

ADITYA BIRLA



EMIL



Impact Assessment Report

# Promotion of Health Care/LLE Programme

*Submitted by :*

**Impact**   
**Practice**

by CSRBOX

# Certificate

This is to certify that the Impact Assessment report titled: 'Lifeline Express – Godda' is an original study conducted by CSRBOX and is submitted to Essel Mining & Industries Limited.

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 contains findings by CSRBOX, which are based on the review of secondary sources, as well as primary-level interactions. The impact assessment framework used by CSRBOX was created and implemented in accordance with the objectives and indicators of the project.

Bhomik Shah

Founder and CEO, CSRBOX

# Acknowledgement

CSRBOX conducted the Impact Assessment for the Lifeline Express project that was conducted in Godda, in FY 2023-24. We would like to thank Essel Mining & Industries Limited for their constant support and guidance throughout the impact assessment process.

Additionally, we would like to express our sincere gratitude towards the project implementation partner, Impact India Foundation for their continuous assistance throughout the assessment process and for enabling a better understanding of the project life cycle. Their kind support helped us with smooth data collection and field visits.

Lastly, we thank all the beneficiaries and secondary stakeholders, such as doctors, nurses, the district Programme Manager, and volunteers who took out time to interact with us on the field as well as virtually. Their valuable insights have been instrumental in understanding the ground-level realities and holistic understanding of the Lifeline Express project.

## Disclaimer

- 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 report shall be disclosed to those authorised in its entirety only without removing the disclaimers. CSRBOX has not performed an audit and does not express an opinion or any other form of assurance. Further, comments in our report are not intended, nor should they be interpreted to be legal advice or opinion.
- This report contains an analysis by CSRBOX considering the publications available from secondary sources and inputs gathered through interactions with the leadership team of **Essel Mining & Industries Limited**, 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 personnel in related industries.

### With Specific to Impact Assessment of Lifeline Express Programme Under Essel Mining & Industries Limited (FY2023-24):

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

## List of Abbreviations:

Sl. No.	Abbreviation	Full form
1	ASHA	Accredited Social Health Activist
2	BRSR	Business Responsibility & Sustainability Reporting
3	CHC	Community Health Centre
4	EMIL	Essel Mining & Industries Limited
5	ENT	Ear, Nose, and Throat
6	IIF	Impact India Foundation
7	LLE	Life Line Express
8	OOP	Out-of-pocket expenditure
9	OPD	Outpatient Department
10	PHC	Primary Health Centre
11	SEBI	Securities and Exchange Board of India

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ADITYA BIRLA



EMIL

# Executive Summary

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*Submitted by :*

**Impact**   
**Practice**  
by CSRBOX

# Executive Summary

## Background:

Essel Mining & Industries Ltd. (EMIL), a part of the Aditya Birla Group, as a responsible corporate organisation, actively engages with local communities to enhance societal well-being. The company conducts a wide array of enriching activities and collaborates with community organisations, aiming to build a more equitable society.

EMIL provides various resources to community stakeholders, including awareness campaigns, capacity-building initiatives, tools, and infrastructural support. EMIL is committed to connecting with marginalised communities, a commitment deeply embedded in their core values. They embrace the concept 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, striving to make a positive impact on their lives.

## Project Details:

Essel Mining & Industries Limited (EMIL) has partnered with Impact India Foundation to launch the Life Line Express (LLE), a transformative Corporate Social Responsibility (CSR) initiative. This mobile hospital train delivers essential healthcare services, including surgeries and health education, to underserved communities across India. The Life Line Express operates in remote areas for 21 days at a time, providing critical medical care and raising awareness about preventable disabilities. The services provided by Lifeline Express are free of charge, making them accessible to even the most vulnerable sections of society. This report examines the impact of the programme in Godda during FY 2023-24.

## Impact Highlights:

During the course of 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.




Figure 1: Life Line Express

<b>Relevance</b>	}	<ul style="list-style-type: none"> <li>88% of the beneficiaries were unable to access health services in their area prior to the CSR intervention</li> <li>32% of the beneficiaries diagnosed of their medical problems for the first time through LLE</li> </ul>
<b>Coherence</b>	}	<ul style="list-style-type: none"> <li>The program is aligned with <b>SDG 3 (Good health and well-being)</b></li> <li>The program is in line with <b>National Health Policy, NPCBVI, NPPCD and NPCDCS</b></li> </ul>
<b>Effectiveness</b>	}	<ul style="list-style-type: none"> <li>73% of beneficiaries extremely satisfied with the improvement in medical problem after getting treatment from LLE</li> <li>65% of beneficiaries extremely satisfied with the doctor's treatment in LLE</li> </ul>
<b>Efficiency</b>	}	<ul style="list-style-type: none"> <li>64% of the beneficiaries were provided transportation services from their home till OPD in LLE</li> <li>All of the beneficiaries were extremely satisfied with the hygiene and cleanliness maintained inside the train</li> </ul>
<b>Impact</b>	}	<ul style="list-style-type: none"> <li>84% of the beneficiaries reported an improvement in their knowledge about preventable disability</li> <li>88% of the beneficiaries helped their friends and family identify their preventable disabilities.</li> <li><b>88% of dental, 65% of eye, and 64% of ear surgery patients reported increased confidence post-treatment.</b></li> </ul>
<b>Sustainability</b>	}	<ul style="list-style-type: none"> <li>100% of gynecology screening patients reported no access issues</li> <li>69% of dental surgery patients reported no access issues</li> <li>68% of patients availed medical services once</li> </ul>

Overall, the project is in 100% alignment with the below **UN SDG** and **ESG** principles is evident.

**Sustainable Development Goals:**

	<p>Lifeline Express aligns with SDG 3 as it provides accessible healthcare, effective treatment, medicines, and assistive devices free of cost. The beneficiaries were given knowledge about various preventable disabilities which helped in maintaining their good health.</p>
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## ESG Principles:

### Principle 2

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

### Principle 4

- Business should respect the interests of and be responsive to all its stakeholders

### Principle 8

- Business should promote inclusive growth and equitable development

## National Priorities:

<b>National Health Policy (NHP)<sup>1</sup></b>	The Lifeline Express operated with the main aim of addressing preventable disabilities by providing access to quality medical services in remote areas. Thus, the operations of LLE are in complete alignment with the objectives of NHP.
<b>National Programme for Control of Blindness &amp; Visual Impairment (NPCBVI)<sup>2</sup></b>	The Eye treatment provided in LLE helped in treating preventable disability. Thus, this programme aligns with NPCBVI.
<b>National Programme for The Prevention &amp; Control of Deafness (NPPCD)<sup>3</sup></b>	The Ear treatment provided in LLE helped in treating preventable disability. Thus, this programme aligns with NPPCD.
<b>National Programme for Prevention &amp; Control of Cancer, Diabetes, Cardiovascular Diseases &amp; Stroke (NPCDCS)<sup>4</sup></b>	There were screening facilities provided for breast and cervical cancer for 5 days in LLE. Thus, aligning with NPCDCS.

Table 1: National Priorities

The Lifeline Express Project has made a significant contribution to healthcare by providing sustainable care to beneficiaries and equal opportunities to those who previously had difficulty accessing healthcare facilities. As a way forward, the project can expand the coverage of the Lifeline Express Programme and enhance its familiarity among the community.

It is advisable to increase the duration of the outreach period from 15-20 days to 20-25 days

<sup>1</sup> <https://main.mohfw.gov.in/sites/default/files/9147562941489753121.pdf>

<sup>2</sup> <https://npcbvi.mohfw.gov.in/>

<sup>3</sup> <https://main.mohfw.gov.in/sites/default/files/51892751619025258383.pdf>

<sup>4</sup> <https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=1048&lid=604>



Chapter 1

# **Programme Overview and CSR Initiatives of EMIL**

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# Chapter – 1: Programme Overview

## 1.1 CSR Initiatives of the Organisation

**Essel Mining & Industries Limited (EMIL)**, a flagship company of the esteemed **Aditya Birla Group**, holds a prominent position in the industrial sector, known for its unwavering pursuit of excellence and deep-rooted commitment to sustainability. Driven by a vision to create enduring value for all stakeholders, EMIL integrates environmental stewardship and social responsibility at the core of its operations. Believing that community development is essential to inclusive progress, EMIL's CSR philosophy is grounded in empowering vulnerable communities and enhancing India's Human Development Index (HDI). Its CSR initiatives focus on social and economic upliftment, especially of underprivileged groups, through strategic partnerships and collaborations with credible organisations. Guided by the United Nations Sustainable Development Goals (SDGs), EMIL's CSR programmes are thoughtfully designed and implemented in collaboration with individuals, government agencies, local authorities, panchayats, and community stakeholders. Key focus areas of EMIL's CSR efforts include<sup>5</sup>:

### Infrastructure Development

To set up essential services that form the foundation of sustainable

### Sustainable livelihood

To provide livelihood in a locally appropriate and environmentally sustainable manner

### Healthcare

To render quality healthcare facilities to people living in the villages and elsewhere

### Education

To spark the desire for learning and knowledge at every state

### Social causes

Advocate and support various social issues such as: dowry-less marriage, widow remarriage, gender equality, de-addiction campaigns, awareness programmes on anti-social issues and espousing basic moral values.

<sup>5</sup> <https://www.esselmining.com/wp-content/uploads/2022/09/csr-policy.pdf>

## 1.2 Background

Access to quality healthcare continues to be a pressing concern in remote and rural districts across India. Despite considerable progress through national schemes like the National Health Mission (NHM), many underserved regions still face critical shortages of trained healthcare professionals, functional infrastructure, diagnostic services, and specialist care. According to the Rural Health Statistics 2021–22<sup>6</sup>, there is a 76% shortfall in specialist doctors at Community Health Centres (CHCs) nationwide, with rural areas disproportionately affected.

The **235th Lifeline Express Project** of **Essel Mining & Industries Limited (EMIL)**, implemented by **Impact India Foundation (IIF)**, was a timely and targeted intervention. The project brought a fully equipped hospital train directly to the doorstep of underserved communities, providing advanced diagnostics, surgical services, and essential medical care. By bridging critical gaps in health service delivery, the project complemented government programmes like Ayushman Bharat and the ADP. It reduced out-of-pocket expenditure for rural families, increased health awareness, and brought life-changing medical interventions to people with otherwise limited or no access. The Lifeline Express Project stands as a successful model of mobile, community-integrated, and inclusive healthcare delivery in one of the most underserved regions of the country.

## 1.3 Programme Overview

**Essel Mining & Industries Limited (EMIL)**, in collaboration with **Impact India Foundation (IIF)**, launched a transformative Corporate Social Responsibility (CSR) initiative through the **Lifeline Express (LLE)**

The Lifeline Express Project, also known as the "Hospital on Wheels," is a unique healthcare initiative delivering essential medical services to underserved rural areas in India via a fully equipped train. Operating for 21 days in aspirational districts, it engaged 4,000 individuals, registered 4,330 OPD cases, and benefited 8,330 patients. Services included screenings, diagnostics, consultations, and 643 surgeries across specialities like ophthalmology, ENT, gynaecology, orthopaedics, plastic surgery, and dentistry. The project also distributed 1,859 aids and appliances, including hearing aids, spectacles, wheelchairs, and artificial limbs. Emphasising community mobilisation, awareness, and follow-up, the initiative ensures sustainable impact through strong partnerships with local governments, hospitals, and NGOs.

