Impact Assessment Report for Lifeline Express

Surajpur, Chhattisgarh

Essel Mining & Industries Limited

A part of Aditya Birla Group

Certificate

This is to certify that the Impact Assessment report titled: ‘Lifeline Express-Chhattisgarh’ is an original study conducted by CSRBOX and is submitted to Essel Mining & Industries Limited, a part of Aditya Birla Group.

The Impact Assessment Study has been conducted as per the requirements of the Companies Act, 2013 and the Companies (Corporate Social Responsibility Policy) Rules, 2014, as amended, and is compliant with the requirements of the law.

This study presents findings by CSRBOX, derived from reviewing secondary sources and conducting primary-level interactions. CSRBOX developed and implemented the impact assessment framework in alignment with the project's objectives and indicators.

Digital Signature

Bhomik Shah

Founder and CEO, CSRBOX

Disclaimer

- The Impact Assessment Study has been conducted by the requirements laid out in the Companies Act, 2013 and the Companies (Corporate Social Responsibility Policy) Rules, 2014, as amended, ensuring compliance with the applicable legal requirements.
- 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 as 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 Essel Mining & Industries Ltd., Impact India Foundation, 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.
- 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.

With Specific to Impact Assessment of Lifeline Express Programme under Essel Mining & Industries Ltd. (FY 2022-23):

- CSRBOX has neither conducted an audit or due diligence nor validated the financial statements and projections provided by Essel Mining & Industries Ltd.
- Wherever information was not available in the public domain, suitable assumptions were made to extrapolate values for the same.
- CSRBOX must emphasize that realizing the advantages/enhancements resulting from the recommendations set out within this report (based on secondary sources), is dependent on ongoing validity of the underlying assumptions. 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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Abbreviations

Sr. No.	Abbreviation	Full Form
1.	BRSR	Business Responsibility and Sustainability Report
2.	LLE	Lifeline Express
3.	NPCBVI	National Program for Control of Blindness & Visual Impairment
4.	NPCDCS	National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
5.	NPPCD	National Program for Prevention and Control of Deafness
6.	OPD	Out Patient Department
7.	SEBI	Securities and Exchange Board of India

Executive Summary

Background

Essel Mining & Industries Ltd. (EMIL).- a part of Aditya Birla Group actively engages with local communities to enhance societal well-being. As a responsible corporate organisation, EMIL undertakes a wide range of enriching activities and collaborates with community organisations to build a more equitable society. They provide resources to community stakeholders through awareness campaigns, capacity-building initiatives, tools, and infrastructural support.

Connecting with marginalised communities is central to EMIL's core values. They embrace the principle of trusteeship, prioritising the well-being of underserved populations over business interests. Their CSR activities are dedicated to improving the quality of life in rural communities and aim to positively impact their lives.

Project Details

Essel Mining & Industries Limited (EMIL), in collaboration with Impact India Foundation, launched the Lifeline Express (LLE), a pioneering hospital train that provides free, high-quality medical services to underserved communities. Designed to address critical healthcare challenges, the project operates in aspirational districts, offering essential medical treatments, surgeries, and awareness programmes over 21 days. The 229th Lifeline Express project was implemented in Surajpur district, Chhattisgarh, from 25th February to 17th March 2023, at Kamalpur Gram Railway Station. The initiative involved extensive community outreach, patient screening, and the provision of specialised medical services, including eye care, dental, ENT, orthopaedics, and plastic surgery.

Supported by Indian Railways and local healthcare authorities, the project ensured seamless operations through volunteer training, logistical coordination, and post-operative care, ultimately reducing preventable disabilities and improving healthcare access for marginalised populations.

Impact Highlights

During the impact assessment, the study team developed an evaluation matrix based on appropriate parameters. The impact of this project was evaluated based on **OECD DAC Framework** components: Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability.

Relevance

- 48% of beneficiaries faced issues like lack of advanced medical equipment, qualified doctors, and delays in treatment
- Over 58% of beneficiaries lived over 5 km from a facility, including 14% beyond 10 km, hindering timely healthcare access.
- 28% were diagnosed with previously unknown conditions.
- 66% of beneficiaries had untreated conditions before visiting the Lifeline Express.
- 95% of beneficiaries reported that Lifeline Express services effectively addressed unmet healthcare needs in their community.

Coherence

- The program is aligned with SDG 3 (Good health and well being)
- The program is in line with National Health Policy, NPCBVI, NPPCD and NPCDCS

Effectiveness

- 42% of beneficiaries received outreach visits.
- 77% of beneficiaries had 1-2 family members treated.
- Among the six treatments offered by the LLE team, eye care (61%) and dental (22%) were the most frequently received.
- 21% of patients underwent surgery, while 79% did not.
- Surgery was most common in plastic surgery (100%) and orthopaedic cases (60%), while other treatments had lower surgical requirements.
- 60% of beneficiaries received all required medication in adequate amounts, while 10% did not receive any medication.
- 74% of beneficiaries were cured by the Life Line Express doctors**,** while 17% were referred for further treatment**,** 9% received neither a cure nor a referral.
- 67% of respondents rated the improvement in their health as ‘Good’ or ‘Very Good’, while just 2% rated ‘Not Good’.
- Challenges in healthcare access include irregular doctor availability (24%), poor infrastructure (23%), and ineffective treatment (10%), while 43% reported no issues.

Efficiency

- 58% of beneficiaries lacked transport services, limiting timely access to treatment.
- Food & water support was provided to 76% of beneficiaries; expanding coverage could enhance care.
- 96% of beneficiaries reported uninterrupted electricity, ensuring smooth medical services.
- 25% of beneficiaries incurred costs, mainly for transport (100%), post-treatment medicines (33%), and meals (7%).
- 91% of the beneficiaries received over 8 minutes of consultation , supporting thorough medical assessments.
- Most dental/plastic surgeries were completed in 1-3 days; complex cases took over 6 days. Optimisation could improve efficiency.

Impact

- 73% reported improved knowledge of preventable disabilities, though 27% saw no change.
- 78% helped others identify and seek treatment for preventable disabilities.
- 94% (ear) and 65% (eye) beneficiaries reported normal functioning post-treatment; 67% (eye) and 27% (dental) experienced fewer complications.
- 47% (ear) and 62% (dental) saw increased confidence; 71% (ear) and 81% (dental) reported better job opportunities.
- 95% believe the intervention reduced preventable disabilities in their community.
- 86% reported lasting positive health impacts, reaffirming the intervention's effectiveness.

Sustainability

- 70% were not referred to nearby secondary or tertiary care hospitals for follow-up, indicating a need for stronger referral systems to ensure sustained health benefits.
- Only 15% received post-treatment follow-ups by LLE team; gaps were highest in eye (89%), dental (88%), and ear (76%) treatments, affecting long-term recovery.
- Follow-ups varied by treatment, with most eye patients (88%) seen monthly, while ear (75%) and dental (67%) had more frequent check-ups.
- Standardising follow-up care could improve sustainability.
- 72% found prevention guidance helpful, but 16% received none.

Alignment with SDG Goals

It is evident that the project aligns 100% with the following UN SDG and ESG principles.

SDG GOAL: 3 	The Lifeline Express supports SDG 3 by offering accessible healthcare, effective treatment, medications, and assistive devices free of charge. Beneficiaries were educated about preventable disabilities, contributing to their overall well-being.

Alignment with BRSR Principles

Principle 2

- Business should provide goods and services in a manner that is sustainable and safe.

Principle 8

- Business should promote inclusive growth and equitable development.

Alignment with National Priorities

National Health Policy (NHP)[1]	The primary objective of Lifeline Express is to tackle preventable disabilities by offering access to high-quality medical services in remote regions. Consequently, the activities of LLE fully adhere to the goals of the NHP.
National Program for Control of Blindness & Visual Impairment (NPCBVI)[2]	The Eye treatment provided in LLE helped in treating preventable disability. Thus, this program aligns with NPCBVI.
National Program for The Prevention & Control of Deafness (NPPCD)[3]	The Ear treatment provided in LLE helped in treating preventable disability. Thus, this program aligns with NPPCD.
National Program for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)[4]	There were screening facilities provided for breast and cervical cancer for 5 days in LLE. Thus, aligning with NPCDCS.

Alignment with CSR Policy

Eradicating hunger, poverty, and malnutrition; promoting health care including preventive health care and sanitation including contribution to the 'Swachh Bharat Kosh' set up by the Central Government for the promotion of sanitation and making available safe drinking water

[1] https://main.mohfw.gov.in/sites/default/files/9147562941489753121.pdf
[2] https://npcbvi.mohfw.gov.in/Home
[3] https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=1048&lid=604
[4] https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=1048&lid=604

Chapter 1

Overview of EMIL's CSR Policy and Project Alignment

1.1 EMIL's CSR Policy

EMIL, a renowned entity within the Aditya Birla Group, stands as a prominent leader in the industrial sector, recognised for its unwavering commitment to excellence and sustainability. Backed by over five decades of innovation and ethical business practices, EMIL has built a diverse portfolio encompassing mining, infrastructure development, and allied sectors. Dedicated to fostering innovation and efficiency, the company upholds strict environmental standards while emphasising corporate social responsibility.

EMIL is dedicated to enhancing social and economic progress in communities, especially those from vulnerable backgrounds. Driven by a vision to generate lasting value for all stakeholders, EMIL is deeply committed to promoting economic prosperity, societal advancement, and environmental welfare throughout its operations. The company's commitment to corporate social responsibility is evident through initiatives spanning five key thematic areas, strategically implemented across its operational regions. These initiatives encompass infrastructure development, sustainable livelihoods, healthcare and family welfare, education, and skill enhancement, coupled with initiatives aimed at empowering women through various social causes.

EMIL is dedicated to enhancing social and economic progress in communities, especially those from vulnerable backgrounds. The company's commitment to corporate social responsibility is evident through initiatives spanning five key thematic areas, strategically implemented across its operational regions.[5]-

Healthcare

- To render quality health care facilities to people living in the villages and elsewhere through a range of initiatives, including hospitals, primary health care centres, mother and childcare projects, immunisation programmes.

Education

- To spark the desire for learning and knowledge at every stage.

Sustainable Livelihood

- To provide livelihood in a locally appropriate and environmentally sustainable manner.

Infrastructure Development

- To set up essential services that form the foundation of sustainable development

Social Change

- To advocate and support Gender equality, Espousing basic moral values, run Awareness programmes on anti-social issues.

[5] https://www.esselmining.com/docs/csr-policy.pdf

1.2. Project Context

Essel Mining & Industries Limited (EMIL), in partnership with Impact India Foundation, launched a transformative Corporate Social Responsibility (CSR) initiative called the Lifeline Express (LLE). This pioneering hospital train addresses critical healthcare challenges by delivering high-quality medical services to remote communities. Operating entirely free of charge, the Lifeline Express ensures that even the most marginalised sections of society have access to vital healthcare services.

The Lifeline Express visits aspirational districts, delivering medical services at designated locations over a span of 21 days. Supported by funding from EMIL, this initiative is designed to provide essential healthcare to families in need. Its primary objective is to increase awareness and reduce the prevalence of preventable disabilities. Involving a wide range of primary and secondary stakeholders, the project adopts a holistic approach to healthcare outreach.

The 229th Lifeline Express project was implemented in the aspirational district of 'Surajpur' at 'Kamalpur Gram Railway Station', in Chhattisgarh, spanning from 25th February 2023 to 17th March 2023. The district spans an area of 2786.76 sq. km. With a population of 7,89,043, there is a gender distribution of 50.51% males and 49.5% females.[6]

1.3. Project Details

1.3.1 Project Activities

The project by EMIL aimed to reduce the burden of preventable disability in the district of in Surajpur District of Chhattisgarh. This is done by providing free health services through a fully equipped train. The project also involves creating awareness among the beneficiaries so that diseases are detected at an early stage.

- **Needs Assessment and Location Selection:** A thorough assessment was conducted to identify underserved areas lacking adequate medical infrastructure. Locations with sufficient hospital facilities were excluded to focus on communities in need.
- **Permissions and Logistics Coordination:** Lifeline Express operated under a Memorandum of Understanding (MOU) with Indian Railways, utilising railway sidings without disrupting regular train traffic. Impact India Foundation received permission from the Railway division to park the Lifeline Express at Kamalpur railway station for the duration of the project. Permissions were obtained from district collectors to access local resources, including district hospitals, for post-operative care.
- **Community Outreach and Awareness:** Outreach efforts were carried out with the involvement of ASHA workers, Anganwadi workers, PHC staff, and CHMOs to identify eligible patients. Meetings were held to plan surgeries and screen patients for their medical needs. Volunteers were mobilised to spread awareness and assist in patient identification.
- **Volunteer Training and Resource Distribution:** Volunteers from community-based organisations (CBOs) and NGOs were trained to screen patients for specific medical needs such as cataracts, cleft lips, and orthopaedic deformities. They were equipped with diagnostic kits containing essential tools like weighing machines, torches, and other equipment.

[6] https://surajpur.nic.in/en/about-district/?utm_source=chatgpt.com

- **Patient Screening and Scheduling:** Patients were screened before the train's arrival and referred to the Lifeline Express OPDs for further clinical evaluations. Eligible patients were provided with assistive devices such as spectacles, hearing aids, or orthopaedic callipers, while those requiring medical treatments or surgeries were scheduled for procedures on designated dates.
- **Provision of Specialised Medical Services:** The Lifeline Express provided specialised services, including eye care, dental, ENT, gynaecology, orthopaedics, and plastic surgery. Outreach prioritised hard-to-reach groups, such as rural women requiring gynaecological consultations.
- **Surgical Procedures and Post-operative Care:** Screened patients underwent surgical treatment aboard the Lifeline Express, while non-surgical cases were provided with medical advice or assistive devices. Post-operative care was coordinated and managed in collaboration with local district hospitals.

Major Key Services Provided By LLE:

Chapter 2

Design and Approach for Impact Assessment

2.1. Objectives of Programme and Impact Assessment Study

EMIL CSR team forged a strategic partnership with India Impact Foundation to facilitate the implementation of the Lifeline Express initiative across the Surajpur district, Chhattisgarh.

The major objectives of the EMIL-Life Line Express (LLE)- Chhattisgarh Programme are as follows-

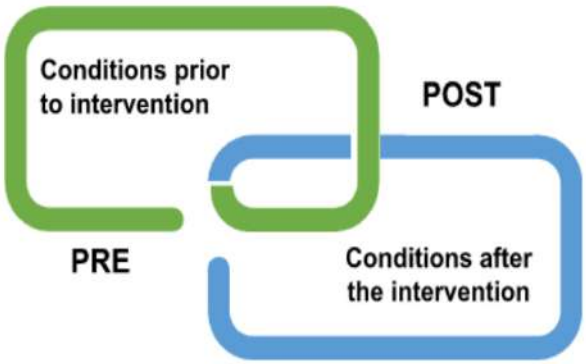
- To reduce the burden of avoidable disability in communities in rural India through the conduct of Medical and Surgical Services, free of cost, on the Lifeline Express.
- To provide counselling, initial stage treatment and medication for patients and refer complicated cases.
- To provide counselling, initial stage treatment and medication for patients and refer complicated cases.
- To provide capacity building through Continuing Medical Education (CME), counselling and education sessions.

Recognising the importance of evaluating the impact of their investment, the EMIL CSR team has commissioned an in-depth impact assessment study. The major objectives of the impact assessment are as follows-

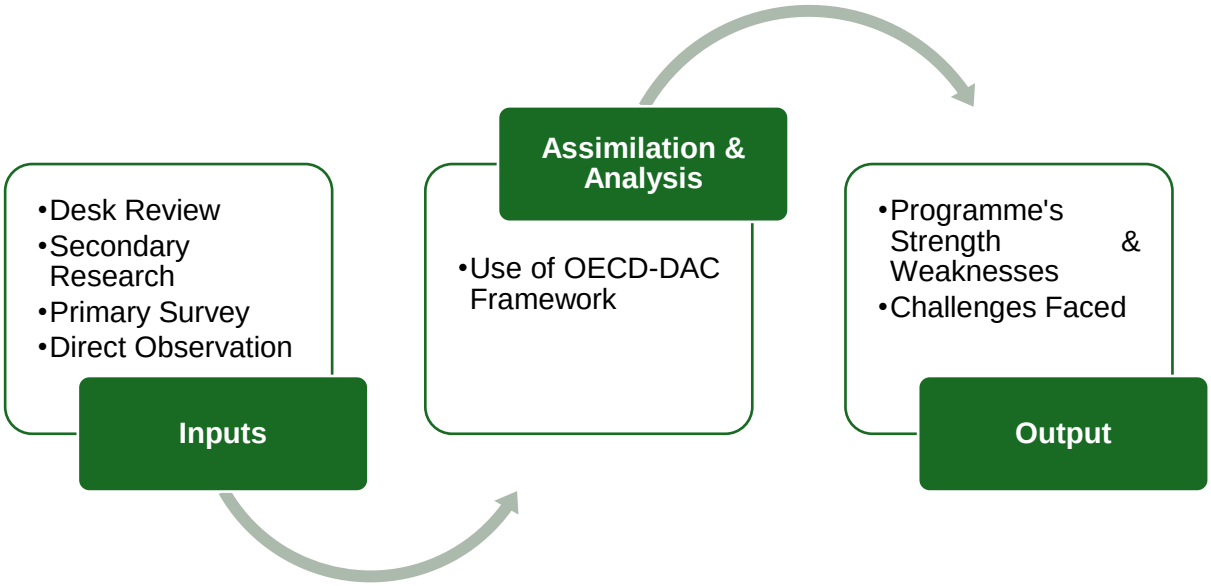
1. To assess the delivery of the healthcare services provided by Lifeline Express.
2. To gauge insights about beneficiary perceptions towards the services provided and their impact that has been brought about with respect to health indicators.
3. To identify shortcomings, challenges and processes to make the project successful and chalking out success stories and case studies - highlighting narratives of the beneficiaries.
4. To assess the long-term sustainability of the medical train post the completion of the investment period.
5. To Identify potential areas of improvement, and provide short-term & long-term recommendations, suggestions & ways forward to further enhance the impact of the CSR programme.

2.2. Assessment Approach and Evaluation Framework

The study's objectives and primary areas of investigation directed the development of the evaluation, with a central focus on learning. In this segment, CSRBOX outlines its strategy for crafting and implementing a rigorous, adaptable, and outcome-driven evaluation framework/design.



