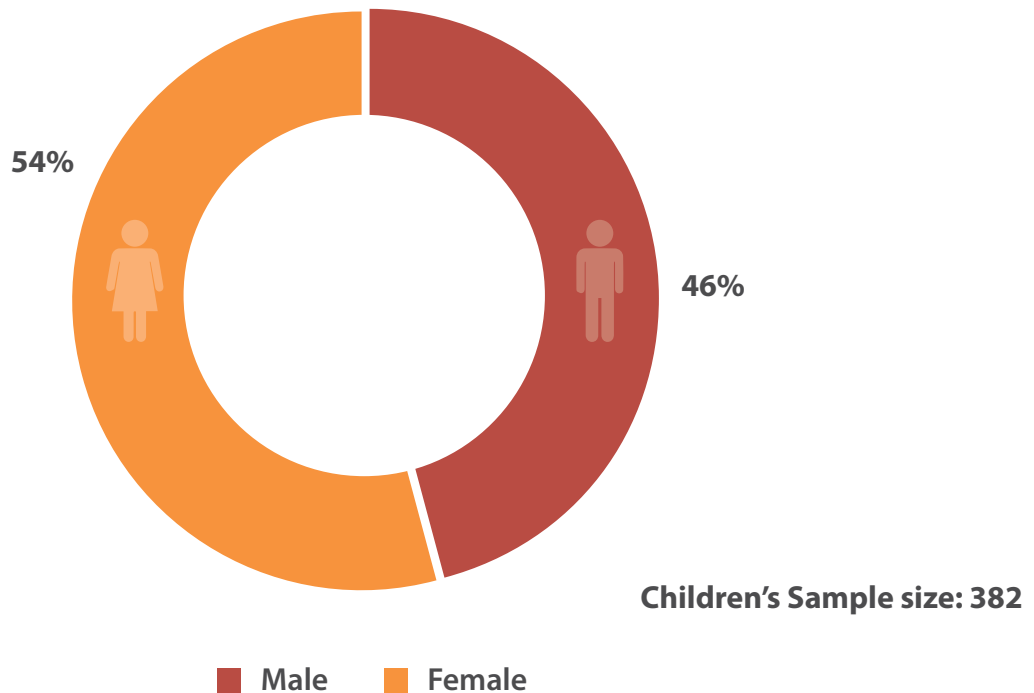


Figure 19

Gender wise segregation of parent beneficiaries

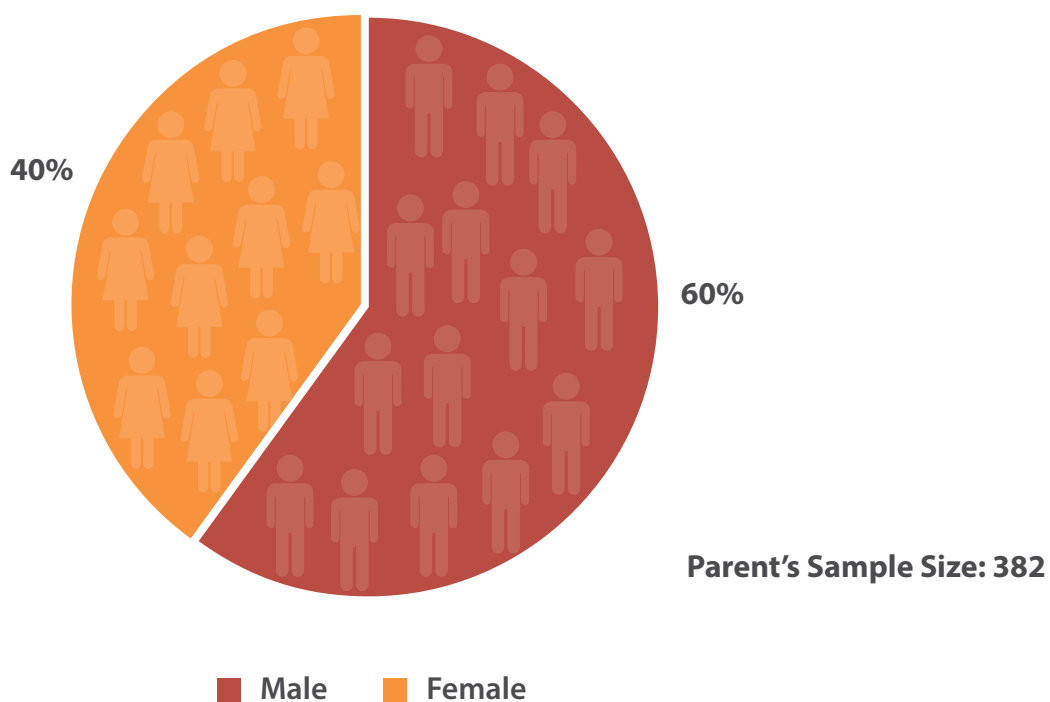


Figure 20

Note:

From the above figures, it can be seen that 54% of the children were females while on the other hand, under the parents' category, 60% are males. It is, therefore, evident that the program has good coverage of both genders.

Occupation of the parents

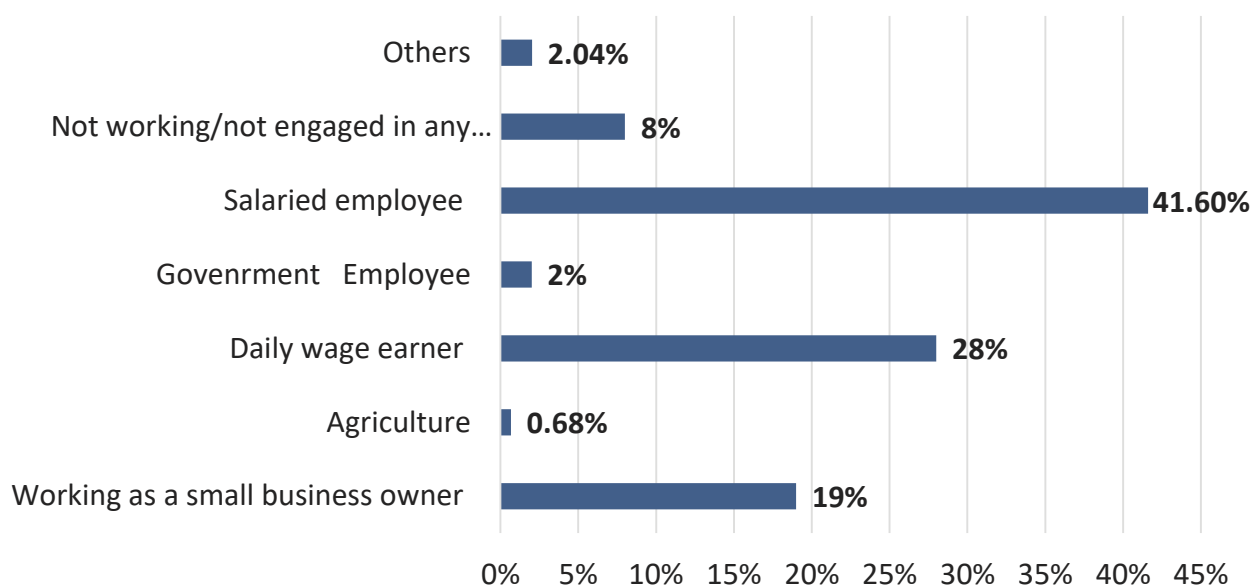


Figure 21

As shown above, in the Figure, approximately 41.6% of the beneficiaries work as salaried employees with the majority of them being drivers. Around 28% of the respondents are working as daily wage earners where most of them are engaged in daily labour, auto drivers, etc.

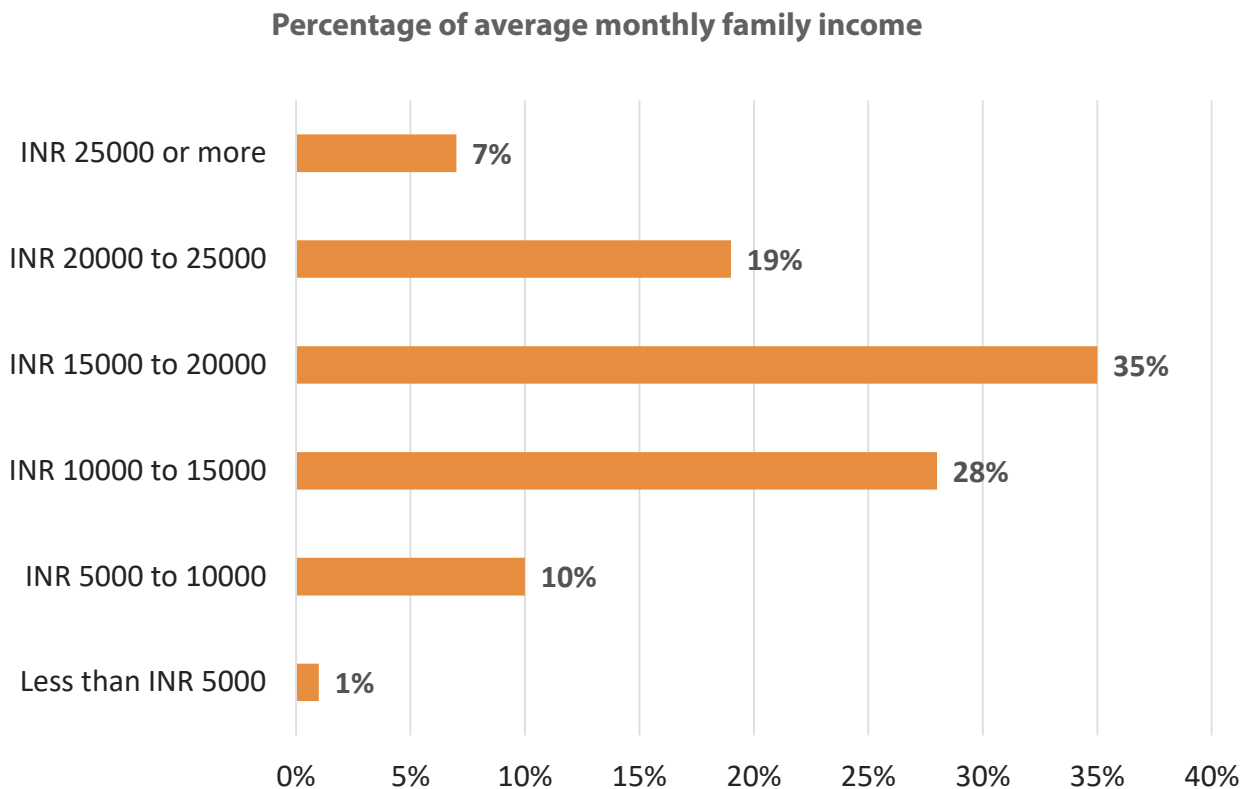


Figure 22

Based on the survey responses received, it is quite evident that the program’s target beneficiaries were children belonging to economically weaker families. As presented above in the Figure, approximately 93% of families earn less than or up to INR 25000 every month.

Relevance

We mapped the relevance of the programme by understanding the importance of eye testing and support provided to the underprivileged school-going children and their parents in the specified project locations. We also asked the children about how they identified their eye problems. The Figure below represents different responses received.