The 235<sup>th</sup> Lifeline Express project was carried out in the Aspirational District of Godda, Jharkhand, from November 27<sup>th</sup> to February 15<sup>th</sup>, 2024, at the Poreyahat Railway Station. The station offered essential space and logistical assistance to ensure the seamless operation of the mobile hospital.

### **A brief profile of Godda, Jharkhand<sup>7</sup>**

- **Area:** The district spans an area of 2110 km<sup>2</sup>.
- **Total population:** 1,313,551
  - i. **Males:** 677,927
  - ii. **Females:** 635,624
- **Administrative Divisions:**

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<sup>6</sup> [https://mohfw.gov.in/sites/default/files/RHS%202021-22\\_2.pdf](https://mohfw.gov.in/sites/default/files/RHS%202021-22_2.pdf)

<sup>7</sup> [Demography | Godda | India](#)

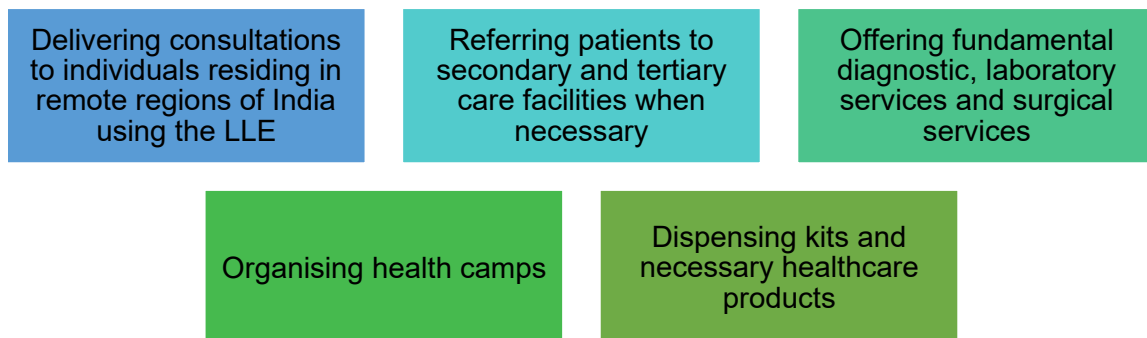
- i) **Number of Blocks:** 9
- ii) **Number of Villages:** 1634

• **Health Infrastructure**<sup>8</sup>: Godda’s health infrastructure is underdeveloped, consisting of 1 District Hospital, 3 Sub-Divisional Hospitals, 25 Primary Health Centres (PHCs), and 139 Health Sub-Centres (HSCs), as per the Jharkhand Health Infrastructure Report (2021).

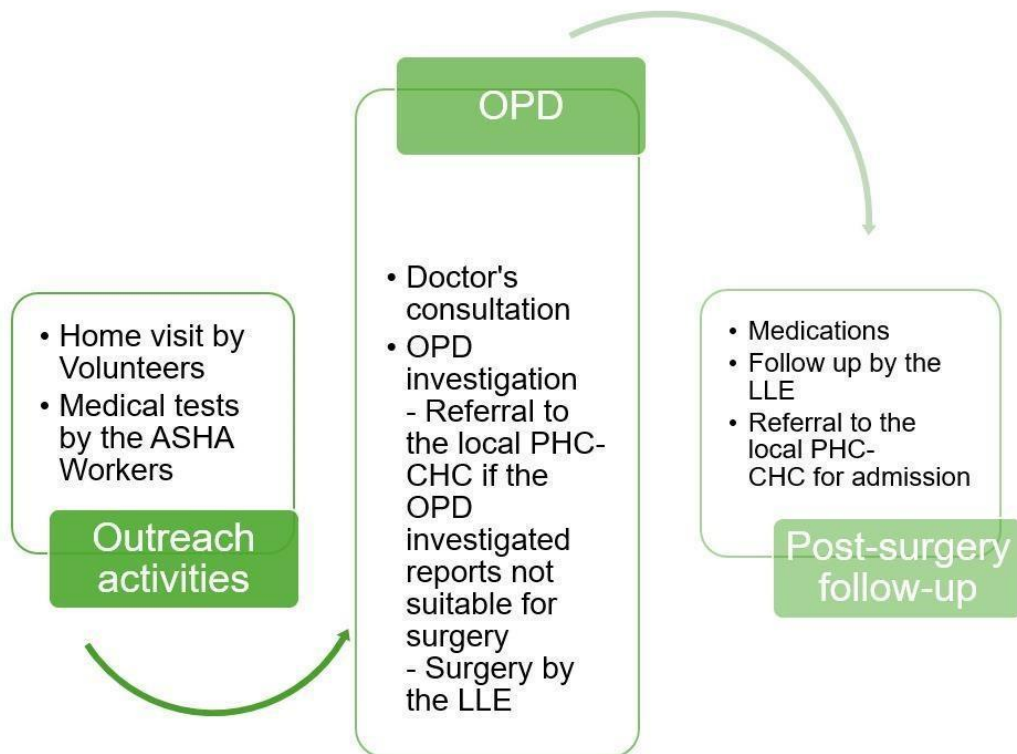
Ranchi is the nearest big city, patients requiring super speciality services need to travel 330 km from Godda to access these facilities.

### 1.4 Objectives of the Lifeline Express:

The Lifeline Express Programme was implemented keeping in mind the following broad objectives:



### Patient Treatment and Surgery Procedure Followed by Lifeline Express



<sup>8</sup> [Health | Godda | India](#)

## 1.5 Major Programme Activities Conducted by the LLE:

### Mobilisation and outreach of the programme

- Identification and engagement of frontline workers, including ASHA workers, community health workers, Anganwadi Workers (AWW), school health ambassadors, and local volunteers to lead outreach and awareness efforts.
- Dissemination of information within the community through home visits, posters, banners, and word-of-mouth campaigns.
- Conducting blood tests to screen individuals and identify patients eligible for treatment aboard the Lifeline Express.
- Issuance of patient cards to individuals availing

### Provision of diagnostic and curative, and surgical services to the rural communities of Godda

- Establishing the outpatient department (OPD) for consultations and treatment referrals.
- Establishing the provision of facilities for basic surgeries.
- Providing ambulances for transporting patients from the OPD building to the Lifeline Express.
- Directing patients to nearby hospitals for post-operative care and additional treatment as necessary.

### Post-operative/ Treatment Care

- Conducting follow-up calls with patients' post-treatment or surgery to monitor recovery and resolve any concerns or grievances.
- Coordinating with local healthcare providers to ensure continuity of care and support for patients during their recovery period.



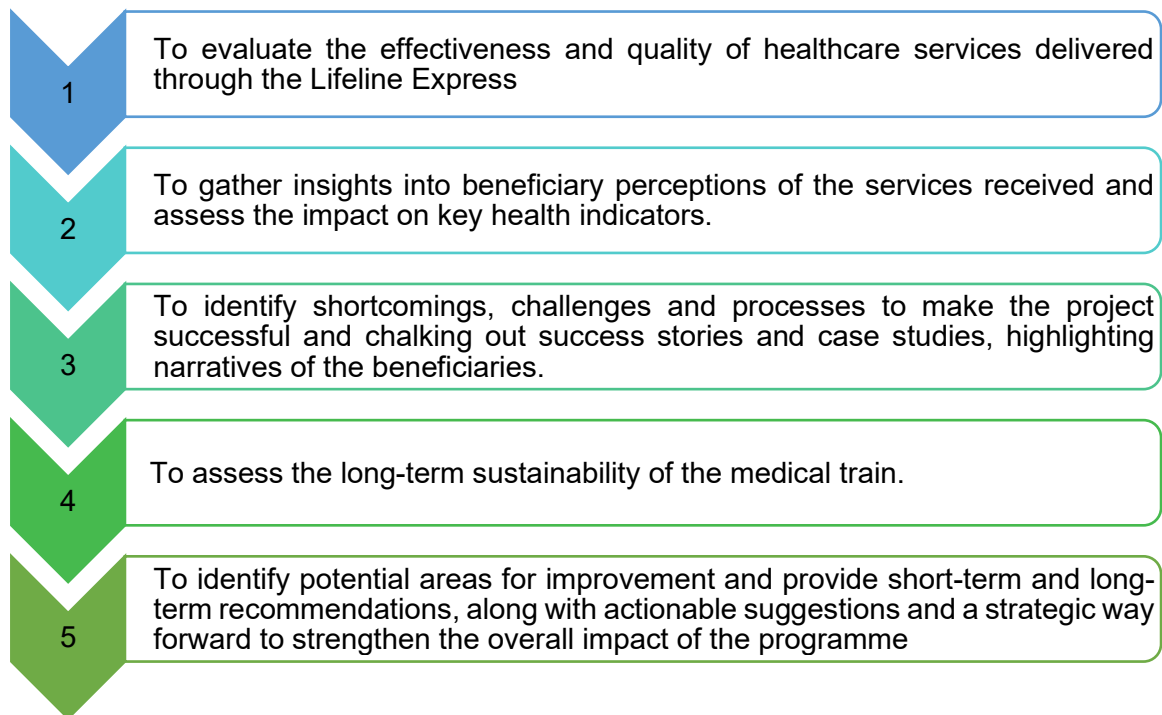
## Chapter 2

# **Design and Approach for Impact Assessment**

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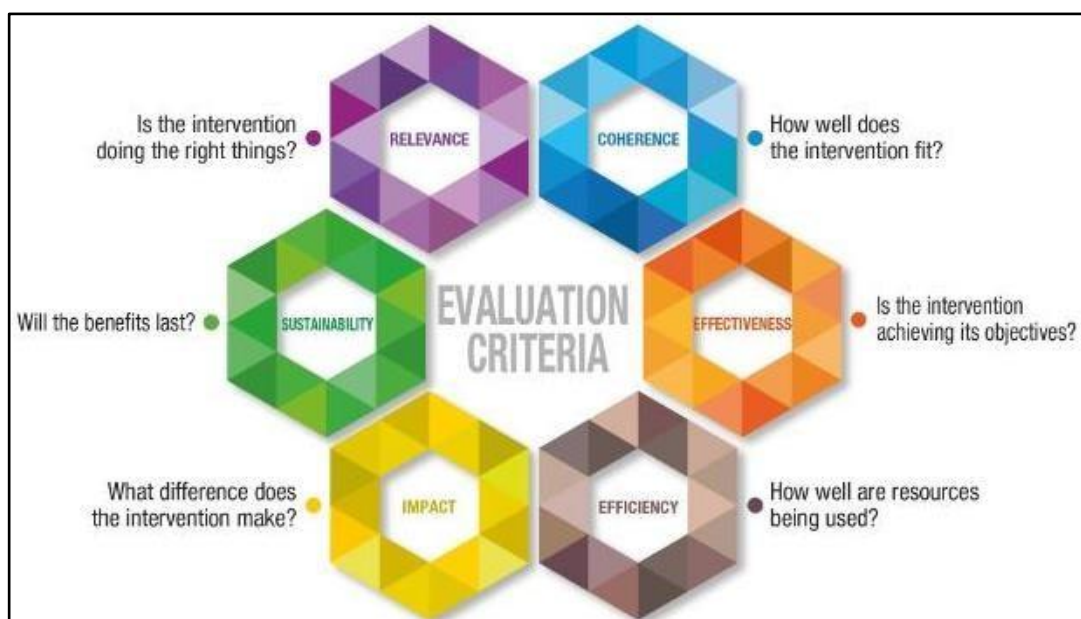
# Chapter – 2: Design and Approach