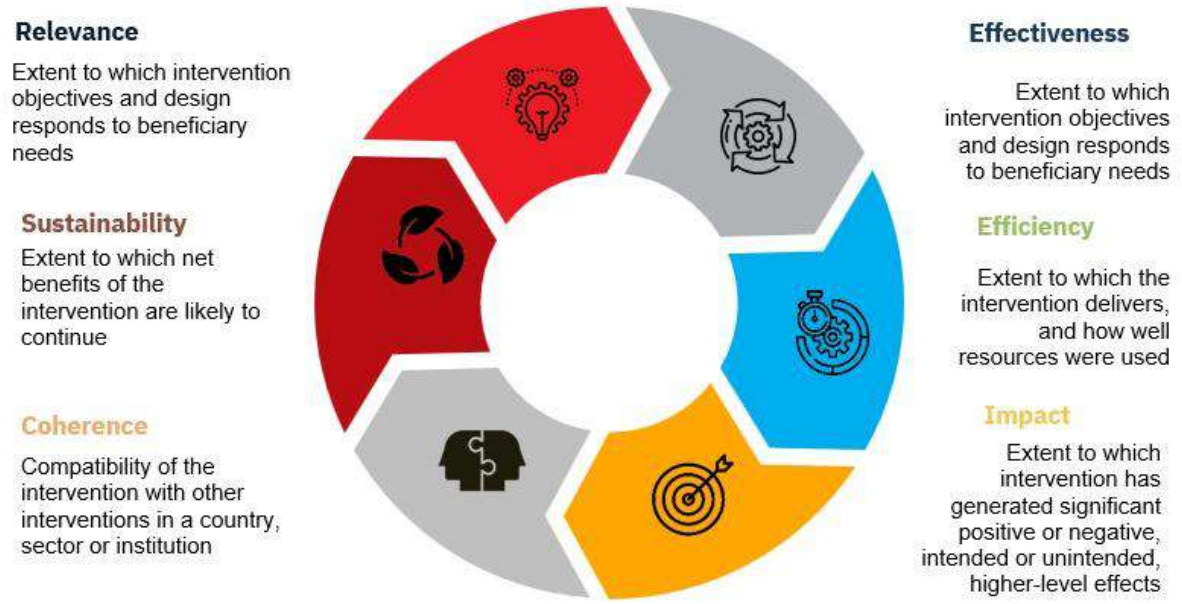
To measure the impact of the project, a **pre-post-project evaluation approach** was adopted for the study. This approach relied on the respondents' recollection ability. With this approach, beneficiaries were queried about their conditions before and after the project intervention. The disparity aided in comprehending the project's contribution to enhancing the intended beneficiary condition. This approach, at best, could comment on the contribution of the project to improving living standards, though it might not be able to attribute the entire change to the project. Other external factors might also have played a role in bringing positive changes along with the project. Hence, contribution was assessed, but attribution might not have been entirely assigned to the project.



The current evaluation was reflective and, at the same time, forward-looking. Strategic evaluations contributed to learning about issues that are central to strategic decision-making and related actions that affected the ability to achieve planned results. The evaluation encompassed the processes and outcomes of the programme and provided an evidence-based assessment of its performance and achievements.

Assessment Framework for Project

Given the study's objectives to determine the project's effectiveness, efficiency, impact created and sustainability, the evaluation has used the **OECD-DAC Framework**. Using the criteria of the OECD-DAC framework, the evaluation has assessed EMIL's contribution to the results while keeping in mind the multiplicity of factors that may be affecting the overall outcome. The social impact assessment hinges on the following pillars:



Evaluation Matrix

The evaluation matrix below mapped the evaluation questions with the key information areas, the source of data collection, and the methods used for data collection. As stated above, the information and indicative areas were mapped based on the OECD-DAC framework. These key information areas played an instrumental role in the development of data collection tools and data analysis.

OECD-DAC Components	Indicators	Data Sources
Relevance	• Status of existing health infrastructure in the district • Accessibility to healthcare facilities including distance and affordability barriers • Awareness and Usage of Government Health Schemes • Diagnosis & treatment of Unrecognised Diseases in Surajpur, Chhattisgarh	• Quantitative Data: Survey with Girl Beneficiaries • Qualitative Data: In-depth interviews with doctors, nurses, hospital staff, project team members • Secondary Research
Coherence	• Alignment with national health policies • SDG alignment of programme • ESG alignment of the programme • Alignment with CSR policy	
Effectiveness	• The extent to which the targets and indicators of the project have been achieved by mapping out the output,	

	outcome and impact against them. • Quality of the medical staff and assistive aids • Effectiveness of medical interventions provided by LLE. • Impact on beneficiaries' health outcomes.	
Efficiency	• Average Time taken in OPD Consultation and surgery. • Cost-effectiveness of the functioning of the train • Transportation services for the beneficiaries • Availability of Food & water for beneficiaries • Duration of Surgical Processes	
Impact	• Improvement in health indicators of Surajpur District (e.g., reduction in preventable disabilities) • Effectiveness of the outreach process including reach among marginalised populations • Impact of the treatment • Ability of the beneficiaries to identify preventable disabilities and get treatment for the same • Increase in awareness of health issues and preventive measures	
Sustainability	• Referring the patients to nearby hospitals and health centres to ensure the continuity of the treatment process • Capacity building for local healthcare providers to manage follow-ups • Monitoring systems to track long-term patient outcomes	

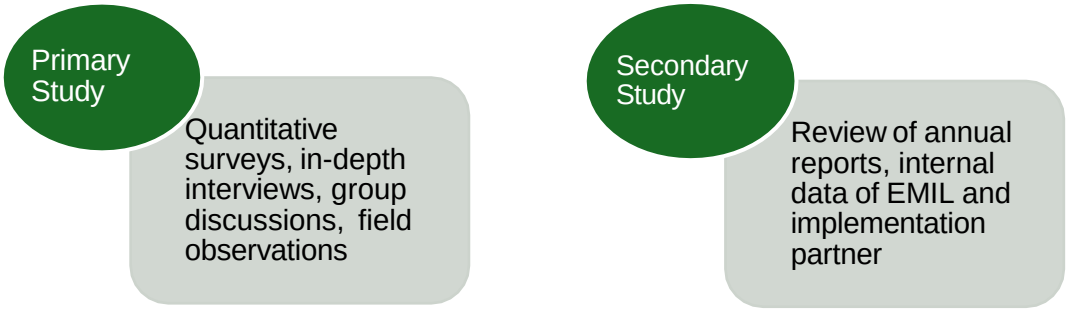
Key Information Matrix

The indicators or parameters for the impact assessment are defined and further elaborated by the development of the Theory of Change (ToC). The parameters are developed based on the indicators or pillars of the OECD-DAC framework.

Parameters & Indicators	Key Indicator Information	Theory of Change	Tools & Techniques
•Indicators are mapped to assess the programmes at the holistic level.	•Mapping the stakeholders and areas where information can be delivered for the study.	•Mapping the input, output, outcomes and impact on the basis of the project information.	•Tools and techniques or survey methods will be developed based on the ToC.

2.3 Methods of Data Collection

A two-pronged approach to data collection and review was been chosen for the assessment. The secondary data was obtained through a literature review, while the primary data was collected from qualitative and quantitative data collection methods. This methodology enabled us to gather valuable insights related to the impact from a holistic, 360-degree perspective that includes all pertinent stakeholders necessary for the study.



The figure above illustrates the study approach used in data collection and review. The secondary study includes a review of annual reports, internal data, monitoring reports, government data & reports, and other studies and research by renowned organisations available in the public domain to draw insights into the situation of the area. The primary study comprised qualitative and quantitative approaches to data collection and analysis. The qualitative aspects included In-depth Interviews (IDIs), group discussions and observation from the study area.

2.4 Sampling Approach

2.4.1 Quantitative Sampling

A stratified random sampling approach was used to ensure that the sample was representative and covered the beneficiaries for different treatment types. The team carried out the sampling while considering a Confidence Level of 95% and a 10% Margin of Error for the project.

Sl. No.	Primary Stakeholders for Treatment	Universe	Sample Proposed	Sample Achieved	Rationale	Mode of Data Collection
1	Eye treatment	2212	64	72	**Confidence Level-95%** & **Margin of Error- 10%**	Virtual Data Collection
2	Dental treatment	591	17	26		
3	ENT treatment	287	8	17		
4	Orthopaedic treatment	67	2	5		
5	Plastic Surgery treatment	29	1	1		
6	Gynaecology treatment/cancer screening	52	2	2		
	Total	**3238**	**94**	**123**		

**Note- The total number of beneficiaries surveyed is 120. However, since some beneficiaries received multiple treatments, the total count across all treatments sums up to 123.*

2.4.2 Qualitative Sampling

Apart from the quantitative data collection methods, qualitative data was also collected. The list of the secondary stakeholders has been mentioned below: -

Sl. No	Stakeholder	No. of Interviews Proposed	No. of Interviews Achieved	Method of Data Collection
1.	Doctors	2	2	IDI
2.	Nurses	1	0	IDI
3.	Asha Workers/ Volunteers	2	0	IDI
4.	Impact India Foundation Project Member	1	1	KII
Total		**6**	**3***	

**Note: The interviews for Asha workers/volunteers and nurses were not conducted as their contact details were not provided by IIF team.*

2.5 Challenges Encountered while Conducting the Study

- **Challenges in Qualitative Data Collection:**
  As the contact details for some secondary stakeholders, such as ASHA workers and nurses, were not provided by the implementing agency, these qualitative interviews could not be conducted.

2.6 Ethical Practices for Consideration

- **Ethical Considerations in Data Collection**: As part of the qualitative and quantitative data collection process for the current project, team members adhered to essential ethical protocols by obtaining informed consent from respondents before gathering their responses. Respondents were informed about the purpose of the study, the expected outcomes of data collection, and how their testimonials would be recorded accurately.

- **Sensitivity in Handling Personal Information:** Given that the data collection tools involved gathering personal information that could potentially affect respondents' sentiments if not handled with care, the team took proactive measures to prevent any such issues. A sensitisation session was conducted for all enumerators and team members involved, guiding them on the appropriate procedures for data collection.

- **Assurance of Confidentiality:** Respondents were assured that their personal information would remain confidential and that the data collected would be used strictly for research purposes.

2.7 Theory of Change

Activities	Outputs	Outcomes	Impacts
Mobilisation and outreach of the programme	• 26 Volunteers trained for outreach • 26 outreach kits given to volunteers	• Early identification of disorders, • Increased and better access to healthcare.	• Access to quality care • Improved overall health indicators
Patient Registration and Pre-Screening for Medical & Surgical Services	• 4794 beneficiaries Registered for medical & surgical services at Lifeline Express	• Increased awareness about healthcare services and available treatments	• Reduction in preventable diseases and disabilities
Provision of diagnostic and curative services such as surgeries to rural communities of Surajpur, Chhattisgarh	• 2211 Beneficiaries treated for eye-related problems • 591 Beneficiaries treated for Dental problems • 287 Beneficiaries received consultancy and treatment for ENT-related problems • 67 Beneficiaries received consultancy and treatment for orthopaedic issues • 29 Beneficiaries provided cleft lip and plastic surgeries • 28 Beneficiaries received	• Knowledge building among the community on preventable disability. • Reduced burden of preventable disability. • Reduced economic burden on families	• Better quality of life • Enhanced community health resilience • Strengthened trust in healthcare services

	Gynaecology Treatment - Screening and Control of Breast & Cervical Cancer		
	• 25 Number of people screened for Hypertension		
	• 3238 patients Screened/treated/		

Chapter 3

Findings of the Impact Assessment Study

The following report section indicates key findings and insights drawn from the impact assessment study based on field interactions and the **OECD DAC** standard parameters outlined in the study framework. Insights were drawn by adopting a 360-degree approach to data collection by gathering data from the quantitative and qualitative methods by engaging with different programme stakeholders.

3.1 Relevance

This section outlines the relevance and necessity of the intervention, examining how its objectives and design align with the needs, policies, and priorities of beneficiaries, and global, national, and institutional stakeholders while highlighting socio-demographic factors that underscore the need for support.

48% of beneficiaries faced issues like lack of advanced medical equipment, qualified doctors, and delays in treatment, highlighting infrastructure gaps.

Over 58% of beneficiaries lived more than 5 km from the nearest facility, including 14% beyond 10 km, posing challenges to timely healthcare access.

28% were diagnosed with previously unknown conditions, highlighting the Lifeline Express' role in early detection and improving healthcare outcomes.

66% of beneficiaries had untreated conditions before visiting the Lifeline Express, underlining the need for accessible healthcare services.

95% of beneficiaries reported that Lifeline Express services effectively addressed unmet healthcare needs in their community.

3.1.1 Beneficiary Profile

This section summarises various factors, including gender, age, income, and occupation, among others, about the targeted population. The examination of these factors helps in understanding the impact of the Lifeline Express.

67% of the beneficiaries from Reserved categories

43% of beneficiaries have annual income of up to 1 Lakh

57% of the beneficiaries were females

34% beneficiaries were homemakers and 30% Farmers & Agricultural workers

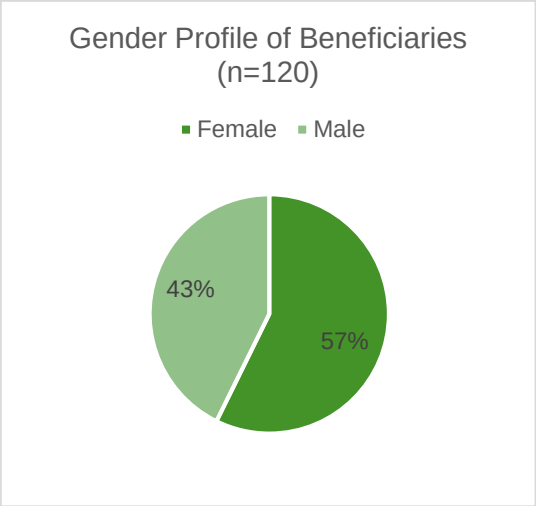


Figure 1: Beneficiary Gender Distribution

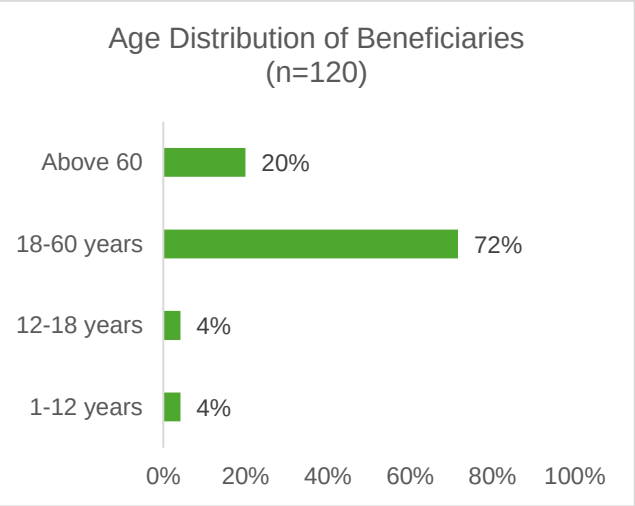


Figure 2: Beneficiaries Age Distribution

As observed in Figure 1 around 57% of beneficiaries were female, reflecting a slight predominance of women while still ensuring a largely balanced gender representation. As seen in Figure 2, the majority of beneficiaries (72%) belonged to the 18–60 age group, highlighting a concentration of working-age individuals within the sample.

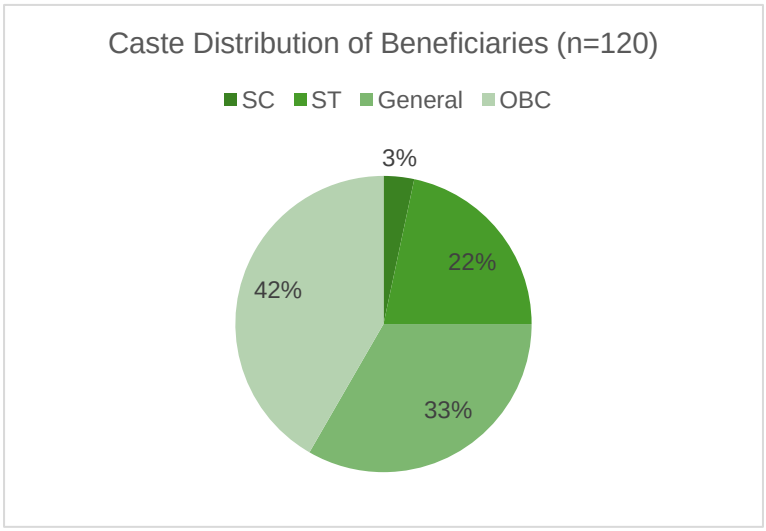


Figure 3: Beneficiary Caste Distribution

Approximately 67% of the beneficiaries were from the reserved categories (Other Backward Classes Scheduled Caste, Scheduled Tribes, and).

Given the substantial sample size of the study, this suggests a comprehensive representation of socially marginalised groups.

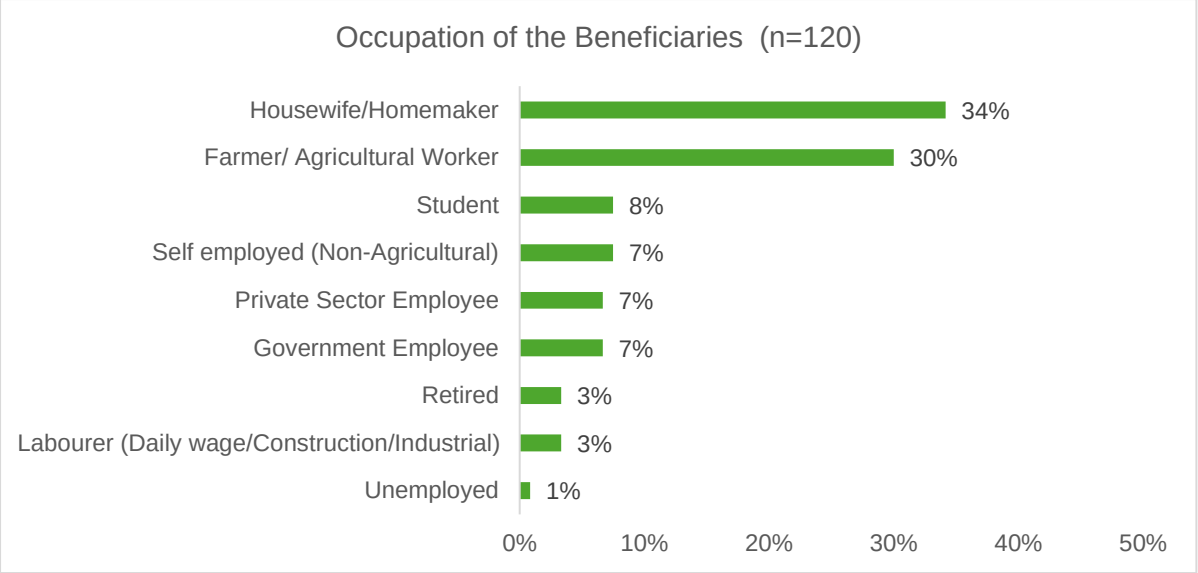


Figure 4: Beneficiaries' Occupational Distribution

The occupational distribution of beneficiaries highlights that the largest share were **housewives/homemakers (34%)**, followed by **farmers and agricultural workers (30%)**, indicating a strong representation from domestic and agrarian sectors. In contrast, only a small proportion were engaged in formal employment, with **7% in government jobs and 7% in the private sector**, while daily wage labourers accounted for just 3%, suggesting that a majority of beneficiaries lack stable income sources.

