

Impact Assessment Report

Caring Hands

FY 2024-25



Disclaimer

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 to undertake the Impact Assessment of their Corporate Social Responsibility (CSR) project implemented in FY 2024-2025.

This impact assessment is pursuant to the Companies (Corporate Social Responsibility Policy) Amendment Rules, 2021, notification dated 22nd January 2021.

This report shall be disclosed to those authorised in its entirety only without removing the disclaimer. 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 an 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 receive information from sources generally considered to be reliable.

In preparing this report, CSRBOX has used and relied on data, material gathered through the internet, research reports, and discussions with personnel within CSRBOX as well as personnel in related industries.

Specific to Impact Assessment of Caring Hands Programme:

CSRBOX has neither conducted an audit nor due diligence nor validated the financial statements and projections provided by ICICI Lombard.

Wherever information was not available in the public domain, suitable assumptions were made to extrapolate values for the same opinion.

CSRBOX must emphasise that the realisation 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 realisation 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 project design and implementation team. CSRBOX's impact assessment framework was designed and executed in alignment with these objectives and indicators.

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List of Abbreviations

Abbreviation	Full Form
BRSR	Business Responsibility and Sustainability Reporting
CSR	Corporate Social Responsibility
ESG	Environmental, Social, and Governance
ICICI	Industrial Credit and Investment Corporation of India
IDI	In-Depth Interview
IEC	Information, Education, and Communication
INR	Indian Rupee
KII	Key Informant Interview
LASIK	Laser-Assisted In Situ Keratomileusis
MIS	Management Information system
NGO	Non-Governmental Organization
NHM	National Health Mission
POCSO	Protection of Children from Sexual Offences
SEBI	Securities and Exchange Board of India
SROI	Social Return on Investment
UN	United Nations
WHO	World Health Organisation

Executive Summary

ICICI Lombard's Corporate Social Responsibility (CSR) Initiatives:

ICICI Lombard General Insurance Company Limited integrates CSR into its operations to address societal challenges. Its flagship initiative, Caring Hands, focuses on providing free eye care services to underserved communities, particularly children in government and municipal schools, to combat preventable blindness and visual impairment.

Overview of the Programme:

Launched in 2011, Caring Hands aims to provide accessible and free eye care services through annual eye check-up camps across 23 states and union territories. The programme targets children from underserved communities, offering free corrective lenses for refractive errors and referrals for advanced medical care. In FY 2024-25, over 250 camps were conducted, benefiting more than 35,000 individuals. Employee volunteers played a key role in organizing and executing the camps.

35000 Eye
Check-ups

4450
Spectacles
Distributed

SROI
Generated-
₹ 18.60

SDG Alignments:



National Priority Missions Alignments:



BRSR Principles:

Principle 4: Businesses should respect the interests of and be responsive to all their stakeholders.

Principle 8: Businesses should promote inclusive growth and equitable development.

Key Insights

Programme Outreach-
35,000 students
screened
Across 23 states and
83 cities

Access to Eye Care Gap-

52% students had
never undergone an
eye test
Only 8% owned
spectacles before
the camp

Pre-Existing Learning Challenges-

24% had difficulty
seeing the blackboard
23% faced issues in
reading or playing

Clinical Need Identified-

26% students
diagnosed with eye
problems
Programme enabled
early detection and
intervention

Spectacle Access through Programme-

81% students out of
those prescribed
received spectacles
through the camp
Addressed unmet
need for corrective
vision

Usage & Adoption-

82% students who
received spectacles
are regularly using
spectacles
Indicates strong
acceptance and
usability

Improvement in Learning experience -

84% reported
improvement in
learning
post vision correction

Eye-health practices post the camp-

43% students
mentioned practicing
regular eye exercises
post the camp

Chapter 1

Project Overview and Background



Project Overview and Background

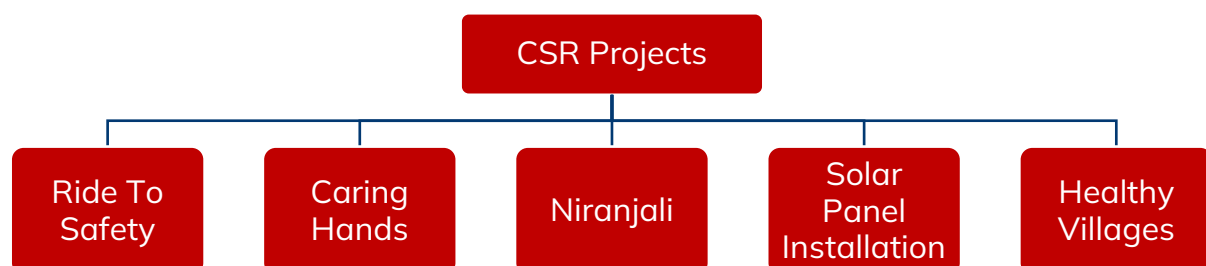
About ICICI Lombard CSR

ICICI Lombard General Insurance Company Limited is one of India's leading private sector general insurance companies. In addition to providing comprehensive insurance solutions, the company has consistently demonstrated its commitment to social responsibility through its Corporate Social Responsibility (CSR) initiatives. Aligned with the principles of sustainable development, ICICI Lombard focuses on addressing key social challenges through programmes that contribute to community well-being.

The organisation integrates CSR into its core operations, ensuring that its initiatives create long-term and meaningful impact across communities.

Background & Context

Recognising and embracing its responsibility to communities across India, ICICI Lombard has initiated its CSR interventions. The programmes are oriented towards health, wellness, sports, and road safety, addressing the social, economic, and environmental needs of communities while enhancing livelihoods. The company's CSR policy is rooted in the core objective of actively contributing to the nation's socioeconomic development. The major projects initiated by ICICI Lombard are enlisted below.



Caring Hands – a CSR initiative of ICICI Lombard:

The *Caring Hands* programme is a flagship CSR initiative of ICICI Lombard, launched in 2011 to provide accessible and free eye care services to underserved communities, particularly school children.

The programme focuses on early identification and treatment of vision-related issues to reduce preventable blindness and visual impairment. By addressing eye health at an early stage, the programme contributes to improved academic performance, better participation in daily activities, and overall well-being.

During the assessment period, the programme was implemented across multiple states in India, where eye check-up camps were conducted primarily in government and municipal schools. These camps provided:

- Free eye screening
- Distribution of spectacles
- Referrals for advanced treatment where required

A distinctive aspect of the programme is its **employee-driven model**, where ICICI Lombard employees (referred to as Captains) lead and manage the camps in collaboration with schools and healthcare partners.

The programme also partnered with professional eye care institutions to ensure quality diagnosis and service delivery.

Through this approach, the programme was able to reach a large number of beneficiaries and provide timely eye care support.

Need for the Programme

Vision impairment continues to be a major public health concern in India, particularly among children from underserved communities. A large proportion of these cases are preventable or treatable, especially those caused by uncorrected refractive errors.¹

Children with untreated vision problems often face:

- Difficulty in reading and writing
- Reduced concentration in classrooms
- Lower academic performance
- Reduced confidence and participation

In many cases, families lack:

- Awareness about eye health
- Access to affordable eye care services

¹ World Health Organization (2019), *World report on vision*.
<https://www.who.int/publications/i/item/9789241516570>

- Financial resources for treatment

As a result, vision problems often remain undiagnosed and untreated.

The Caring Hands programme addresses this gap by providing **free, accessible, and school-based eye care services**, ensuring that children receive timely diagnosis and corrective support.

By reducing both financial and accessibility barriers, the programme contributes to improved educational and health outcomes.

Geographical Coverage

ICICI Lombard - Caring Hands Programme was implemented in the following locations for the FY 2024-25:

Sl. No.	State / UT	Cities Covered	Number of Cities
1	Andhra Pradesh	Nellore, Rajahmundry, Tirupathi, Vijayawada, Visakhapatnam	5
2	Bihar	Begusarai, Gaya, Muzaffarpur, Patna, Siwan	5
3	Chandigarh (UT)	Chandigarh	1
4	Chhattisgarh	Raipur	1
5	Delhi	Delhi, NCR	2
6	Gujarat	Ahmedabad, Baroda, Himmatnagar, Junagadh, Mehsana, Navsari, Rajkot, Surat	8
7	Himachal Pradesh	Mandi	1
8	Jammu & Kashmir (UT)	Srinagar	1
9	Jharkhand	Dhanbad, Hazaribagh, Jamshedpur, Ranchi	4
10	Karnataka	Bangalore, Belgaum, Shimoga	3
11	Kerala	Calicut, Malappuram, Trivandrum	3

12	Madhya Pradesh	Bhopal, Indore	2
13	Maharashtra	Akola, Amravati, Baramati, Kolhapur, Mumbai, Nagpur, Nanded, Nashik, Pune, Sangli, Solapur, Yavatmal	12
14	Odisha	Angul, Balasore, Berhampur, Cuttack, Rourkela	5
15	Punjab	Amritsar, Ludhiana, Patiala	3
16	Rajasthan	Ajmer, Jaipur, Kota	3
17	Sikkim	Gangtok	1
18	Tamil Nadu	Chennai, Coimbatore, Trichy	3
19	Telangana	Hyderabad, Nalgonda	2
20	Tripura	Agartala	1
21	Uttar Pradesh	Allahabad (Prayagraj), Barabanki, Gonda, Gorakhpur, Jaunpur, Kanpur, Lakhimpur, Lucknow, Meerut, Varanasi	10
22	Uttarakhand	Dehradun	1
23	West Bengal	Burdwan, Durgapur, Kharagpur, Kolkata, Siliguri	5
Total Number of Cities			83

Table 1: Geographical Coverage

Alignment with CSR Policy

The Schedule VII (Section 135) of the Companies Act, 2013 specifies a list of activities that companies can include in their Corporate Social Responsibility (CSR) policies. The table below demonstrates how the Caring Hands Programme aligns with the approved CSR activities outlined by the Ministry of Corporate Affairs.

Sub-Section	Activities as per Schedule VII	Alignment
(i)	Promoting healthcare, including preventive healthcare and sanitation, and making available safe drinking water	Completely

(ii)	Promoting education, including special education and employment-enhancing vocational skills, especially among children, women, the elderly, and the differently-abled, and livelihood enhancement projects	Partially
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Table 2: Alignment with CSR Policy

Alignment of the Programme with BRSR Principles

The programme also aligns with ESG (Environmental, Social, and Governance) principles, particularly within the framework of Business Responsibility & Sustainability Reporting (BRSR) introduced by the Securities & Exchange Board of India (SEBI). The following table highlights the key principles to which the programme contributes:

Principle	Description	Alignment
Principle 4	Businesses should respect the interests of and be responsive to all their stakeholders.	Completely
Principle 8	Businesses should promote inclusive growth and equitable development.	Completely

Table 3: Alignment of the Programme with BRSR Principles

Alignment with UN Sustainable Development Goals (SDGs)

The Caring Hands Programme also contributes to achieving the United Nations Sustainable Development Goals (SDGs). The table below outlines the relevant SDGs and their corresponding targets aligned with the programme's impact:

Sustainable Development Goal (SDG)	Target	Alignment
 <p>3 GOOD HEALTH AND WELL-BEING</p>	Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.	The programme facilitated access to eye care services for underserved children, contributing to improved health outcomes.