## 2.1 Objectives of the Study



## 2.2 Evaluation Framework

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



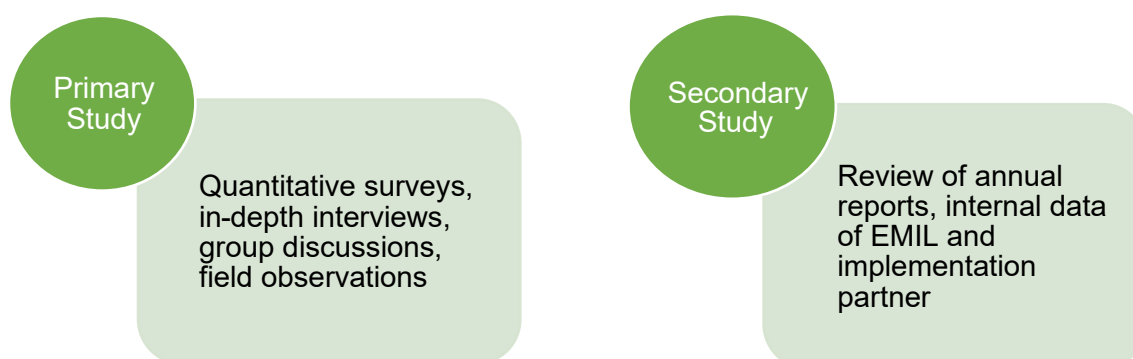
## 2.3 Stakeholder Mapping

Primary Stakeholder	Mode of Data Collection	Secondary Stakeholder	Mode of Data Collection
Beneficiaries (who received the treatment)	80% Virtual Survey + 20% Field Survey	Doctors (one for each type of treatment)	In-depth Interview
		Nurses	In-depth Interview
		ASHA workers	In-depth Interview
		Impact India Foundation Project Member	Key Informant Interview

Table 2: Stakeholder Mapping

## 2.4 Sampling

For the assessment, a two-pronged approach involving data collection and review has been chosen. The Secondary data was obtained from a literature review, while the primary data was obtained through qualitative and quantitative data collection methods.



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 comprises qualitative and quantitative approaches to data collection and analysis. The qualitative aspects include In-depth Interviews (IDIs), group discussions, and observation from the study area. The list of stakeholders is mentioned in the sampling section.

Furthermore, we will assess project implementation timelines, communication and documentation materials, and other pertinent reports or literature associated with the projects. Additionally, project implementation-related documents will be scrutinised to extract details on activities, processes, the number of beneficiaries served, and budget allocation and expenditure across different budgetary categories.

### 2.4.1 Quantitative Sampling

The sampling has been carried out at the beneficiary level. The table below shows the sampling strategy where we have considered a **Confidence Level of 95%** and a **10% Margin of Error for the project.**

Sr. No.	Primary Stakeholder for Quantitative Survey	Sample
1	Patients who underwent eye treatment	49
2	Patients who underwent dental treatment	16
3	Patients who underwent ENT treatments	22
4	Patients who underwent orthopaedic treatment	07
5	Patients who underwent gynaecological treatment	00
6	Patients who underwent plastic surgery	02
	<b>Total</b>	<b>96</b>

Table 3: Quantitative Sampling

*(The sample is divided proportionately as per the treatment provided in the train. Interactions were dependent on the data availability provided by the implementation agency.)*

### 2.4.2 Qualitative Sampling

The table below gives the details of secondary stakeholders who were interviewed for the Godda location:

Sr. No.	Secondary Stakeholder for Qualitative Survey	Sample
1	Doctors	03
2	Nurses	03
3	Asha Workers/ Volunteers	02
4	Impact India Foundation Project Member	01
	<b>Total</b>	<b>09</b>

Table 4: Qualitative Sampling

## 2.5 Theory of Change

Activity	Output	Outcome	Impact
Mobilisation and outreach of the programme.	Volunteers trained for outreach	Early identification of disorders.	Knowledge building among the community on preventable disability.
	4,605 beneficiaries reached out through outreach		
	4,152 people were screened for different diseases.	Increased awareness of preventable disabilities in the community.	
Provision of diagnostic curative, and surgical services to rural communities of Godda.	2280 beneficiaries treated for eye-related problems	Reduced burden of preventable disability.	Better quality of life.  Enhanced community health resilience
	759 beneficiaries treated for Dental problems		
	1054 beneficiaries received consultancy and treatment for ENT-related problems		
	90 beneficiaries received consultancy and treatment for orthopaedic issues		
	47 beneficiaries were provided with plastic surgeries		
	100 beneficiaries received Gynaecological treatment		
	Provision of 4-5 ambulances for transporting patients		
	Number of patients screened/treated/followed up and referred to the district hospital		
Postoperative/ Treatment Care	Number of patients followed up post-treatment/surgery	Enhanced recovery and post-operative care  Increased patient satisfaction with treatment	Reduced reoccurrence of treated conditions

Table 5: Theory of Change

## 2.6 Challenges during field

One of the significant challenges encountered during the field investigation was the limited support received from the Impact India Foundation team in mobilising the community prior to the arrival of the Lifeline Express. This gap in coordination led to delays in awareness generation and reduced the initial footfall of patients during the first few days of the intervention. Without adequate pre-camp mobilisation, many potential beneficiaries were unaware of the services being offered, which affected the overall outreach and effectiveness of the programme in its early phase.

## 2.7 Ethical Consideration

CSRBOX upholds the highest ethical standards in research, ensuring transparency, respect, and participant well-being. The evaluation team followed strict ethical protocols, including informed consent, confidentiality, and sensitivity, to foster trust and responsible data collection.

- As part of the qualitative and quantitative data collection process, the evaluation team adhered to fundamental ethical protocols by obtaining informed consent from all respondents prior to collecting their responses. Participants were clearly informed about the purpose of the study, the outcomes of data collection, and how their testimonials would be captured in an accurate and respectful manner.
- The data collection process involved tools that gathered personal information, which could potentially impact respondents' sentiments if not handled sensitively. To mitigate this risk, the team conducted a sensitisation session for enumerators and other team members involved in the data collection process, ensuring they understood how to approach participants with care and empathy.
- Respondents were assured of the confidentiality of their personal information, with explicit communication that their data would be used solely for research purposes. This commitment to confidentiality was emphasised throughout the data collection process to build trust with participants.
- Consent was obtained from beneficiaries before taking photographs during interactions. Participants were informed that these images could be used in the Impact Assessment report, which may be made available in the public domain. This transparency ensured that respondents were comfortable with how their likenesses would be utilised in reporting and dissemination efforts.

These ethical practices were integral to maintaining the integrity of the evaluation process and ensuring that all participants felt respected and valued throughout their involvement in the study.



Chapter 3

## **Findings of the Impact Assessment Study**

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# Chapter – 3: Findings and Impact Assessment Study

The following section of the report indicates the key findings and insights drawn from the impact assessment study based on the OECD DAC standard parameters as outlined in the framework for the study.

## 3.1 Relevance:

This section analyses the relevance of the programme in the context of the needs of the target population and its alignment with broader public health priorities.

### 3.1.1 Beneficiary Profile:

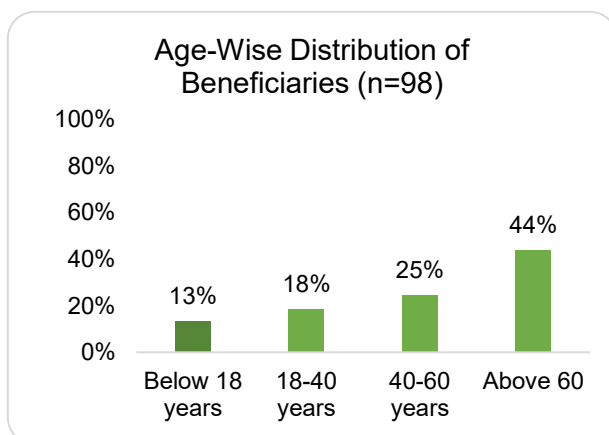


Figure 2: Age Profile

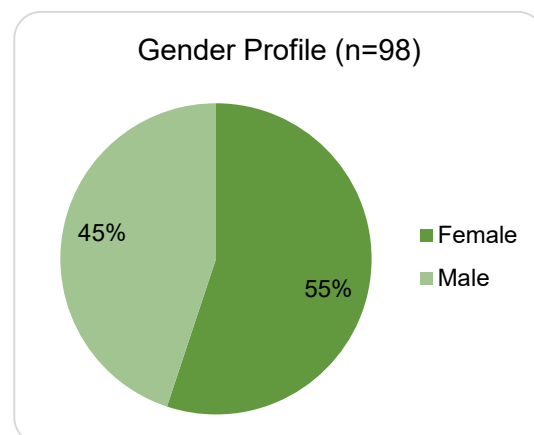
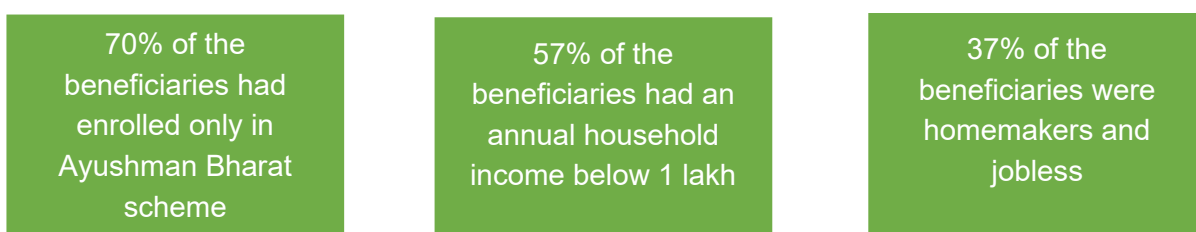


Figure 3: Gender Profile



The intervention demonstrates a strong commitment to gender equity and social inclusion, as reflected in its diverse and representative sample, **55% of the total beneficiaries are female and 45% male**, with **86% belonging to socially and economically disadvantaged**