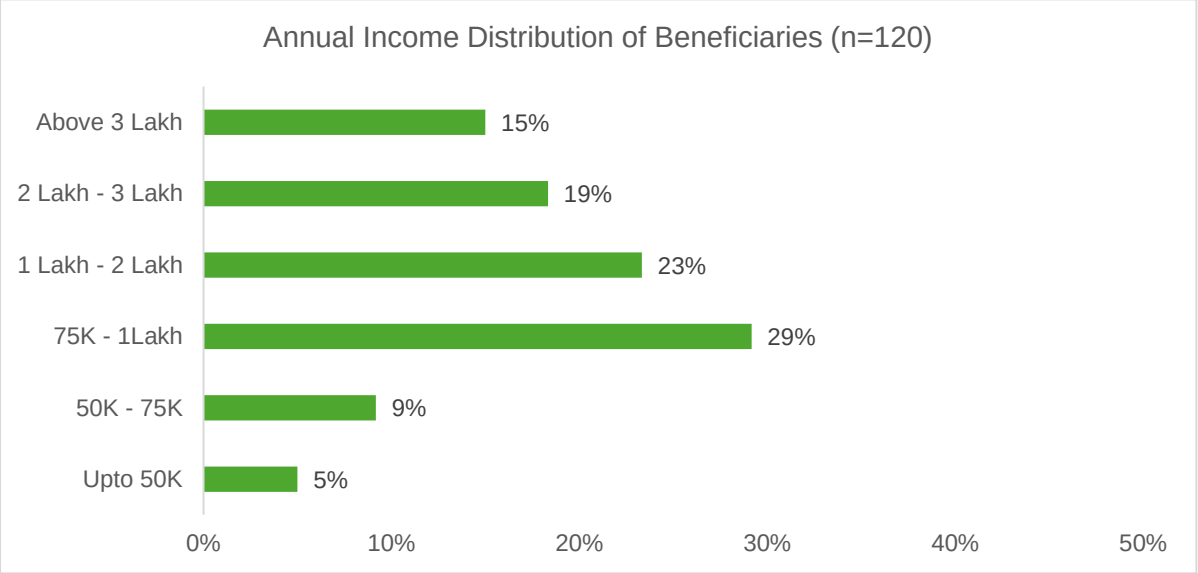


Figure 5: Beneficiaries' Annual Income

It can be observed around **43% of the beneficiaries** have annual incomes **up to 1 Lakh**, indicating a concentration of individuals in **lower-income brackets**. Additionally, 42% fall within the ₹1 lakh–₹3 lakh range, reflecting a substantial proportion of beneficiaries with modest earnings, while 15% earn above ₹3 lakh, suggesting some representation from relatively higher-income groups."

Overall, the beneficiary profile indicates that the Lifeline Express effectively reached **economically vulnerable and socially marginalised groups**, with a significant representation of women, working-age individuals, and those engaged in domestic and agrarian occupations. The high proportion of beneficiaries from lower-income brackets and the limited presence of individuals in formal employment underscores the project's role in addressing healthcare accessibility gaps for communities with **limited financial stability and irregular income sources.**

Given the socio-economic and demographic composition of the beneficiaries, it is evident that the Lifeline Express has successfully reached those most in need. However, to fully understand the relevance of the programme, it is essential to examine the specific healthcare challenges faced by these communities and the existing gaps in medical infrastructure.

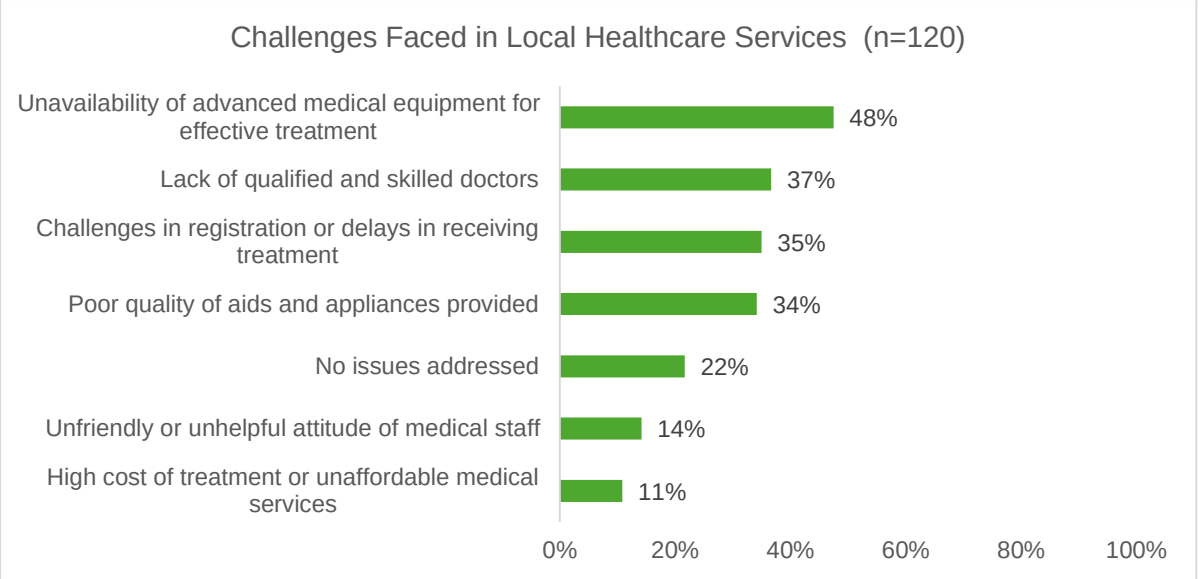
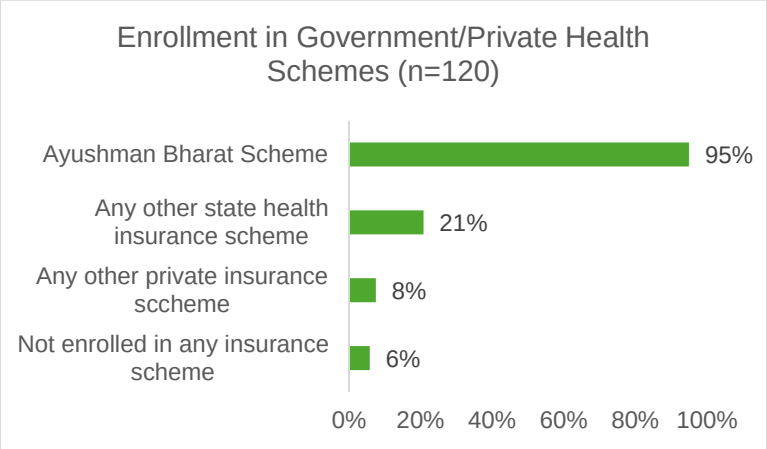


Figure 6: Issues Encountered in Local Healthcare Services

The majority of beneficiaries **(48%)** faced challenges such as the **unavailability of advanced medical equipment**, followed by a lack of qualified doctors, delays in registration or treatment, and poor-quality aids and appliances. These issues highlight critical gaps in healthcare infrastructure, underscoring the **need for the Lifeline Express Programme**.

> "Our mission is to provide free and quality multi-speciality care to underprivileged communities in rural India, focusing on surgical interventions for disabilities and other critical conditions."
>
> – Ms. Rita Tauro, Project Manager, Life Line Express

This indicates that the project directly addresses the healthcare needs of underserved rural communities by providing specialised medical and surgical care, aligning with broader public health priorities.



Most of the beneficiaries were enrolled in the Ayushman Bharat Scheme followed by other government and private health insurance schemes.

Around **6% were not enrolled in any insurance scheme** highlighting the **need for broader inclusivity**.

Figure 7: Registration in Government/Private Health Schemes

A majority of beneficiaries **(60%) reported no challenges**; however, many still faced difficulties despite being enrolled in health insurance schemes.

Notably, **27%** struggled with the **limited availability of healthcare providers**, while others encountered paperwork challenges (6%) and inadequate infrastructure (3%). This underscores ongoing gaps in accessibility and service delivery despite insurance coverage.

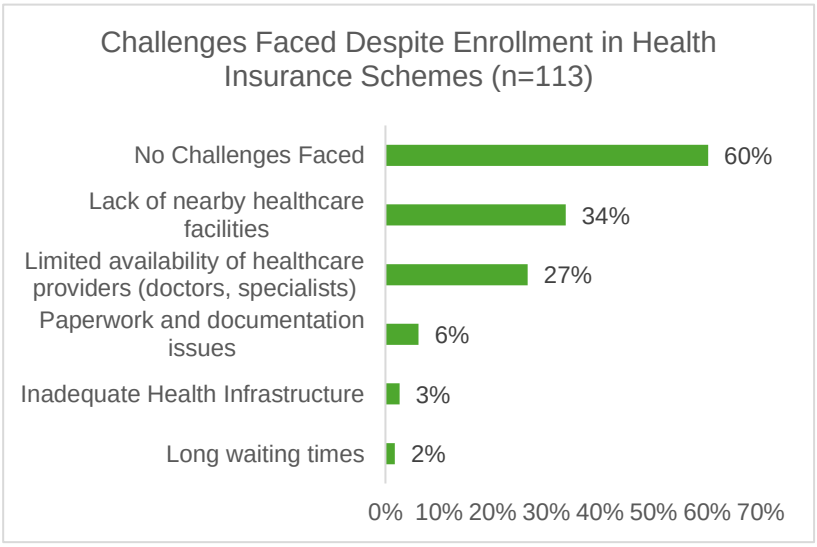


Figure 8: Issues Faced Despite Being Enrolled in Health Insurance Schemes

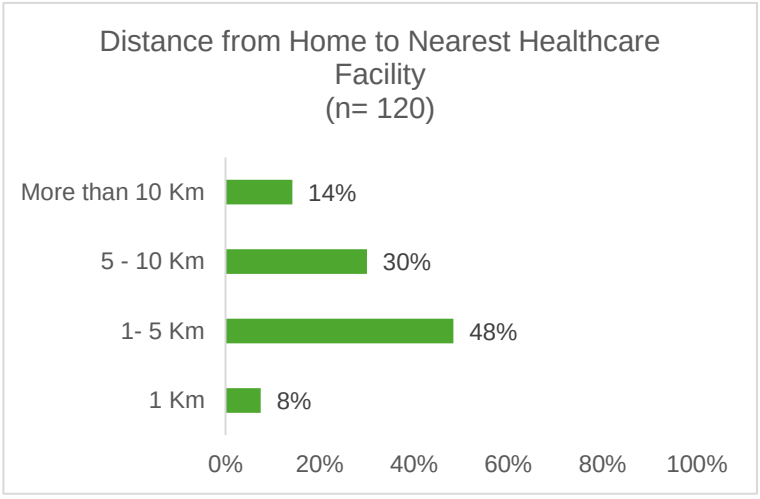


Figure 9: Proximity of Residence to Nearest Healthcare Facility

The graph reveals that a significant proportion of beneficiaries **(44%) reside more than 5 km away** from the nearest healthcare facility, **with 14% having to travel over 10 km**.

The considerable distance to healthcare facilities indicates **potential barriers to timely medical access.**

The graph indicates that **66% of beneficiaries were suffering from untreated health conditions** but were unable to access treatment before visiting the Life Line Express.

This highlights **significant barriers to healthcare access** and underscores the critical role of the initiative in providing essential medical services.

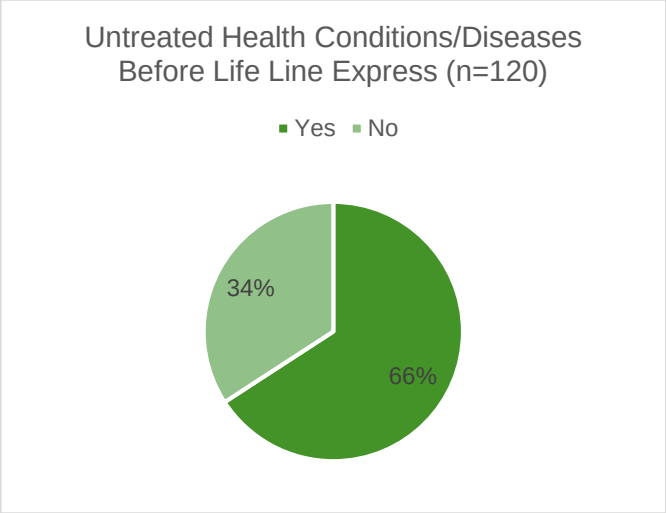


Figure 10: Pre-existing Health Conditions Before Accessing Life Line Express

"I am treating people with hearing and speech impairments, helping them regain their ability to communicate effectively."

-Dr. Bimbadhar Samantray, Audiologist, Life Line Express

This aligns with the project's objective of reducing preventable disabilities by providing essential healthcare services. The intervention directly addresses the needs of underserved populations, ensuring access to medical care that improves their quality of life.

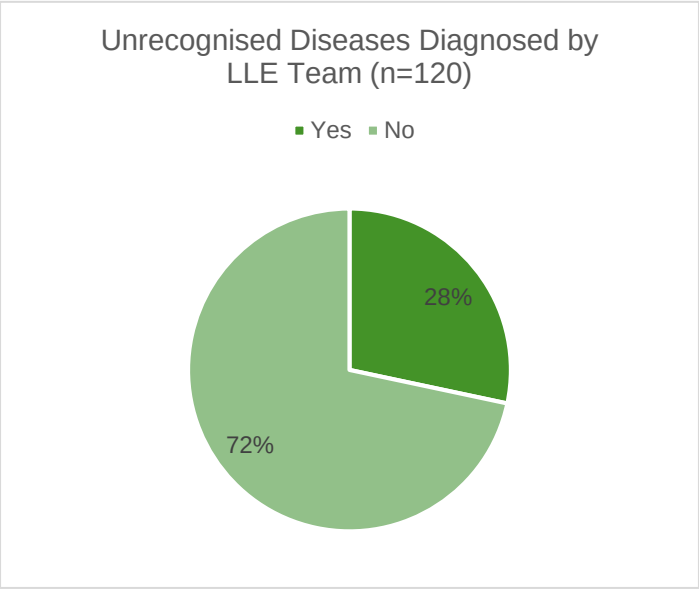


Figure 11: Diagnosis of Unrecognised Diseases by LLE Team

The graph reveals that 28% of beneficiaries were diagnosed with health conditions they were unaware of before visiting the Life Line Express.

This highlights the importance of early detection and diagnosis in improving healthcare outcomes, further emphasising the vital role of the initiative in addressing previously undiagnosed health issues in underserved communities.

The graph indicates that an overwhelming majority (95%) of beneficiaries believe that the healthcare services provided by Life Line Express effectively address unmet healthcare needs in their community.

This underscores the programme's critical role in bridging existing healthcare gaps and improving access to essential medical services.

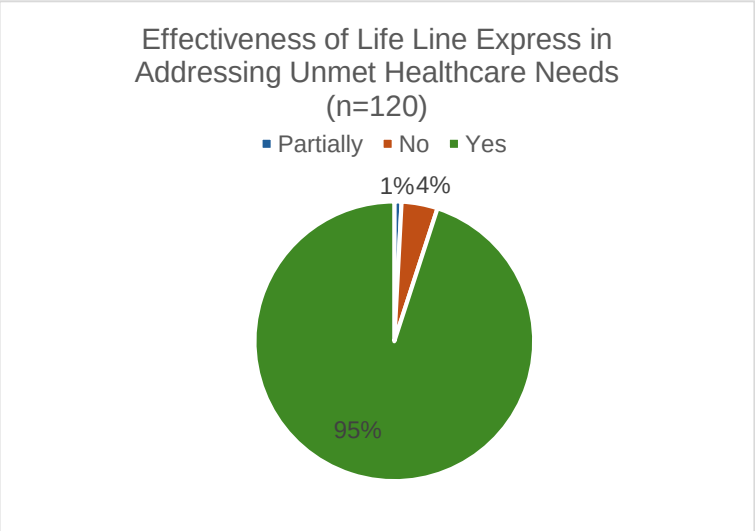


Figure 12: Impact of Life Line Express in Bridging Unmet Healthcare Needs

The Life Line Express Programme is highly relevant as it effectively aligns with the healthcare needs of beneficiaries, addressing critical gaps in access, diagnosis, and treatment. By responding to both local and broader healthcare priorities, the programme plays a vital role in improving health outcomes and bridging disparities in underserved communities.

3.2 Coherence

3.2.1 Alignment with CSR Policy

Schedule VII (Section 135) of the Companies Act, 2013 specifies the list of the activities that can be included by the company in its CSR policy.

The table shows the alignments of the intervention with the approved activities by the Ministry of Corporate Affairs.

Sub- Section	Activities as per Schedule VII	Alignment	Explanation
i)	Eradicating hunger, poverty and malnutrition; promoting health care including preventive health care and sanitation including contribution to the 'Swachh Bharat Kosh' set up by the Central Government for the promotion of sanitation and making available safe drinking water;	Completely	The Lifeline Express directly provides free healthcare services, preventive screenings, and surgical interventions, addressing critical health challenges in underserved communities.
ii)	Promoting education, including special education and employment enhancing vocation skills, especially among children, women, elderly and the differently abled and livelihood enhancement projects.	Partially	The project includes awareness campaigns and training for volunteers in healthcare outreach, which contribute to knowledge-building but do not involve structured education or vocational skill development.

3.3.2 Alignment with Sustainable Development Goals (SDGs)

The United Nations adopted the Sustainable Development Goals (SDGs), also known as the Global Goals, in 2016 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity.

Sustainable Development Goal	Target	Alignment
	Goal 3: Good Health and well-being Ensure healthy lives and promote well-being for all at all ages. **Target 3.8** Achieve universal health coverage, including financial risk protection, access to	Lifeline Express was stationed in a region where people were facing difficulty in accessing health services. Effective treatment,

	quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all. **Target 3c** Substantially increase health financing and the recruitment, development, training, and retention of the health workforce in developing countries, especially in the least developed countries and small island developing States. **Target 3d** Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	medicines and assistive devices were provided free of cost. Thus, the project led to the provisioning of quality health care and medicines for the community. Volunteers were trained to conduct medical tests and identify beneficiaries who could come and avail treatment in the Lifeline Express. This led to the development and retention of the health workforce. The beneficiaries were provided knowledge about various preventable disabilities and when to get a check-up, thereby leading to knowledge building regarding health risk reduction among communities.

3.3.3 Alignment with ESG Principles

According to the Business Responsibility & Sustainability Reporting Format (BRSR) shared by the Securities & Exchange Board of India (SEBI), EMILs CSR Programme can be covered under the following principles:

Principle 2

- Business should provide goods and services in a manner that is sustainable and safe.