 <p>4 QUALITY EDUCATION</p>	<p>Target 4.1: Ensure that all girls and boys complete free, equitable, and quality primary and secondary education leading to relevant and effective learning outcomes.</p>	<p>By addressing vision impairments, the programme improved children's academic performance and learning experiences.</p>
 <p>10 REDUCED INEQUALITIES</p>	<p>Target 10.2: Empower and promote the social, economic, and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion, or economic or other status.</p>	<p>The programme ensured inclusive access to eye care services, promoting health equity in marginalised communities.</p>

Table 4 : Alignment with UN Sustainable Development Goals (SDGs)

Alignment of the Programme with National Priorities

The Caring Hands Programme complements several national policies and initiatives that aim to improve healthcare access and promote preventive healthcare. Below is a summary of the alignment:

National Policy / Mission	Objective	Alignment
National Health Mission (NHM)	To provide accessible, affordable, and quality healthcare to the rural population.	The programme conducted eye camps in underserved areas, ensuring equitable healthcare access.
Ayushman Bharat - Health and Wellness Centres	Promotes comprehensive primary healthcare, including preventive and curative services.	Preventive eye care was promoted through screenings and awareness sessions.
Beti Bachao Beti Padhao	Promotes education and well-being of the girl child.	By providing spectacles to girls with vision impairments, the programme enhanced their academic performance and participation.

Table 5: Alignment of the Programme with National Priorities

Theory of Change

Key Activities	Outputs	Outcomes	Impact
<p>Mobilisation and Pre-Planning</p> <ul style="list-style-type: none"> • Mapping nearby schools and centres. • Taking approvals from schools. • Identifying ophthalmologists and partners. 	<ul style="list-style-type: none"> • Schools confirmed for the programme. • Doctors and partners onboarded. • Camp plan finalised across cities. 	<ul style="list-style-type: none"> • Camps are conducted in an organised and timely manner. • Improved access to eye check-ups for students within their schools. 	<ul style="list-style-type: none"> • Children receive timely eye care support. • Fewer barriers in accessing eye health services.
<ul style="list-style-type: none"> • Eye Screening Camps 	<p>Camps were conducted across 83 selected cities.</p> <p>Students screened for vision problems.</p>	<p>Eye problems are identified at an early stage.</p> <p>Students become more aware about eye health.</p> <p>Referrals were given where needed.</p>	<p>Better participation in class due to improved vision.</p> <p>Reduced out-of-pocket expenditure on eye check-ups for families.</p>
<p>Spectacle Distribution</p>	<p>Spectacles are provided to students who need them.</p>	<p>Students start using spectacles.</p> <p>Clearer vision in daily activities.</p>	<p>Better learning experience and comfort in school.</p> <p>Reduced future financial</p>

Key Activities	Outputs	Outcomes	Impact
			burden on families.
Brand Awareness Initiatives	Brand displayed during camps and related activities.	Students and parents become aware of ICICI Lombard.	Improved trust and positive perception towards ICICI Lombard.

Table 6: Theory of Change

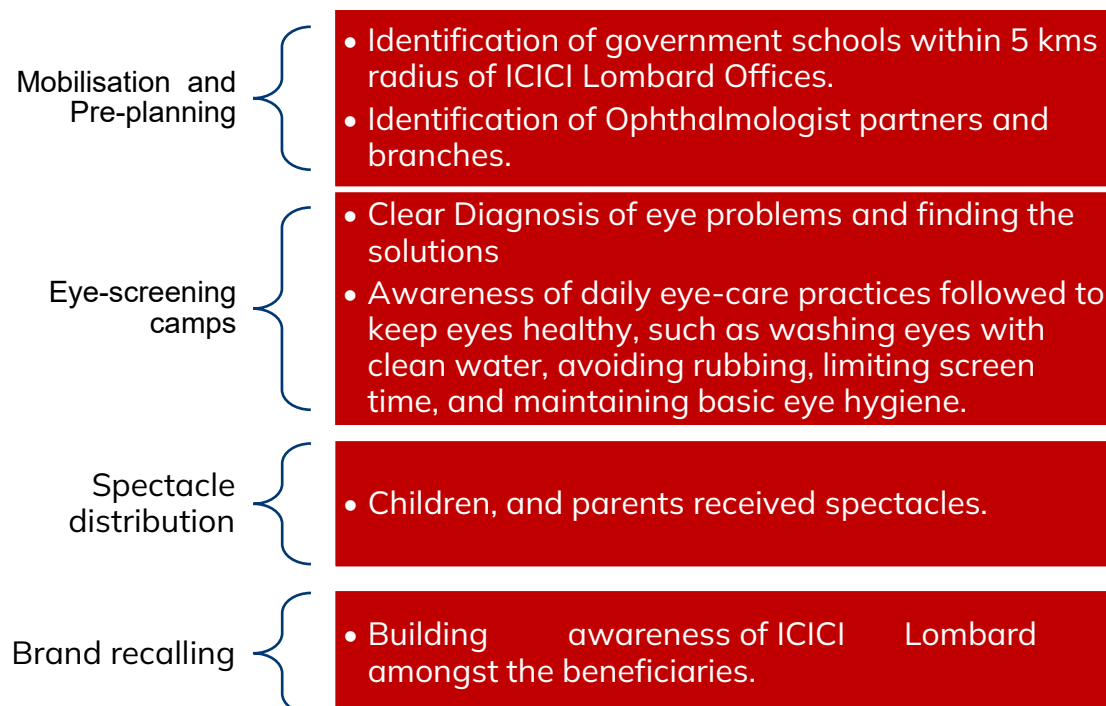
Chapter 2

Design and Approach for Impact Assessment Study



Design and Approach for Impact Assessment Study

Project Activities



The Caring Hands Project was implemented in 2024-25 in 23 states. The outreach details are provided in the table below: -

Parameter	Details
Total Spectacles Distributed	4450+
Estimated Students Screened	30,000+

Table 7: Project details

Objectives of the Study

The objectives of the Impact Assessment were as follows:

- Assess the project outcomes based on the IRECS framework parameters of relevance, expectations, inclusiveness, convergence, and service delivery.
- Garner feedback and responses-both qualitative and quantitative-from various stakeholders associated with the project regarding its performance and the processes involved.

- Gather information on experiences and challenges faced, if any, by the partner NGO during the project's implementation and suggest mitigating pathways for the future.
- Document impactful human-interest stories among the end beneficiaries of the project.
- Provide suggestions/recommendations, if any, based on the study-related findings.

Assessment Framework & Indicators

To assess the programme's inclusiveness, relevance, convergence, impact potential (expectations), programme, and service delivery, the evaluation will use the IRECS Framework.

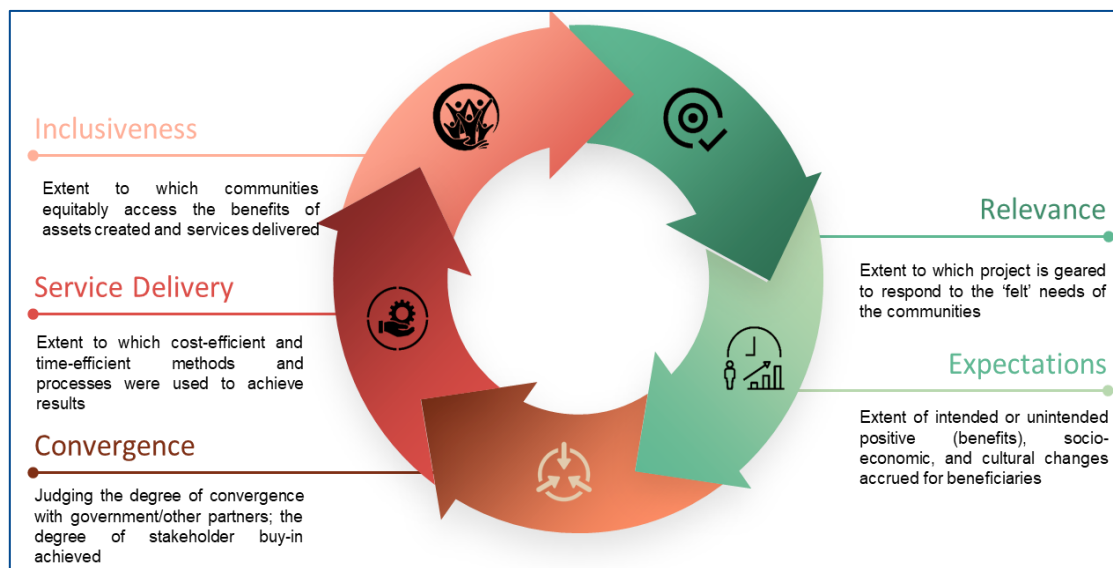


Figure 1: IRECS Pillars

Assessment Methodology

Given the objectives of the study and the key areas of inquiry, the design of the evaluation focused on learning as the prime objective. The study design components are:

The evaluation uses a pre-post-programme approach to learn from the programme's impact. This framework will compare conditions before and after the programme to measure its contribution to improving beneficiaries' lives. However, it acknowledges that other external factors may also influence the outcomes. The

					Margin of Error	
Total Survey Sample						223

Table 8 : Quantitative Sample

The achieved sample size of 223 corresponds to a 95% confidence level with a margin of error of $\pm 6.55\%$, which falls within acceptable limits for field-based assessment studies, particularly given the operational constraints encountered during data collection.

Geographic Sampling

One city from two zones- east and west- was selected for geographic sampling, with two cities chosen from each zone to maintain operational efficiency.

Locations	School	Distribution of Sample
Mumbai	Prabhadevi Municipal School	55
Kharagpur	Dhangara Gyandendra Vidyapith	168
Total		223

Table 9: Geographic Sampling achieved

Class-wise Distribution of the Sample of Students

Location	Available Students - Class-wise distribution of the Sample				
	6 th Class	7 th Class	8 th Class	9 th Class	10 th Class
Mumbai and Kharagpur	10	21	19	172	1

Table 10: Class-wise Distribution of the Sample of Students

Qualitative Sample

S No.	Stakeholder	Qualitative Tool	No. of Interactions
1.	Parents of School students	IDI	4
2.	Principal	KII	2
3.	Doctor	KII	1
Total			7

Table 11: Qualitative Sample

Challenges to Conducting the Study and Mitigation Measures Adopted

During the assessment of the ICICI Lombard - Caring Hands programme, multiple challenges were faced in addition to the restrictions on student data collection. Despite these challenges, strategic measures were adopted to ensure the successful completion of the study.

Key Challenges and Mitigation Measures

1. Limited Access to Student Data

- Challenge: Detailed student-level data was not available due to privacy regulations, including the DPDP Act (2023) and other applicable child protection laws.
- Mitigation: Data collection was facilitated through schools with prior coordination with ICICI Lombard captains, coordinators, and relevant stakeholders. Required permissions were obtained, and interactions were conducted with students to gather primary insights.

2. Stakeholder Coordination and Data Availability Challenges

- Challenge: Delays in receiving data and limited responsiveness due to the busy schedule of stakeholders affected the pace of data collection. In some cases, schools were not fully cooperative, leading to gaps in planned coverage.
- Mitigation: Data collection plans were adjusted, and available locations were prioritised to ensure timely completion of the study.

3. Inconsistent Availability of Stakeholders

- Challenge: Scheduling interactions with students, parents, and school staff was challenging due to academic schedules and exams.
- Mitigation: Flexible scheduling was adopted.

4. Recall and Response Bias

- Challenge: Participants were students from 6th to 9th Standard. So, these children faced difficulties in recalling programme details due to the passage of time. Response bias was also a concern during the data collection.
- Mitigation: Carefully designed questionnaires with simplified and memory-aiding prompts were used. Triangulation of data from multiple sources, including teachers and programme staff, helped in validating findings.

5. Language and Cultural Barriers

- Challenge: Language differences across the diverse geographical locations posed communication challenges.
- Mitigation: Local surveyors and field investigators proficient in regional languages were engaged. Translations of questionnaires and interview guides were provided to ensure accurate data collection.