**communities.** This highlights the programme's effective outreach to marginalised populations.

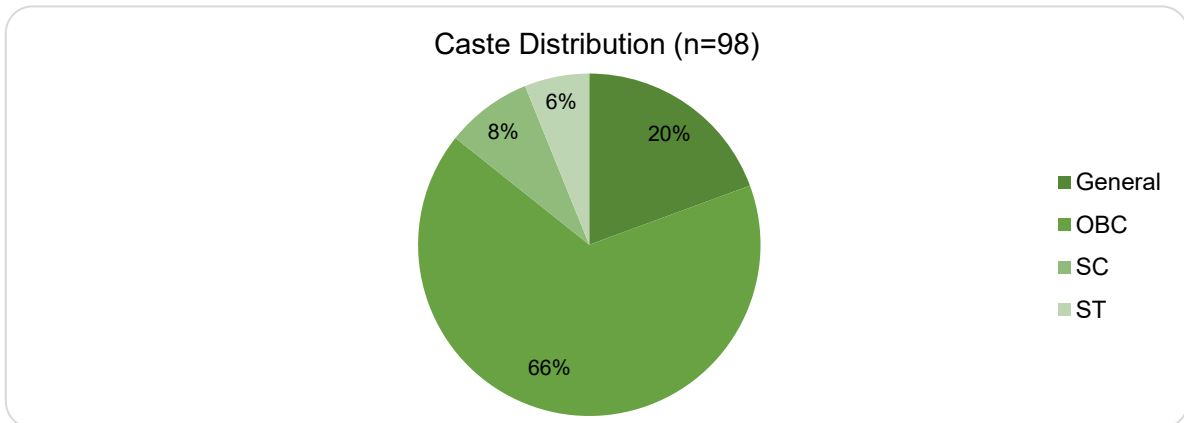


Figure 4: Caste Profile

With **37% of the beneficiaries identified as housewives** and **24% as farmers**, the **occupational profile highlights the programme's reach among non-earning and underserved population groups**, often excluded from mainstream healthcare systems. This participation reflects an **encouraging shift in health-seeking behaviour among women**, particularly **homemakers**, who traditionally face **cultural and financial barriers to accessing timely medical care**.

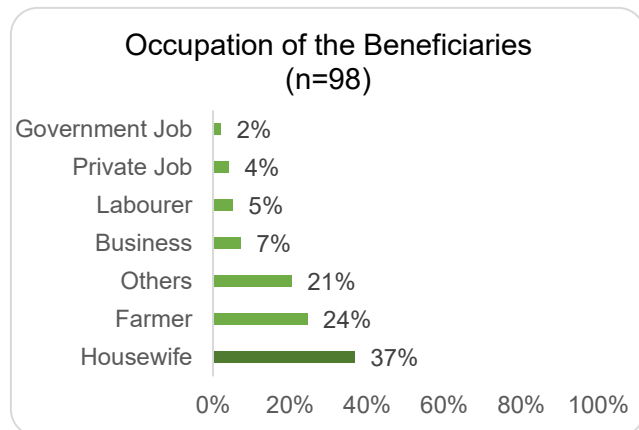


Figure 5: Occupation of the beneficiaries

In terms of economic background, **57% of beneficiaries reported an annual household income below INR 1,00,000**, demonstrating the programme's **strong penetration into economically vulnerable communities**. The correlation between low-income households and non-formal occupations, such as farming and domestic roles, further underlines the importance of **free, accessible medical services** offered by the Lifeline Express.

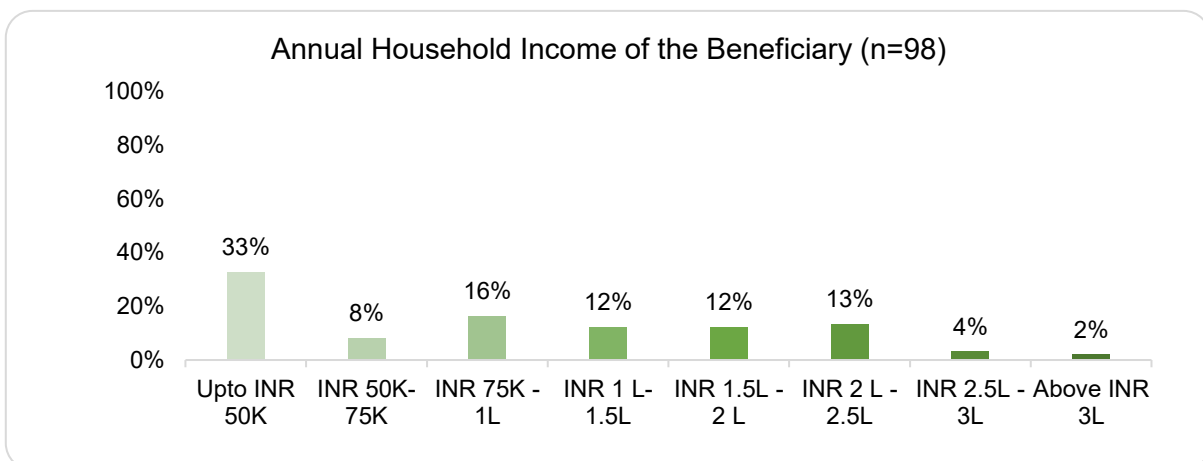


Figure 6: Annual Household Income of the Beneficiary

On health insurance coverage, **70% of beneficiaries were enrolled in Ayushman Bharat**, while **30% remained uninsured**. This reflects a **high reliance on public healthcare services** among low-income families, but also points to **existing gaps in insurance coverage**, especially for those in informal or irregular work settings.

Together, the data on gender, occupation, income, and insurance enrolment demonstrate the Lifeline Express's success in reaching underserved, low-income, and uninsured populations, making it a vital tool for advancing inclusive, equitable healthcare in remote and rural communities.

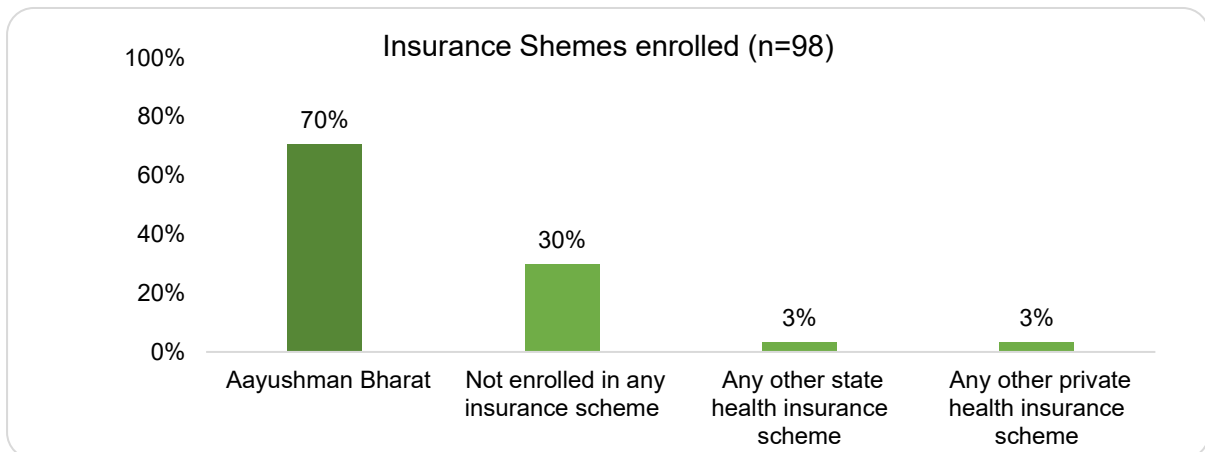


Figure 7: Insurance Schemes Enrolled



Figure 8: Aids and Appliances Provided

### 3.1.2 Pre-intervention treatment costs:

Before the **Lifeline Express project intervention**, **healthcare access among beneficiaries** was nearly evenly split between **private (44%)** and **government hospitals (43%)**, with only **11% utilising Primary or Community Health Centres (PHC/CHC)**. This suggests that despite being **economically vulnerable**, **beneficiaries often resorted to private healthcare**, likely due to **perceived quality, accessibility, or gaps in primary care infrastructure**.

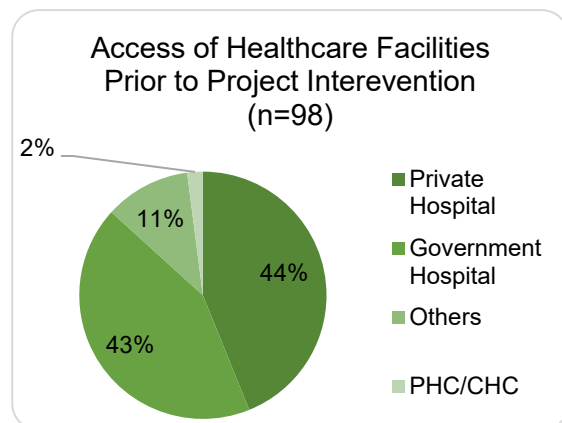


Figure 9: Access of Healthcare Facilities Prior to Project Intervention

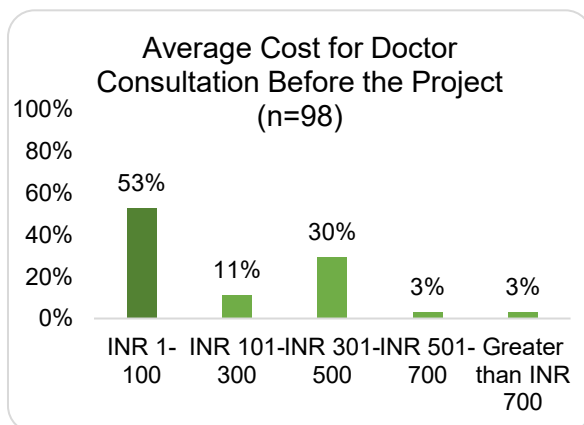


Figure 10: Average Cost for Doctor Consultation Before the Project

**Consultation costs varied widely. Over half of the beneficiaries (53%) paid minimal fees (INR 1–100), and a significant 30% incurred higher charges (INR 301–500), indicating reliance on costlier private services. These out-of-pocket expenses were especially burdensome given the income levels of the population.**

**Transportation further compounded this burden. Although 44% of respondents incurred no transport expenses (possibly due to proximity to facilities), more than half had to pay for travel, with 21% spending over INR 200, suggesting that distance and cost acted as barriers to timely healthcare access.**