Principle 8

- Business should promote inclusive growth and equitable development.

3.3.4 Alignment with National Policies

The CSR programme is aligned with certain National priorities, like policies, guidelines, or schemes. The Lifeline Express programme is aligned with the objectives of the following National Priorities:

National Policy	Alignment with the Programme
1. National Health Policy (NHP) The policy aims to achieve optimal health and well-being for everyone, regardless of age, by prioritising preventive and promotive healthcare in all development initiatives. It strives for universal access to high-quality healthcare services without causing financial strain. This involves enhancing accessibility, improving service quality and reducing healthcare costs.	The primary objective of the Lifeline Express is to combat preventable disabilities by offering quality medical services in remote regions. Their focus was also on educating people about preventable disabilities. Therefore, the operations of LLE are completely aligned with the goals of the National Health Policy (NHP).
2. National Programme for Control of Blindness & Visual Impairment (NPCBVI) NPCBVI is a centrally sponsored scheme, which targets the reduction of blindness and visual impairment. It offers comprehensive eye care services, including preventive measures and treatment. The initiative aims to eradicate avoidable blindness through activities like cataract surgeries, refractive error treatments and creating awareness about eye health.	The eye treatment offered by LLE has been effective in addressing preventable disabilities, thus demonstrating alignment with NPCBVI objectives.
3. National Programme for The Prevention & Control of Deafness (NPPCD) The Policy is aimed at preventing and controlling deafness and hearing impairment. It emphasises early identification, intervention, and rehabilitation, offering screening camps, hearing aids, cochlear implants, and awareness campaigns.	The ear treatment facilitated by LLE has proven effective in addressing preventable disabilities, thereby aligning with NPPCD objectives.
4. National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS) This initiative is aimed at preventing and controlling cancer, diabetes, cardiovascular diseases, and stroke. It focuses on early detection, diagnosis and treatment, along with promoting healthy lifestyles and raising awareness about risk factors.	Screening facilities for breast and cervical cancer were available on the Lifeline Express, aligning with NPCDCS objectives.

3.3 Effectiveness

This section of the report analyses how effectively the intervention has met its objectives. The project's success is evaluated in terms of its primary goal: reducing the burden of preventable disability by providing medical and surgical services at LLE Hospital.

42% of beneficiaries received outreach visits, highlighting the need to expand engagement for better awareness and early identification of medical needs.

77% of beneficiaries had 1-2 family members treated, showing the programme's broad impact within households.

Among the six treatments offered by the LLE team, eye care (61%) and dental (22%) were the most frequently received..

21% of patients underwent surgery, while 79% did not.

Surgery was most common in plastic surgery (100%) and orthopaedic cases (60%), while other treatments had lower surgical requirements

60% of beneficiaries received all required medication in adequate amounts, while 10% did not receive any medication.

74% of beneficiaries were cured by the Life Line Express doctors**,** while 17% were referred for further treatment**,** 9% received neither a cure nor a referral

67% of respondents rated the improvement in their health as 'Good' or 'Very Good', while just 2% rated 'Not Good'

Challenges in healthcare access include irregular doctor availability (24%), poor infrastructure (23%), and ineffective treatment (10%), while 43% reported no issues.

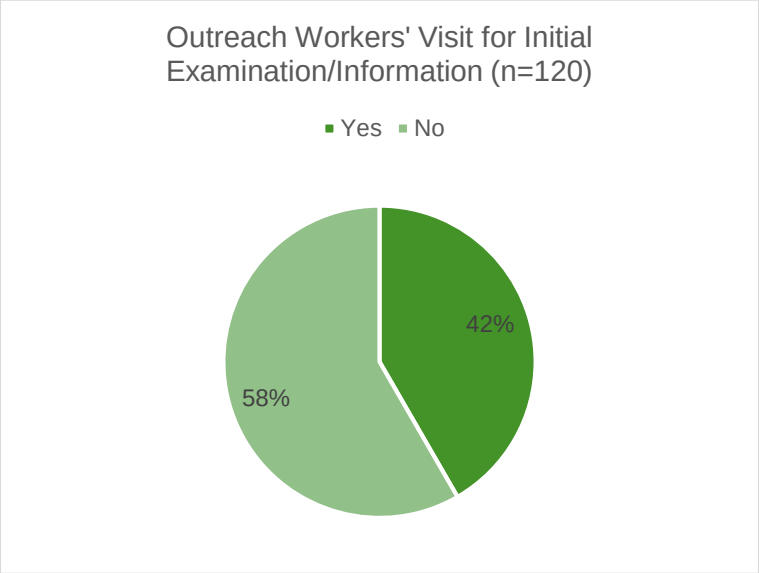


Figure 13: Outreach Visits for Awareness and Preliminary Screening

The graph indicates that only **42% of beneficiaries reported a visit from outreach workers** to provide information about LLE and conduct a preliminary examination.

This suggests that while outreach efforts played a role in patient engagement, there is **scope for expanding these activities to ensure wider awareness** and early identification of medical needs.

77% of beneficiaries reported that one or two family members, including themselves, received treatment from the Life Line Express, while 21% had three to four family members treated.

This highlights the programme's **broad reach in providing medical services** to multiple members within households.

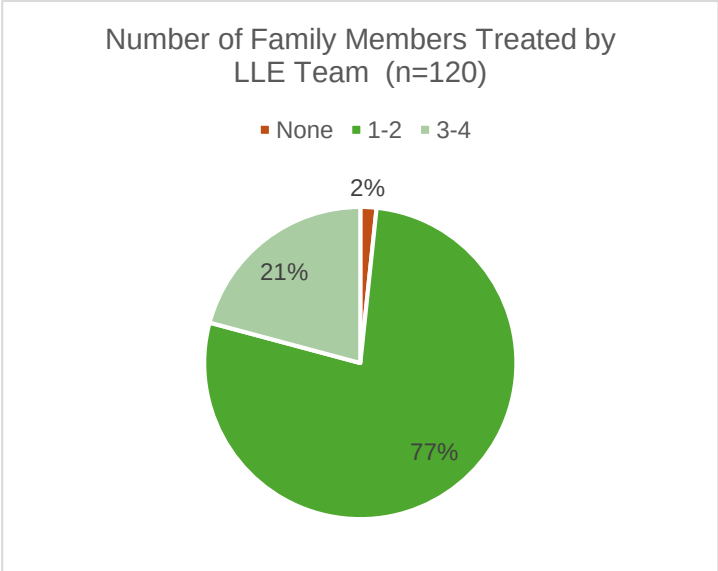


Figure 14: Number of Family Members Receiving Treatment from the LLE Team

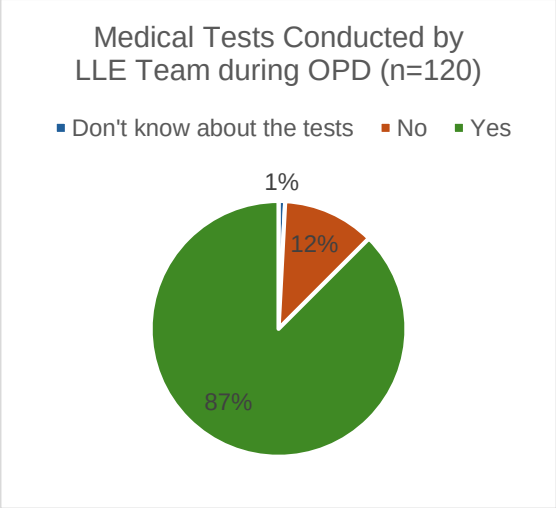


Figure 15:Conducting Medical Tests by LLE Team

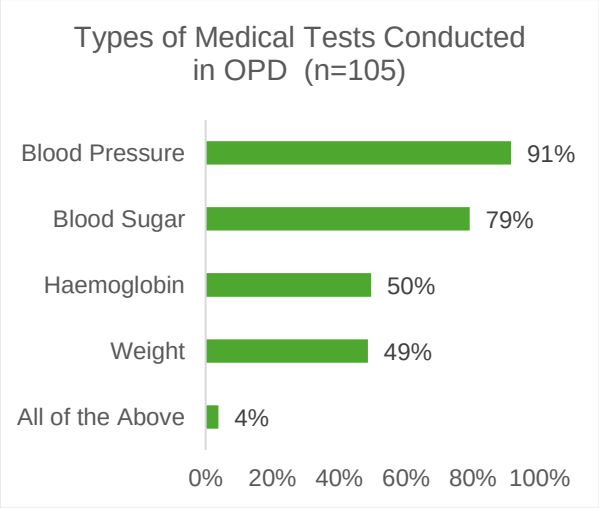


Figure 16: Types of Medical Tests Conducted

As a crucial step in the pre-operative process, various tests were performed to diagnose the patient's medical conditions or assess their fitness.

87% of beneficiaries reported **that medical tests were conducted** during the OPD sessions organised by Life Line Express. Among these beneficiaries, the most commonly performed tests were blood pressure (91%), blood sugar (79%), and haemoglobin (50%). A significant proportion of beneficiaries (49%) also underwent weight assessments.

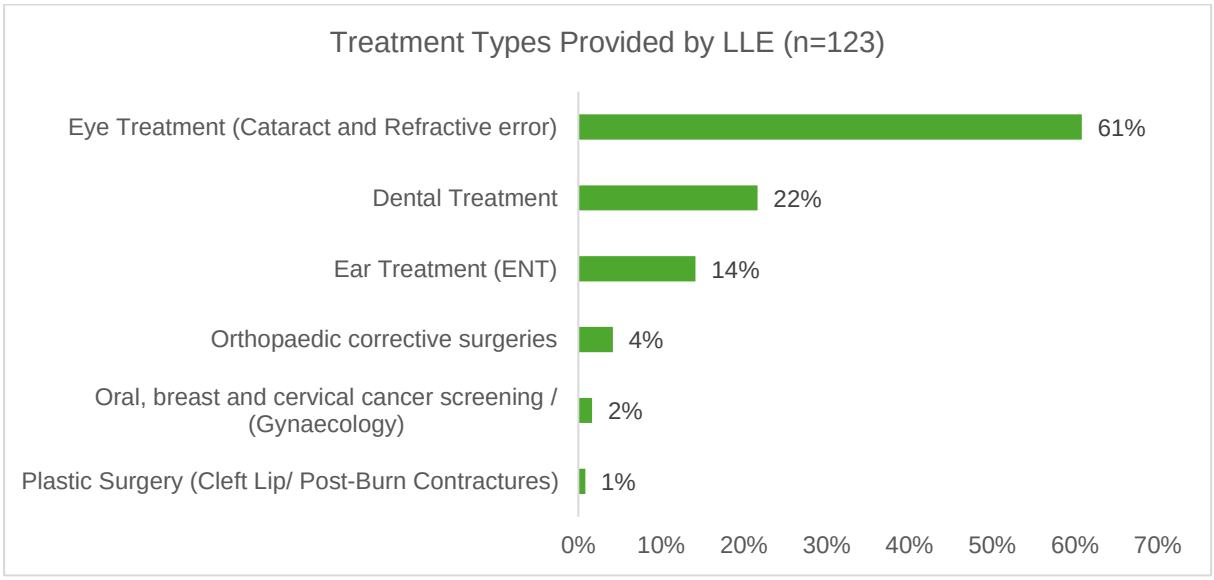


Figure 17: Types of Treatment Provided by LLE

As part of the CSR programme, **six types of treatments were offered: eye, ear, dental, orthopaedic, plastic surgery, and cancer screening**. The Lifeline Express had qualified doctors from various parts of the country, each with their own area of expertise. These doctors utilised their specialised skills to perform a range of treatments for different health issues.

The programme treated diverse medical conditions, with eye treatments (including cataract and refractive error correction) being the most prevalent, benefiting 61% of recipients. Dental procedures accounted for 22% of cases, followed by ENT treatments at 14%. Orthopaedic corrective surgeries (4%), gynaecological screenings (2%), and plastic surgeries (1%) were

also offered, though to a lesser extent. This demonstrates that the intervention effectively provided treatment for a wide range of health issues, ensuring beneficiaries received specialised medical care tailored to their needs.

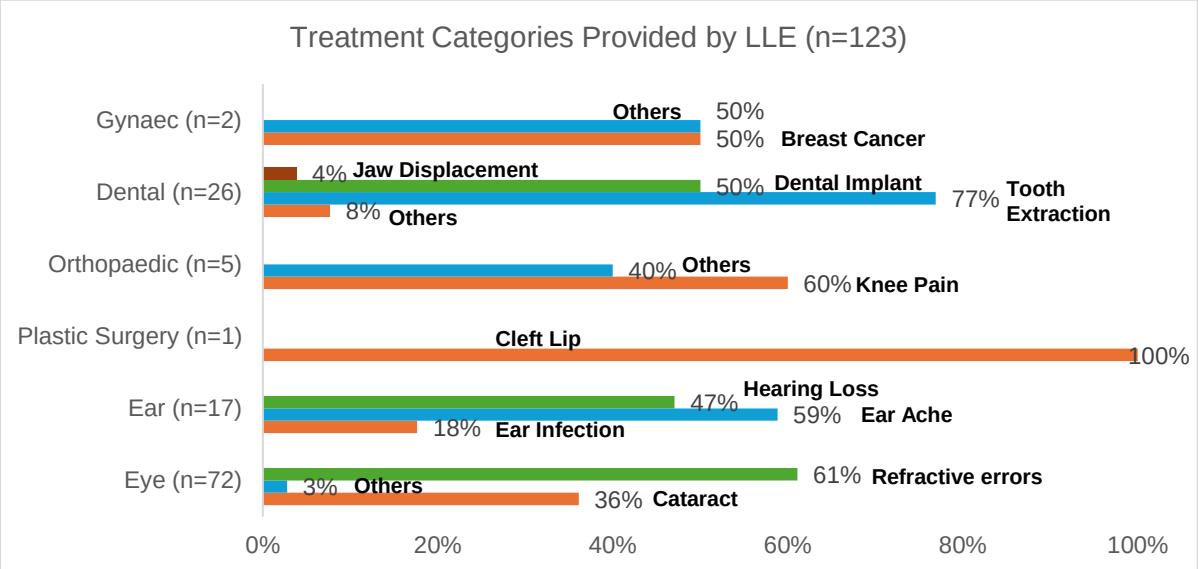


Figure 18: Treatment Categories Under Key Medical Areas

*** Note: The total sample size is 120 beneficiaries. However, for disease-specific treatments, the sample size increases to 123 as some beneficiaries received multiple treatments. In certain cases, where not all diseases are applicable, the sample size varies accordingly.*

The Lifeline Express provided targeted treatments across various medical areas. **Eye care** primarily addressed **cataracts** (36%) and **refractive errors** (61%). **ENT care** focused on **ear ache** (59%) and **hearing loss** (47%), with a smaller portion treated for **ear infections**. **Plastic surgery** addressed **cleft lip correction**, and orthopaedic care addressed **knee pain** (40%). **Dental care** involved **tooth extractions** (77%) and **dental implants** (50%), while **gynaecological screenings** identified **breast cancer** in 50% of cases. This highlights the broad range of medical services provided to address the most common health concerns.

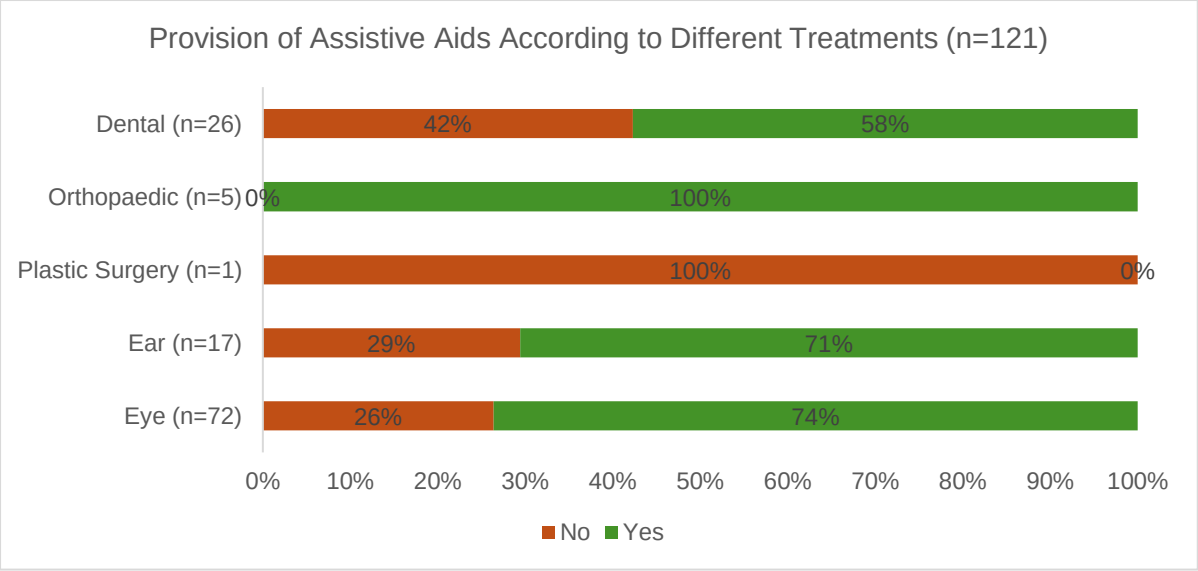


Figure 19: Provision of Assistive Aids Across Different Treatment Categories

The provision of assistive aids **varied across treatment categories**. For eye care, 74% of beneficiaries received assistive aids, while 26% did not. In ENT, 71% of patients received aids, compared to 29% who did not. Plastic surgery was exclusive for cleft lip correction, with all beneficiaries receiving treatment but no assistive aids provided. In orthopaedics, 100% of patients received aids, and in dental care, 58% of patients were provided with aids, while 42% did not. This shows that the use of assistive aids was **more prevalent in some treatment areas** than others, with **orthopaedic and eye care** receiving the highest support.

"Assistive devices like callipers, walking sticks, and custom shoes were provided by the prosthetics team."

– Dr. Ahmar Imam, Physiotherapist, Life Line Express

This demonstrates successful delivery of essential medical interventions, improving patient mobility and quality of life.