Ethical Practices

The assessment of the ICICI Lombard - Caring Hands programme was conducted in adherence to established ethical standards to ensure the safety, dignity, and privacy of all participants. The following key ethical practices were maintained throughout the study:

- Informed consent was obtained from school authorities and participants, with clear communication on the purpose of the study and voluntary participation.
- Child safety protocols were strictly followed, with interactions conducted in the presence of teachers or guardians where required.
- Confidentiality was maintained by anonymising data and ensuring no personally identifiable information was recorded or shared.
- Participation was voluntary, with no coercion or incentives, and participants could withdraw at any stage.
- The study adhered to cultural sensitivity and complied with relevant legal frameworks, including the DPDP Act (2023), POCSO Act (2012), and Juvenile Justice Act (2015).

Chapter 3

Impact Findings



Impact Findings

3.1 Beneficiary Profile and Inclusiveness

The "Inclusiveness" pillar of the IRECS framework evaluates the extent to which the project reached the intended underserved populations and whether the benefits were distributed equitably. The data reveal a high degree of successful targeting, particularly in reaching rural populations and female students who often face the highest barriers to healthcare access.

3.1.1 Academic Criticality and Life-Stage Targeting

The programme's reach was strategically concentrated among students at a pivotal life juncture. A significant **77% of the beneficiaries are aged 14 to 15**, with a matching **77% currently enrolled in Grade 9**. Within the Indian educational landscape, this period represents a "high-stakes" demographic.

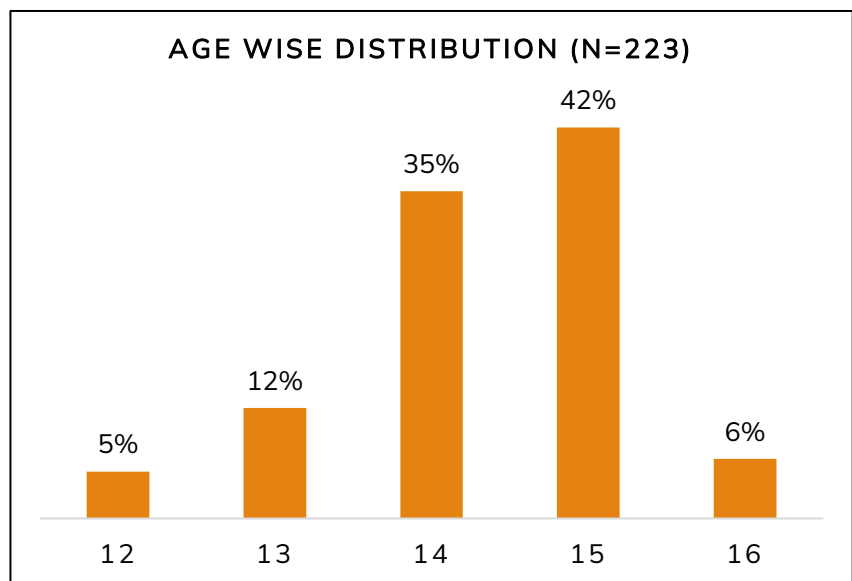


Figure 3: Age Wise Distribution

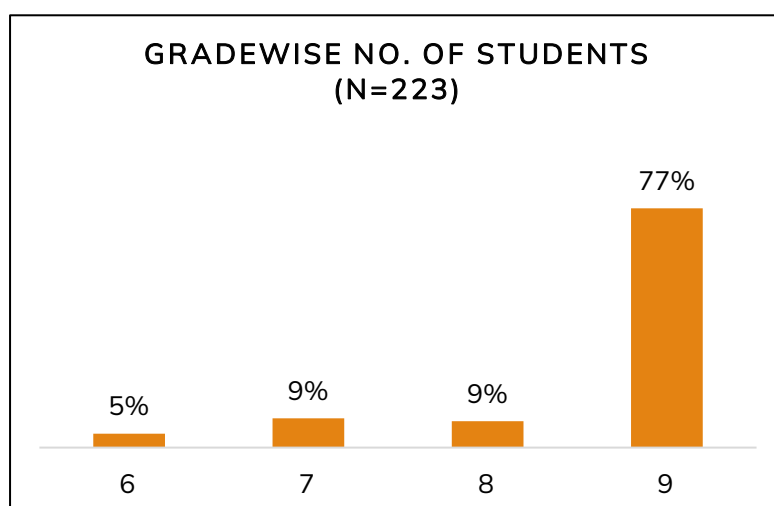


Figure 2: Grade-wise No. of Students

Grade 9 and 10 serve as the gateway to board examinations and future vocational streams.

By focusing on this age group, the intervention acts as more than a health service; it is a structural support for academic retention.

Visual impairment at this stage is a leading, yet preventable cause of learning poverty

and school dropout.² Correcting vision for a 15-year-old is a long-term investment in their employability and economic independence.

3.1.2 Gender-Responsive Outreach in Vulnerable Contexts

A standout finding of the assessment is the gender distribution, with **56% female participation** compared to 44% male. In many rural and peri-urban settings, healthcare spending is often subject to "son preference," where limited family resources are prioritised for male children.

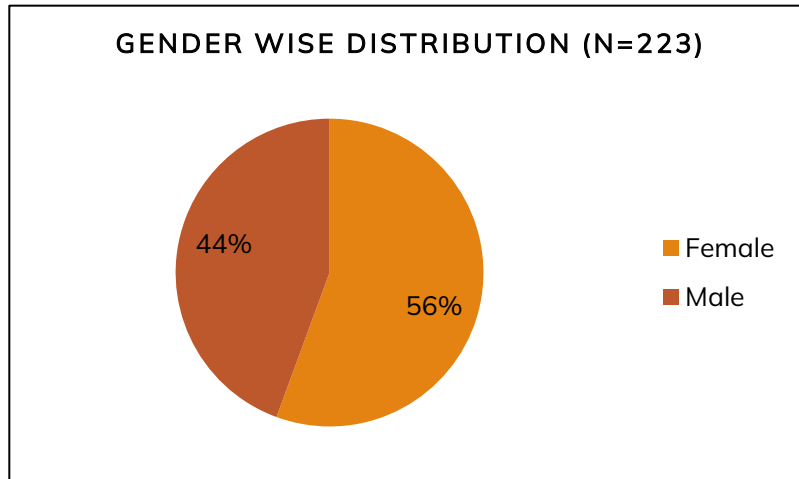


Figure 4: Gender Wise Distribution

By delivering care directly through the school system, a "neutral" and safe space, the programme successfully bypassed the traditional household-level negotiations that often prevent girls from accessing specialised care. This higher turnout of girls indicates that the programme functioned as a social equaliser, ensuring that they have the visual clarity needed to compete academically on equal footing with their peers.

² Burton, M. J., Ramke, J., Marques, A. P., Bourne, R. R., Congdon, N., Jones, I., ... & Faal, H. B. (2021). The Lancet Global Health Commission on Global Eye Health: vision for the SDGs. *The Lancet Global Health*, 9(4), e489-e551. [https://doi.org/10.1016/S2214-109X\(20\)30488-5](https://doi.org/10.1016/S2214-109X(20)30488-5)

3.1.3 Socio-Economic Profiling and the "Last Mile" Challenge

The socio-economic data paint a clear picture of the "informal economy" that the families the programme serves are part of. Over **two-thirds of the students (67%)** come from households where the primary breadwinner is either a **self-**

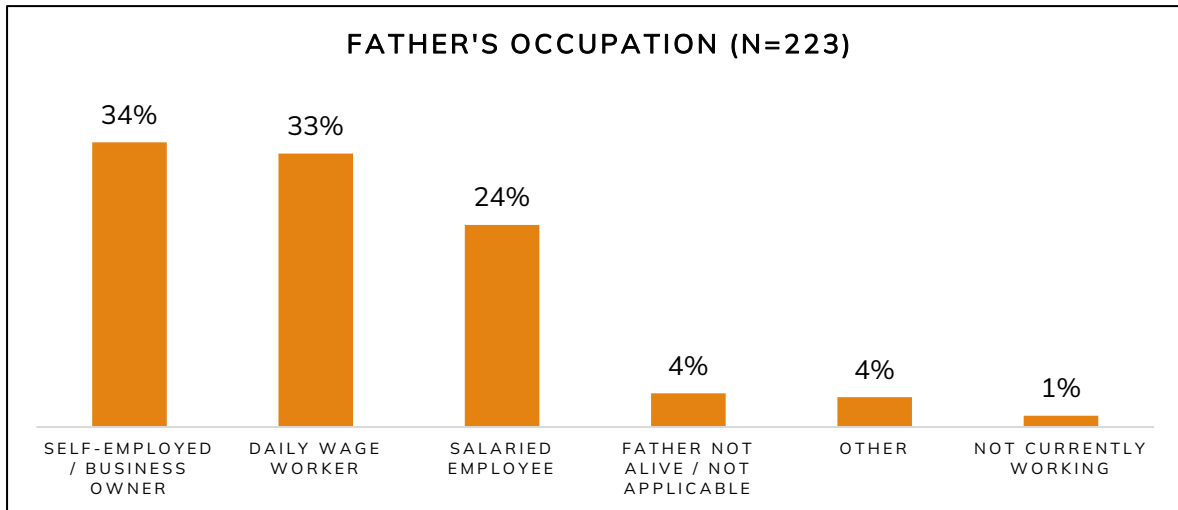


Figure 5: Father's Occupation

employed/small business owner (34%) or a **daily wage worker (33%)**. With **74% of mothers being homemakers**, these families often navigate life with significant income volatility and no formal health insurance.