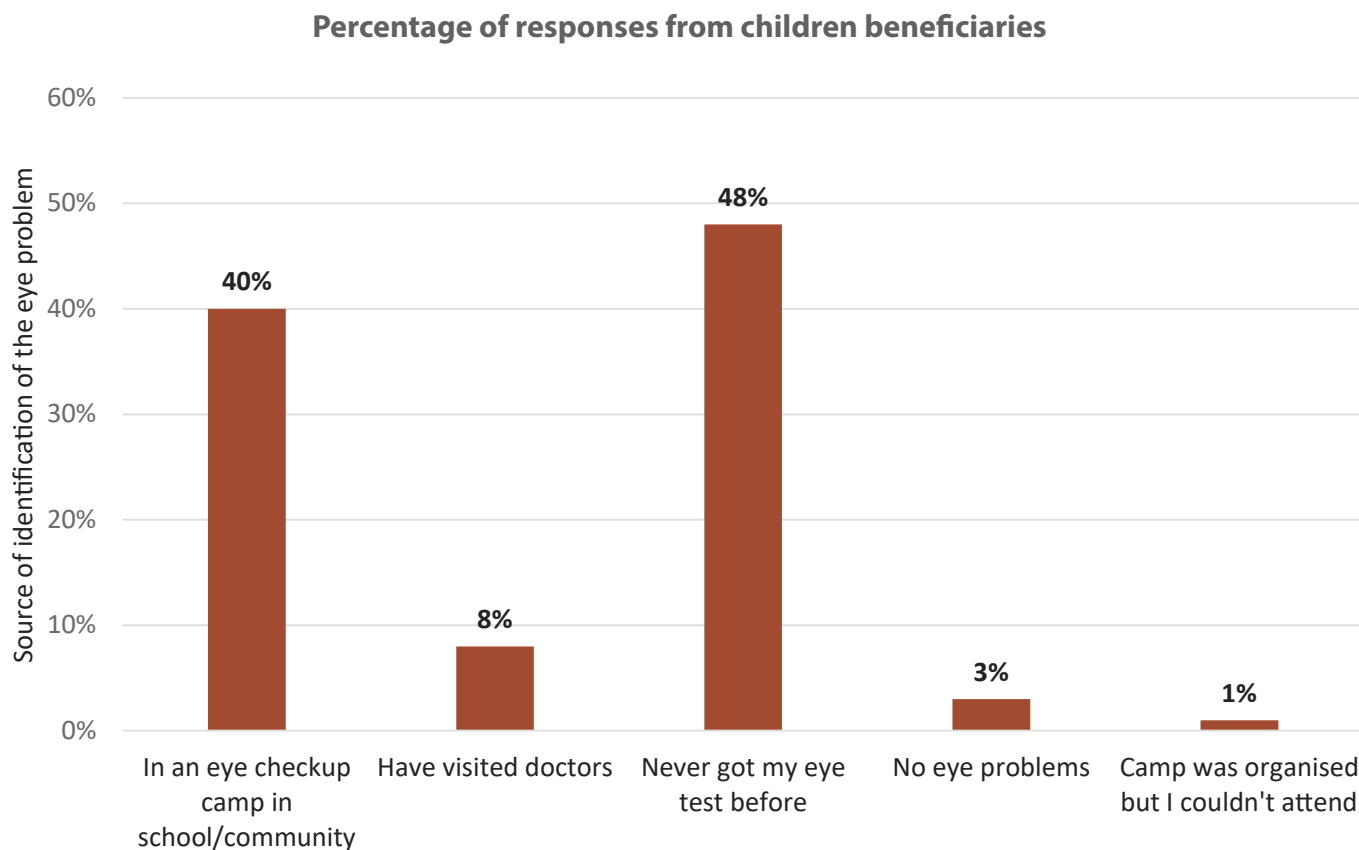


Figure 23

Based on Figure 18, it is evident that the targeted beneficiaries were in dire need of eye care solutions as 48% never got their eye test before, and 40% got their eyes tested for the first time in the ICICI organised eye check-up camp. This also illustrates that approx. 88% of beneficiaries got to know about their eye problems for the first time and were provided with relevant solutions.

A similar pattern was observed among parent beneficiaries who benefitted from the camp. 50% of the parent beneficiaries also got their eyes tested at the camp.

Did the parents also get thier eyes checked at these camps?

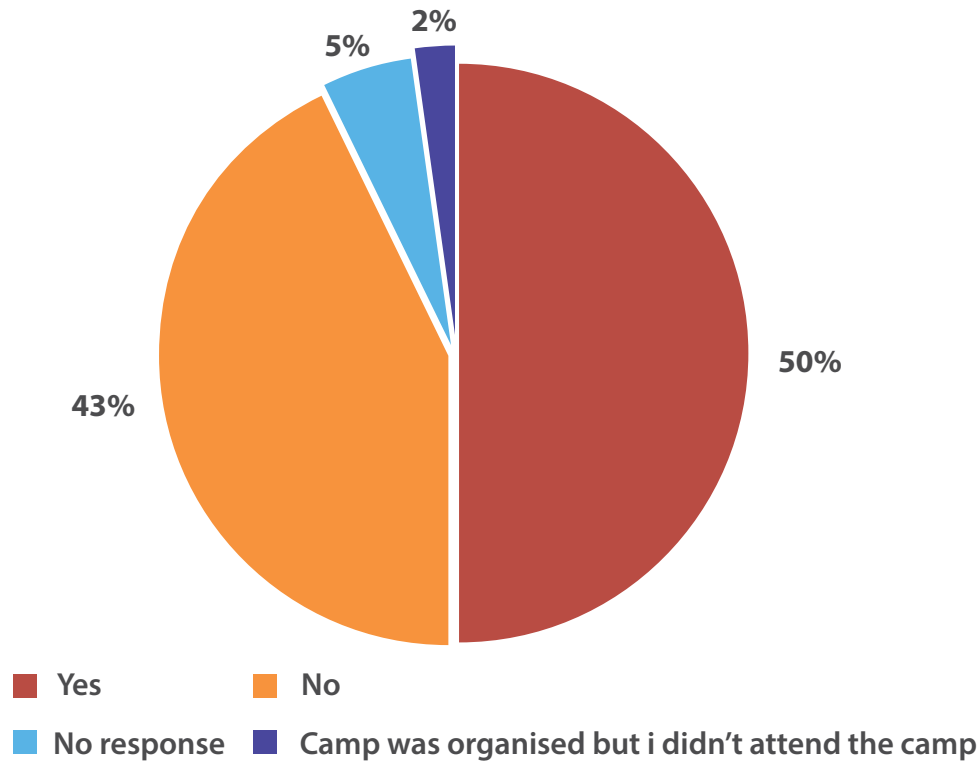


Figure 24

The above data points confirm that the program has helped these children become aware of the eye problems and precautions to be taken. In critical cases, appropriate support was offered through the right guidance. The Eye camps were able to recognize the need for immediate attention at the right time. As a result of our interactions with the stakeholders, it was also observed that people from the weaker economic sections usually do not give much priority to eye care, reasons varying from unaffordability to inaccessibility and the lack of awareness.

If children availed the eye testing camp organised last year

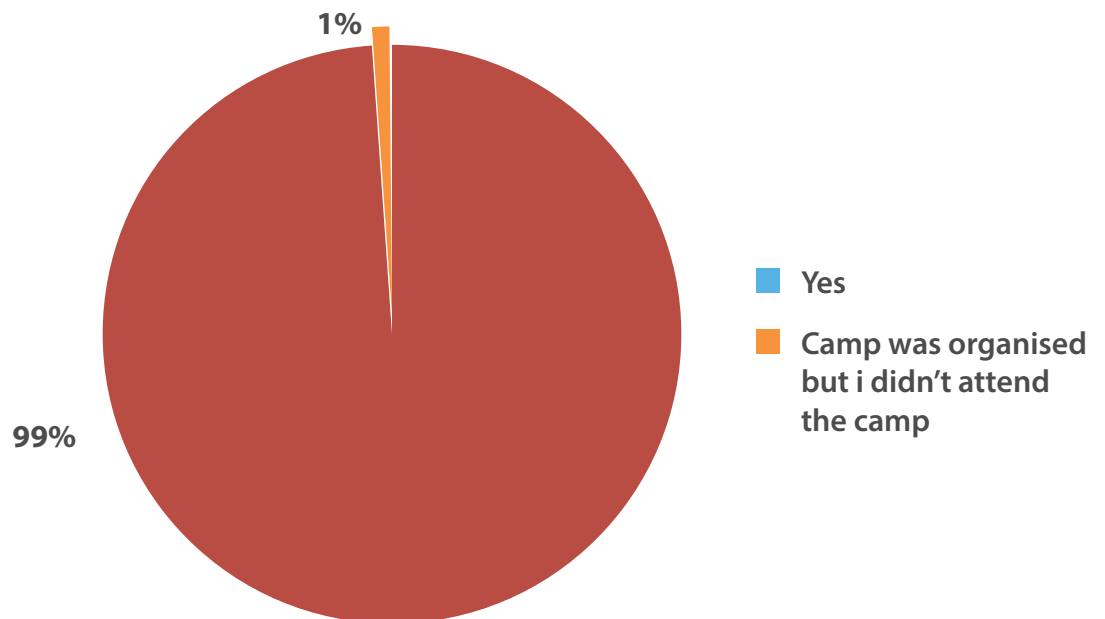


Figure 25

Approximately, **99%** of the total children surveyed availed the eye check-up services provided last year under the eye check-up camp by ICICI Lombard.

Percentage of responses from children beneficiaries

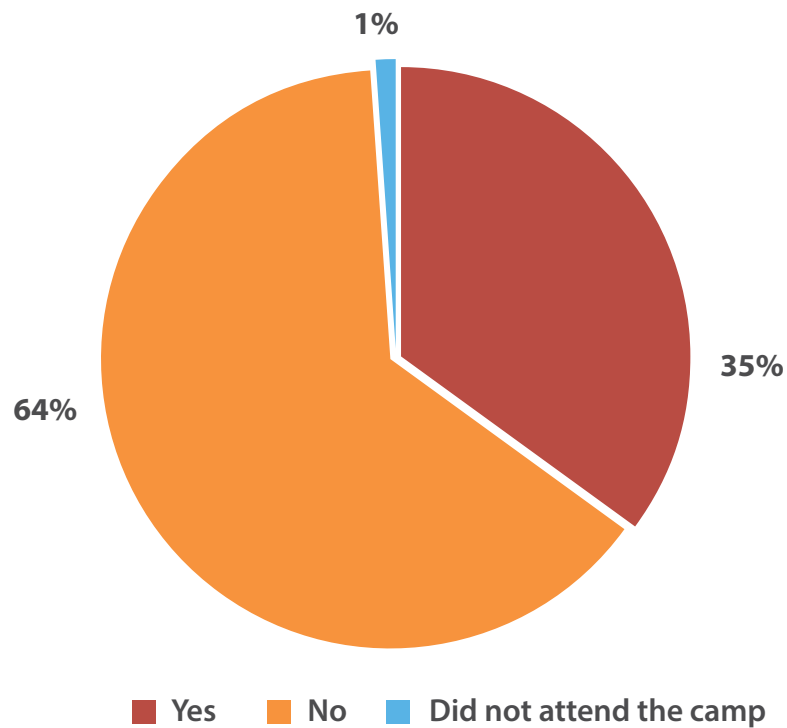


Figure 26

The camp was a much-needed intervention as most of these children come from marginalised communities with a difficult financial background. As shown in the above Figure, **64%** of beneficiaries were not aware of their eye problems.

Impact

The impact mapping is considered across 3 key areas:

- Perceived value in the program,
- Increase in awareness towards eye care health, and
- Benefits from the initiative.

Perceived value in the program

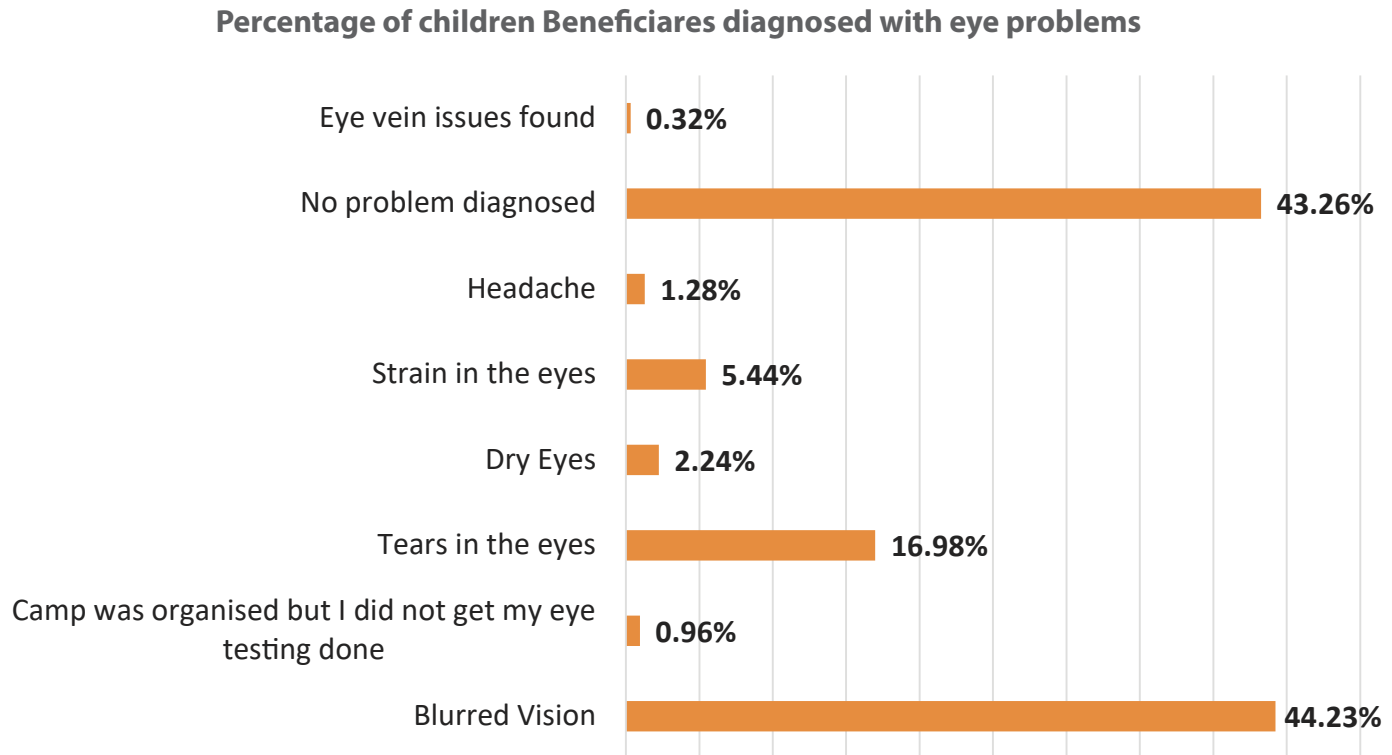


Figure 27

44.23% of the children beneficiaries complained of blurred vision. The majority of them reported going through multiple problems at the same time. Blurred vision, tears in the eyes were the most commonly observed among the child beneficiaries. The Doctor team of the programme also stated that refractive error, dry eyes are mostly observed among the beneficiaries.