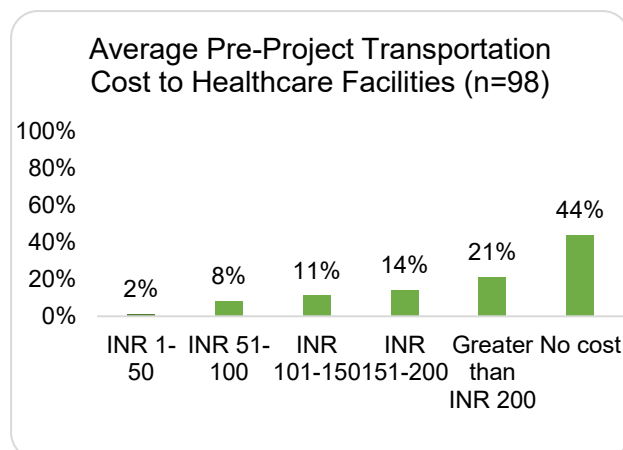


Figure 11: Average Pre-Project Transportation Cost to Healthcare Facilities

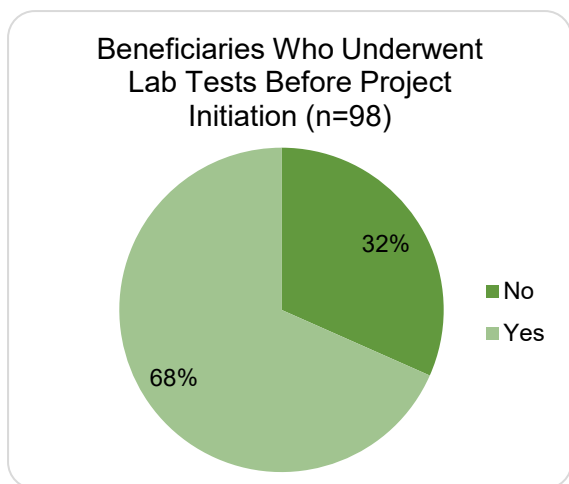


Figure 12: Lab Tests Before Project Initiation

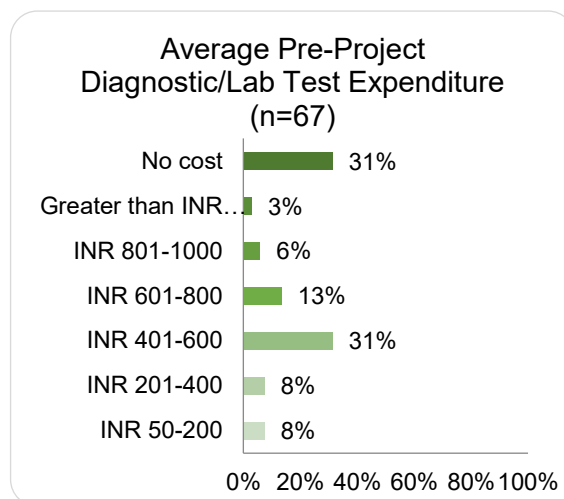


Figure 13: Pre- Project Lab Test Expenditure

**Access to diagnostic services emerged as a critical need, with 68% of surveyed beneficiaries having undergone lab tests prior to the project, indicating a strong demand. However, cost remained a barrier: while 31% accessed free testing, another 31% spent INR 401–600, with some incurring even higher expenses. This financial strain highlights the lack of affordable diagnostic options.**

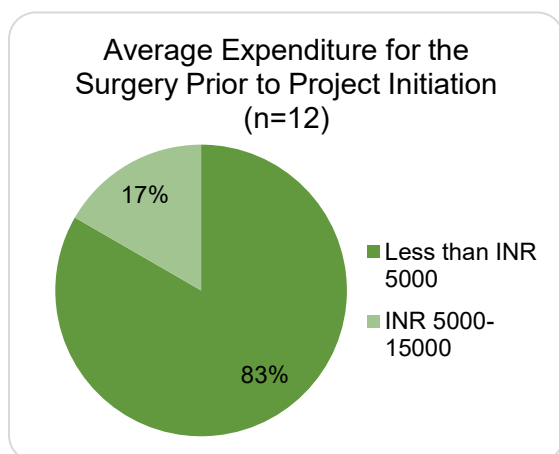


Figure 14: Expenditure for the Surgery Prior to the Project Initiation

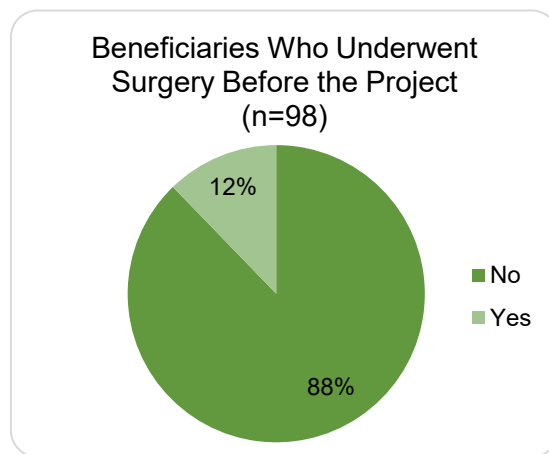


Figure 15: Beneficiaries who underwent Surgery Before the Project

**Surgical interventions were even less accessible, with only 12% having undergone any procedure. Among them, 17% spent up to INR 15,000, a significant burden for low-income households, although 83% spent up to INR 5000.**

Only **32% of beneficiaries had ever purchased medical aids**, with **45% of them spending INR 1001–2000**, highlighting a **gap in affordability and access to assistive devices**.

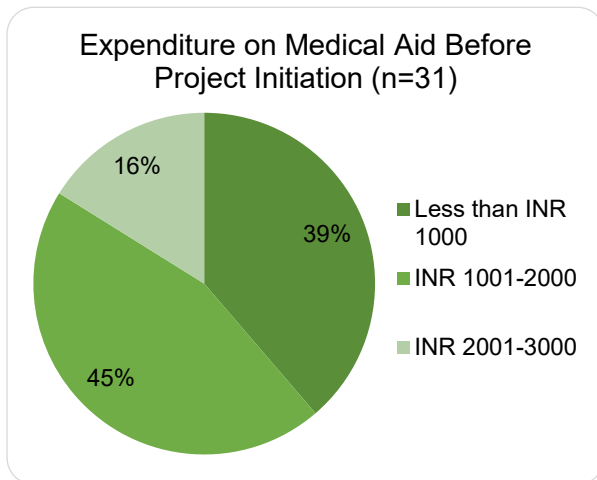


Figure 16: Expenditure on Medical Aids Before Project Initiation

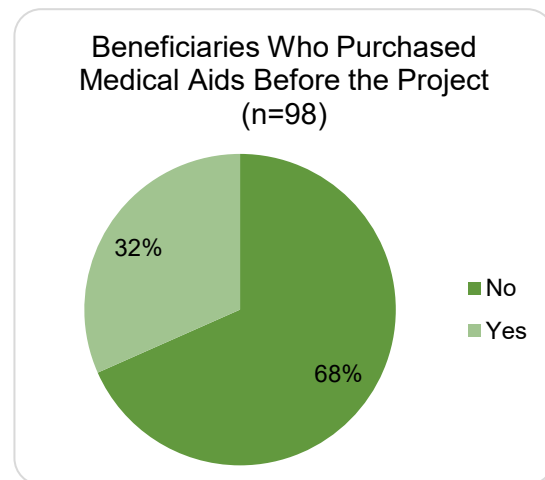


Figure 17: Beneficiaries Who Purchased Medical Aids Before the Project

For medicines, **nearly half (48%) relied on private pharmacies**, while only **11% accessed PHC/CHC supplies**, underlining a **dependence on private sources and the associated costs**. **Annual out-of-pocket medical spending was also high**, with **43% spending over INR 700** and **26% spending INR 301–500**.

In the **absence of the intervention**, **33% of beneficiaries stated they would have discontinued treatment** due to barriers like cost or distance. Another **35% would have sought care at alternative government hospitals**, while **32% indicated they would have turned to private healthcare providers**. This underscores the **programme’s critical role in bridging access gaps for vulnerable communities**.

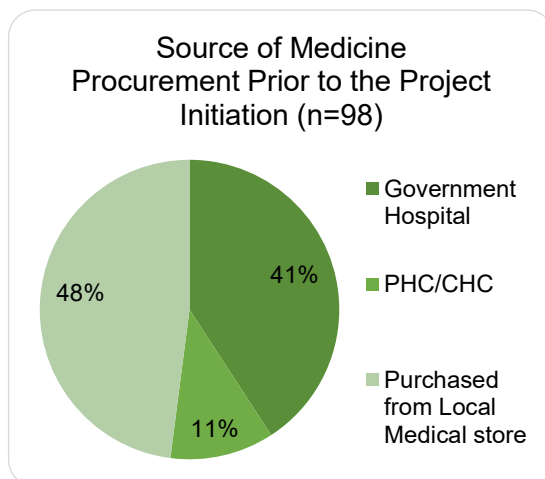


Figure 18: Source of Medicine Procurement before the Project Initiation

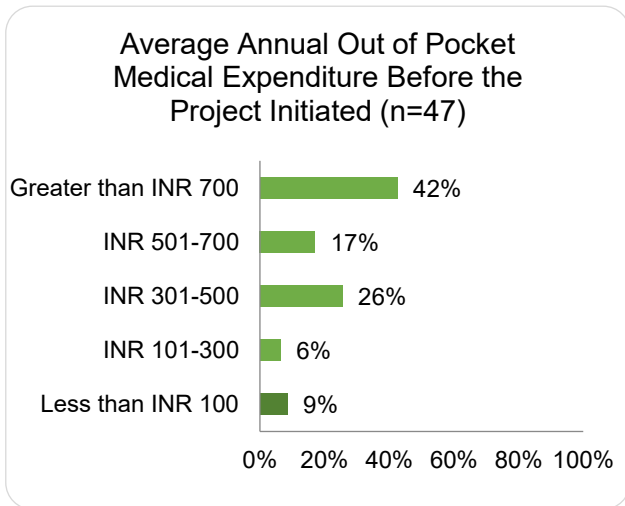


Figure 19: Annual Out of Pocket Medical Expenditure Before the Project Initiated

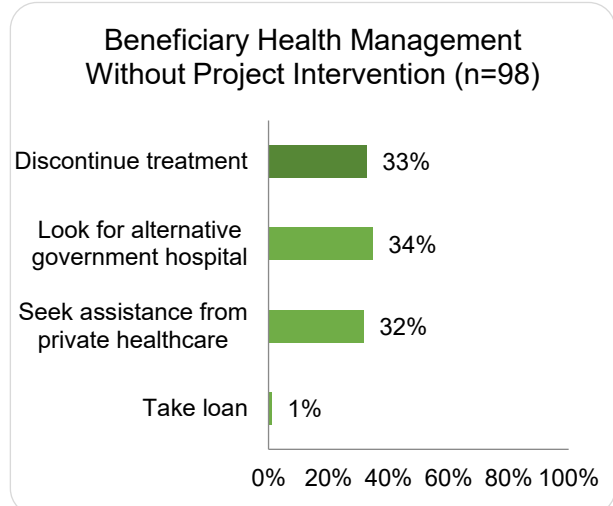


Figure 20: Beneficiary Health Management without Project Intervention



Figure 21: Refractive Error Screening

### 3.1.3 Mobilisation of the outreach programme:

#### Problems with Public Healthcare Infrastructure (as reported by beneficiaries):

- 69% cited lack of advanced medical equipment.