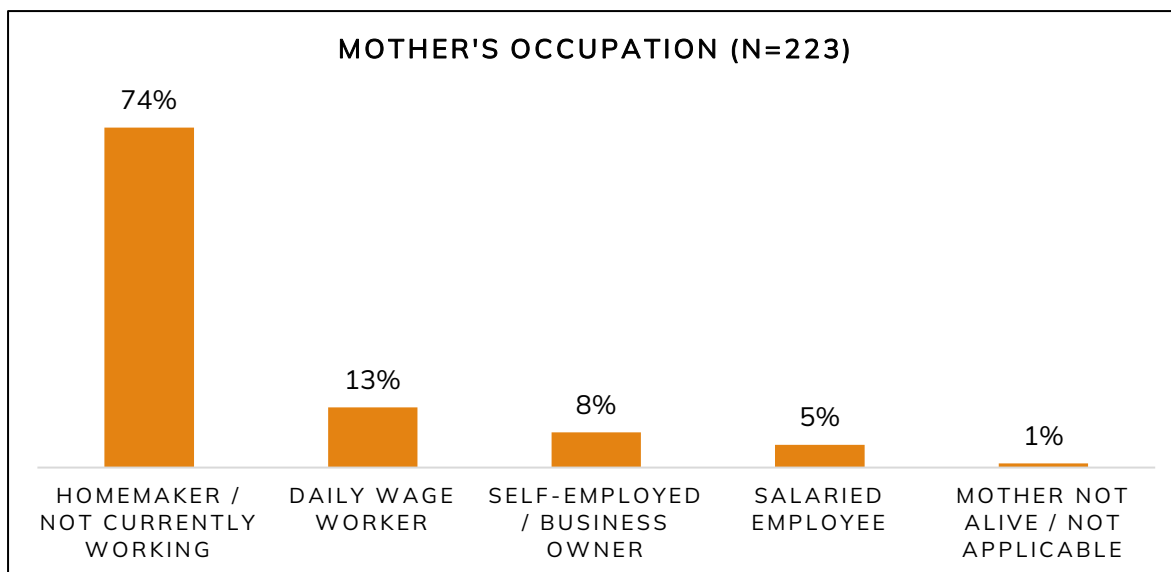


Figure 7: Mother's Occupation

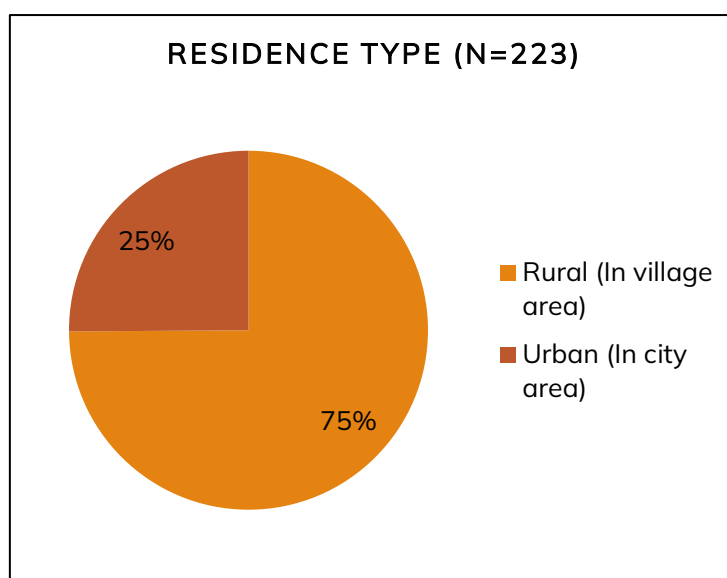


Figure 6: Residence Type

The geographic footprint further reinforces this reach, with **75% of respondents residing in rural areas**. In these regions, the "cost of care" is not just the price of a pair of glasses; it includes the opportunity cost of a parent losing a day's wages to travel to an urban centre. By bringing high-quality diagnostics to the village school, the programme eliminated these friction points, providing "doorstep" health justice to those farthest from the clinical grid.

3.1.4 Identifying the "Missing Middle": The First-Time Effect

The most compelling evidence of the programme's relevance lies in the prior health-seeking behaviour of the cohort. A staggering **52% of students had never**

undergone an eye test before this camp, and 92% did not own spectacles prior to the intervention.

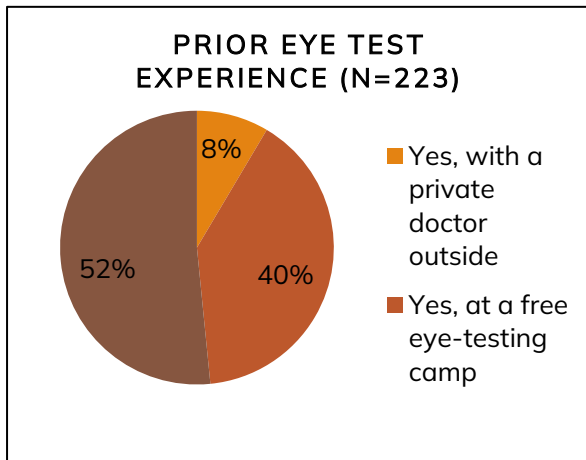


Figure 9: Prior Eye Test Experience

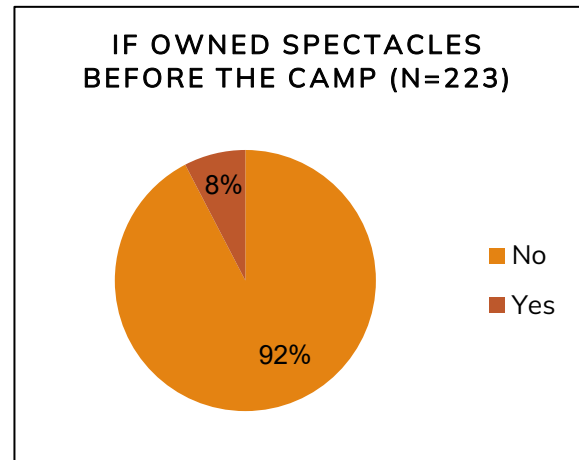


Figure 8: If owned spectacles before the camp

The programme successfully identified a **"missing middle"** of students who were living with undiagnosed vision impairment simply because they lacked a point of entry into the healthcare system. While **92% of the cohort did not own spectacles** at the start of the programme, clinical evaluations advised **19% of the students to begin wearing corrective lenses**. This identifies a significant 11% gap of "newly discovered" need, students who were previously navigating their education with unaddressed visual barriers. By providing this first point of contact, the programme transitioned these students from a state of "normalised" poor vision to active health management.

3.2 Relevance and Alignment with Community Needs

The "Relevance" pillar of the IRECS framework examines the extent to which the intervention addresses the actual "felt needs" of the community and aligns with the socio-economic realities of the beneficiaries. For the **Caring Hands** programme, relevance is measured not just by the presence of eye issues, but by the degree to which these issues were hindering the daily lives and academic potential of the students.

3.2.1 Addressing the "Hidden" Visual Burden

A critical finding of this assessment is the disparity between the students' perceived needs and their actual clinical requirements. Prior to the camp, **24% of students reported difficulty seeing the blackboard**, and **23% faced challenges while reading or playing**. These figures closely align with the clinical findings,

where **26% of the cohort was diagnosed with a specific eye condition** (17% blurred vision, 9% eye strain, and others).

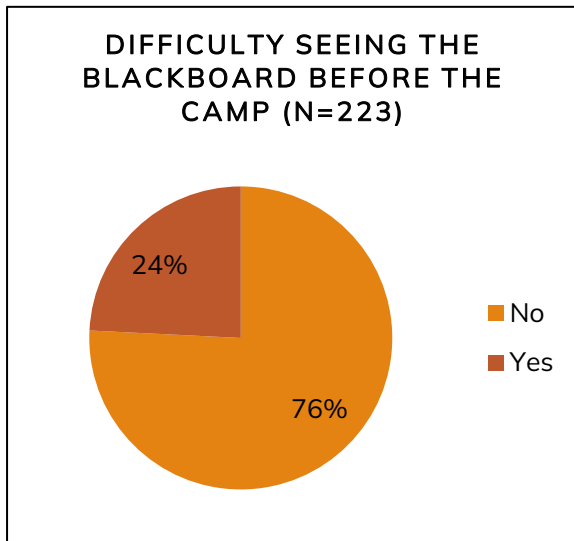


Figure 11: Difficulty seeing the blackboard before the camp

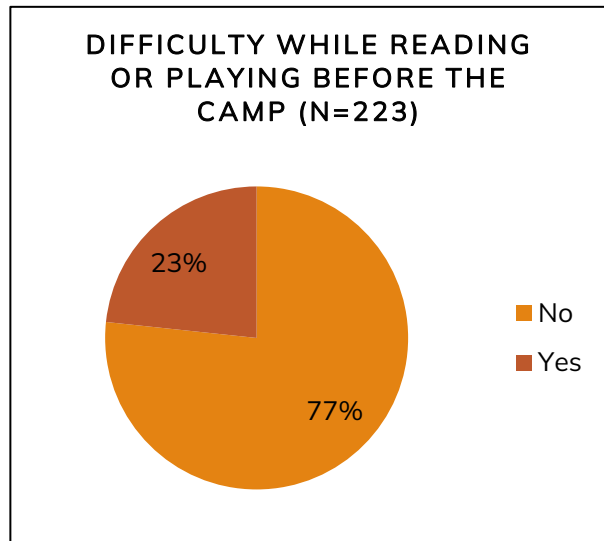


Figure 10: Difficulty while reading or playing before the camp

However, the fact that **52% of these students had never undergone an eye test** suggests that for over half the population, their visual impairment was a "hidden disability." They were likely normalising their poor vision as a standard experience. By identifying that **19% of students required corrective spectacles**, the programme demonstrated high relevance; it didn't just provide a general health check, but specifically identified a sizable group whose lives could be immediately improved through a low-cost, high-impact intervention.

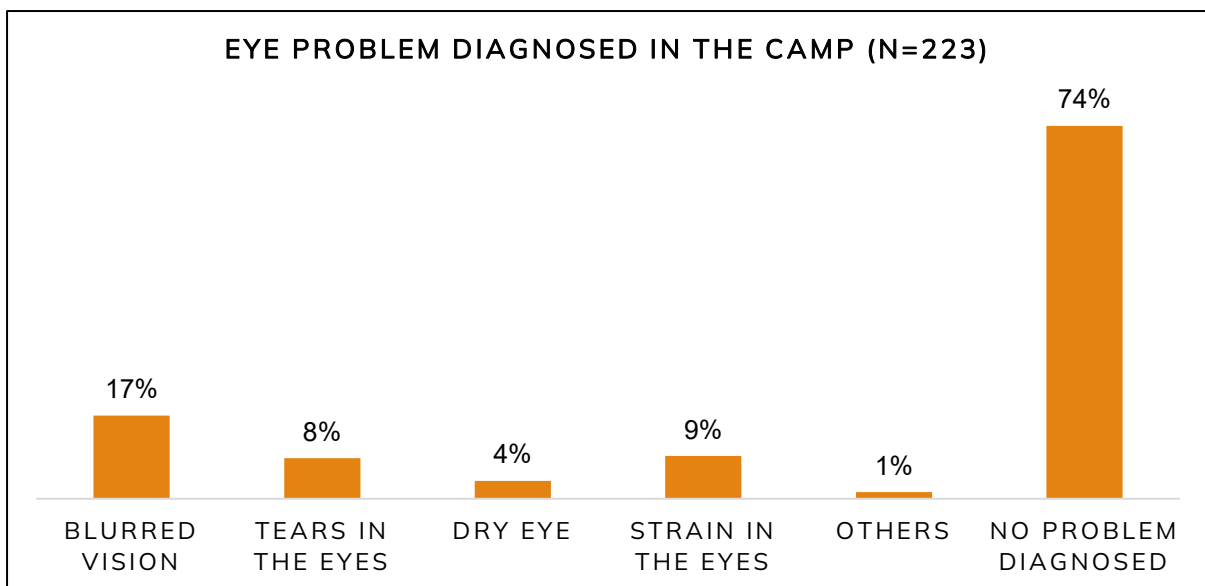


Figure 12: Eye problem diagnosed in the camp



3.2.2 Bridging the Geographic Healthcare Gap

The programme's relevance is further amplified when viewed through a geographic lens. In urban centres like Mumbai, while spectacles are available, the cost can be prohibitive for the 33% of daily wage-earning families identified in our profile. In rural Kharagpur, the barrier is often absolute, a total lack of local paediatric optometry services. For these families, the camp was not just a convenience; it was a primary healthcare bridge. Secondary research from the *International Agency for the Prevention of Blindness (IAPB)* indicates that children with uncorrected vision learn approximately half as much as their peers.³ By bringing these services to rural schools, ICICI Lombard is directly mitigating this "learning poverty."

³ International Agency for the Prevention of Blindness. (2020). Vision and the Sustainable Development Goals: Briefing Paper. <https://www.iapb.org/learn/knowledge-hub/elevate/sustainable-development-goals/eye-health-and-sdgs/>

3.2.3 Educational Alignment: Sight as a Learning Tool

The relevance of a social programme is often proved by the "adoption rate" of the solution provided. In this case, the results are significant:

- 81% of those advised to wear spectacles received them through the camp.
- 82% of those students are currently using them on a daily basis.
- 84% feel their learning has improved because of better eyesight.