A common response was observed on how the pandemic and subsequent lockdown restrictions led to more online classes among the beneficiaries, while for parents too, increased screen time led to eye health effects.



Overall, we are seeing that because of more online learning, incidences of refractive error and eye strain are increasing drastically. This is with respect to children. And these are causing more problems and this we are finding not only in the camps but also in the hospitals. There is a worldwide tendency of a number of children requiring glasses... the pandemic has increased the amount of usage of digital devices so we may even find the number of people needing glasses, increase by 20% in one or two years. Overall tendency of people requiring glasses is increasing in all populations.

Mr. L. Harish, Head of Optometry, Dr. Agarwal's Eye Hospital, Tamil Nadu

Increase in awareness toward Eye health

Increased awareness about eye health after attending eye camps by ICICI Lombard

A statement was shared with children, and their opinion was taken on the statement - **“Post the Eye check-up camp, I got new learnings on how to keep Eyes healthy, and I am following those practices in my day-to-day life”** – Do you agree with the statement?

Post the Eye check-up camp, I got new learnings on how to keep Eyes healthy and I am following those practices in my day-to-day life – Do you agree with the statement?

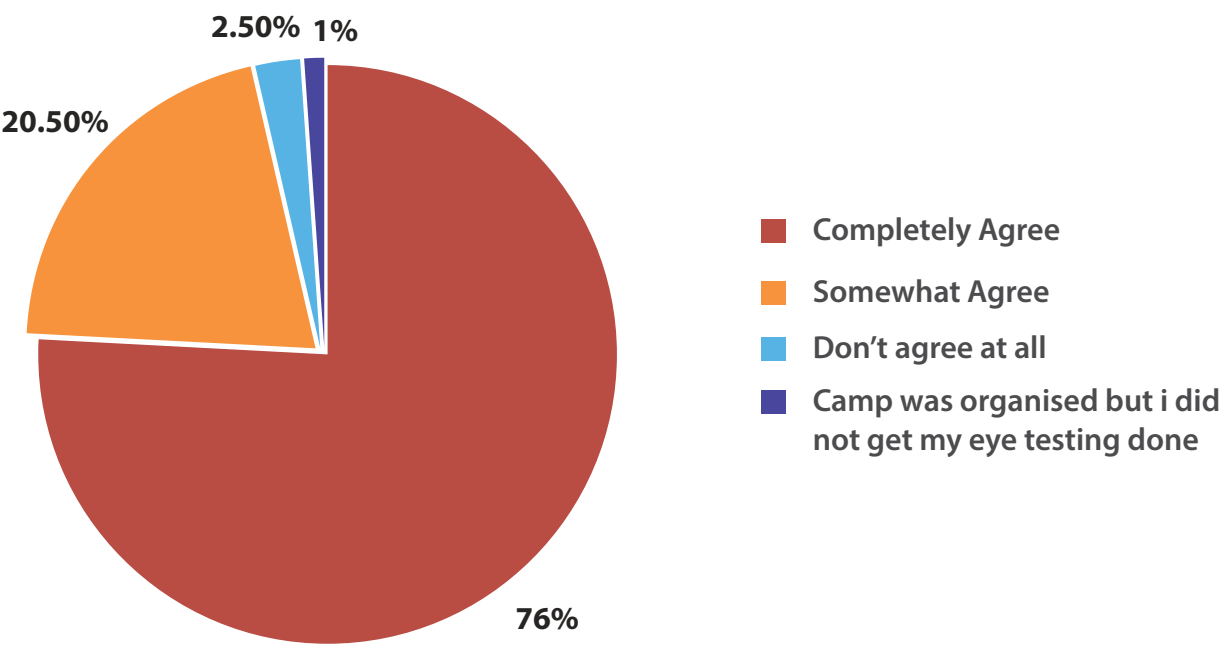


Figure 28

96.5% of Children agreed that after the Eye camp they got sensitized about eye health and based on the advice provided by doctors, children also learned ways to keep their eyes healthy.

Post the Eye check-up camp, my child got new learnings on how to keep Eyes healthy and is following those practices in my day-to-day life – Do you agree with the statement?

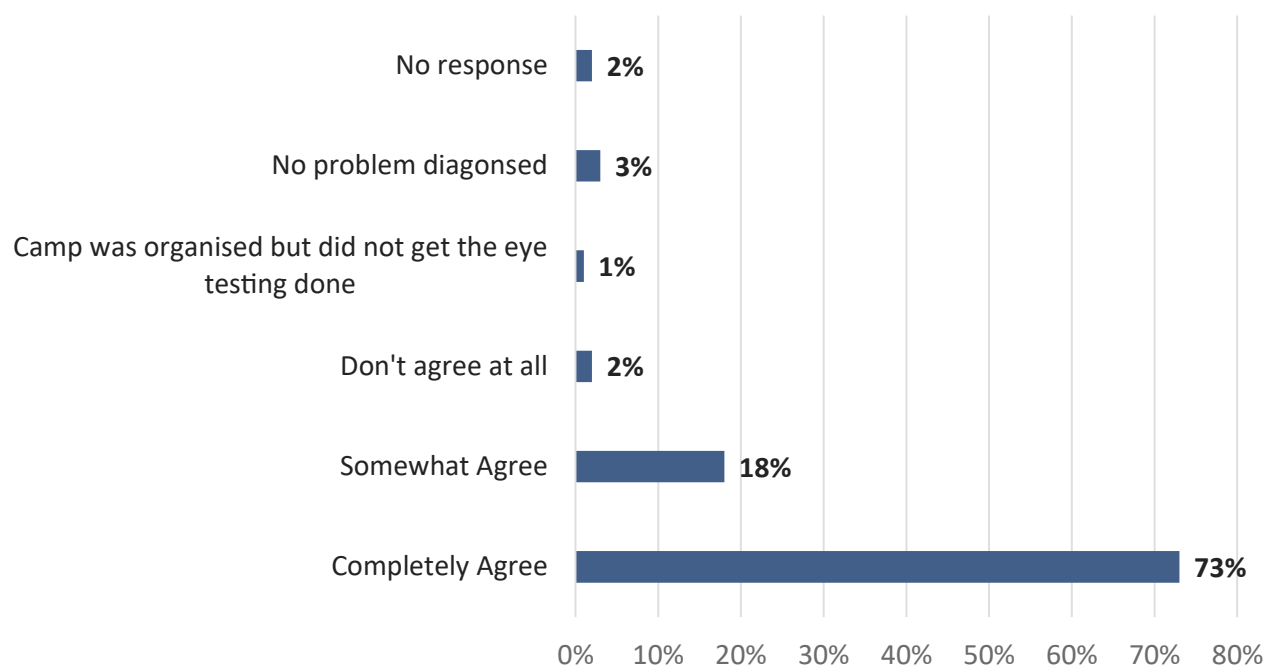


Figure 29

Similarly, for parents, nearly 73% of parents completely agreed and **18%** somewhat agreed that their children have benefitted from the camp and gained knowledge to protect their eyes.

Post the Eye Check up camp, I got new learnings on how to keep my eyes healthy and i am following these practices in my Day to day life in FY 2019 - 20 and FY 20 - 21

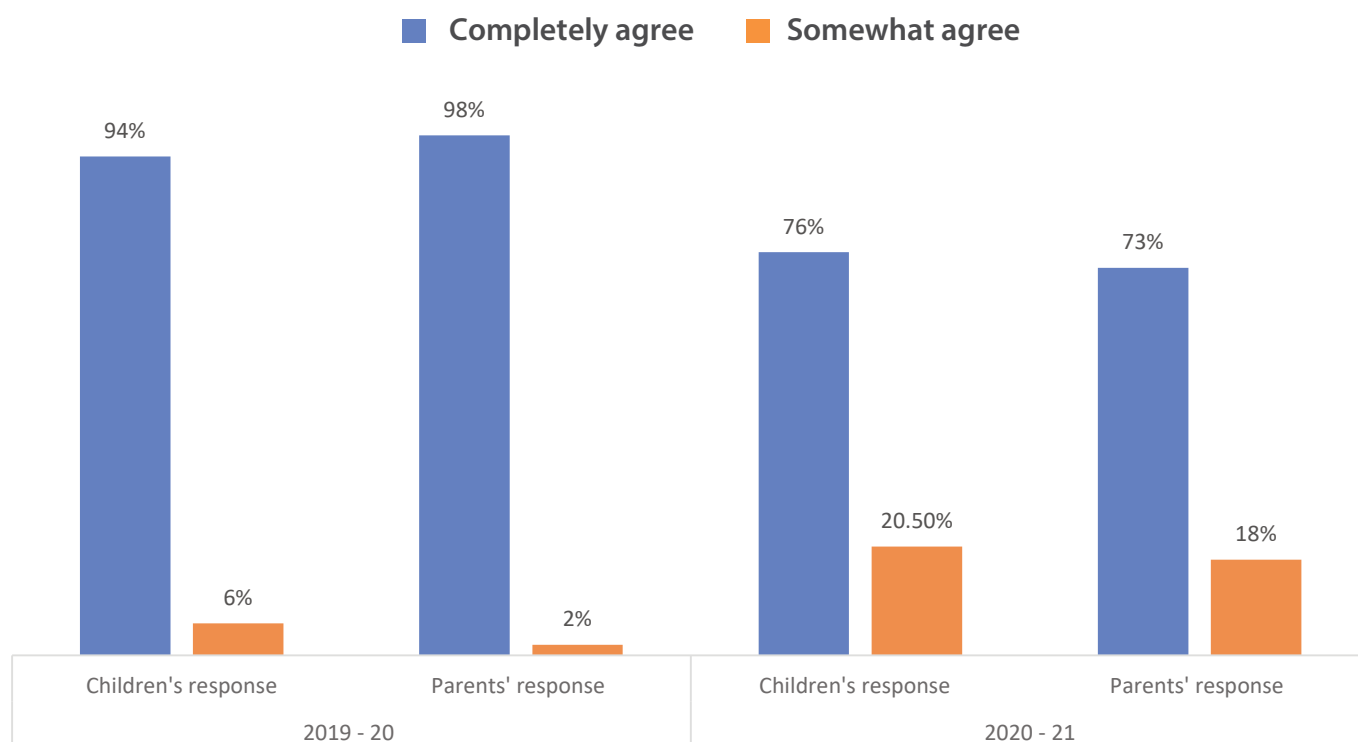


Figure 30

Benefits from the Initiative

The initiative has helped children in many ways and the same has been recognized by them. We asked our respondents **‘what benefits do you see after wearing the spectacles received from camps?’**

‘what benefits do you see after wearing the spectacles received from camps?’