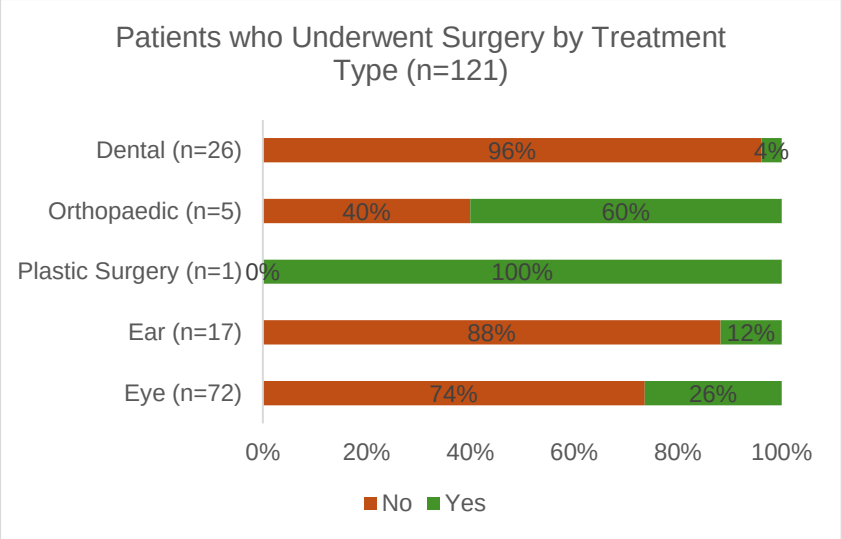


Figure 20: Surgical Treatment Rates by Medical Category

The graph illustrates the percentage of patients who underwent surgery across different treatment categories.

The weighted percentages indicate that **79%** of all beneficiaries **did not undergo surgery**, while **21% received surgical treatment** on the Life Line Express.

Surgery was **most common** in **plastic surgery (100%)**, followed by orthopaedic treatment (60%). In contrast, surgical interventions were **less frequent in eye (26%)**, **ear (12%)**, and **dental (4%) treatments**. This variation highlights the differing surgical needs across medical specialities.

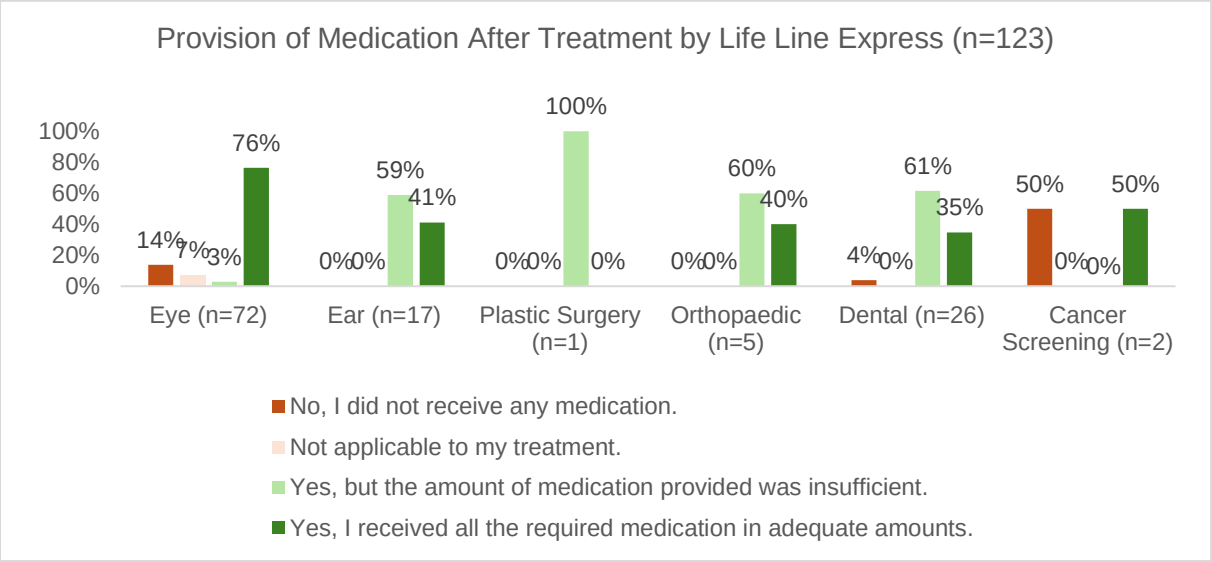


Figure 21: Provision of Post-Treatment Medication by Treatment Category

The graph indicates that most beneficiaries received all required medication, especially eye treatment (76%) and cancer screening (50%).

The weighted percentages indicate that **60% of beneficiaries received all required medication in adequate amounts**, while **26% reported that the medication provided was insufficient**. Additionally, **10% did not receive any medication** and **4% stated that medication did not apply to their treatment.**

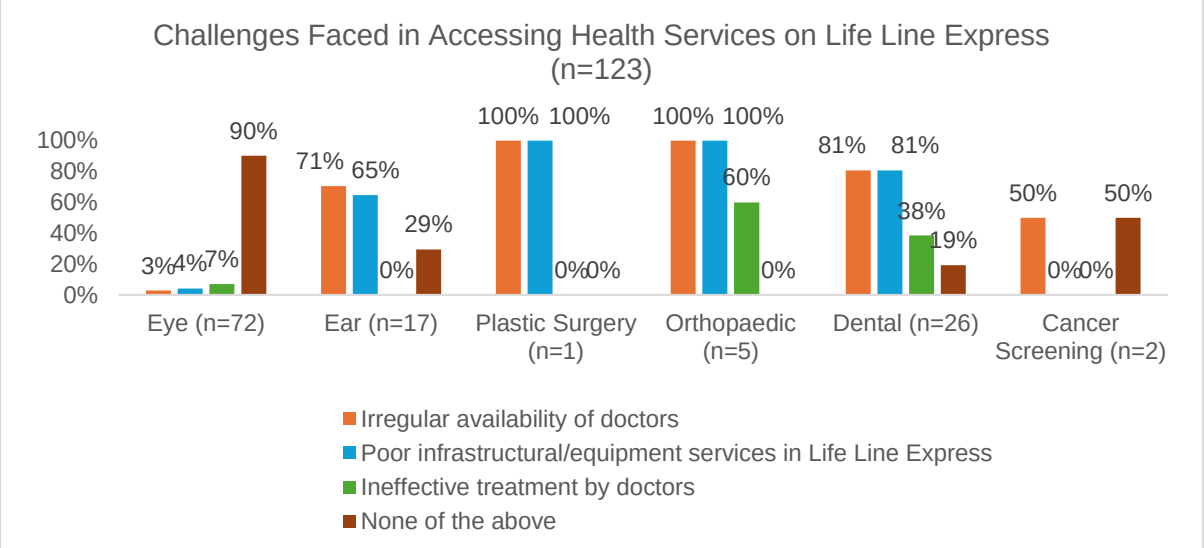


Figure 22: Challenges Faced by Beneficiaries in Accessing Health Services

The graph indicates that a majority of eye treatment beneficiaries (90%) reported no challenges in accessing healthcare services. In contrast, ear (71%) and dental (81%) patients faced significant issues with irregular doctor availability and poor infrastructure. Plastic surgery and orthopaedic treatments experienced 100% challenges related to both factors. Overall, challenges were most prominent for ear and dental treatments.

The **normalised weighted percentages** for challenges faced across medical specialities are: **Irregular availability of doctors (24%)**, **Poor infrastructural/equipment services (23%)**, **Ineffective treatment by doctors (10%)**, and **None of the above (43%)**, indicating that while most beneficiaries had a positive experience, key gaps remain in doctor availability and infrastructure.

> ***"I was the only physiotherapist in my team, which made it challenging to manage the patient load. Additionally, some specialised departments were not available, limiting treatment options."***
>
> **– Dr. Ahmar Imam, Physiotherapist, Life Line Express**

This highlights challenges in manpower and service availability, affecting the overall effectiveness of the intervention.

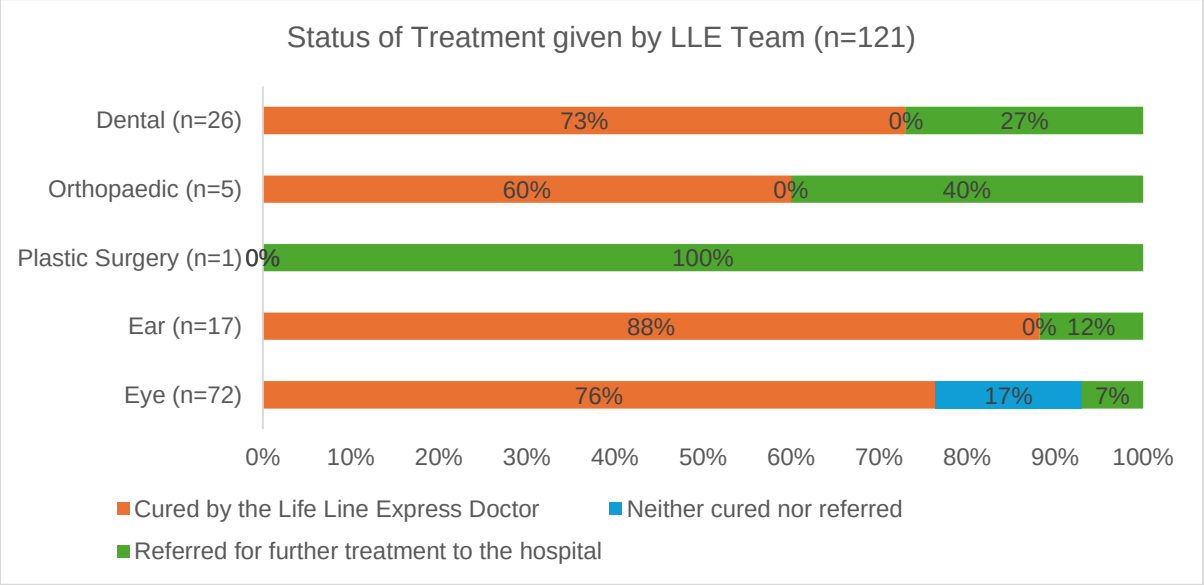


Figure 23: Status of Treatment Provided by LLE Team

As observed from the graph a significant proportion of beneficiaries across most treatment types achieved recovery, including 88% of ear treatment recipients and 76% of eye treatment recipients. Notable cure rates were also seen in orthopaedic (60%) and dental (73%) treatments, while plastic surgery had no reported cures.

Additionally, 7% of eye treatment and 12% of ear treatment beneficiaries were referred for more specialised care. 17% of eye beneficiaries received neither a cure nor a referral**,** suggesting a need for further follow-ups to assess treatment effectiveness.

According to the weighted percentages, **74% of beneficiaries were cured by the Life Line Express doctors**, **17% were referred for further treatment**, and **9% received neither a cure nor a referral**. This highlights the initiative's effectiveness in providing immediate medical relief while also identifying cases requiring advanced care.

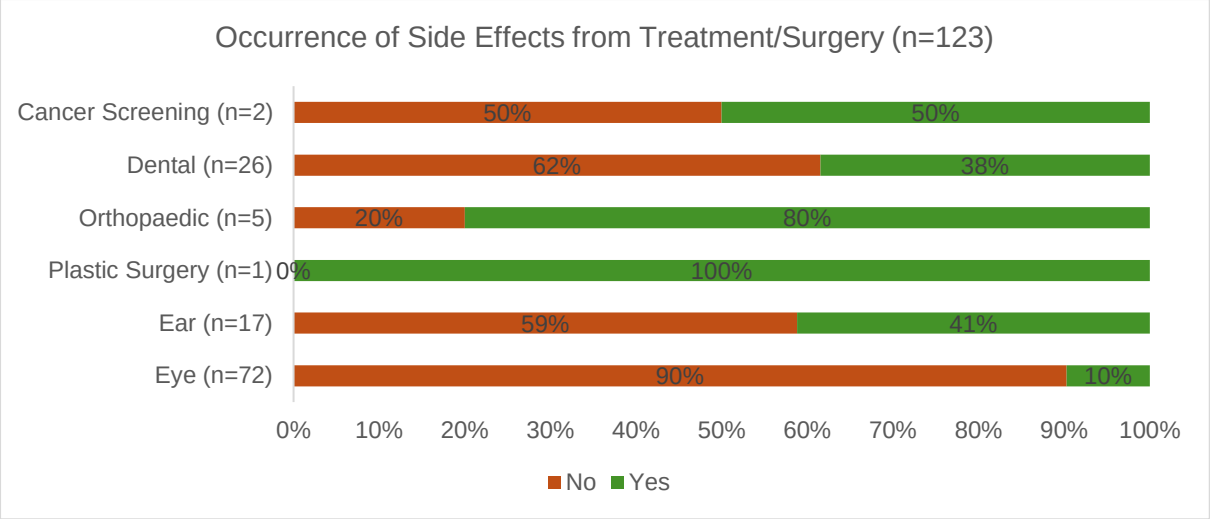


Figure 24: Occurrence of Side Effects from Treatment/Surgery

The **majority of beneficiaries did not experience side effects** from their treatments, with the highest rate of side effects seen in orthopaedic treatments (80%) and dental treatments (62%). Eye treatment had the lowest incidence of side effects, with only 10% of beneficiaries reporting any. The varying occurrence of side effects across treatments highlights that **more care** could have been taken **to minimise or prevent side effects**, **particularly for** treatments like **orthopaedics and dental procedures**.

Below are some graphs showing the ratings provided by beneficiaries.

The rating scale is categorised as follows: **1 - Not Good, 2- Below Average, 3 - Average, 4- Good, 5 – Very Good.**

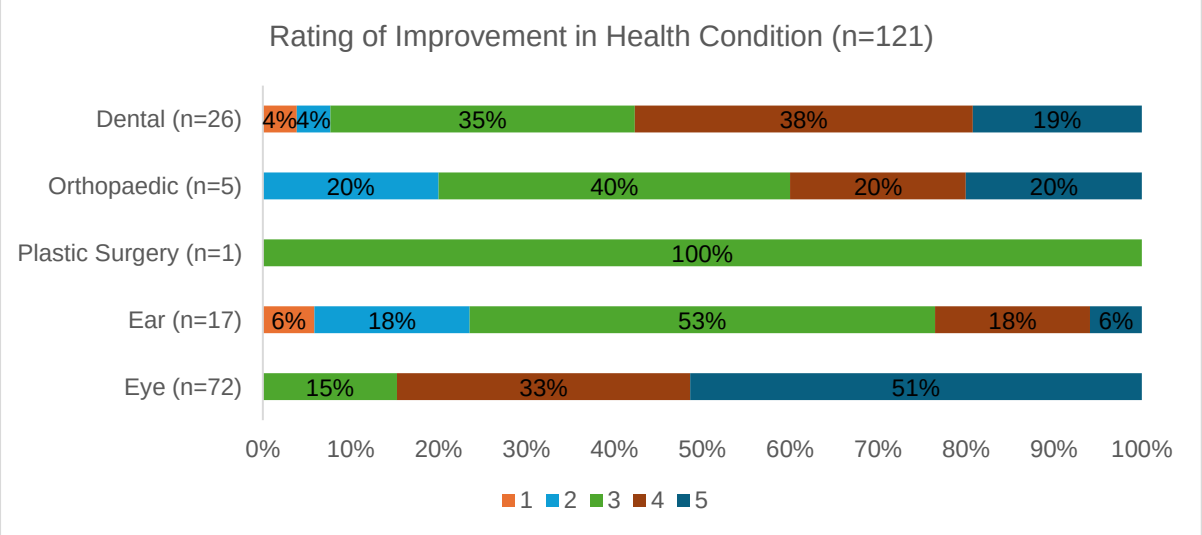


Figure 25: Beneficiaries' Rating of Health Improvement Post-Treatment

The majority of beneficiaries rated their health improvement positively across various treatments. Specifically, 84% of eye patients, 57% of dental patients, and 40% of orthopaedic patients rated their health improvement as Good (ratings 4 and 5).

The **normalised weighted percentages** for eye, ear, plastic surgery, orthopaedic, and dental treatments from **rating 1 to 5 are 2%, 4%, 26%, 31%, and 36%** respectively.

This indicates that approximately **67% of respondents** rated the improvement in their health **as 'Good' or 'Very Good'.**

These findings highlight a generally positive perception of treatment effectiveness, with a significant proportion of beneficiaries experiencing noticeable health improvements.

This suggests that most patients were satisfied with their treatment outcomes.

"Lifeline Express is doing exceptional work by bringing medical services to rural areas where people have limited access to healthcare."

- Dr. Bimbadhar Samantray, Audiologist, Life Line Express

This indicates that the project effectively enhances healthcare access by providing specialised medical services to rural communities that lack adequate medical infrastructure.

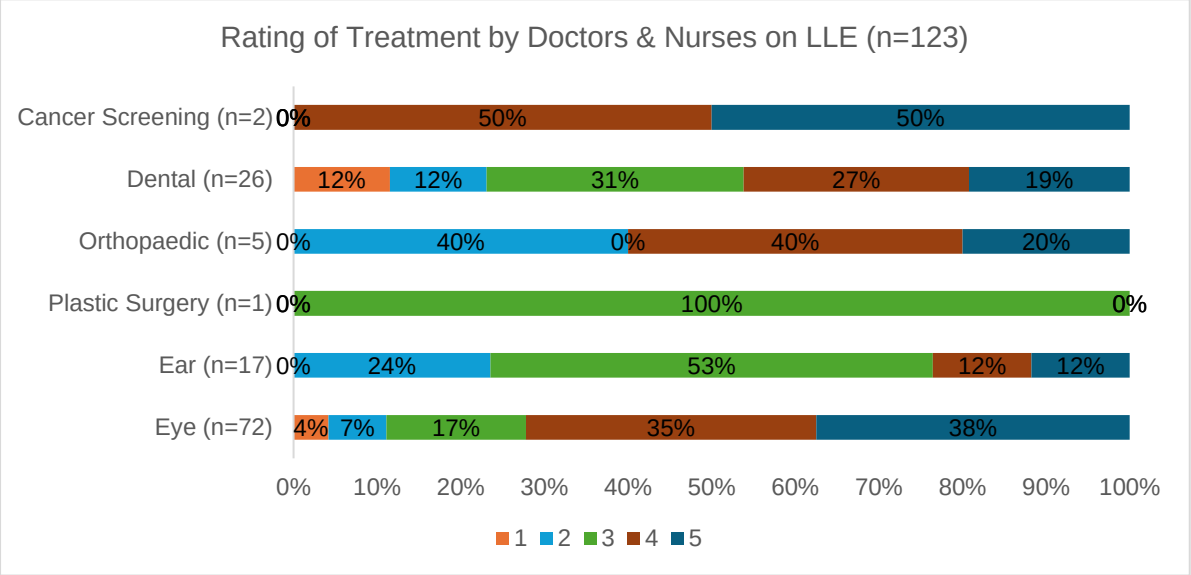


Figure 26: Rating of Treatment by Doctors & Nurses on LLE

The majority of beneficiaries rated their treatment by doctors and nurses positively. All cancer screening patients rated their treatment as "Good" (ratings 4 & 5). Among other treatments, 73% of eye patients, 60% of orthopaedic patients, and 45% of dental patients also rated their treatment as "Good" or "Very Good."

The **normalised weighted percentages** for eye, ear, plastic surgery, orthopaedic, and dental treatments from **rating 1 to 5 are 5%, 11%, 24%, 30%, and 29%** respectively.

This indicates that approximately **59% of respondents** rated the treatment by doctors/nurses **as 'Good' or 'Very Good'.**

These insights indicate a strong level of trust and satisfaction in the treatment provided by doctors and nurses.