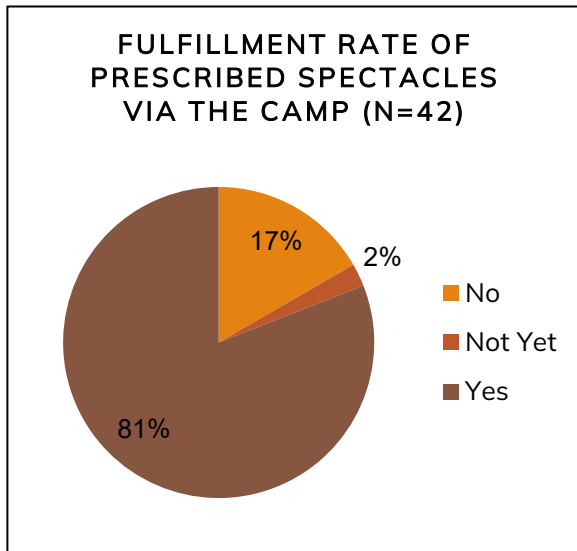


Figure 13: Fulfillment Rate of Prescribed Spectacles via the Camp

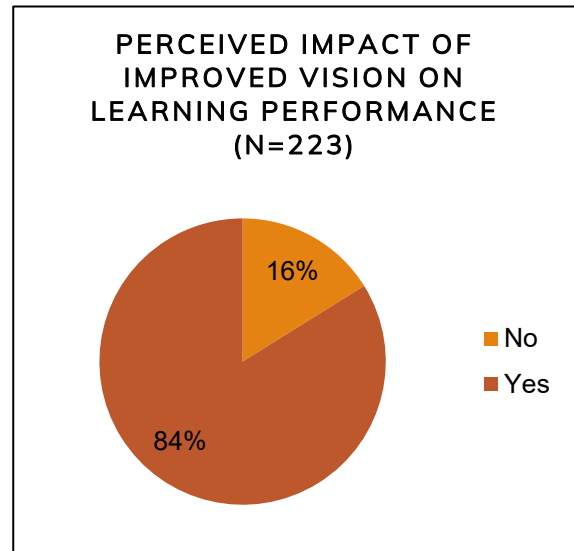


Figure 14: Perceived Impact of Improved Vision on Learning Performance

This high compliance rate (82%) is a strong indicator of **functional relevance**. Often in social projects, equipment is distributed but remains unused due to stigma or lack of comfort. The high usage rate here suggests that the students found the spectacles so essential to their classroom performance, specifically in reading the blackboard and writing, that they overcame any potential social barriers to wearing them.

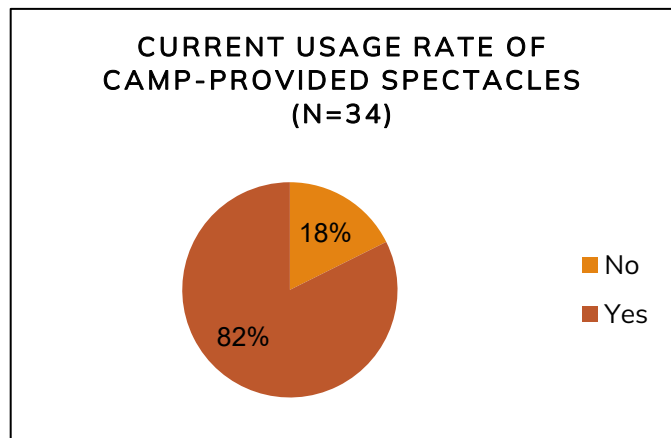


Figure 15: Current Usage Rate of Camp-Provided Spectacles

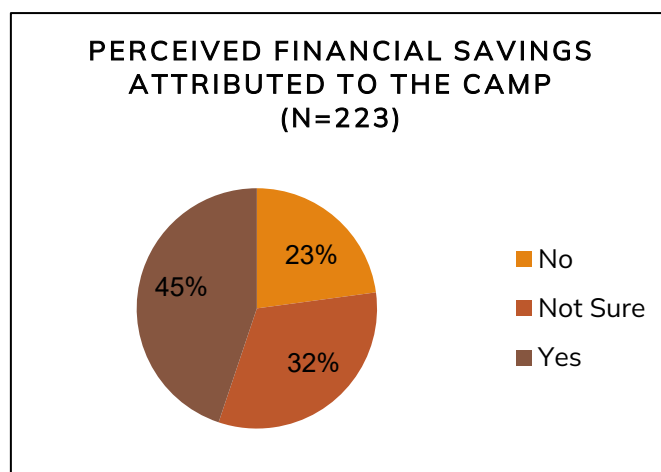


Figure 16: Perceived Financial Savings Attributed to the Camp

3.2.4 Socio-Economic Relief and Family Welfare

The relevance extends beyond the student to the household unit. **45% of parents** stated that they would have had to spend their own money on check-ups or spectacles if the camp had not been conducted. With typical costs for spectacles ranging between **INR 1,000 and INR 2,000 (60% of cases)**, this represents a significant saving for a daily-wage household.

The fact that **43% of parents felt relieved and less worried** about eye-related expenses highlights that the programme met a vital economic "felt need." In the context of "inclusion," we see that the programme isn't just a health initiative; it is an **economic cushion** for families living on the edge of financial stability, ensuring that a child's health needs do not result in a household debt or the depletion of essential savings.

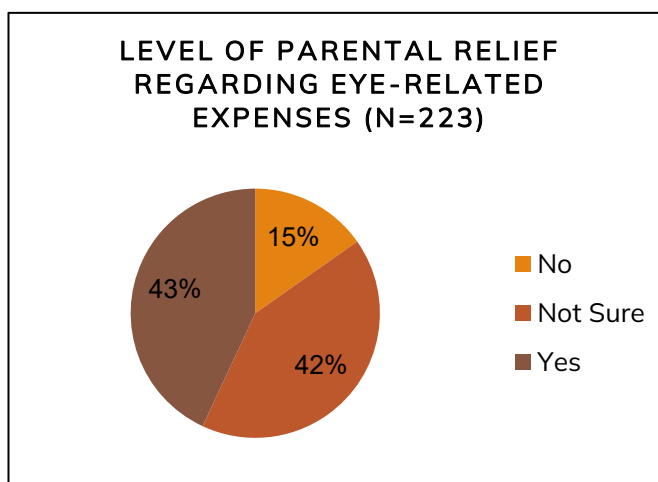


Figure 17: Level of Parental Relief Regarding Eye-Related Expenses

“Many students did not realise they had a vision problem before the camp. After receiving spectacles, we have seen a clear improvement in their attention and participation in class.”

3.3 Expectations and Socio-Economic Impact

The "Expectations" pillar of the IRECS framework measures the programme's ability to meet and exceed the anticipated social and economic outcomes for its stakeholders. In the context of **Caring Hands**, this involves translating clinical outputs (eye tests and spectacles) into tangible life improvements, such as academic confidence for students and financial stability for their families.

3.3.1 Economic Relief and the Safety Net Effect

For the families served by this programme, predominantly daily wage earners and small business owners, healthcare is often an "unplanned" expense that can destabilise a monthly budget. The data indicate that **45% of parents** would have had to self-fund these services if not for the camp. With **60% of participants** estimating the cost of spectacles between **INR 1,000 and INR 2,000**, the

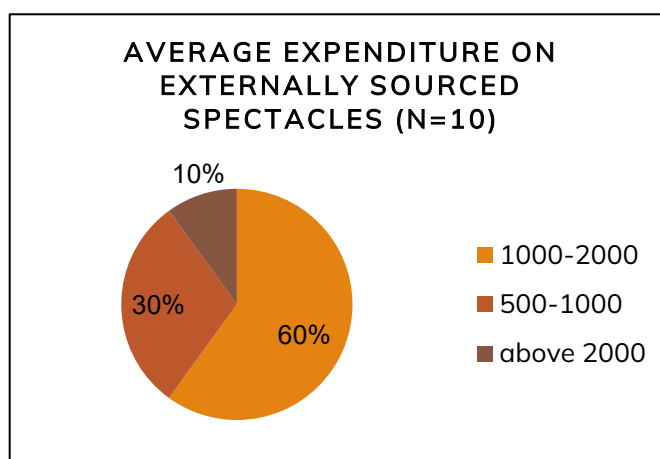


Figure 18: Average Expenditure on Externally Sourced Spectacles

programme provided a direct economic subsidy to households where such a sum often represents a significant portion of the monthly disposable income.

This relief is not merely financial but psychological. **43% of parents reported feeling significantly relieved and less worried** about eye-related expenses. By absorbing these costs, the programme acts as a socio-economic safety net, preventing families from having to choose between a child's health and other essential needs like nutrition or utility payments.



3.3.2 From Vision Correction to Academic Empowerment

The primary expectation of a school-based intervention is the improvement of educational outcomes. The findings here are compelling:

- **82% of students** feel more comfortable reading and writing in class after the intervention.
- **84% of students** believe their learning has improved because of better eyesight.

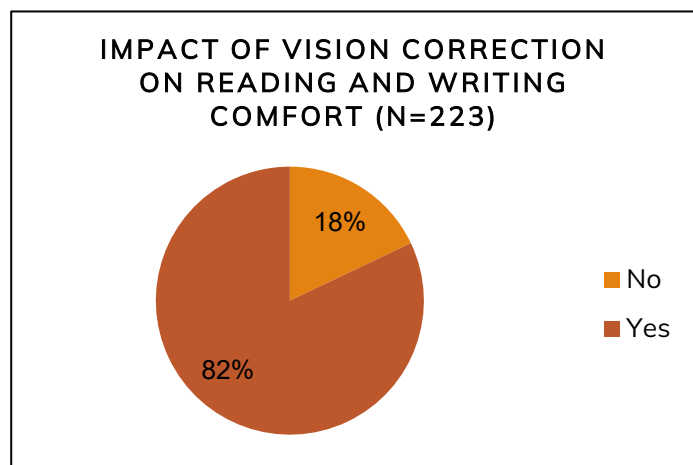


Figure 19: Impact of Vision Correction on Reading and Writing Comfort

Secondary research⁴ highlights that a child with uncorrected vision typically learns only half as much as their peers. By bridging this gap, the programme is effectively "restoring" lost learning years. Through an intersectional lens, this impact is most profound for the **56% female cohort**. In many marginalised communities, academic struggle can lead to early withdrawal from school; by ensuring these girls can see the blackboard clearly, the programme directly supports their academic persistence and long-term empowerment.

⁴ Burton, M. J., Ramke, J., Marques, A. P., Bourne, R. R., Congdon, N., Jones, I., ... & Faal, H. B. (2021). The Lancet Global Health Commission on Global Eye Health: vision for the SDGs. *The Lancet Global Health*, 9(4), e489-e551. [https://doi.org/10.1016/S2214-109X\(20\)30488-5](https://doi.org/10.1016/S2214-109X(20)30488-5)

3.3.3 High Adoption and Behavioural Change

A common challenge in social impact programmes is "compliance", ensuring the provided aid is actually used. The **Caring Hands** programme demonstrates exceptional results in this area, with **82% of students** who received spectacles reporting using them regularly.