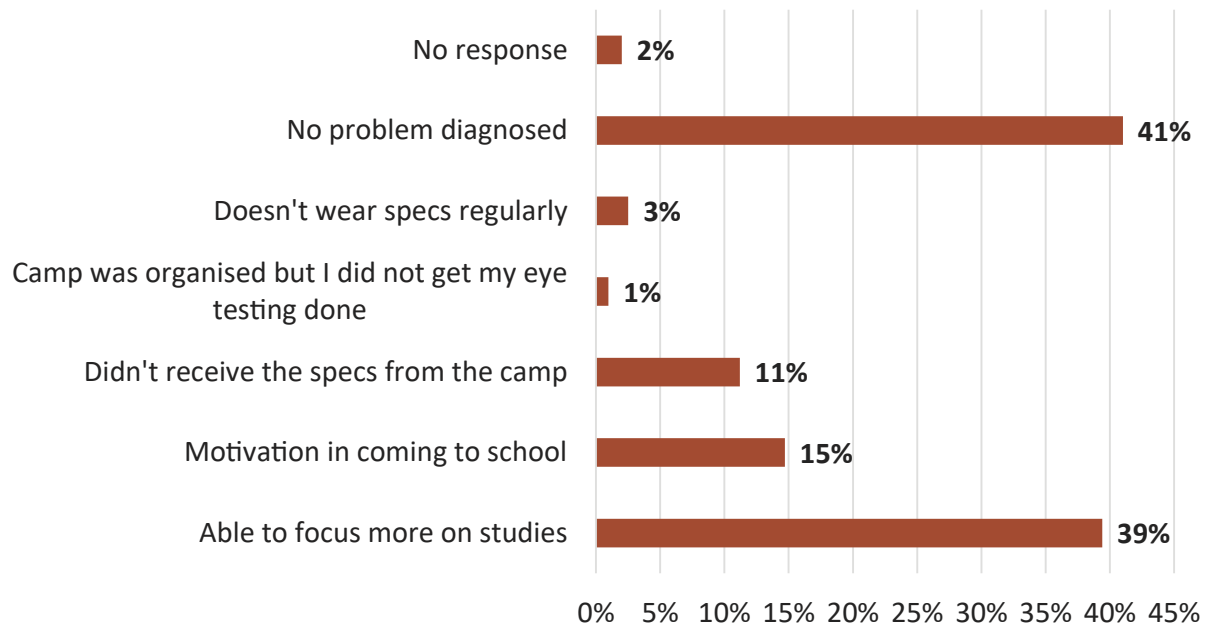


Figure 31

39% of the children beneficiaries responded as being able to focus more on studies, **15%** responded to motivation in coming to school. Overall, children are now able to focus on their studies, enjoy their play-time, and above all, lead a happy childhood.

Benefits parents reported in their children after wearing specs

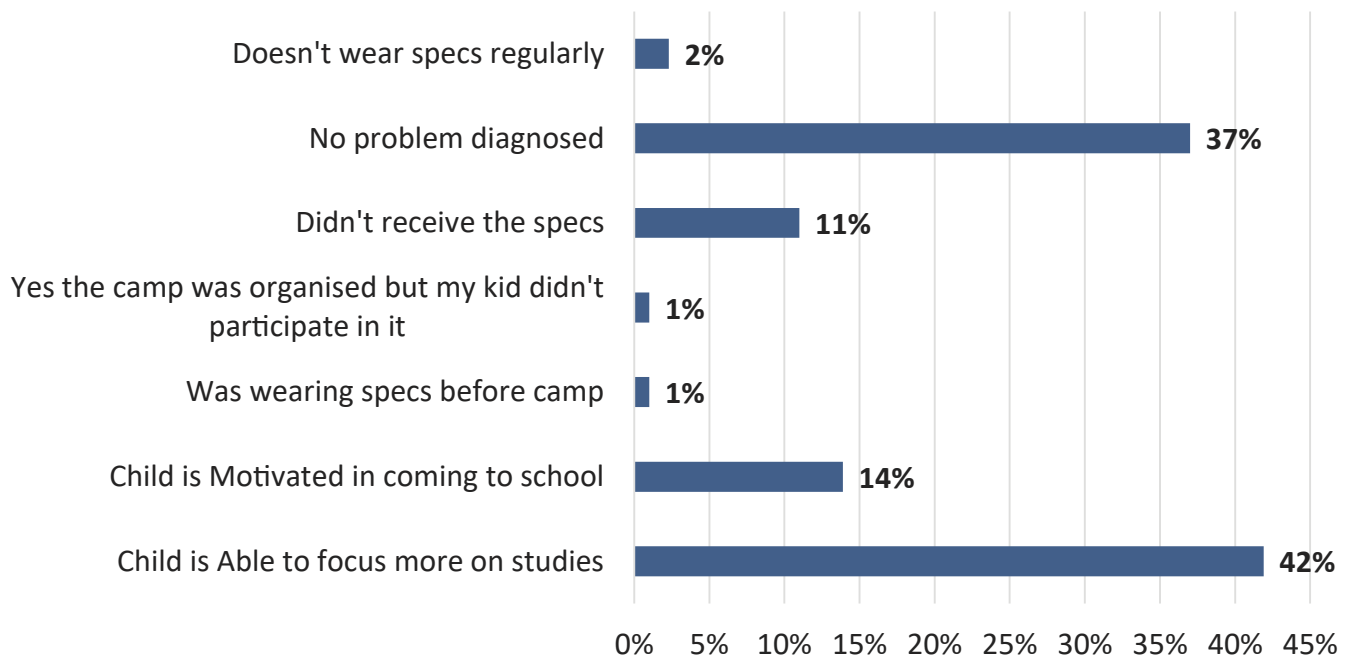


Figure 32

42% of parents mentioned that their child is able to focus on studies, **14%** agreed that the child is focused and is motivated now to go to school and study. Many parents admitted that their children are more motivated compared to before.

Effectiveness

Response of the children and parents on solutions and guidance provided:

'what benefits do you see after wearing the spectacles received from camps?'

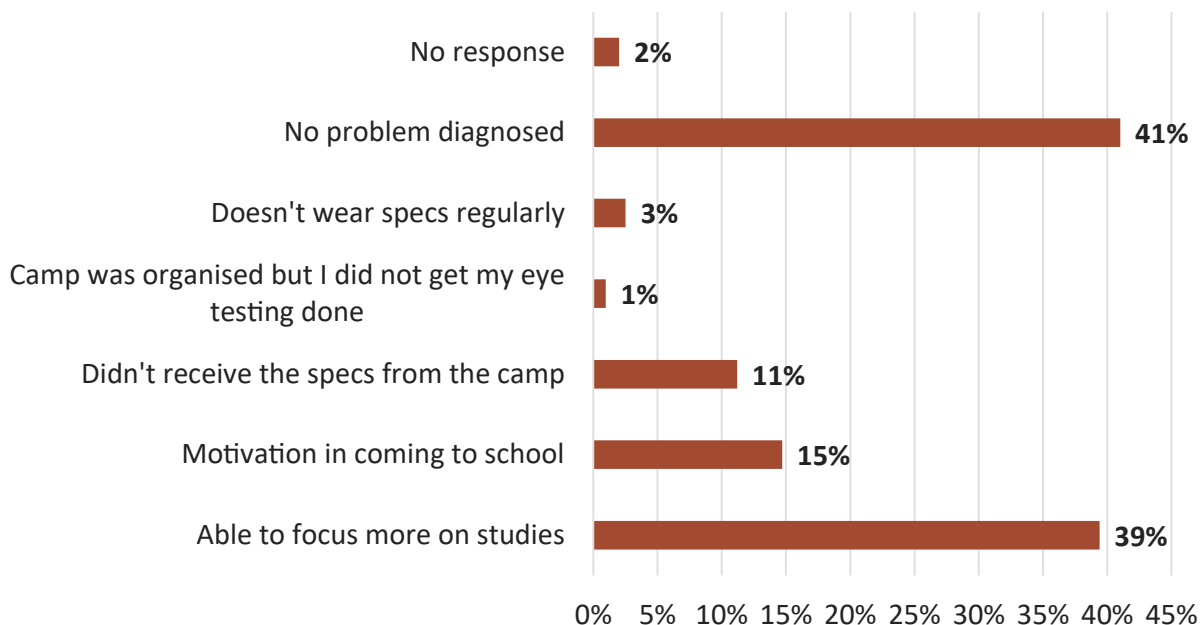


Figure 33

As a part of vision correction, approx. **45%** of the child beneficiaries were prescribed and provided free spectacles. **41%** of the children had no eye problem.

Percentage of Children beneficiaries using solution and guidance provided by ICICI Lombard's Eye Camp

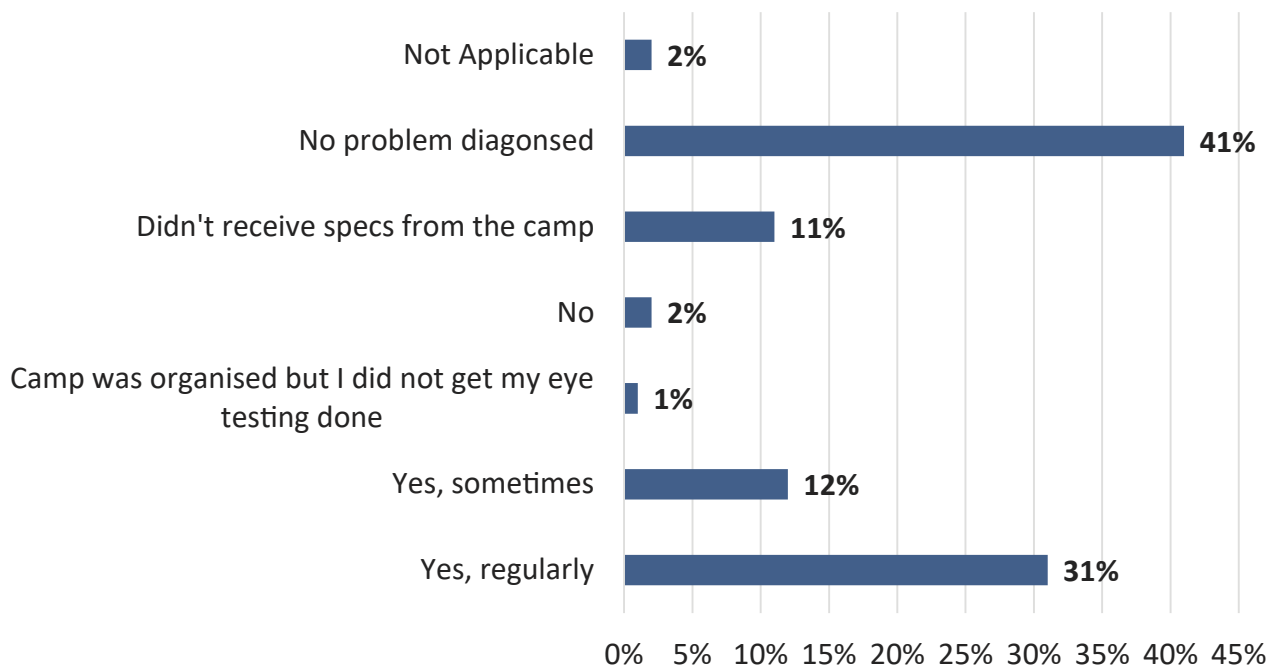


Figure 34

31% of children stated that the solution and guidance provided by ICICI Lombard are being used regularly.
12% of children beneficiaries agreed to use it only sometimes.

Children's Response on Regular use of Vision Impairment solution and guidance provided by ICICI Lombard's Eye Camps in FY 19 - 20 and FY 20 - 21

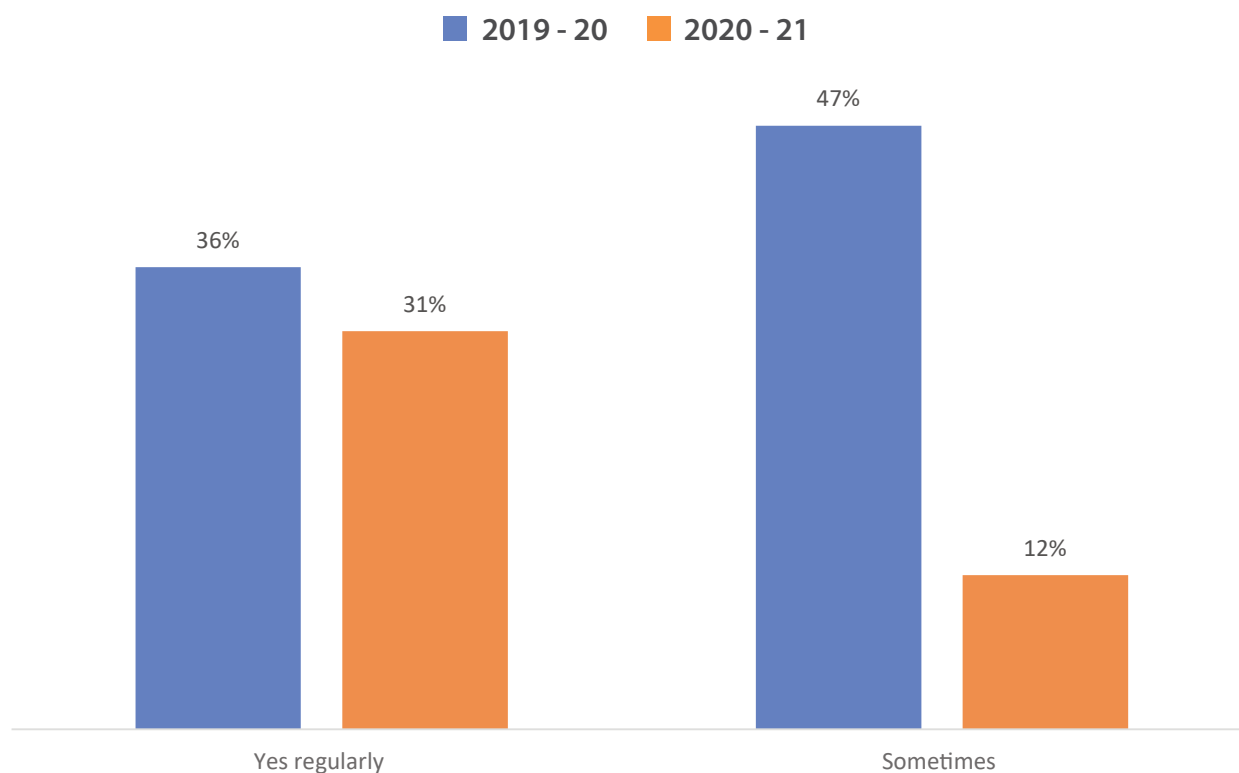


Figure 35

Regular use of solution and guidance provided by ICICI Lombard's Eye Camp comparison in FY 19 – 20 and FY 20 -21