"We always call good doctors from reputed centres, primarily Mumbai and Delhi, ensuring they are highly qualified and have no malpractice history."

- Ms. Rita Tauro, Project Manager, Life Line Express

The project ensures high-quality healthcare delivery by selecting experienced medical professionals, improving patient outcomes and maintaining service credibility.

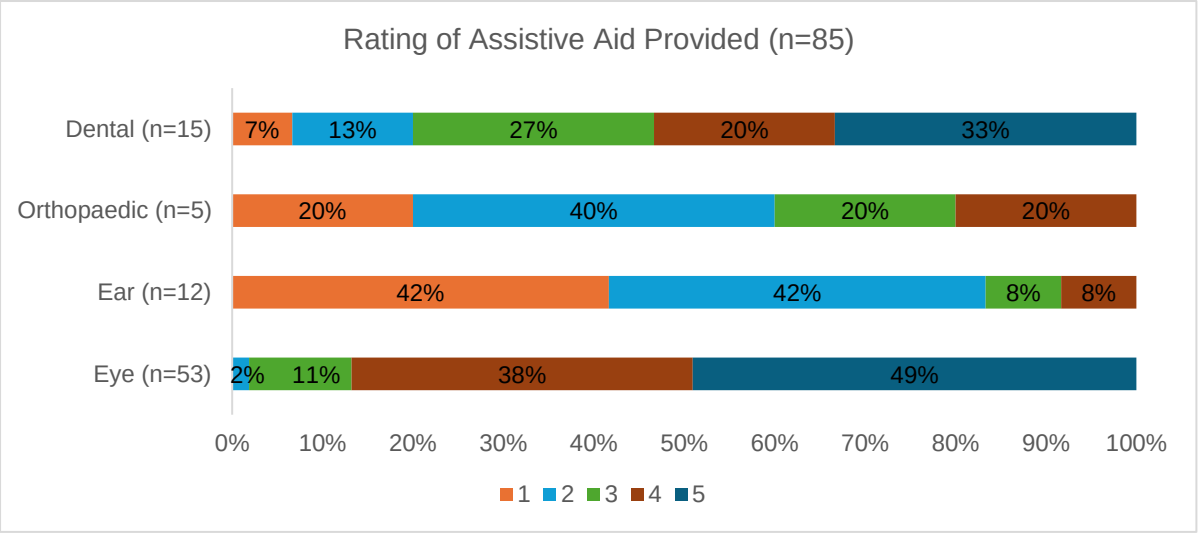


Figure 27: Rating of Assistive Aid Provided

The majority of eye patients (87%) who were provided with assistive aids rated them positively, indicating high satisfaction. In contrast, ratings for other treatments were more mixed, with only 16% of ear patients and 20% of orthopaedic patients giving positive ratings (4 & 5), while a significant portion rated them poorly (1 & 2). Dental patients had a more balanced response, with 53% giving positive ratings.

The **normalised weighted percentages** for eye, ear, orthopaedic, and dental treatments from **rating 1 to 5 are 8%, 14%, 30%, and 36%** respectively.

This suggests that while assistive aids for eye treatment were well-received, there is scope for improvement in the quality and appropriateness of aids for other treatments.

In conclusion, the Life Line Express intervention has been largely effective, with high satisfaction rates, especially in eye care, where most beneficiaries reported positive outcomes. However, there is room for improvement in areas like assistive aids, post-treatment medication, and outreach efforts, particularly for ear, orthopaedic, and dental treatments. While the programme successfully reduced preventable disability and provided essential care, expanding outreach and refining certain service aspects would enhance its overall impact.

3.4 Efficiency

This section assesses the extent to which the intervention delivered results in an economical and timely manner.

58% of beneficiaries lacked transport services, limiting timely access to treatment.

Food & water support was provided to 76% of beneficiaries; expanding coverage could enhance care.

96% of beneficiaries reported uninterrupted electricity, ensuring smooth medical services.

25% of beneficiaries incurred costs, mainly for transport (100%), post-treatment medicines (33%), and meals (7%).

91% of the beneficiaries received over 8 minutes of consultation , supporting thorough medical assessments.

Most dental/plastic surgeries were completed in 1-3 days; complex cases took over 6 days. Optimisation could improve efficiency.

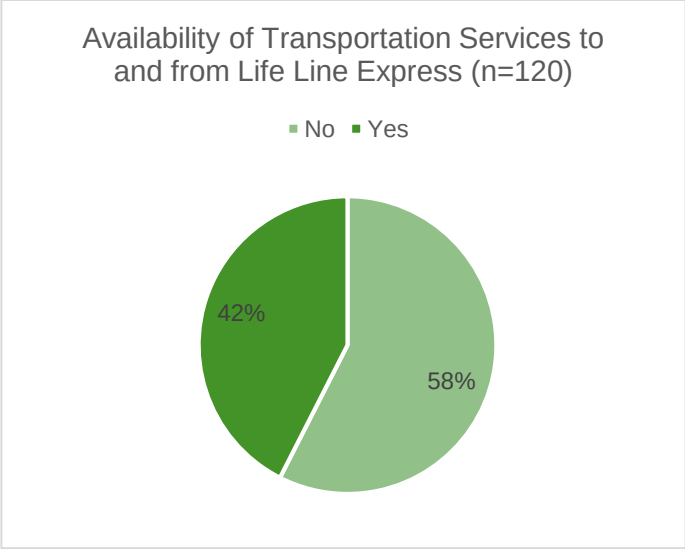


Figure 28: Transportation Access to Life Line Express

It is observed that **58% of beneficiaries** were **not provided** with **transportation services** to and from the Life Line Express, suggesting a significant barrier to ensuring timely access to treatment.

Only 43% had access to transportation, **highlighting an area for improvement in logistical support**. Addressing this issue could enhance the programme's efficiency by reducing delays and ensuring wider accessibility to services.

Around **76% of beneficiaries were provided with food and water at LLE**, ensuring basic provisions for comprehensive patient care.

Extending this support to all beneficiaries would **improve patient experience**, **reduce treatment disruptions, and enhance overall programme efficiency**.

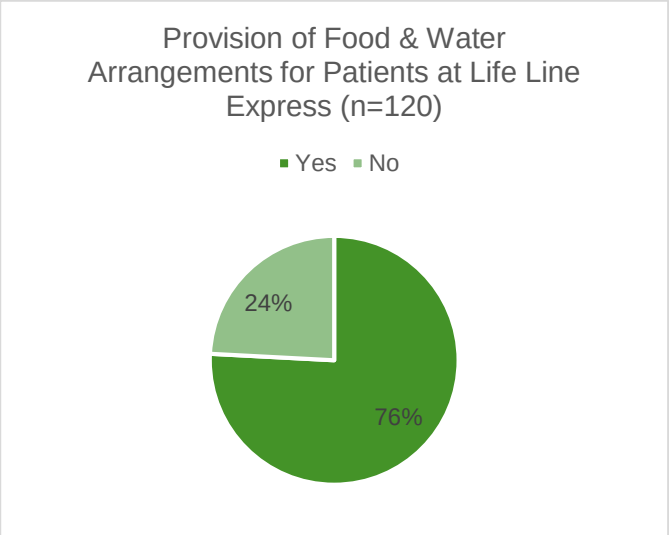


Figure 29: Food & Water Arrangements for Patients at LLE

"From the moment a patient enters until they leave, everything—tests, treatment, food, and lodging—is provided free of cost, ensuring they receive care without any financial burden."

-Dr. Bimbadhar Samantray, Audiologist, Life Line Express

The project's efficiency lies in its comprehensive approach, covering all medical and logistical needs to ensure seamless and accessible treatment for economically disadvantaged patients.

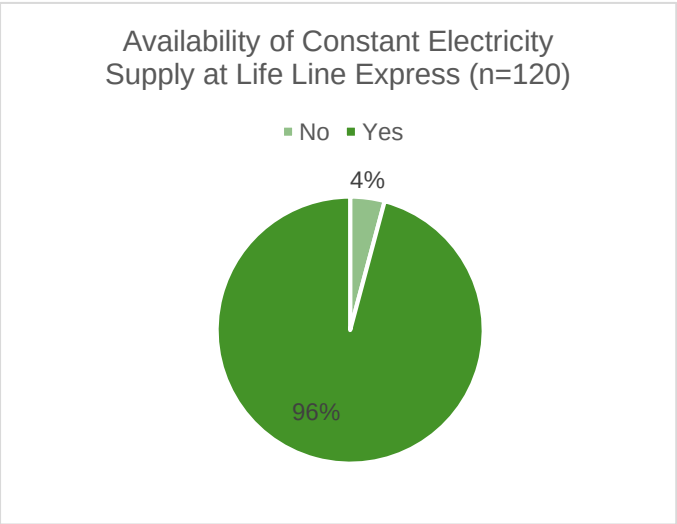


Figure 30: Electricity Supply on the Life Line Express Train

A **significant 96% of beneficiaries** reported a **consistent electricity supply** on the LLE train, ensuring uninterrupted medical services and efficient healthcare delivery.

This indicates that the **LLE maintained a reliable infrastructure**, enabling smooth medical procedures and minimising disruptions in patient care.

"The infrastructure was well-equipped, and the quality of medical facilities was impressive."

– Dr. Ahmar Imam, Physiotherapist, Life Line Express

This indicates that the Lifeline Express operated with high-quality medical infrastructure, ensuring timely and efficient service delivery.

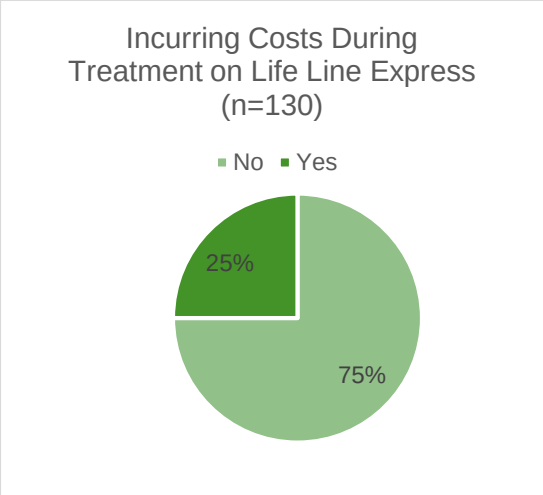


Figure 31: Any Costs Incurred During Treatment on Life Line Express

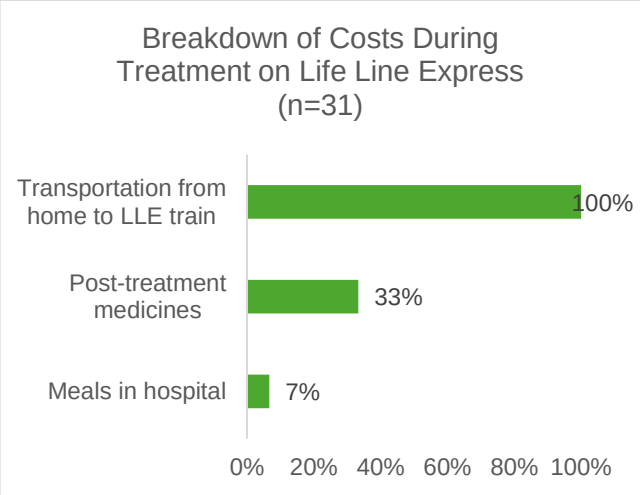


Figure 32: Cost Breakdown During Treatment at Life Line Express

25% of beneficiaries incurred costs during treatment at the Life Line Express. highlighting that some patients faced financial burdens despite the overall provision of free services.

For these 25% of the beneficiaries' **primary expenses** were related to **transportation,** with all beneficiaries having to cover the cost of travel to and from the LLE train. Additionally, 33% of beneficiaries incurred costs for **post-treatment medicines**, while 7% had expenses for **meals at the hospital**.

Addressing these financial challenges, particularly covering transportation and post-treatment costs, could **enhance the programme's accessibility and efficienc**y by reducing financial barriers, ensuring that treatment remains affordable for all beneficiaries.

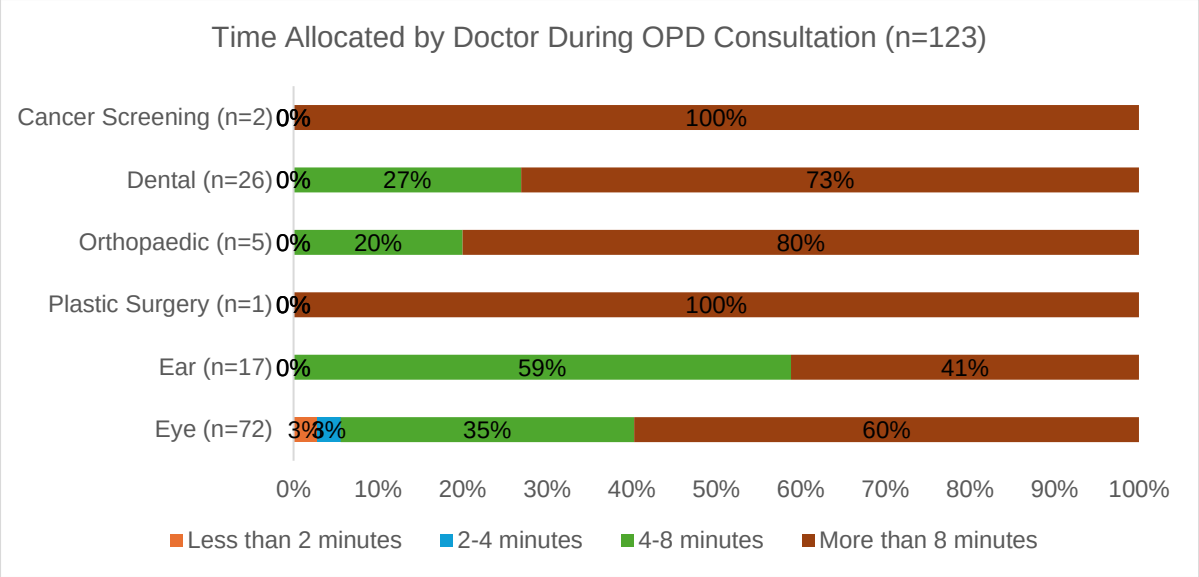


Figure 33: Doctor's Consultation Time During OPD at Life Line Express

On average about **91% of beneficiaries** received more than **8 minutes of consultation time** during OPD at Life Line Express, **ensuring thorough medical assessments**. Additionally, on average 29% of beneficiaries had consultations lasting between 4-8 minutes, while only a very small percentage received less than 4 minutes.

The significant proportion of extended consultations suggests **efficient service delivery, allowing doctors to provide detailed evaluations and necessary guidance**. Maintaining and further optimising consultation times can enhance the programme's effectiveness by improving diagnosis accuracy and patient satisfaction.

Alongside efficient consultations, collaboration with local healthcare facilities further contributed to the smooth execution of medical services.

"We received support from Primary Health Care Centres and Local Health care facilities in Chhattisgarh, where they provided space and support staff for medical activities, which helped in smooth operations."

– Dr. Ahmar Imam, Physiologist, Life Line Express

This highlights the role of local healthcare infrastructure in facilitating the project, ensuring efficient service delivery by offering necessary space and support staff *for medical interventions.*

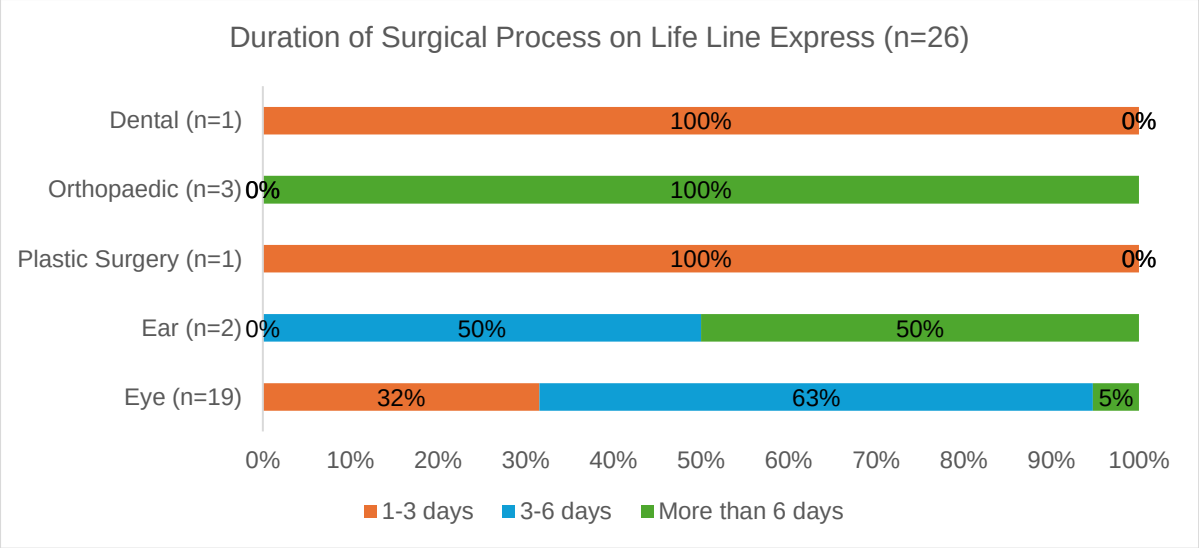


Figure 34: Surgical Processes' Duration

100% of dental and plastic surgery procedures were completed within **1-3 days**, while 50% of ear and 63% of eye surgeries were completed in 3-6 days. However, 100% of orthopaedic, 50% of ear, and 5% of eye procedures required more than 6 days to complete.

This variation reflects the **differing complexities of surgical treatments**. **Optimising surgical timelines** where feasible could further enhance the programme's efficiency, ensuring timely care without compromising treatment quality.

The Life Line Express demonstrated efficiency through uninterrupted medical services, comprehensive consultations, and timely surgical procedures for most beneficiaries. Reliable infrastructure and essential patient provisions contributed to smooth service delivery. However, gaps in transportation support, out-of-pocket expenses, and variations in surgical timelines indicate areas for improvement. Addressing these challenges could further enhance accessibility, affordability, and overall programme efficiency.

3.5 Impact

This section examines the intervention's impact, assessing its significant positive or negative, intended or unintended, and higher-level effects, highlighting its overall significance and transformative potential.

73% reported improved knowledge of preventable disabilities, though 27% saw no change, highlighting the need for enhanced outreach.

78% helped others identify and seek treatment for preventable disabilities, demonstrating a broader community impact.

94% (ear) and 65% (eye) beneficiaries reported normal functioning post-treatment; 67% (eye) and 27% (dental) experienced fewer complications.

47% (ear) and 62% (dental) saw increased confidence; 71% (ear) and 81% (dental) reported better job opportunities.

95% believe the intervention reduced preventable disabilities in their community.

86% reported lasting positive health impacts, reaffirming the intervention’s effectiveness.