This high adoption rate is a testament to the "felt benefit" of the intervention. Students aren't just wearing the glasses because they were given them; they are wearing them because they see the immediate difference. **49% of students** explicitly stated they can now see clearly, and

54% reported a notable improvement in their eyesight (32% highly improved, 22% slight improvement). This shift from "normalised" poor vision to clarity **fosters a sense of dignity and confidence that extends beyond the classroom into the students' social and personal lives.**

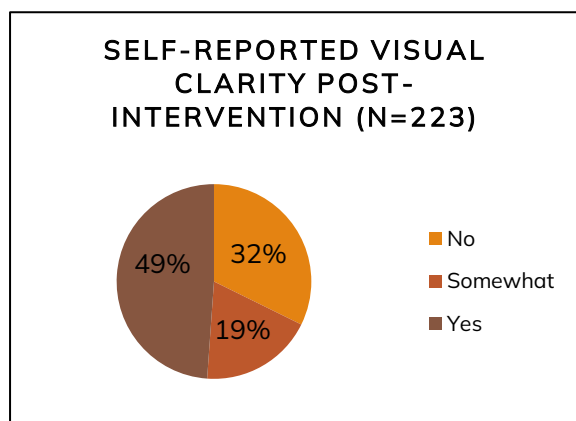


Figure 21: Self-Reported Visual Clarity Post-Intervention

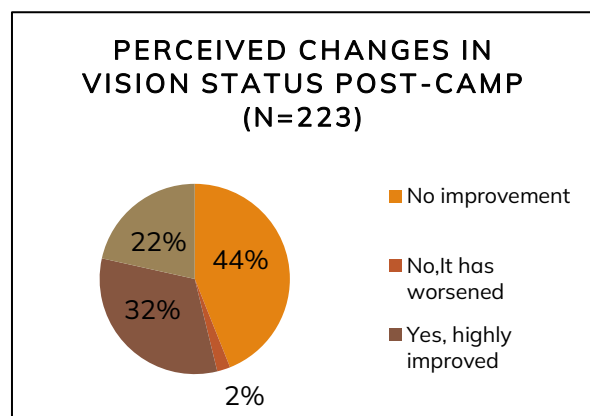


Figure 20: Perceived Changes in Vision Status Post-Camp

3.3.4 Post-Screening Follow-up

This finding indicates a slight variation between the expected outcomes of the programme and the results observed. The data shows that a majority have followed through with further consultation, with some scope for improvement in achieving full adherence.

The data indicate that 13% of students were advised to seek further consultation outside the camp. Among them, 64% completed the follow-up, while a notable 36% did not. This drop-off suggests barriers in converting referrals into completed care, which may include factors such as access, awareness, or prioritisation.

Addressing this expectation–outcome gap will require strengthening follow-up mechanisms beyond the screening stage. Improving continuity of care and reinforcing referral pathways will be important for ensuring sustained health outcomes.

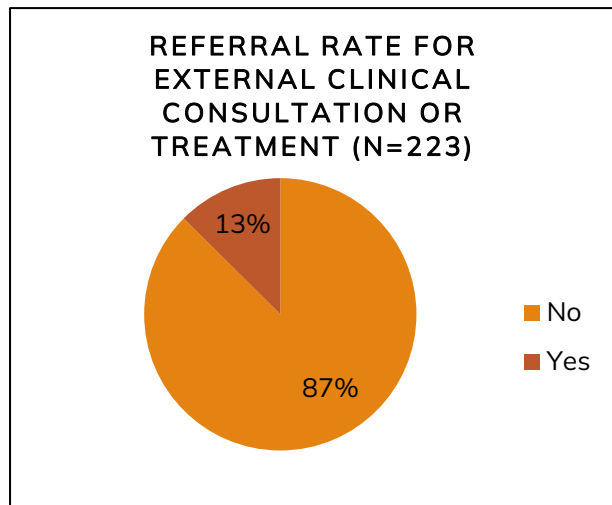


Figure 23: Referral Rate for External Clinical Consultation or Treatment

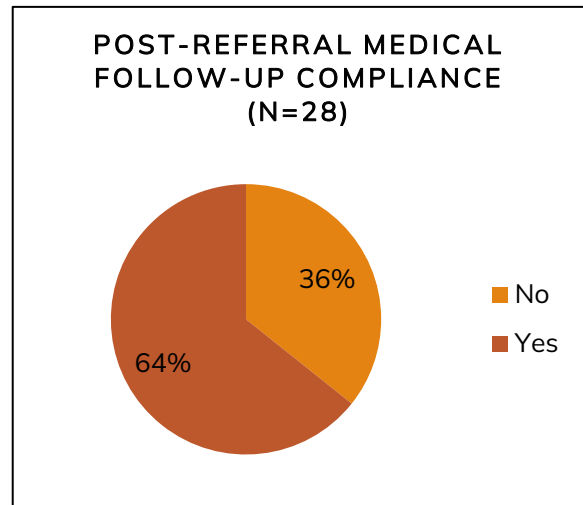


Figure 22: Post-Referral Medical Follow-up Compliance

3.4 Convergence and Synergistic Delivery

The "Convergence" pillar of the IRECS framework evaluates the degree of synergy between the various stakeholders involved, the corporate sponsor, the school administration, healthcare partners, and the community. In a school-based health intervention, success is rarely the result of a single entity; it depends on how effectively these moving parts align to create a seamless experience for the student.

3.4.1 The School as a Central Health Hub

The data highlights the school's role not just as a venue, but as a primary communicator and facilitator. A dominant **93% of students learned about the camp through school announcements**, with only 6% hearing via word-of-mouth. This indicates a high level of institutional buy-in from the school authorities.

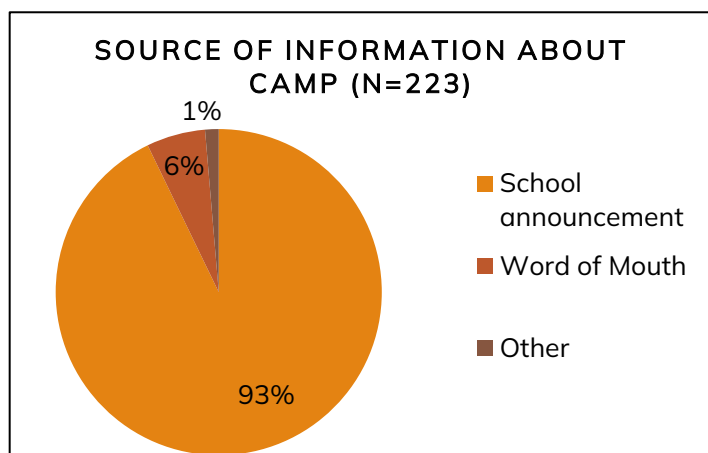


Figure 24: Source of Information About Camp

Furthermore, **84%** of students reported that their teachers provided active help and support during the camp. This "teacher-led" model is critical for two reasons:

1. **Trust Mediation:** For students in rural areas (75% of the respondents), a stranger (doctor or corporate volunteer) can be intimidating. The presence and support of a familiar teacher reduce "white-coat syndrome"- a psychological phenomenon where individuals experience heightened anxiety or distress specifically triggered by a clinical environment or the presence of medical professionals. By neutralising this apprehension, teachers help increase the students' comfort level, ensuring more accurate diagnostic outcomes and a more positive overall experience.
2. **Logistical Efficiency:** The school's ability to organise movement and registration is reflected in the fact that **59%** of students found the camp to be conducted in a highly organised manner.

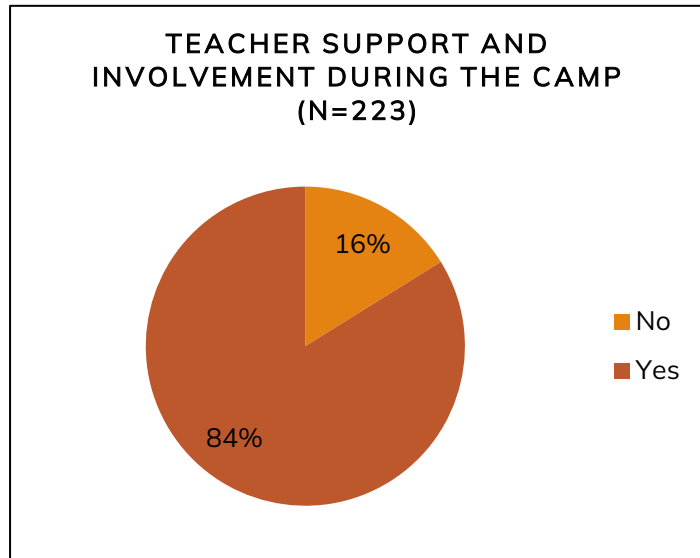


Figure 25: Teachers' Support and Involvement During the Camp

3.4.2 Brand Convergence and Corporate Citizenship

The programme also serves as a touchpoint between a large financial institution and a marginalised demographic. The data suggest that for the majority of these rural households, the name "ICICI Lombard" was a new entry into their social consciousness:

- **84%** were unaware of the name before the project.
- **52%** remain "not at all familiar" with the brand even after the camp.
- **86%** were not aware of the company's core business.

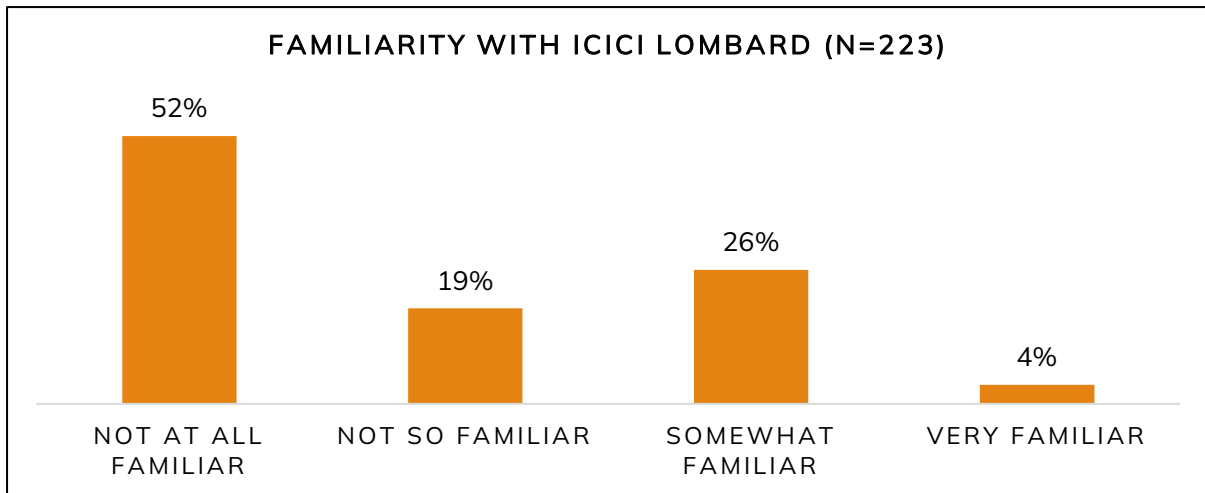


Figure 28: Familiarity with ICICI Lombard

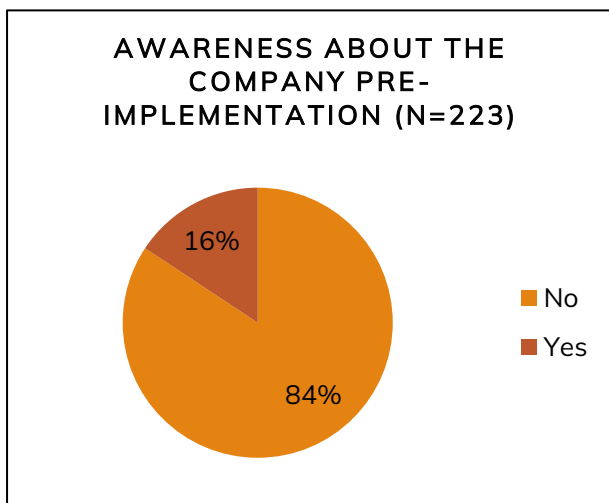


Figure 26: Awareness about the Company Pre-Implementation

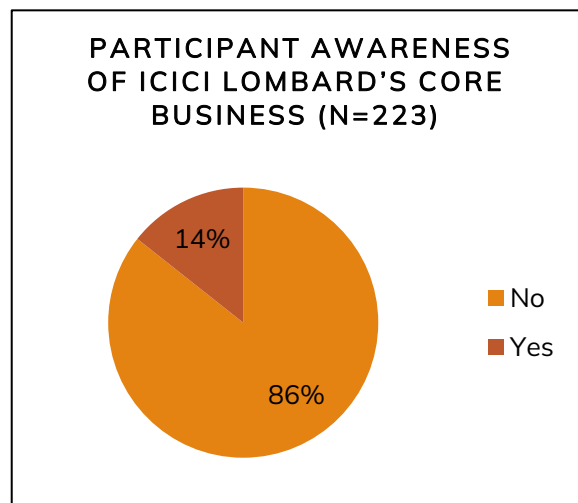


Figure 27: Participant Awareness of ICICI Lombard's Core Business

However, the "Convergence" of social service and brand perception is beginning to take root. For those who did interact with the programme, **24% reported that their perception of the brand changed significantly** for the better. The use of banners (20%) and posters (19%) helped, but **word-of-mouth (35%)** remains the most powerful driver of brand trust in these communities. Word-of-mouth was the primary driver of trust because schools are high-trust ecosystems where peer and teacher endorsements provide the 'social verification' families require to embrace external services.