Impact Matrix:

Caring Hands Impact Matrix

Components of the Program	Output	Outcome	Impact
Free eye check-up camps in the community, schools, shelter homes, Orphanages	Savings on check-up and treatment at private set ups of the beneficiaries		
Free customised spectacles distribution to beneficiaries	Better access to high quality Eye care experiences with no additional expenses, in nearby convenient locations		
Free Eye check-up camps for beneficiaries across all age groups with primary focus on children	Improvement in eye health of the beneficiaries More awareness and sensitization about Eye problems and the importance of getting it treated	Adoption of better eye care practices such as nutrition enhanced diet, low screen time.	Improvement in eye health of the lower socio-economic population Mitigation of financial barriers to accessing high quality eye care services
Referrals to cost effective options for further treatment interventions whenever necessary	Vision restoration and correction through customised spectacles		Outreach of eye health workforce to the unreached, marginalised populations

Table 7

Chapter V: Brand Equity through the Caring Hands

ICICI Lombard’s Caring Hands program has helped make the brand name a household name. The program strengthens the brand value of ICICI Group within the community through its various activities and impacts created in the lives of various stakeholders. We gathered the below-mentioned insightful details to establish how the program has helped elevate the brand value within the households and communities that the brand caters to.

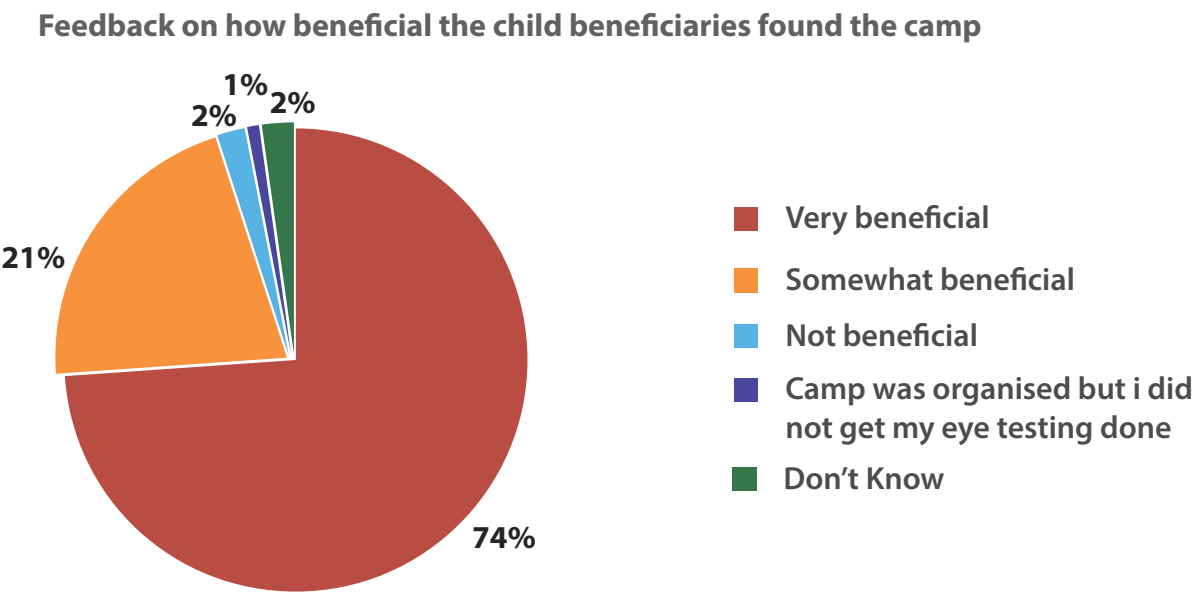


Figure 36

To get detailed insights on how beneficial both parents and children found these camps, it was found that **74%** of the children and **68%** of the parents found the camps very beneficial.

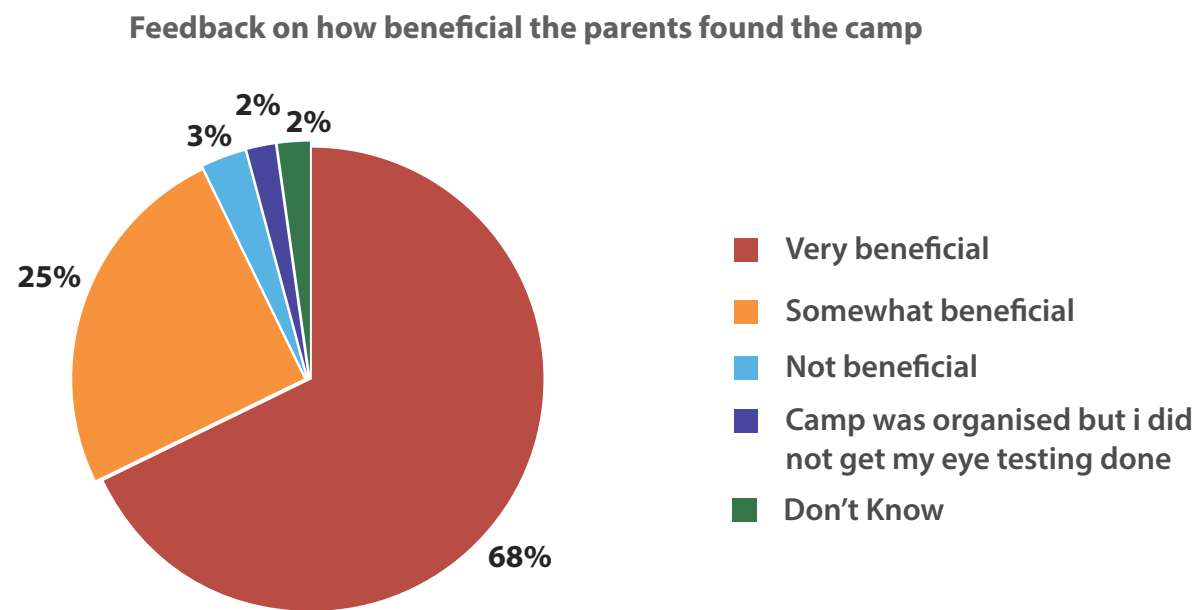


Figure 37

We asked the parent beneficiaries, ‘Do you know the company name that conducts these camps?’ To which **58%** stated that they had some awareness about the brand that conducts these camps.

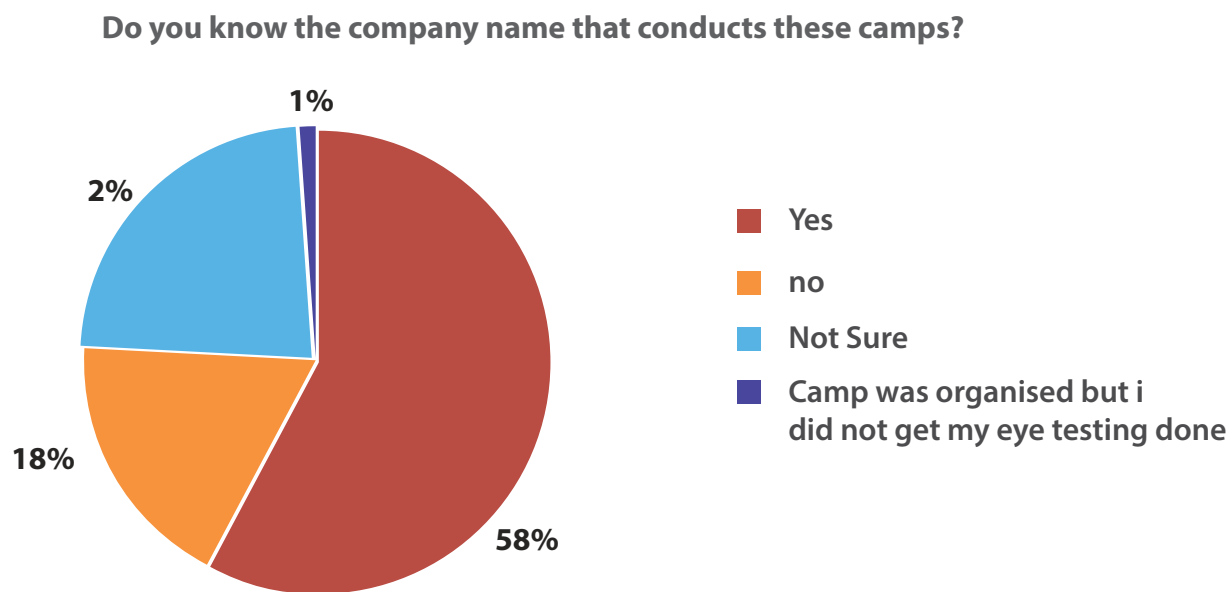


Figure 38

Brand Relatability of the camps conducted

On being asked, ‘Can you recall the name of the company who conducted these camps?’ **37.5%** of children and **42%** of parents responded with ‘ICICI Lombard’. Other noted responses were from Dr. Agarwal’s Eye Hospital.

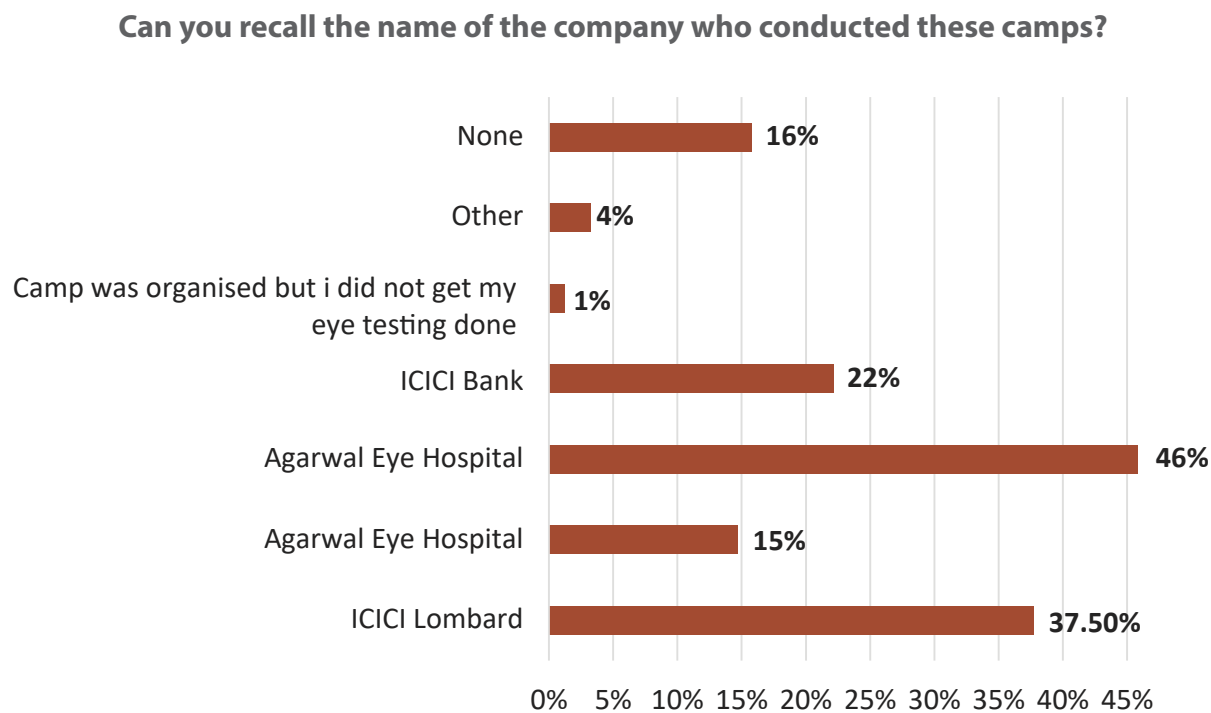


Figure 39

Can you recall the name of the company who conducted these camps?