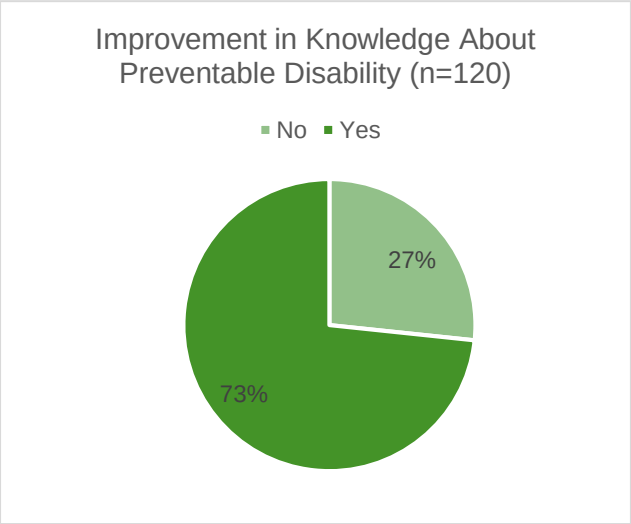


Figure 35: Enhancement of Knowledge on Preventable Disabilities

The majority of **beneficiaries (73%)** reported an **improvement in their knowledge about preventable disabilities** following outreach and treatment, indicating the intervention's effectiveness in raising awareness.

However, 27% of beneficiaries did not experience a change in their knowledge, suggesting an area for improvement in educational outreach or delivery of information. Enhancing this aspect could further amplify the programme's impact, ensuring more beneficiaries gain a deeper understanding of preventable disabilities.

The graph indicates that a significant portion of beneficiaries, **78%,** have **assisted someone** in their family or community **in identifying a preventable disability** and securing proper treatment.

This highlights the intervention's potential to not only improve individual knowledge but also foster broader community impact, enabling beneficiaries to share their insights and contribute to the identification and treatment of preventable disabilities. This further demonstrates the programme's transformative effect, extending beyond individual benefits to create positive ripple effects within communities.

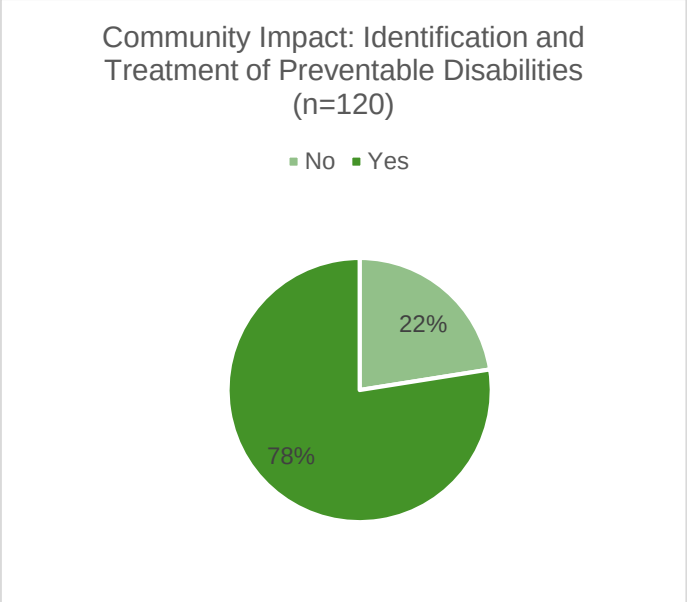


Figure 36; Helping Community Members Identify Preventable Disabilities

"Empowerment to the disabled through surgical and medical interventions is a key focus of our project."

– Ms. Rita Tauro, Project Manager, Life Line Express

This depicts that the project creates a transformative impact by restoring mobility and improving the quality of life for people with disabilities, leading to long-term socio-economic benefits.

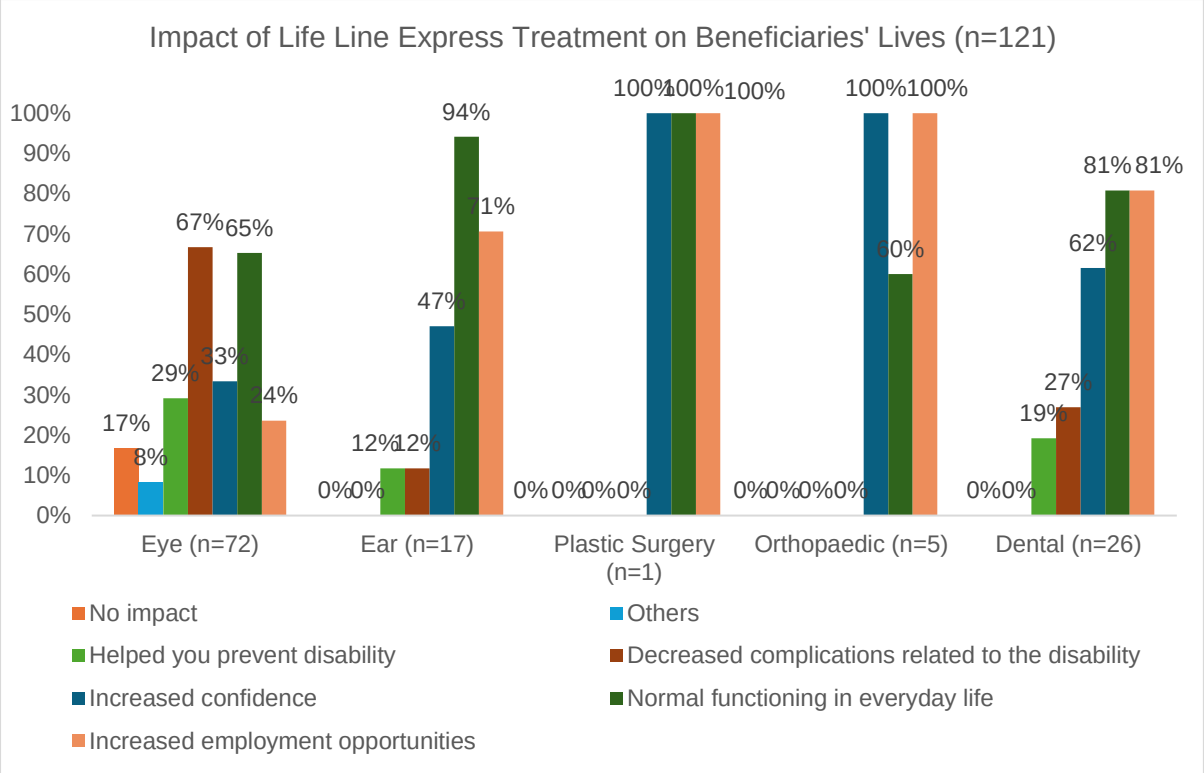


Figure 37: Impact of Life Line Express Treatment on Beneficiaries' Well-Being

The treatments provided through the Life Line Express had a **significant positive impact** on **beneficiaries' daily functioning**. A substantial proportion of beneficiaries, particularly in **eye and ear treatments**, reported **improved daily life** and **increased confidence**. For example, 94% of ear treatment beneficiaries and 65% of eye treatment beneficiaries experienced normal functioning in everyday life.

Moreover, **67% of eye treatment beneficiaries and 27% of dental treatment beneficiaries** experienced **decreased complications** related to their disabilities. Confidence also saw a significant boost, with 47% of ear treatment beneficiaries and 62% of dental treatment beneficiaries noting increased self-assurance.

The treatments also led to **improved employment prospects**, with 71% of ear treatment beneficiaries and 81% of dental treatment beneficiaries experiencing increased job opportunities.

These figures highlight the **transformative impact of the intervention**, **improving both the quality of life and long-term economic prospects for beneficiaries**.

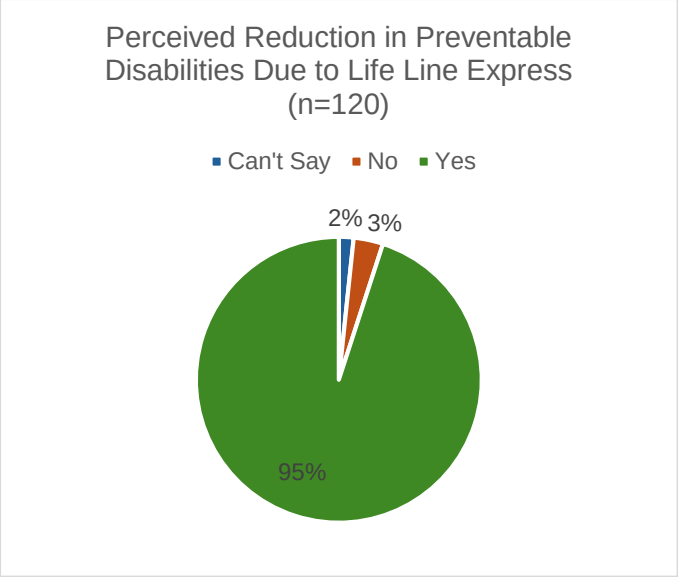


Figure 38: Perceived Impact of the Intervention in Reducing Preventable Disabilities in the Community

An overwhelming **95% of beneficiaries** believe that the Life Line Express treatment has **contributed to reducing the occurrence of preventable disabilities** within their community.

This indicates **a strong positive perception** of the **intervention's effectiveness** in addressing disability prevention. Only 3% of respondents disagreed, and 2% were unsure. This widespread confidence in the programme highlights its significant role in improving community health outcomes.

A **significant 86%** of beneficiaries believe that the treatment provided by Life Line Express has had a **lasting positive impact** on their health. Only 9% felt there was no lasting effect, and 5% felt the impact was somewhat positive.

This indicates that the majority of beneficiaries recognise the **long-term benefits of the treatment**, underscoring the programme's effectiveness in improving health outcomes.

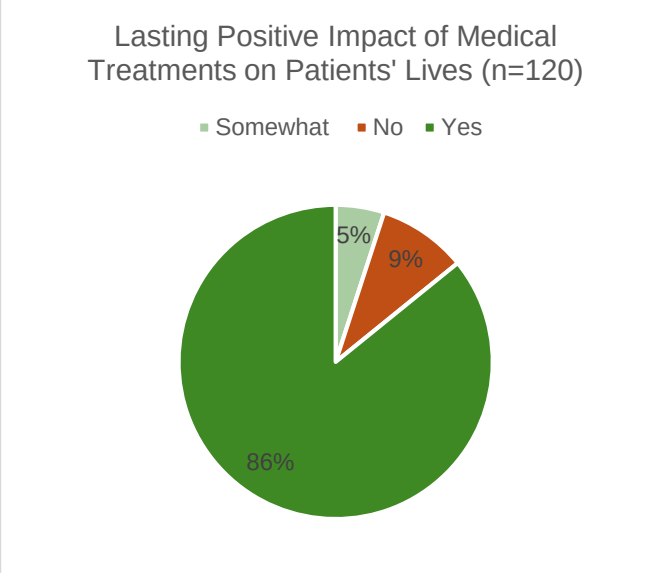


Figure 39: Perceived Long Term Impact of Life Line Express Treatment on Health

In conclusion, the Life Line Express intervention has had a transformative and lasting impact on beneficiaries, significantly improving their knowledge about preventable disabilities, enhancing daily functioning, boosting confidence, and increasing employment opportunities. While there are areas for improvement, such as further strengthening educational outreach, the overwhelmingly positive feedback demonstrates the programme's effectiveness in reducing preventable disabilities and fostering long-term health benefits for individuals and communities alike.

3.6 Sustainability

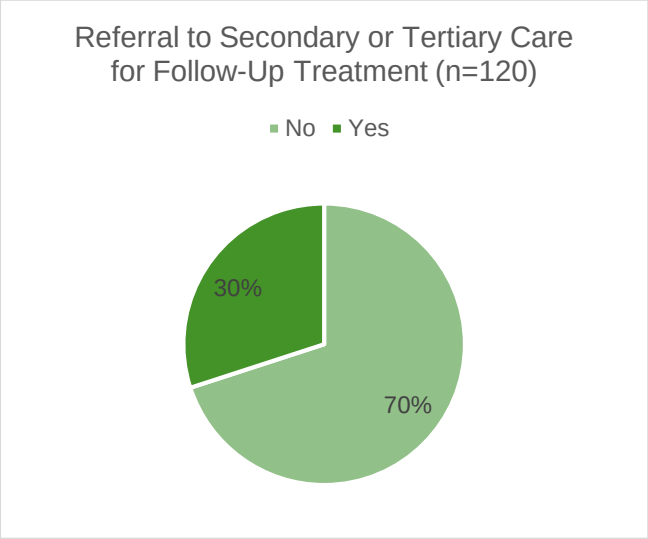
This section examines the likelihood that the benefits of the intervention will persist or continue over time, evaluating the factors that contribute to the long-term sustainability of its outcomes.

70% were not referred to nearby secondary or tertiary care hospitals for follow-up, indicating a need for stronger referral systems to ensure sustained health benefits.

Only 15% received post-treatment follow-ups by LLE team; gaps were highest in eye (89%), dental (88%), and ear (76%) treatments, affecting long-term recovery.

Follow-ups varied by treatment, with most eye patients (88%) seen monthly, while ear (75%) and dental (67%) had more frequent check-ups. Standardising follow-up care could improve sustainability.

72% found prevention guidance helpful, but 16% received none, highlighting the need for improved health education to ensure lasting impact.



Around **70% of the beneficiaries** reported **not being referred** to secondary or tertiary care **for follow-up treatment**, indicating a gap in continuity of care.

This suggests that while the initial treatment provided by Life Line Express was effective, there may be a **need for stronger referral mechanisms** to ensure ongoing care and support for beneficiaries, thereby enhancing the sustainability of health outcomes.

Figure 40: Referral to Follow-Up Care at Secondary or Tertiary Healthcare Facilities

"I referred patients to local hospitals based on proximity to their residence for long-term rehabilitation, but there were no formal tie-ups with specific hospitals."

– Dr. Ahmar Imam, Physiotherapist, Life Line Express

This suggests that while efforts were made to direct patients to nearby healthcare facilities for continued care, the absence of formal referral linkages may have contributed to gaps in follow-up treatment and rehabilitation.

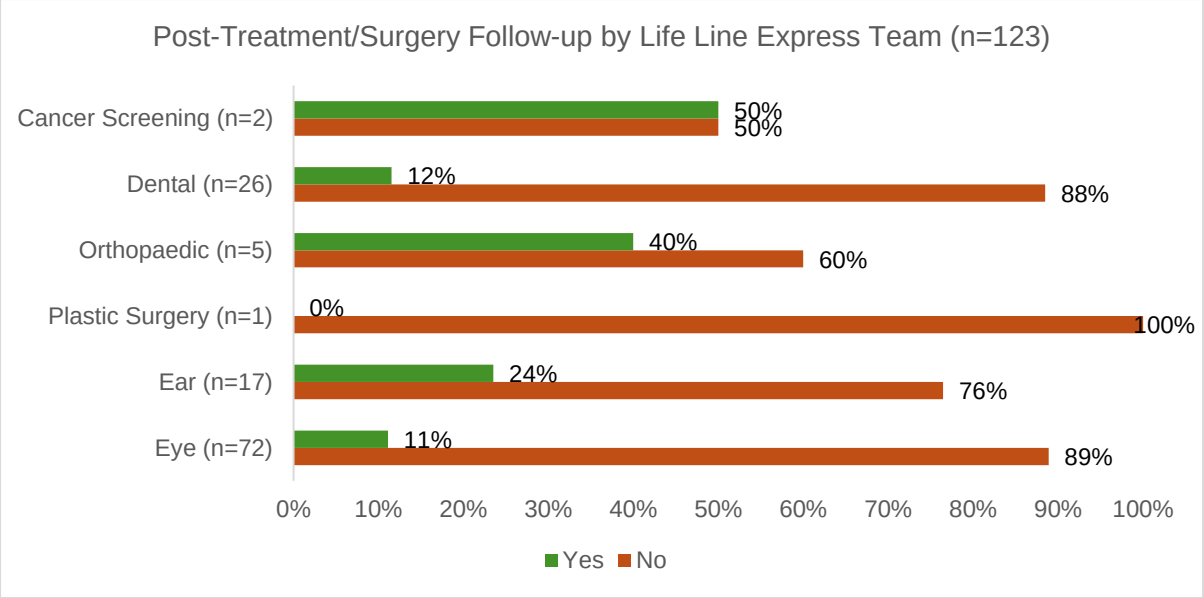


Figure 41: Provision of Follow-Up Care After Treatment/Surgery

Based on weighted percentages, **only 15%** of beneficiaries **received follow up**, while **85% did not**.

A majority of beneficiaries, including 89% of eye treatment recipients, 88% of dental patients, and 76% of ear treatment recipients, did not receive any follow-up care. While 40% of orthopaedic and 50% of cancer screening beneficiaries received follow-up, the overall low percentage highlights a significant gap in post-treatment support.

This **limited follow-up care may impact the sustainability** of the intervention's long-term effects, as **continuous monitoring and post-treatment care are essential** to ensuring the lasting success of the treatment and recovery process. Addressing this gap in post-treatment engagement could enhance the programme's overall sustainability and the long-term health outcomes for beneficiaries.

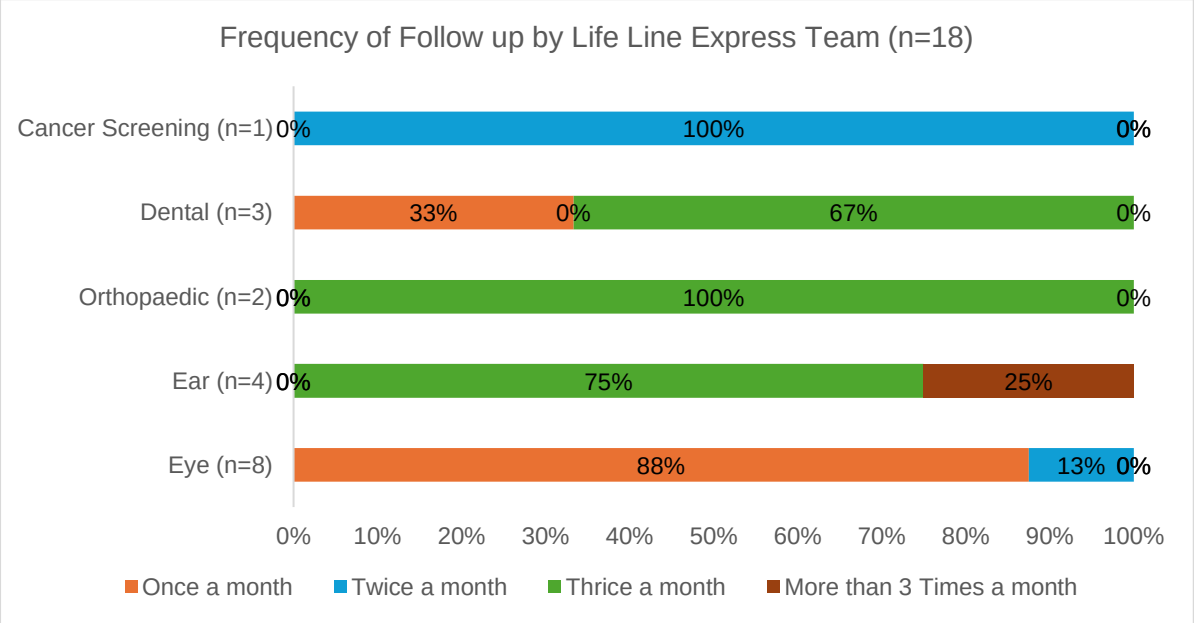


Figure 42: Follow-Up Care Frequency by Life Line Express Team

Out of those who received follow-up care, most eye treatment beneficiaries (88%) had follow-ups once a month, while 75% of ear treatment recipients were followed up thrice a month. Orthopaedic and dental patients mostly received follow-ups thrice a month (100% and 67%, respectively), while cancer screening beneficiaries had follow-ups twice a month. **Standardising follow-up frequency** across treatments could **improve consistency** and overall post-treatment care.