#### Prevalence of Untreated Conditions:

- 50% had untreated health conditions prior to/during the intervention.
- 50% had no untreated conditions.

#### Medical Conditions Treated During the Project:

- 50% received treatment for cataract and refractive error.

#### Sources of Awareness:

- 40% learned about the camp through newspapers and posters.

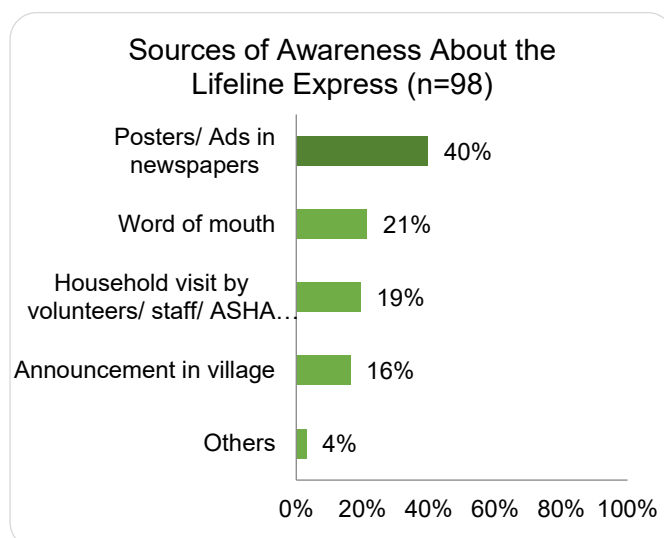


Figure 22: Sources of Awareness About LLE

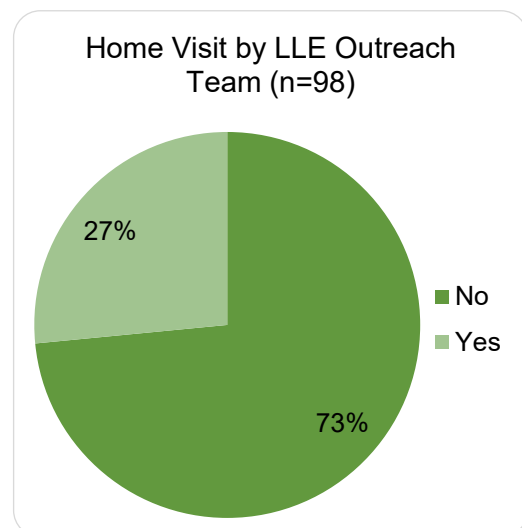


Figure 23: Home visits by LLE Outreach Team

The **Lifeline Express outreach programme in Poryeghat, Godda, Jharkhand**, effectively utilised multiple channels to generate awareness and ensure participation. Traditional print media such as **newspapers and posters were the most prominent sources of information**, reaching **40% of beneficiaries**, while **word-of-mouth and household visits** also played a vital role in mobilising the community. **Village announcements** further supported local awareness efforts, underlining the importance of both **mass media and community-based communication**.

**27% of respondents reported being reached through home visits** by the Lifeline Express team, indicating **community engagement and personalised outreach**. However, **73% were not reached through home visits**, suggesting **room for improvement in expanding last-mile coverage**.

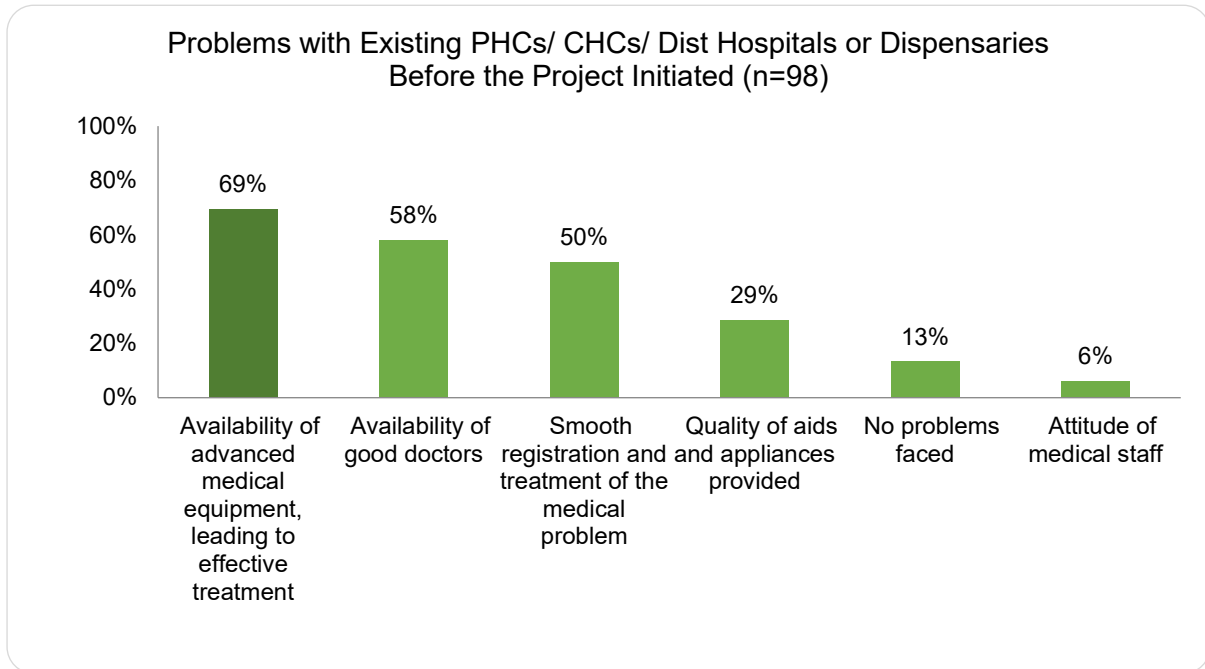


Figure 24: Challenges with existing Hospitals

Beneficiaries reported several systemic issues with existing public healthcare facilities, most notably the **lack of advanced medical equipment (69%)** and **qualified doctors (58%)**. Other challenges included **procedural inefficiencies (50%)**, **substandard aids and appliances (29%)**, and **negative staff behaviour (6%)**. Only **13% of respondents stated they had no issues** with the public health system.

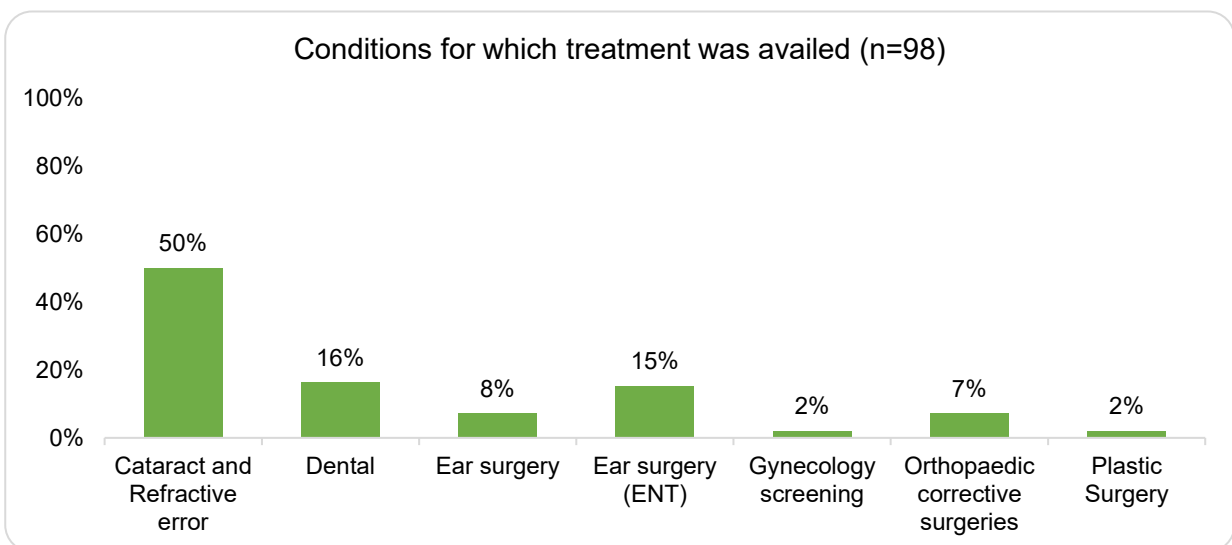


Figure 25: Conditions for which Treatment was Availed

Half of the surveyed beneficiaries had untreated health conditions prior to the intervention, reflecting a significant unmet healthcare need within the community.

The most availed treatments under the project were for cataracts and refractive errors (50%), followed by dental services (16%) and ENT-related surgeries (22%). Orthopaedic corrections (7%), gynaecological screenings (2%), and plastic surgeries (2%) were also offered, highlighting the wide range of services provided by Lifeline Express to address prevalent rural health concerns.

### 3.1.4: Treatments provided on the Lifeline Express:

The Lifeline Express (LLE) project in Poreyghat, Godda, surveyed 98 beneficiaries who were provided critical healthcare services, with 49 receiving eye surgeries such as cataract removal (71%) and refractive error correction (41%). 16 underwent ear surgeries to address blockages, chronic infections, and hearing impairments, while 22 received dental care, including extractions, cavity fillings, and gum treatments. Though smaller in proportion, 7 benefited from orthopaedic corrective surgeries for bone deformities and joint issues, and 2 underwent plastic surgeries for reconstructive needs following trauma or burns. Another 2 of beneficiaries received gynaecological screenings, addressing basic reproductive health concerns. These figures underscore the programme’s ability to deliver a wide range of specialised medical interventions to underserved rural populations.