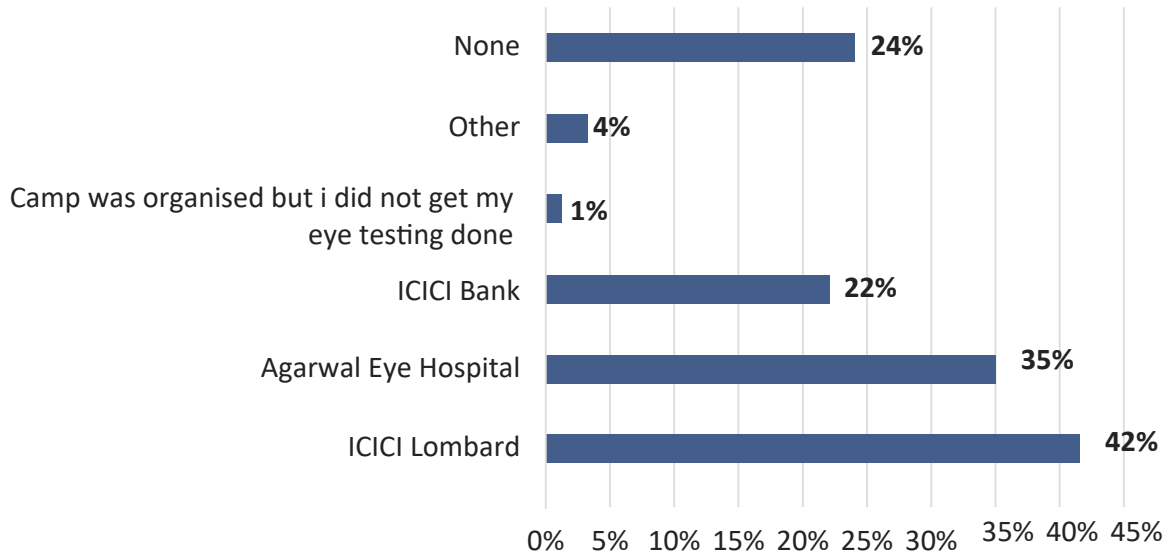


Figure 40

Parent's response to Brand Relatability of the camps conducted

If given a chance, would parents visit the camp again?

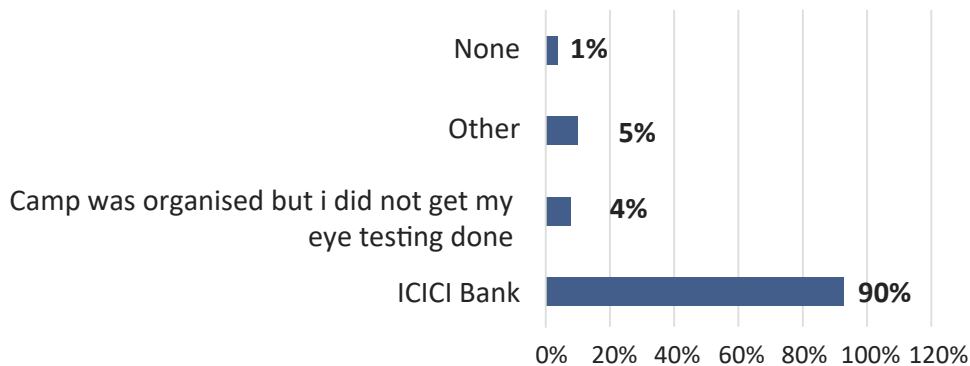


Figure 41

If parents would visit the camp again

We also asked the beneficiaries, 'If given a chance, would you visit this camp again for a checkup?' and **90%** of both category beneficiaries responded with a 'Yes'.

If given a chance, would children visit the camp again?

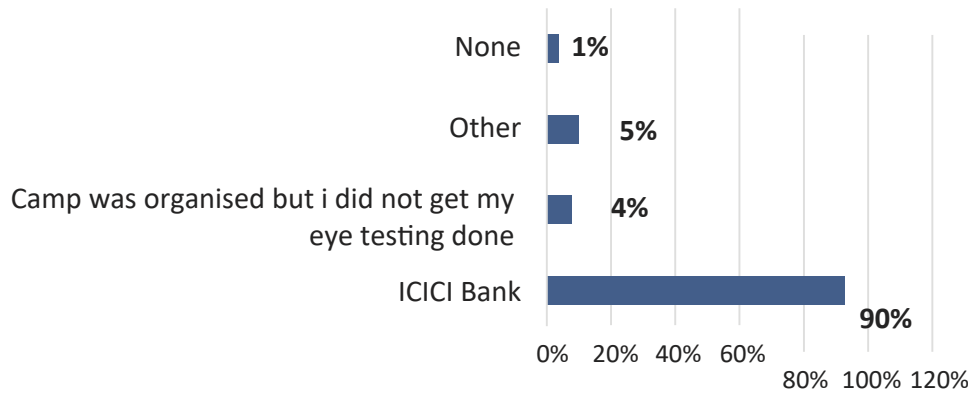


Figure 42

We also asked the beneficiaries, 'If given a chance, would you visit this camp again for a checkup?' and 90% of both category beneficiaries responded with a 'Yes'.



If they are going for a private set up of a similar quality.. it will cost up to 2800 or 3500 for the eye test and the glasses.

Mr. L. Harish, Head of Optometry, Dr. Agarwal's Eye Hospital, Tamil Nadu

Both sets of respondents also provided their ratings on the program on a scale of 1 – 5 (1 being the lowest and 5 being the highest).

44% of the parents and **58%** of the children gave it a 5 point rating.

What rating would you give to these camps from a scale of 1 - 5 (1 being the lowest and 5 being the highest)?

Ratings by parents for the camps

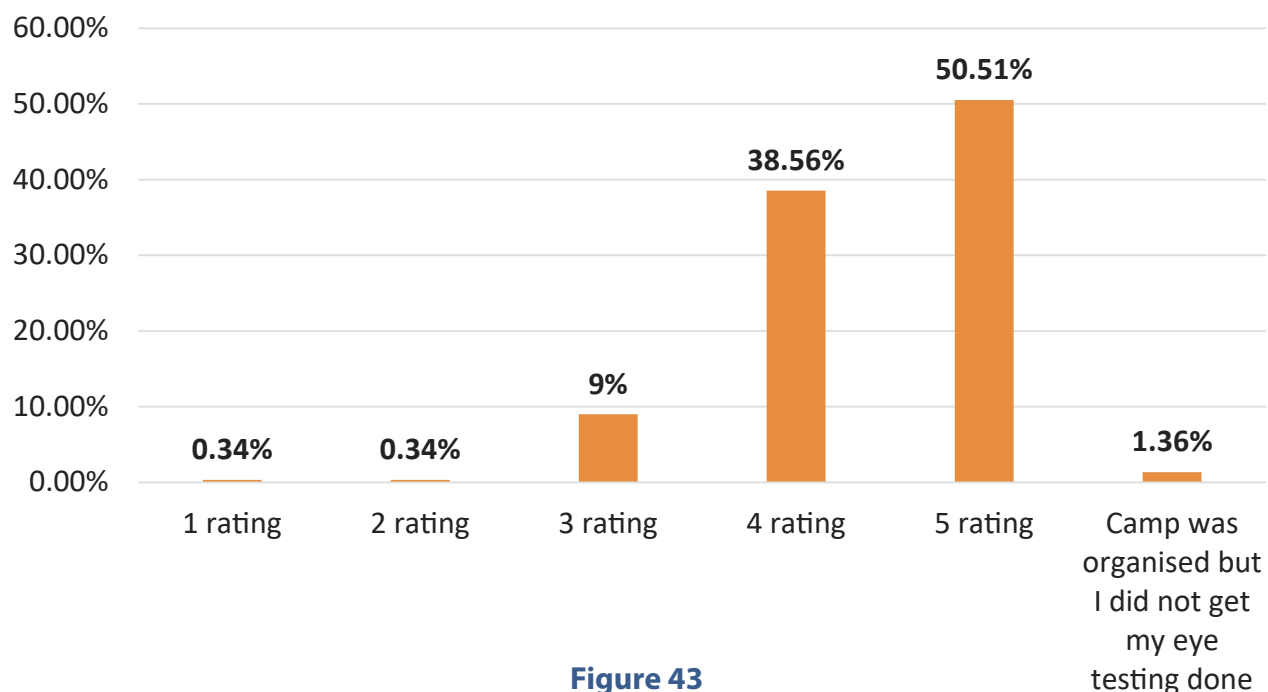


Figure 43



Ratings by children for the camps

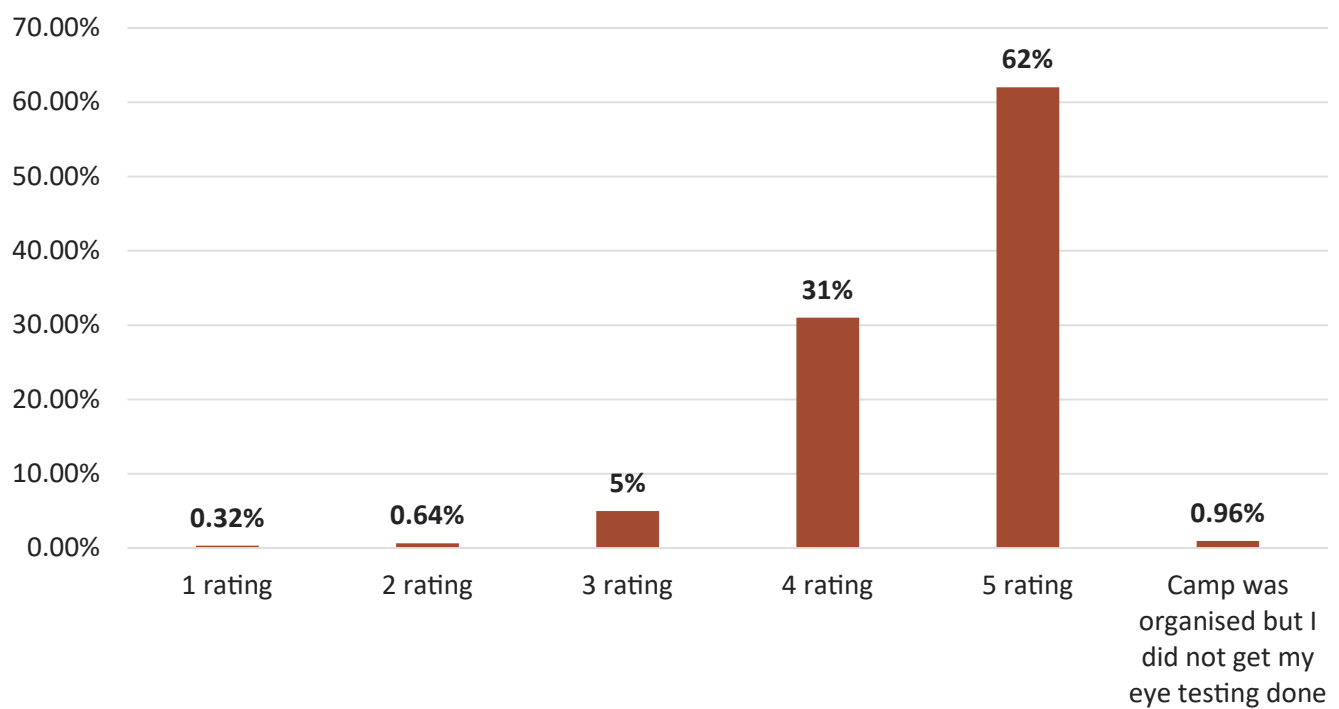


Figure 44

Additional Sample

Besides the above-given sample, an additional sample of 56 beneficiaries across Delhi, Mumbai, Pune, and Ahmedabad was considered in the study. This additional sample comprises beneficiaries above the age of 18 that attended the camps.