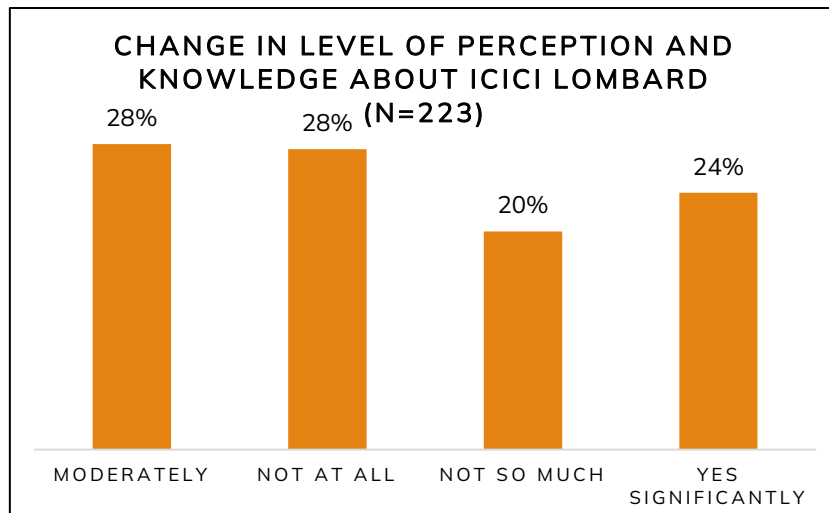


Figure 29: Change in Level of Perception and Knowledge about ICICI Lombard

3.4.3 Professional Integration: The Doctor-Student Interaction

The final link in the convergence chain is the quality of the clinical interaction. The students' rating of the doctors was generally positive, with **63% giving a rating of**

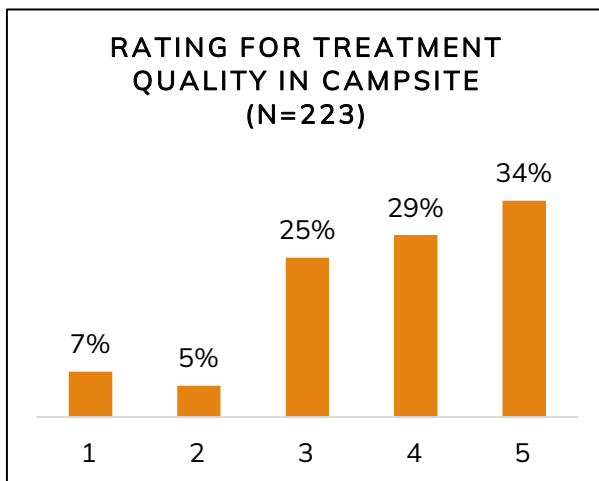


Figure 31: Rating for Treatment Quality in Campsite

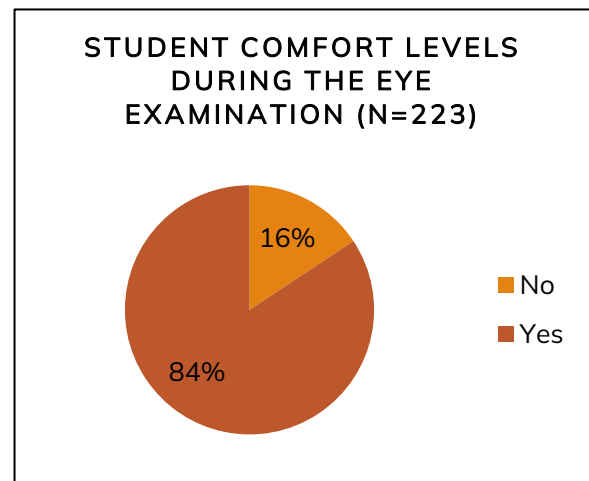


Figure 30: Student Comfort Levels During the Eye Examination

4 or 5. Additionally, 84% of students felt comfortable during their check-up.

However, the "information flow" remains a challenge. Only **41% felt they received sufficient information** about their eye health, while **23% felt the information was insufficient**. For a programme to achieve a lasting impact, the clinical act of testing must be seamlessly integrated with the pedagogical act of teaching. While the doctors were efficient (with **61% of tests taking less than 10 minutes**), this speed

may have come at the cost of deep engagement or education on eye hygiene, as reflected in the moderate scores for information clarity.

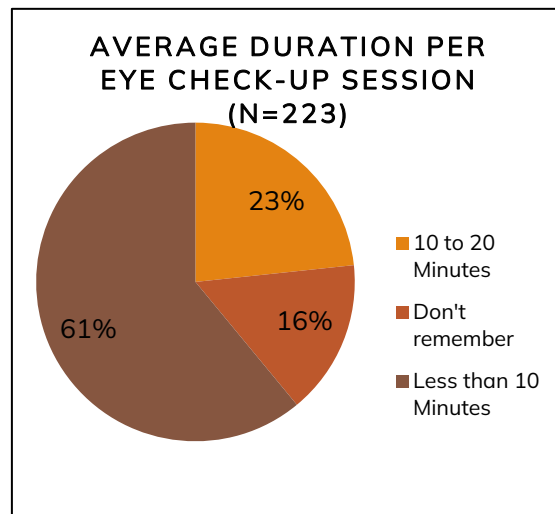


Figure 32: Average Duration per Eye Check-up Session

3.5 Service Delivery and Quality of Care

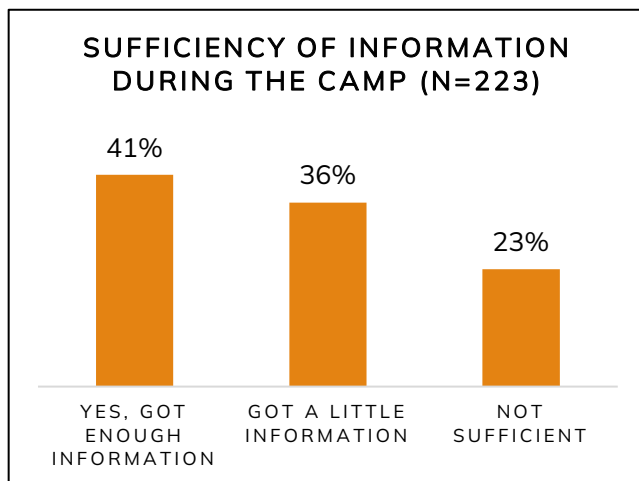


Figure 33: Sufficiency of Information During the Camp

The "Service Delivery" pillar evaluates the operational mechanics of the camps, ranging from logistical efficiency and facility standards to the quality of clinical interactions and health education. In social impact programming, the "how" of delivery is as critical as the "what," as it directly influences beneficiary dignity and the long-term adoption of health practices.

“Earlier, I had difficulty seeing the blackboard and had to depend on my friends. After getting spectacles, I can see clearly and it has become easier to follow lessons.”-Student, Kharagpur

3.5.1 Operational Efficiency and Logistical Flow

The data indicate a generally efficient operational model, with **59% of students** describing the camps as well-organised. A significant majority (**61%**) spent less than 10 minutes in the check-up process, suggesting a high-throughput model designed to minimise disruption to the school day.

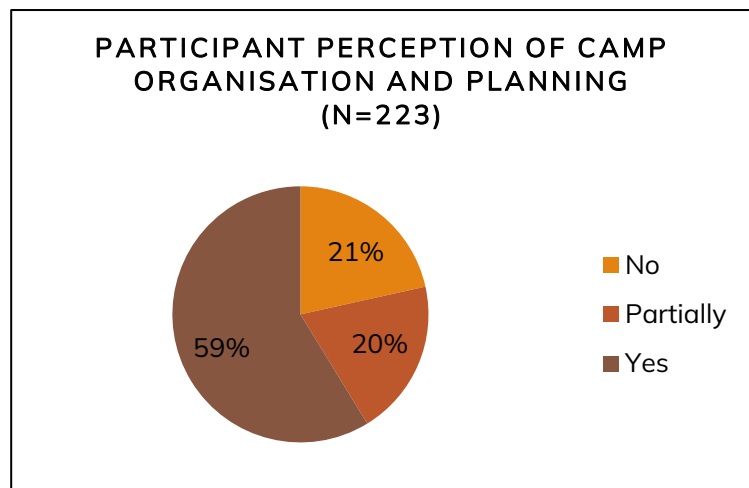


Figure 34: Participant Perception of Camp Organisation and Planning

However, the fact that **22% of respondents** felt the camp lacked organisation and **20%** found it only "partially" organised points to a logistical bottleneck. In school-based interventions, these gaps might stem from "surge periods" where large classes arrive simultaneously without adequate crowd management. Furthermore, while **28% rated facilities as "excellent,"** nearly half (**47%**) described them as merely "Fair." This highlights a need for standardised "Camp Infrastructure Guidelines" to ensure that waiting areas and examination rooms meet a minimum threshold of

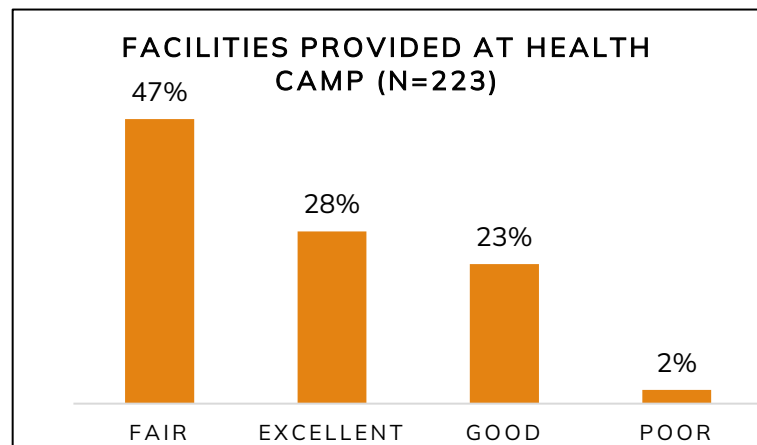


Figure 35: Facilities provided at Health Camp

comfort and privacy across all geographies, whether in an urban hub like Mumbai or a rural setting in Kharagpur.

3.5.2 Clinical Excellence and Patient-Centricity

Patient experience is a key determinant of trust in community health. The programme scored high on "comfort," with **84% of students** reporting a positive experience during the check-up. This is mirrored in the professional ratings, where **63% of students** rated the doctors highly (a score of 4 or 5).