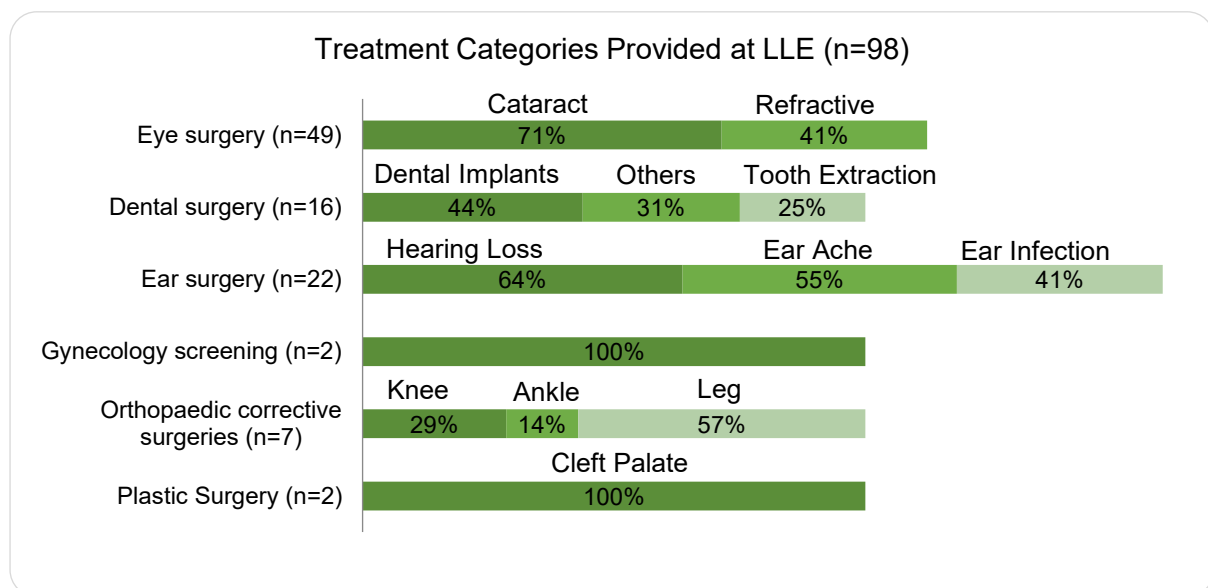


Figure 26: Treatment Categories Provided at LLE

The programme saw a steady turnout of patients, with many receiving much-needed surgical interventions and expressing satisfaction with the care received.

- Dr. Sumit Dhara, Eye Surgeon

Despite successful surgeries, **post-operative follow-up care at government health facilities was inconsistent**. Only **41% of eye surgery patients, 25% of dental surgery patients, and 32% of ear surgery patients** were referred for further treatment at public health centres. **All plastic surgery patients were referred** for follow-up care, while **none of the orthopaedic surgery patients received referrals**. This reveals a **critical gap in continuity of care**, particularly for **orthopaedic cases**, underscoring the need for **stronger integration with local health systems** to ensure **effective rehabilitation** and **long-term patient support**.

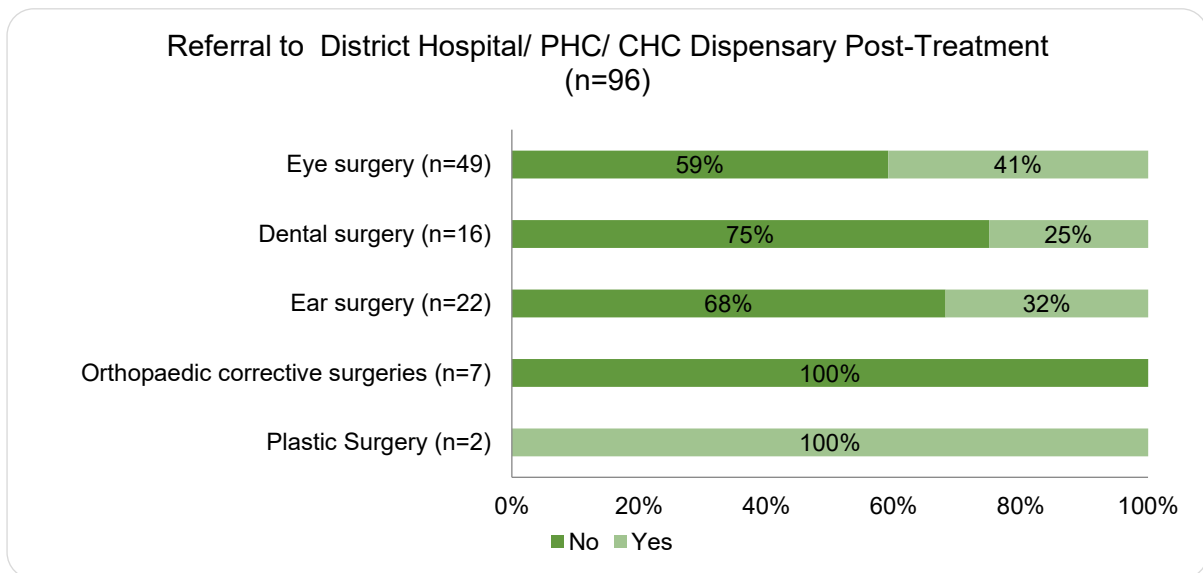


Figure 27: Referrals to other Hospital Post - treatment

The Lifeline Express programme effectively addresses healthcare inequities in underserved rural areas like Poreyghat, Godda, and Jharkhand. Serving a predominantly low-income (49%), socially disadvantaged (86%), and largely uninsured (30%) population, it ensures equitable access through free, targeted services. Women (55%), housewives (37%), and farmers (24%)—groups often excluded from mainstream care—benefit significantly. By providing essential treatments for eye, ENT, dental, and orthopaedic issues to 98 beneficiaries and leveraging strong community outreach (e.g., 73% home visits), the programme fills critical gaps in affordability and access. However, limited post-operative referrals, especially in orthopaedics, highlight the need for better integration with local health systems. Overall, the programme’s inclusive, community-driven approach aligns well with public health priorities and demonstrates high relevance in addressing rural healthcare disparities.

“For patients needing ongoing care beyond the scope of the mobile unit, referrals were made to local health facilities, supported by coordination with PHCs and CHCs. This ensured continued access to treatment and improved long-term outcomes.”

- Dr. Avinash Kumar, Audiologist

### 3.2 Coherence:

The Coherence section of the report checks the alignment of the programme with other interventions in the country, i.e., with similar programmes which were being run by other institutions.

#### 3.2.1 Alignment with SDG Goals

The project is strongly aligned with the United Nations Sustainable Development Goals (SDGs), contributing to India's commitment to inclusive and sustainable development. The initiative addresses key SDGs by enhancing education, promoting gender equality, and creating employment.

SDG Goal	SDG Target	Alignment with Lifeline Express Project (EMIL Supported)
<b>SDG 3: Good Health and Well-being</b>	<b>3.8:</b> Achieve universal health coverage, including access to quality essential healthcare services and access to safe, effective, quality, and affordable essential medicines and vaccines for all.	<b>Completely</b> Provides free, quality healthcare and surgeries to underserved rural communities, improving health access and outcomes.
<b>SDG 1: No Poverty</b>	<b>1.3:</b> Implement nationally appropriate social protection systems and measures for all, including the poor and vulnerable.	<b>Completely</b> Reduces financial burden on economically disadvantaged families by offering free medical treatment and preventing health-related poverty.
<b>SDG 4: Quality Education</b>	<b>4.7:</b> Ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including health education.	<b>Partially</b> Raises community awareness on health, hygiene, and disease prevention during outreach activities.
<b>SDG 5: Gender Equality</b>	<b>5.6:</b> Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD.	<b>Partially</b> Ensures equitable healthcare access to women and girls, addressing gender disparities in rural medical services.
<b>SDG 9: Industry, Innovation, and Infrastructure</b>	<b>9.c:</b> Significantly increase access to information and communications technology and strive to provide universal and affordable access to the internet in least developed countries.	<b>Partially</b> Innovates healthcare delivery through the mobile hospital train model, expanding healthcare infrastructure into remote areas.

<b>SDG 10: Reduced Inequalities</b>	<b>10.2:</b> Empower and promote the social, economic, and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.	<b>Completely</b> Bridges healthcare gaps between urban and rural populations by bringing advanced medical services to marginalised communities.
<b>SDG 17: Partnerships for the Goals</b>	<b>17.17:</b> Encourage and promote effective public, public-private, and civil society partnerships.	<b>Completely</b> Demonstrates strong collaboration between EMIL, Indian Railways, government bodies, and NGOs to deliver sustainable healthcare services.

Table 6: Alignment with SDGs

### 3.2.2 Alignment with BRSR Principles

The project's intervention also aligns with the ESG Sustainability Report of the corporate, particularly concerning the Business Responsibility & Sustainability Reporting (BRSR) Format shared by the Securities & Exchange Board of India (SEBI).

ESG Principle	Level of Alignment	Alignment with the Project
<b>Principle 1: Ethics, Transparency &amp; Accountability</b>	Complete	EMIL's partnership with Lifeline Express demonstrates transparency and accountability in community health initiatives through documented support and impact reporting.
<b>Principle 4: Stakeholder Engagement</b>	Complete	Active collaboration between EMIL, the government, NGOs, and local communities reflects strong multi-stakeholder engagement.
<b>Principle 5: Human Rights</b>	Complete	Provides equitable healthcare access to marginalised and vulnerable populations, promoting the right to health.
<b>Principle 7: Inclusive Growth and Equitable Development</b>	Complete	Directly supports underserved rural populations with free healthcare, reducing inequalities and fostering inclusive development.

Table 7: Alignment with BRSR Principles

### 3.2.3 Alignment with National Priorities

The project also aligns with India's national development priorities, particularly in the areas of skill development, employment generation, women's empowerment, and inclusive socio-economic growth. The initiative complements key government missions and policies aimed at fostering sustainable livelihoods and workforce development.

Scheme Name	Alignment with the Project
<b>Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY)</b>	Provides free and accessible healthcare services to vulnerable populations, aligning with Lifeline Express's mission to offer free surgeries and medical care in underserved areas.

<b>National Rural Health Mission (NRHM)</b>	Supports improved healthcare infrastructure and outreach in rural areas, complementing the mobile hospital model of Lifeline Express.
<b>Rastriya Bal Swasthya Karyakram (RBSK)</b>	Focuses on early detection and management of childhood diseases and disabilities, which aligns with Lifeline Express's cleft lip/palate and paediatric surgeries.
<b>State Health &amp; Family Welfare Schemes (Jharkhand)</b>	Jharkhand's state-level health programmes focusing on improving healthcare access in tribal and remote areas align with Lifeline Express's rural outreach.
<b>National Programme for Control of Blindness and Visual Impairment (NPCB&amp;VI)</b>	Supports cataract surgeries and vision care, directly aligning with Lifeline Express's ophthalmology services.

Table 8: Alignment with National Schemes

### 3.2.4 Alignment with CSR Policy

The project further aligns with India's Corporate Social Responsibility (CSR) policy guidelines, as outlined in Schedule VII of the Companies Act, 2013. The initiative directly contributes to key focus areas mandated under the Act, reinforcing corporate responsibility toward skill development, education, and women's empowerment.

<b>Activity</b>	<b>Description</b>	<b>Alignment with the Project</b>
<b>(i) Promoting Health Care including Preventive Health Care</b>	Activities aimed at improving health outcomes, providing medical services, and promoting awareness about health and hygiene.	Lifeline Express provides free surgeries and healthcare services in underserved rural areas, improving access to quality medical care.
<b>(iv) Rural Development Projects</b>	Programmes focused on improving infrastructure, livelihood, and welfare in rural areas.	The mobile hospital train model extends critical health infrastructure to remote rural communities, enhancing rural well-being.
<b>(v) Promoting Gender Equality and Empowering Women</b>	Activities aimed at empowering women and ensuring their access to health, education, and economic opportunities.	The project ensures equitable access to medical care for women and girls, addressing healthcare gender disparities.