Table 8

City	Total Beneficiaries
Ahmedabad	8
Mumbai	6
Nagpur	8
Pune	7
Delhi	30
Total	56

Inclusiveness

Gender wise segregation of parent beneficiaries

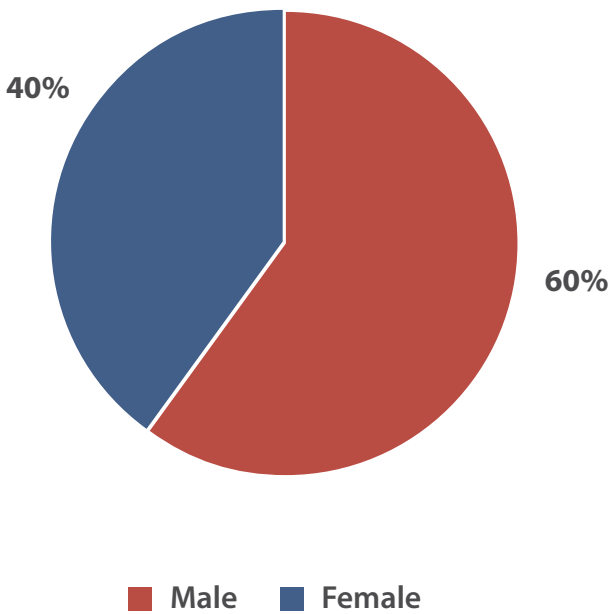


Figure 45

Occupational profile of Additional Sample

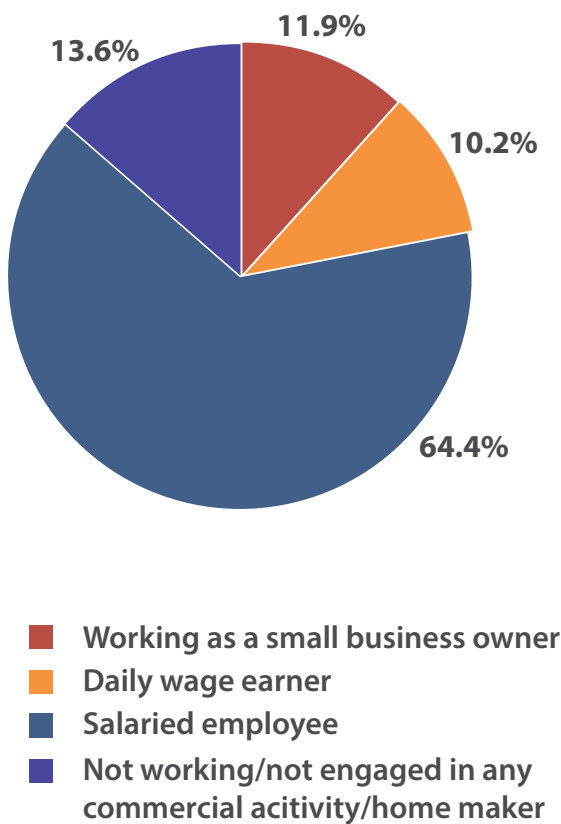


Figure 46



Monthly family income of additional sample

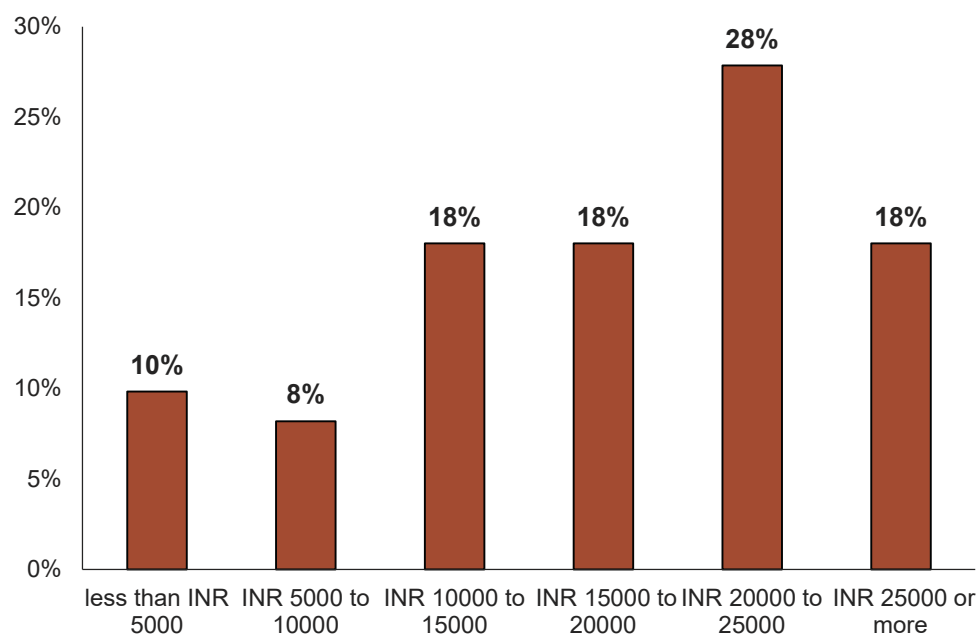


Figure 47

The study also recorded the family income of the beneficiaries above 18 years that attended the camps and noted that **82%** (majority) earned less than or up to INR 25000 per month.

Relevance

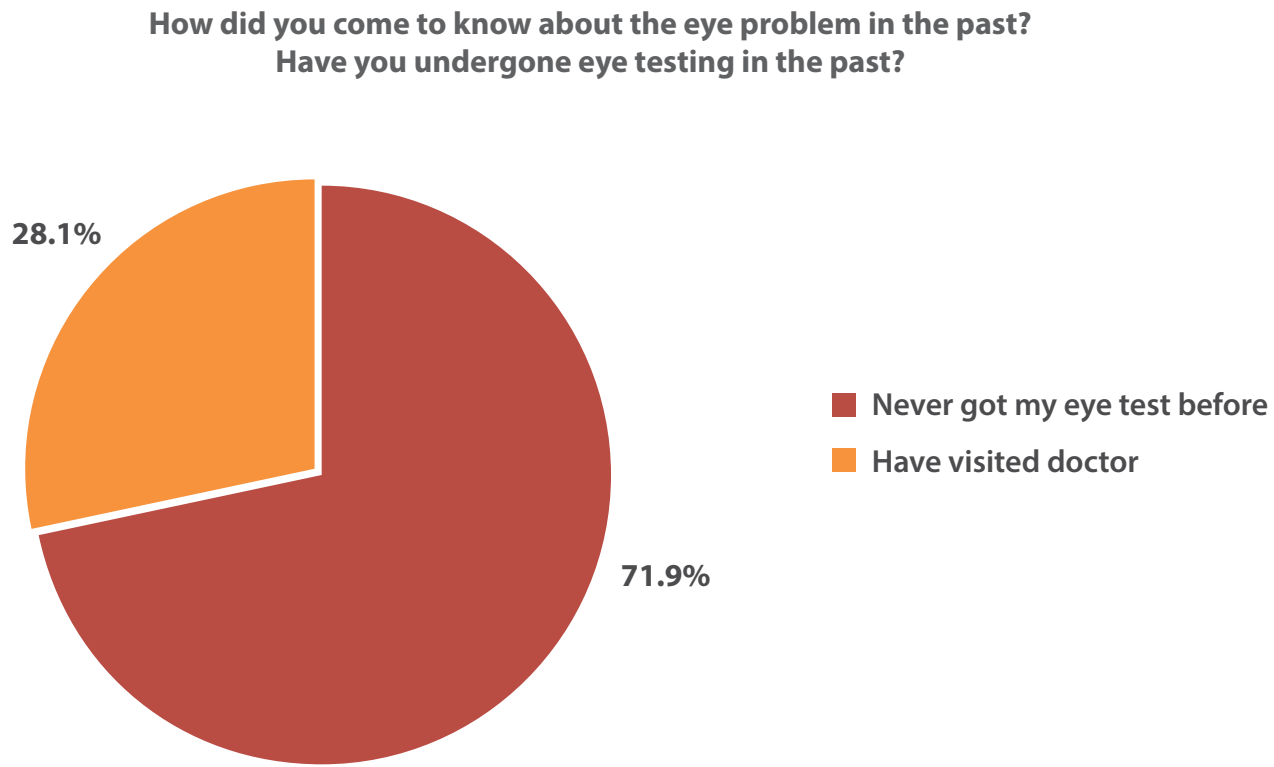


Figure 48

The respondents were asked, 'Have you undergone eye testing in the past?' and **71.9%** responded to never having their eyes tested before.

Impact

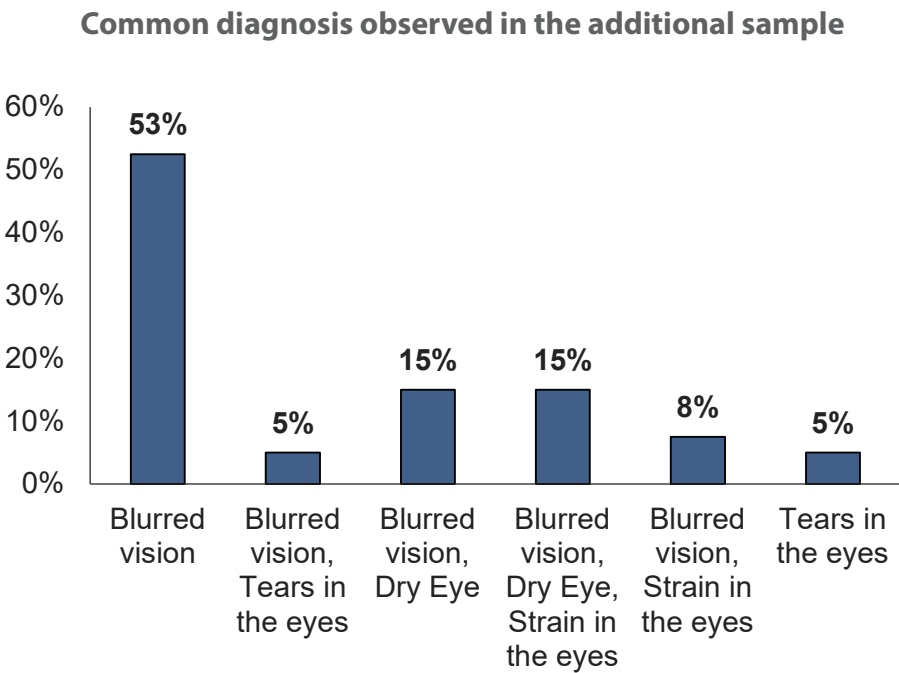


Figure 49

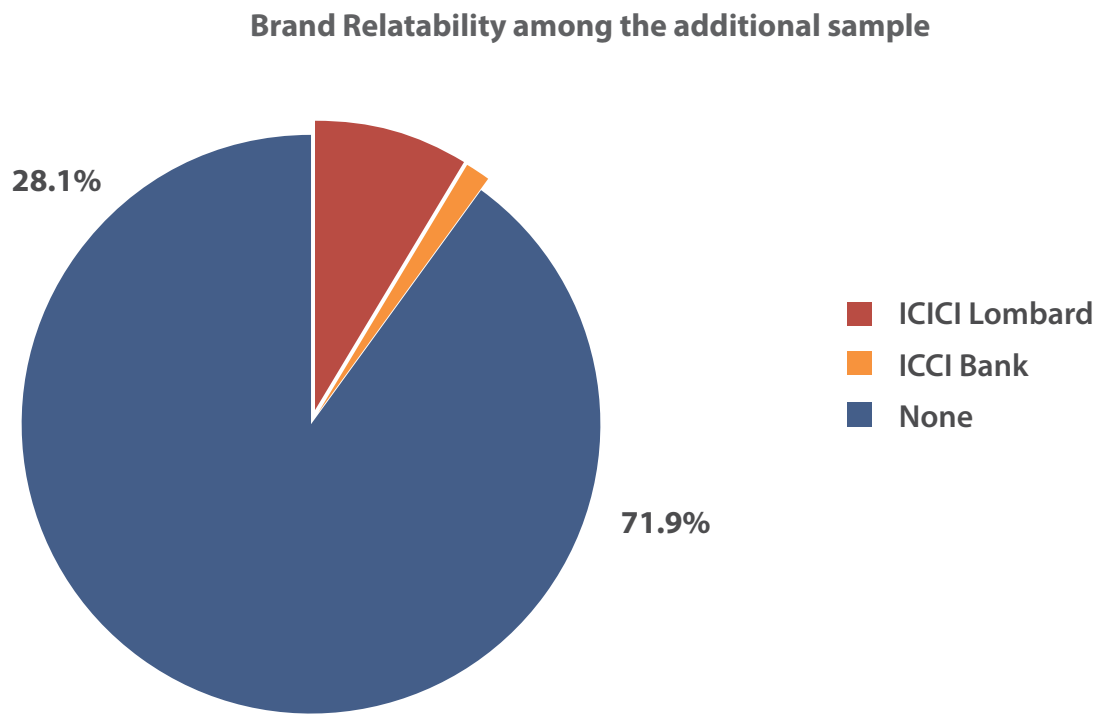


Figure 50

The respondents were asked, ‘Have you undergone eye testing in the past?’ and **71.9%** responded to never having their eyes tested before.