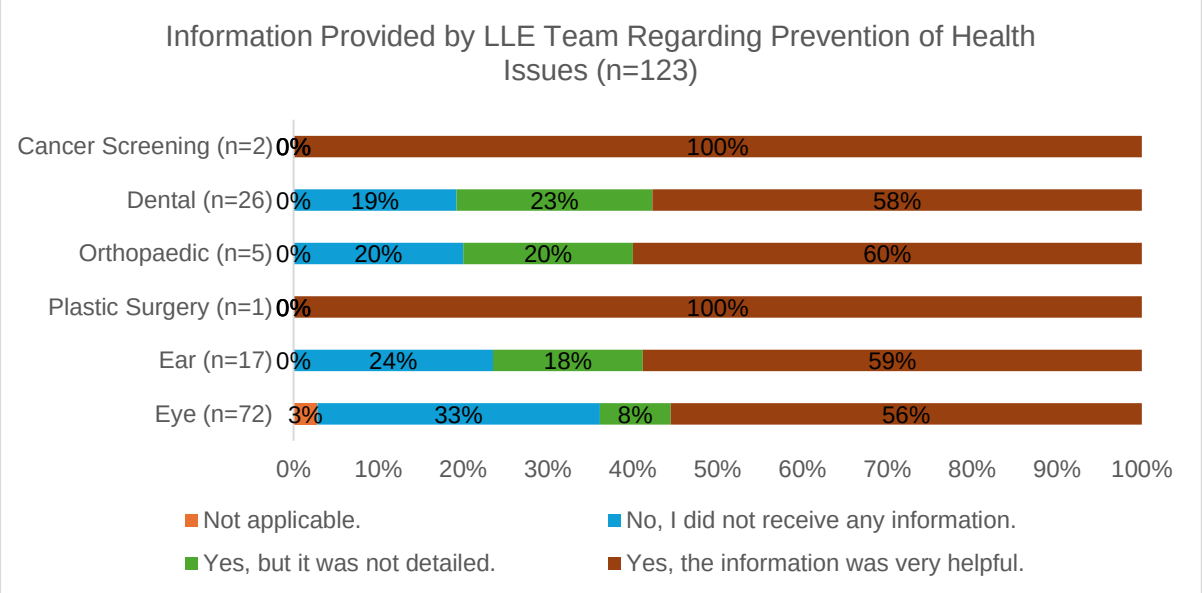


Figure 43: Prevention Information Provided by the Life Line Express Team

On average, **72% of beneficiaries** across all treatment categories reported **receiving extremely helpful information** on how to prevent similar health issues in the future. Approximately 12% received information that was not detailed, while **around 16% did not receive any preventive guidance**. This suggests that the programme could enhance its focus on delivering **more detailed and actionable prevention information** to all beneficiaries. Addressing this gap would support more sustainable health outcomes in the long term.

In conclusion, while the Life Line Express intervention has made significant strides in providing initial treatment, the gaps in follow-up care, referral systems, and preventive information suggest areas for improvement. Strengthening post-treatment support, establishing robust referral mechanisms, and enhancing the delivery of detailed prevention information could substantially enhance the sustainability of health outcomes and ensure long-term benefits for beneficiaries.

3.7 Impact Stories

Impact Story 1

Ms. Sheela Majumdar, a dedicated homemaker from Surajpur district, had been struggling with persistent dental pain and vision difficulties for a long time. These health challenges not only caused discomfort but also affected her daily life, making simple activities such as eating and seeing a constant struggle. However, her life took a positive turn when she accessed medical services from the Lifeline Express (LLE), a transformative healthcare initiative by Essel Mining & Industries Limited (EMIL)

Her dental issues had become unbearable, causing her immense distress. “My tooth used to pain a lot. I was extremely tensed,” she recalled. Upon visiting the Lifeline Express, she received expert dental treatment from a well-trained medical team. The doctor conducted a thorough examination and determined that removing the affected tooth was the best course of action. The procedure was carried out with utmost care, and post-treatment, she experienced complete relief. “The doctor removed my tooth, and now I am pain-free. No issues are faced now. I can eat everything easily. Earlier, I could not eat due to the pain,” she shared joyfully.

In addition to dental treatment, she also availed eye care services aboard the Lifeline Express. She had been experiencing difficulty with both near and far vision, significantly affecting her ability to perform daily tasks. The LLE medical team conducted a comprehensive eye check-up and provided her with the appropriate spectacles. “I can now see clearly. Earlier, I had problems with both far and near sight, but now that has been resolved through the specs provided by the LLE team,” she stated gratefully.

She expressed immense satisfaction with the quality of care she received from Lifeline Express. “LLE worked very nicely. All my dental and eye-related issues were resolved. The doctors and nurses were well-trained and provided proper treatment,” she said. Her testimony highlights the profound impact of this initiative in delivering high-quality healthcare to underserved communities.

Impact Story 2

Mr. Bijay Sharma, a dedicated government teacher from Surajpur district, had been struggling with vision issues that affected both his near and far sight. His work required him to read, write, and engage with students daily, but his eyesight problems made these tasks increasingly difficult. Despite owning a pair of spectacles, they did not fully address his vision concerns. However, his experience with the Lifeline Express (LLE) changed everything.

When the Lifeline Express visited Kamalpur Gram Railway Station, he took the opportunity to undergo an eye examination. The LLE medical team provided him with a new pair of spectacles, perfectly suited to his eyesight requirements. “The specs received from the doctor were very helpful. The number was correct, and I still use them to teach my students,” he shared. He was so satisfied with the quality and effectiveness of the spectacles that he completely stopped using his previous pair.

Beyond his personal experience, he praised the Lifeline Express initiative for its extensive outreach and well-organised healthcare services. “Through the LLE programme, good work has been done, benefiting people from all socio-economic strata,” he stated. He recognised the impact of the initiative in bridging healthcare gaps and providing essential medical aid to those in need.

Expressing his appreciation for the medical professionals on board, he was grateful for the support he received. “The LLE doctors and team did an excellent job. My vision problems have been resolved, and I am truly thankful,” he said. He also commended the efforts of the staff, acknowledging their dedication and commitment to patient care.

Mr. Bijay Sharma’s experience highlights the transformative role of the Lifeline Express in providing accessible and high-quality eye care services. By addressing his vision problems, the initiative has enabled him to continue his profession with confidence and clarity. His story underscores the broader impact of the LLE programme, ensuring that individuals from all walks of life receive the healthcare they need to improve their quality of life.

**Names have been changed to maintain the privacy of Beneficiaries.*

Chapter 4

Brand Equity

Brand Equity refers to a value premium that a company generates from a product or service through its name recognition. Organisations can enhance their brand value and reputation by providing service that is reliable, efficient, memorable, and of superior quality. In this study, we have determined the brand equity of the Aditya Birla Group – EMIL Group.

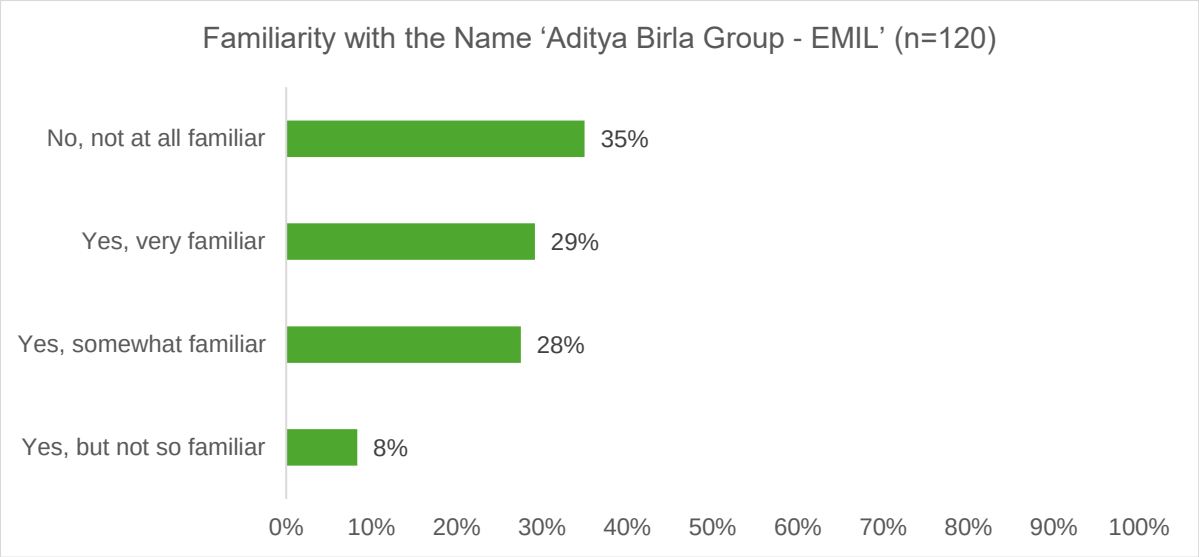


Figure 44: Awareness of the Name 'Aditya Birla Group - EMIL'

The beneficiaries were asked if they were aware and familiar with the brand. **65% of the beneficiaries** reported that they were **familiar with the brand**, while 35% were not at all familiar with the brand's name.

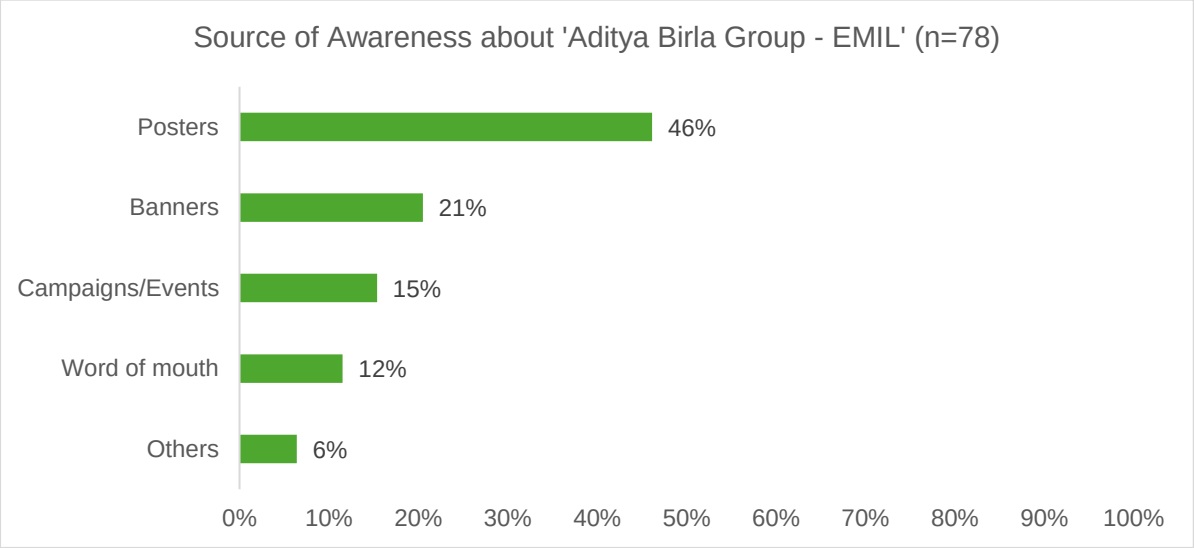


Figure 45: Channels of Awareness About 'Aditya Birla Group – EMIL'

As it can be observed '**Posters'** are the **most common exposure source**, mentioned by 46% of respondents, followed by banners (21%) and campaigns/events (15%). Word of mouth accounts for 12%, while 6% cited "others". This highlights the strong role of traditional advertising, particularly posters and banners, but also suggests opportunities to further enhance visibility through campaigns and word of mouth.

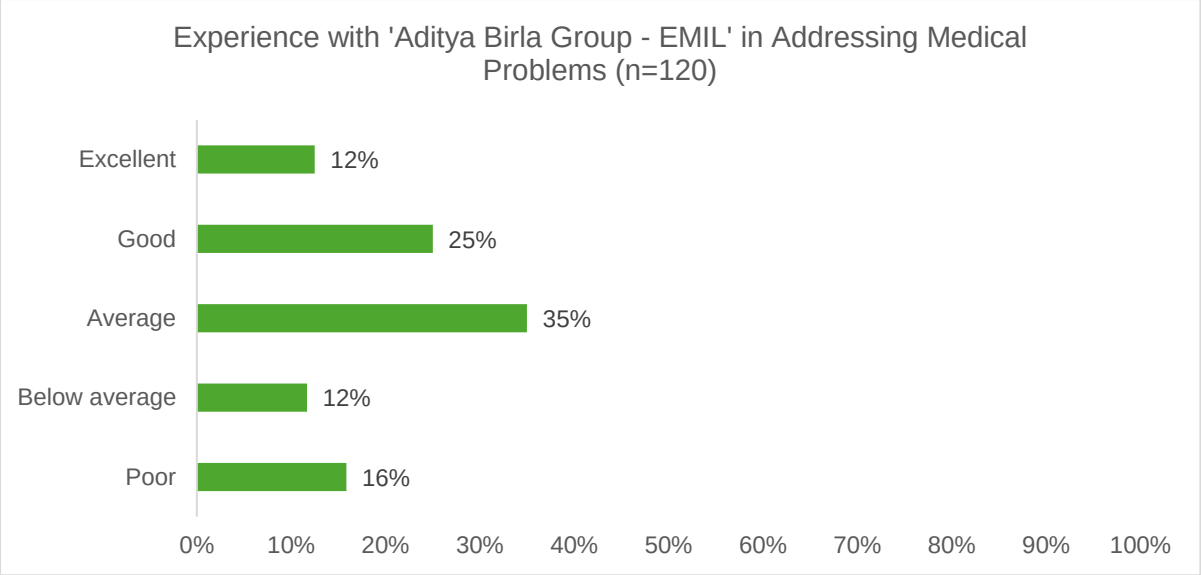
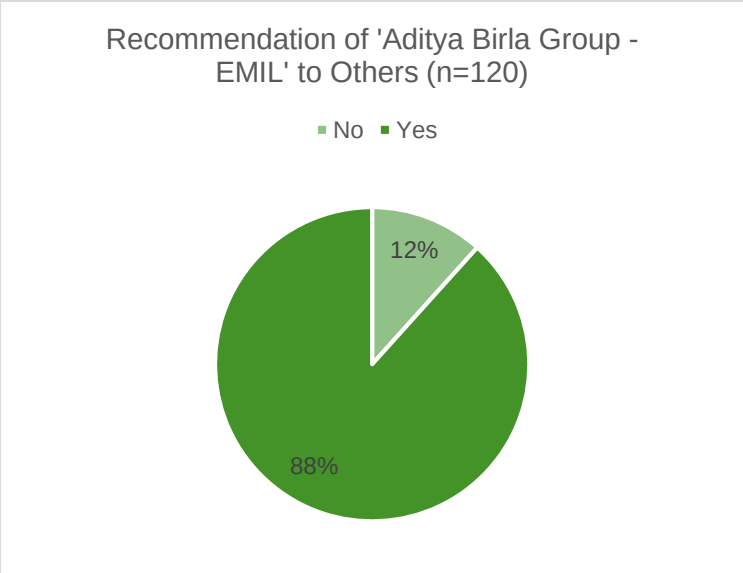


Figure 46: Experience with 'Aditya Birla Group – EMIL' in Managing Medical Issues

Around **37% of beneficiaries** were **satisfied with their experience** with Aditya Birla in addressing medical problems, rating it as excellent or good. 35% found the experience satisfactory, rating it as average. However, 28% were dissatisfied, rating their experience as below average or poor. This indicates that while a significant portion of beneficiaries had a positive experience, there is room for improvement in addressing medical concerns to enhance overall satisfaction.



A **significant 88% of respondents** reported that they would recommend the Aditya Birla Group to others while only 12% would not recommend the group.

This indicates a **high level of satisfaction** and trust in the brand.

Figure 47: Willingness to Recommend 'Aditya Birla Group – EMIL' to Others

Overall, the beneficiaries had a positive experience with the Aditya Birla Group -EMIL group. After the implementation of the Lifeline Express Programme, there is an increased awareness about the brand along with a probability of highly recommending the same to their friends/family or social circle.

Chapter 5

Recommendations

A few recommendations with respect to the Lifeline Express programme are mentioned below:

Sr. No.	Current Scenario	Recommendation
1	Only 42% of beneficiaries were visited by outreach workers, indicating gaps in awareness and early identification of medical needs.	**Enhancing Outreach and Early Screenings:** Increase outreach workers, expand geographic coverage, and utilise diverse communication channels (community meetings, digital campaigns, local health partnerships). Strengthening early screenings and awareness will improve patient access and ensure timely interventions.
2	While eye treatment beneficiaries (90%) reported minimal challenges, ear (71%), dental (81%), plastic surgery, and orthopaedic patients faced significant issues with doctor availability and infrastructure, affecting service accessibility and quality.	**Enhancing Service Delivery:** Ensure consistent doctor availability, upgrade infrastructure, and optimise service delivery, particularly for ear, dental, plastic surgery and orthopaedic treatments.
3	Around 70% of beneficiaries were not referred to secondary or tertiary care, indicating a lack of structured referral mechanisms. This gap affects continuity of care and long-term health outcomes.	**Enhancing Referral System:** Establish a structured referral mechanism by collaborating with local hospitals and specialists, ensuring seamless transitions for advanced care. Strengthening patient awareness of referral options can further improve long-term health outcomes.
4	Post-treatment follow-up was limited, with 89% of eye, 88% of dental, and 100% of plastic surgery beneficiaries not receiving any follow-up, leading to potential gaps in recovery and treatment effectiveness.	**Improving Follow-Up by LLE:** Implement a systematic follow-up plan with scheduled check-ins, telemedicine consultations, and local health partnerships to monitor recovery, provide continued care and improve treatment sustainability.

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