From a social consulting perspective, this high comfort level is vital for "de-stigmatising" clinical environments for first-time users, recalling that 52% of this cohort had never had an eye test. A positive first interaction with a healthcare professional can lower the psychological barrier for future health-seeking behaviour. A total of 12% of respondents rating doctor treatment as "Poor" or "Fair" (1–2) indicates the need for medical partners to incorporate "soft skills" training particularly in paediatric care and empathetic communication, to ensure a more consistent and uniform quality of care.

This quantitative finding is directly triangulated by the qualitative feedback from **Principal Amalendu Hazra, Dhanghara Gyanendra Vidyapith**, who explicitly recommended the implementation of "**more regular health camps and follow-up programmes**" to ensure sustained student health. By integrating these sessions more deeply into the permanent school schedule, as suggested by the school leadership, the programme can transition from an isolated screening into a consistent institutional habit that reinforces long-term eye health practices.

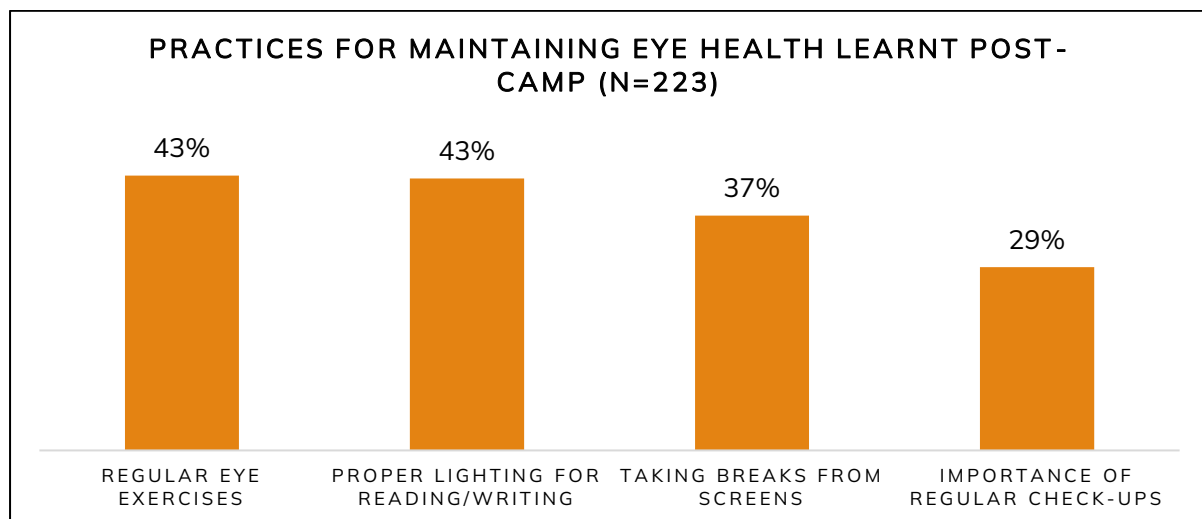


Figure 36: practices for maintaining eye health learnt post-camp

3.5.4 Suggestions from Stakeholders for Sustainability

The feedback from the beneficiaries provides a roadmap for the next evolution of the programme. The demand for **Regular Eye Check-ups (54%)** and **Involving Parents (44%)** highlights a desire for a continuous care model rather than a sporadic intervention.

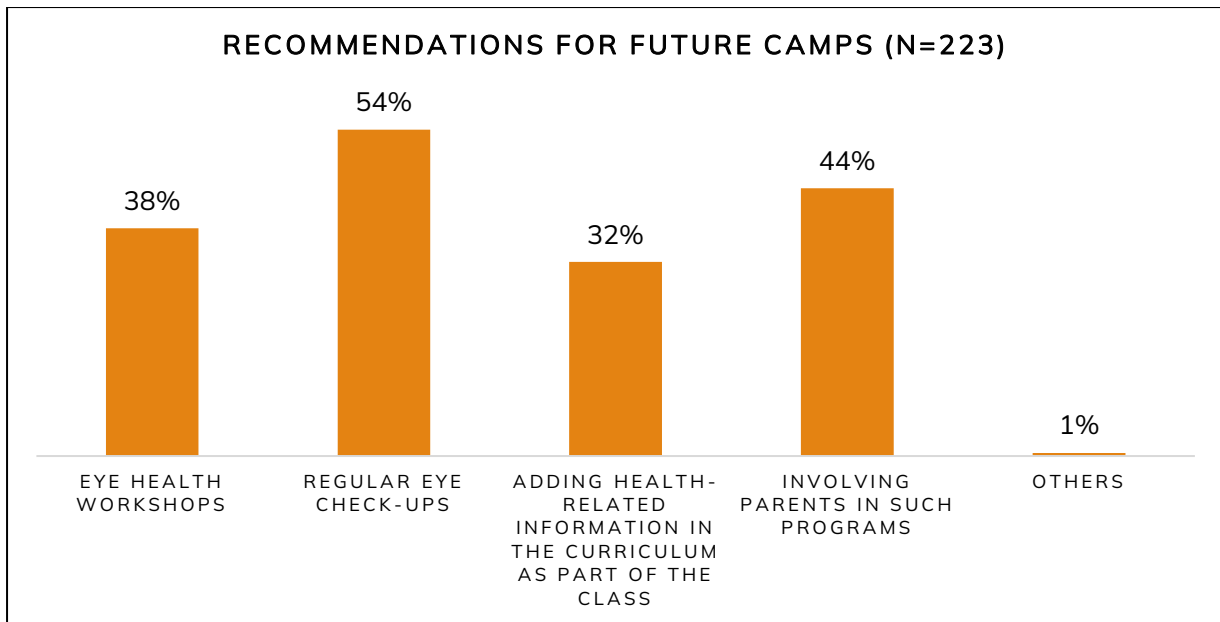


Figure 37: Recommendations for future camps

To achieve long-term impact, the programme should consider:

1. **Curriculum Integration:** 32% of students suggested adding eye health into the school curriculum. This "institutionalises" the knowledge, moving it from a corporate project to a permanent school culture.
2. **The "Parental Feedback Loop":** Given the low parental attendance (27%) noted in the convergence section, the recommendation to involve parents more deeply is critical. Future camps could include a "Parental Counselling Hour" or digital report cards sent directly to guardians to ensure that the 13% of children needing further treatment outside the camp actually receive it.

By shifting from a "screening-centric" model to a "care-continuum" model, the programme can ensure that the spectacles provided are backed by a community-wide ecosystem of awareness and support.

"The camp was well organised and helpful for students who otherwise may not have access to eye check-ups. It made eye care easily available within the school."- Teacher, Kharagpur

Chapter 4

Social Return on Investment (SROI)



Social Return on Investment (SROI)

The process and methodology of Social Return on Investment (SROI) entail the quantification of the social impact generated by projects, programmes, and policies. This assists funders in determining the monetary value of the social and environmental benefits resulting from the initiative. SROI goes beyond conventional financial metrics to encompass social and financial value. In this study, we have evaluated the value of the programme's actual outcomes using data obtained from primary surveys, Management Information Systems (MIS), and industry benchmarks.

INR 18.60/- social value generated from the programme on every investment of INR 1.

Indicator	Rationale	Proxy Estimation	Source
Savings on spectacles provided through camps	Financial savings for families who received spectacles at no cost during the eye camps, reflecting the economic impact of the intervention.	Cost of the spectacles distributed.	Quantitative Survey
Savings on the eye check-up, which was provided at the camp	Reduction in healthcare costs for families who would otherwise have to pay for eye check-ups, highlighting the accessibility of eye care services.	Average cost of eye check-ups in local clinics.	Secondary study
Savings on potential eye treatments in the future	Long-term financial benefits by preventing future eye-related treatments, thus showcasing the preventive aspect of the intervention.	Based on historical data of treatment costs for untreated eye conditions in similar populations.	Secondary study
Deadweight 1: Children who used to wear spectacles before the intervention	Children who would have purchased spectacles regardless of the intervention, ensuring that only additional impacts are measured.	Percentage of children already wearing spectacles prior to intervention.	Quantitative Survey
Deadweight 2: Children who used to	Children who would continue receiving eye check-ups from other	Percentage of children already accessing check-	Quantitative Survey

get eye check-ups from other sources	providers, ensuring accurate attribution of outcomes to the intervention.	ups from other sources.	
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Table 12: SROI indicators and Proxies

Social Return on Investment			
Year	FY 2023-24	FY 2024-2025	FY 2025-2026
India Inflation Rate (Source IMF)	5.40%	4.60%	2.80%
Discounted Rate Considered	4.27%		
Total Input Cost	10333921		
Total Net Impact	200442090		
Net Present Value (NPV)	₹ 192,239,856.14		
SROI	₹ 18.60		

Table 13: SROI Calculation

Chapter 5

Recommendations and Way Forward



Recommendations and Way Forward

To ensure the **Caring Hands** programme transitions from a successful output-driven initiative to a high-impact, sustainable model, the following recommendations focus on "low-effort, high-impact" adjustments. These are designed to be integrated into existing operational workflows without requiring significant budget expansions.

1. Operational Standardisation (Addressing Service Quality)

The data shows a split in perception regarding camp organisation (42% reporting partial or no organisation) and facility quality (47% rating it as only "fair").

- **The "Camp Layout SOP":** Recognising that many rural government schools may only have one available room or may require the camp to be conducted in an open outdoor area, the Standard Operating Procedure should focus on **functional segregation** rather than physical rooms. This can be achieved through low-cost visual markers or simple portable screens to create a dedicated, quiet diagnostic space even in shared environments.
- **Volunteer Briefing Kits:** Provide school teachers and ICICI volunteers with a one-page "Flow Management" guide 48 hours before the camp. This ensures that the 22% of students who felt the camp was unorganised are moved through the process in a structured, dignified manner, reducing the distress students may feel in clinical settings.

2. Closing the Referral Loop (Addressing Medical Compliance)

With 13% of students needing further treatment and 36% of those failing to follow up, the programme faces a "last-mile" medical gap.

- **Leveraging Existing Partnerships:** To avoid the administrative burden of onboarding and managing new local hospitals, the programme should consolidate its referral pathway through the existing partner, Dr. Agarwal's Hospitals. Providing a brightly coloured "Referral Card" that points families directly to the nearest partner branch, rather than a list of multiple options, simplifies the decision-making process for the 73% of parents who do not attend the camp.
- **SMS Nudge for Guardians:** For every student flagged for further consultation, an automated SMS should be sent to the registered parent's number. A simple nudge, *"Your child was seen at the Caring Hands camp*

and needs a follow-up check-up for their health", can bridge the gap for the 73% of parents who did not attend the camp.

Improving Retention of Eye-Care Awareness

Eye-care tips are shared **during screening and consultation**, but they are brief and may not be retained.

- **Integrate awareness into classroom activities:** Simple activities like drawing or discussions can help students remember eye-care practices
- **Use visual reminders in classrooms:** Displaying eye-care messages and student-created materials can reinforce key messages over time

4. Enhancing Parental Trust & Engagement (Addressing the Participation Gap)

Parental attendance 27%, yet students explicitly identified "Involving Parents" (44%) as a top recommendation.

- **The "Consent-cum-Information" Flyer:** Send a flyer home one week before the camp that explains the benefits and the ICICI Lombard brand. This addresses the 84% brand-unawareness and ensures parents view the camp as a professional medical service rather than a generic school activity.
- **Post-Camp "Impact Note":** For students who receive spectacles, include a small note for the parent explaining how to clean the glasses and the importance of regular use. This empowers the parent to be a "home-based supervisor" for the 82% of students currently using spectacles.



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