If given a chance, would you visit this camp again for a checkup?

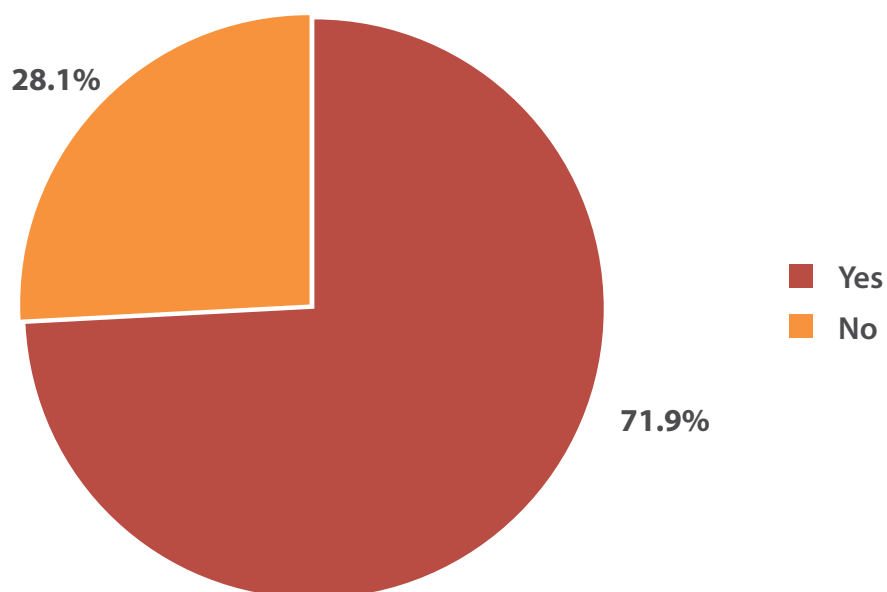


Figure 51

We also asked the beneficiaries, 'If given a chance, would you visit this camp again for a checkup?' and **74%** of the beneficiaries responded with a 'Yes'.

Ratings provided by 18+ beneficiaries of additional sample

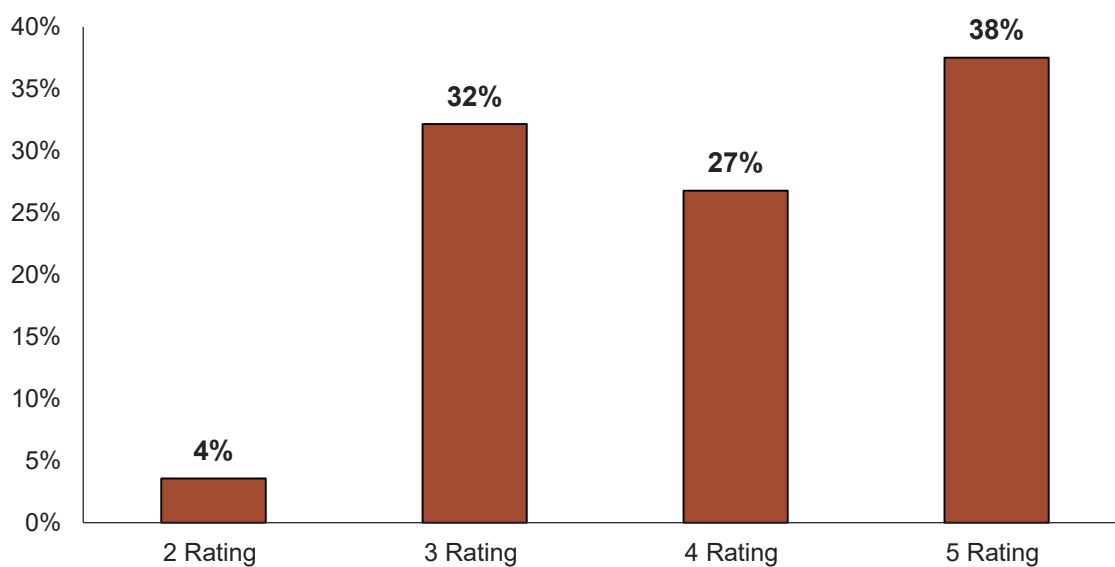


Figure 52

Chapter VI: Social Return on the Investment (SROI) of Caring Hands Initiative

Social Return on Investment (SROI) is a process and a method that quantifies the value of the social impact of projects, programmes, and policies. This helps funders to know the monetary value of the social and environmental benefit that has been created by the initiative. It takes standard financial measures of economic return a step further by capturing social as well as financial value. Here we have computed the value based on the actual outcomes of the programme. The data has been sourced from the primary survey, MIS, and standard industry benchmarks.

INR 3.77/- social value generated from the program on every investment of INR 1

As compared to last year's SROI - INR 2.04, there has been an increase of 45.16% in this year's SROI which is INR 3.77. The reason being, this year, the project diversified its beneficiaries and included parents and adult beneficiaries as well, along with children, and hence we see the increase as stated above.

SROI Computation

Caring Hands SROI Computation

Indicator	Rationale	Proxy Estimation	Attribution by Project
Savings on the spectacles provided through the camp	The cost of purchasing new spectacles is covered	The cost of spectacles provided by ICICI Lombard	The provision of spectacles helps in reducing the expenses and help in better eye health
Savings on eye check up which was provided at the camp	The cost of visiting an medical eye specialist is covered through the project	The average cost of visiting an eye specialist for general eye check up	The cost of a future eye check with an ophthalmologist is covered through the project
Savings on potential eye treatments in the future	The ignorance of the eye health may lead to potential eye surgery in the future	The average cost of an eye surgery in India	The ignorance of eye health care may lead to potential serious eye surgery in the future. The program helps in reducing the chances of surgery and helps improve eye health
Deadweight- Participants that already had spectacles	A certain percentage of population already use spectacles and have consult doctors and take care of their eyes	The cost of spectacles provided by ICICI Lombard to the participants already having spectacles	The majority of the participants do not wear spectacles and a handful of participants attended any eye camps before

Chapter VII: Way forward and Recommendations

In the year FY 2020 – 21, ICICI Lombard reached out to many beneficiaries through 221 camps across various states in India, benefitting a total of 60858 people in total. The programme also onboarded 2 NGO Partners that was involved in the camp mobilisation and execution. This year, the programme also catered to parent and adult beneficiaries, and the camps were held in various community centres, school campuses, and shelter homes. All the stakeholders, beneficiaries appreciate the programme, especially during the time of covid when eye health was compromised due to increased usage of digital devices.

Mobilisation of the program

- A documentation format for data collection along with detailed excels to record data during the camp will help us save time and deliver in-depth impact.
- We recommend to include more awareness interventions before the camps are conducted, i.e, pre camp mobilisation among parents of the beneficiaries so that the program can create maximum outreach in the communities.

Delivery of the program

- A suggestion would be to explore alternative options to replicate the DRP (Dark Room Procedure) which is mandatory for eye testing for better diagnoses.
- Since the project caters to many cities, a common suggestion observed from the stakeholders was to include more new cities within the states already covered and further into the East Zone.

Post Delivery of the Program

- It was also observed in the study that many beneficiaries could not recall the brand name with ICICI Lombard hence it is important to create a better brand identity and awareness among the beneficiaries with
- more branding equipment such as standees, banners and posters in these camps.

Chapter VIII: A Few Impact Stories

Vishnu, Delhi

Vishnu, an 8-year-old beneficiary from Duggal Colony, Khanpur, got his eyes checked in one of ICICI Lombard's Camps held in his school in September'21.

Prior to attending the camp, Vishnu always complained about having a continuous headache and teary eyes to his parents. However, his parents did not take him to any eye check up as they could not afford it.

His father works as a Barber and is the only earning member in a family of 5, with a monthly income of Rs 10,000 – 12,000.

Co-incidentally, ICICI Lombard organised a camp in his community just a few weeks later and Vishnu and his family made sure to attend the camp. He was diagnosed with blurry vision and was provided with spectacles as per his eye power. Not only him, but his younger brother, Chotu was also diagnosed with a similar problem and given spectacles.

After following up on the family 2 months later, their parents conveyed that Vishnu and his brother Chotu are able to concentrate more on studies and earlier symptoms of headache and teary eyes have completely disappeared.

Vishnu and Chotu have also taken a cost effective nutritious diet to keep their eyes healthy as advised by ICICI Lombard's Camp doctors. The Family is very grateful for this camp as they state that it has saved them a lot of money. Above is a recent snapshot of both brothers.



Testimonials



The programme is particularly beneficial because it reaches out to people in locations where such facilities are limited. People visit these camps even if they are not facing any major issue and sometimes get diagnosed with problems that need immediate attention, something that they would have never known if not tested.

**Dr Payel, consultant eye specialist,
Dr. Agarwal's Eye hospital, Tamil Nadu**



Without such initiatives (free eye checkup camps) we cannot benefit the population.. without them they will not know what eye problems they have.. they will not go for eye check ups.. they will not realise that they are having a problem.

**Mr. L. Harish, Head of Optometry,
Dr. Agarwal's Eye Hospital, Tamil Nadu**



The programme is very effective and useful for organizations like us where we have around 100 children and getting eye checkups done for all of them is difficult, but since experts came, they identified the problem and also provided consultation. It was very helpful. Children were also very happy with this programme

**John Peter, Senior co-worker education,
SOS children's Village, Andhra Pradesh**

Sustainability

- Based on our interaction with the stakeholders of the Programme, the involvement of the NGO partners has helped increase the outreach in the communities, improved identification of the communities' needs leading to successful camps creating maximum impact.
- This has also increased brand reputation with schools and other camp centres enquiring about the next camp's details.
- Conversion of non-beneficiary schools into beneficiaries indicates better rapport building in the communities and high network upscaling of the programme.
- Sensitization of a wide range of community leaders/school staff of the camp centres who are helping in mobilising and organising the camps.
- It was also noted that there was a uniformity among the stakeholders (communities, schools, and NGOs) in showing a strong desire and interest in sustaining the programme.
- An overall increase of knowledge and awareness of Eye health among the lower socio-economic population and bridging the gap of seeing eye care as a luxury and affordability.

About CSRBOX

CSRBOX is a social impact strategy practice and implementation organisation. We work with companies and philanthropic organisations for better CSR program design, pre-project to post-project handholding and impact assessment, and embedding technology solutions for responding to problems at a scale. We are the largest knowledge platform with www.csrbox.org having mapped over 30,000 CSR projects in the past 7 years. We work at the pan-India level with our Teams at Delhi, Gurgaon, Mumbai, Pune, Ahmedabad, and Bangalore. We are also an executive committee member of Bharat Digital Platform under the aegis of the Principal Scientific Adviser to the Government of India. We spearhead two collaborative platforms; India Livelihoods Collective and IMPAct4Nutrition. Visit us at <https://csrbox.org/about-CSRBOX>

Annexure

Sampling approach

A stratified sampling approach was used to ensure a representative sample set for the impact study. The population frame was considered as the number of beneficiaries and was divided in the same ratio across geoFigureic classifications.

Considering 6484 children were provided solutions and guidance as to the beneficiary population, with 95% confidence level and 5% confidence interval, 382 children were to be interviewed and with a 4% margin of error, approx. 382 parents were to be interviewed.

Our approach was to have wide-ranging coverage, and all possible heterogeneous categories of respondents get covered in the survey. Considering the limitations to the availability of a correct and active mobile number of parents and children, we made efforts to counterbalance sample coverage with the following approach:

- Across all zones
- Wide coverage of states
- Samples from each type of geoFigurey (type of cities)*
- Wide coverage of captains and schools

Note: *Definition used for categorization of cities

Metro: Delhi, Mumbai, Chennai, Bangalore

Tier 1: State capital or cities having a population of more than 50 lacs

All Other: All remaining cities or town

For the qualitative survey, the following respondents were covered in the study:

- Virtual interview and interaction with ICICI Lombard management and leadership team involved in project decision-making
- Interview and interaction with NGO partners: 3 (Virtual)
- Interview and interaction with schools/camp centres/shelter homes engaged in the project: 4 (Virtual)
- Interview and interaction with community camp organisers: 2 (Virtual)
- Interview and interaction with optometrists engaged in the project: 5 (Virtual)

Economic indicators considered while computing SROI

Particulars	Unit	FY 2020 - 21	FY 2020 - 21	FY 2020 - 21	FY 2020 - 21	FY 2020 - 21	FY 2020 - 21
Ahmedabad	Percentage	4.9%	3.7%	3.8%	3.9%	3.9%	4.0%

Table 10

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