Table 9: Alignment with CSR Policy

### 3.3 Effectiveness:

This section of the report analyses the extent to which the intervention has achieved its objectives. The effectiveness of the project is assessed with reference to its core objective: **reducing the burden of preventable disability** through the provision of **medical and surgical services via the Lifeline Express (LLE) hospital**. The analysis focuses on how well the project has delivered essential healthcare to underserved populations and the resulting impact on health outcomes in the target communities.

#### 3.3.1 Mobilisation of outreach programme:

##### Challenges Addressed by Lifeline Express:

- 77% reported smoother registration and treatment processes.
- 73% saw improved availability of qualified doctors.
- 71% acknowledged better access to advanced medical equipment.

##### Disease Diagnosis:

- 85% showed no signs of disease.

##### Treatment Experience with Healthcare Providers:

- 65% rated their experience as "Best."

##### Perceived Effectiveness of Treatment/Surgery:

- 65% rated treatment outcomes as "Best."
- 30% rated them as "Average."

The Lifeline Express diagnosed multiple longstanding challenges within the public healthcare system. Most notably, the intervention significantly improved operational aspects such as the **registration and treatment process (77%)**, **access to qualified doctors (73%)**, and **availability of advanced medical equipment (71%)**. These outcomes indicate the programme's effectiveness in resolving critical barriers that often hinder timely and quality care in rural areas.

In terms of diagnosis, 15% of individuals screened were found to have medical conditions, reinforcing the role of such mobile interventions in detecting otherwise undiagnosed health issues.

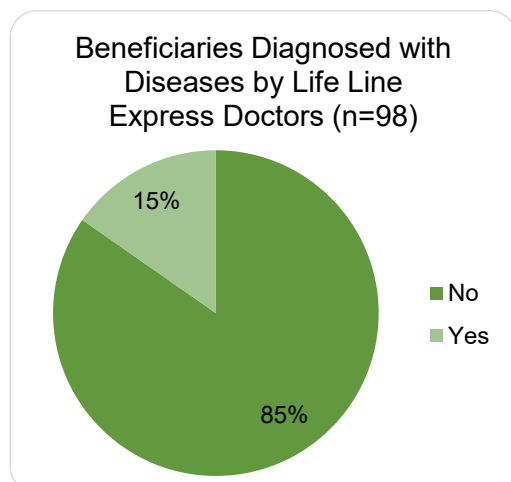


Figure 28: Beneficiaries Diagnosed with diseases by LLE

Beneficiaries generally reported a high level of satisfaction with their treatment experience—65% rated it as "Best" and 31% as "Average." The perceived effectiveness of treatment and surgery mirrored this trend, with 65% rating the outcomes as "Best," 30% as "Average," and only 5% as "Not good." This indicates strong confidence among beneficiaries in the care provided, despite a few remaining concerns. The rating scale was categorised as a score of 1 as 'not good,' and ratings 2 and 3 are grouped as 'average.' Ratings of 4 and 5 are combined and considered as a rating of 'best'.

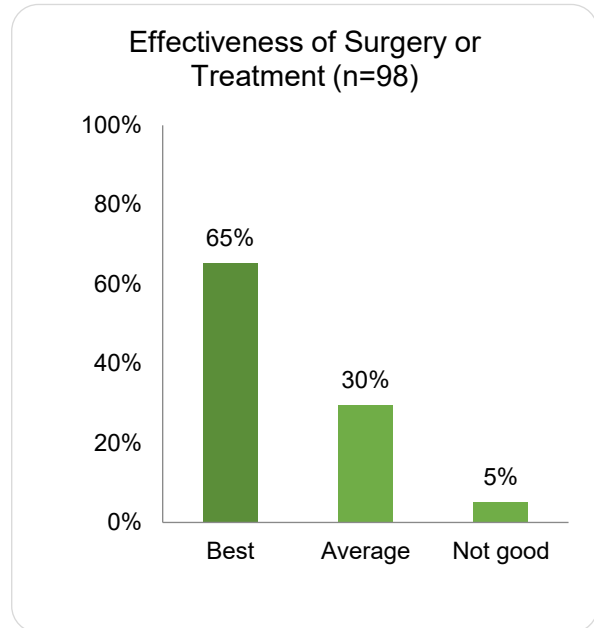


Figure 29: Effectiveness of the Surgery / Treatment

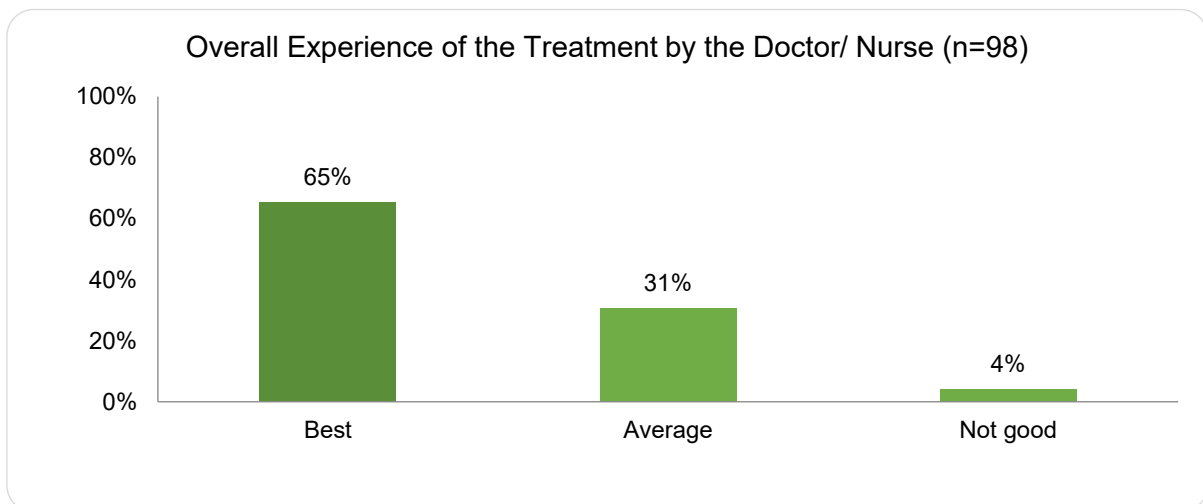


Figure 30: Experience of the Treatment by Doctor/ Nurse

However, improvements in supportive services such as the quality of aids and appliances were less pronounced, with only 14% reporting satisfaction. Likewise, only 9% felt that the attitude of medical staff had improved, suggesting that while the technical and procedural challenges were addressed, interpersonal care and support services require further attention. **A small number (6%) stated that none of their concerns were resolved, pointing to remaining gaps in the programme's coverage or implementation.**

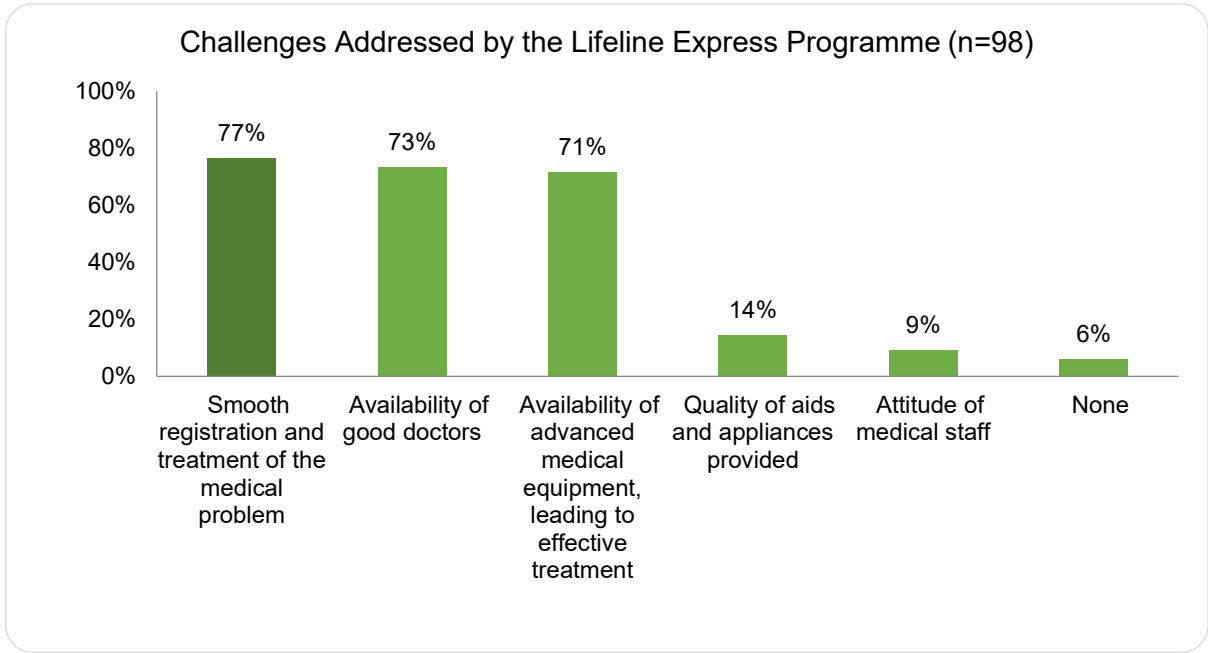


Figure 31: Challenges Addressed By LLE

“I found the coordination by the Lifeline Express team to be excellent, along with the quality of medical services and the overall efficiency of the programme. The medical staff and nurses were well-trained and supportive, which made it possible to carry out procedures smoothly throughout the camp.”

- Dr. Sumith Dhara, Eye Surgeon

### 3.3.2 Treatment availed on the Lifeline Express

#### High treatment success:

- 100% cure rate for dental and plastic surgeries.
- 82% for ear and 59% for eye surgeries.

#### Referral gaps:

- 57% of orthopaedic patients were neither cured nor referred.

#### Post-treatment side effects:

- No side effects reported by 100% of dental, gyne, and 82% of ear surgery patients.
- 29% of eye and orthopaedic, and 50% of plastic surgery patients reported side effects.

#### Provision of aids:

- 92% of eye, 100% of dental and plastic surgery patients received aids.

#### Quality of aids:

- Rated “Best” by majority: 62% (eye), 81% (dental), 100% (ear and plastic), 67% (orthopaedic).

#### Improvement after treatment:

- “Best” improvement reported by 61% (eye), 69% (dental), 77% (ear), 50% (plastic).

#### Gynecology and cancer services:

- Both cancer treatment and gyne screening were rated “Average” by 100% of patients.

The Lifeline Express successfully delivered a range of surgical and medical interventions, with most patients reporting positive treatment outcomes. **Eye, dental, ear, and plastic surgeries showed high success rates, with 100% of dental and plastic surgery patients cured by the onboard medical team.** However, outcomes were less favourable for orthopaedic surgeries, where **only 43% were cured and a concerning 57% received neither a cure nor a referral**, highlighting a significant gap in post-operative care.

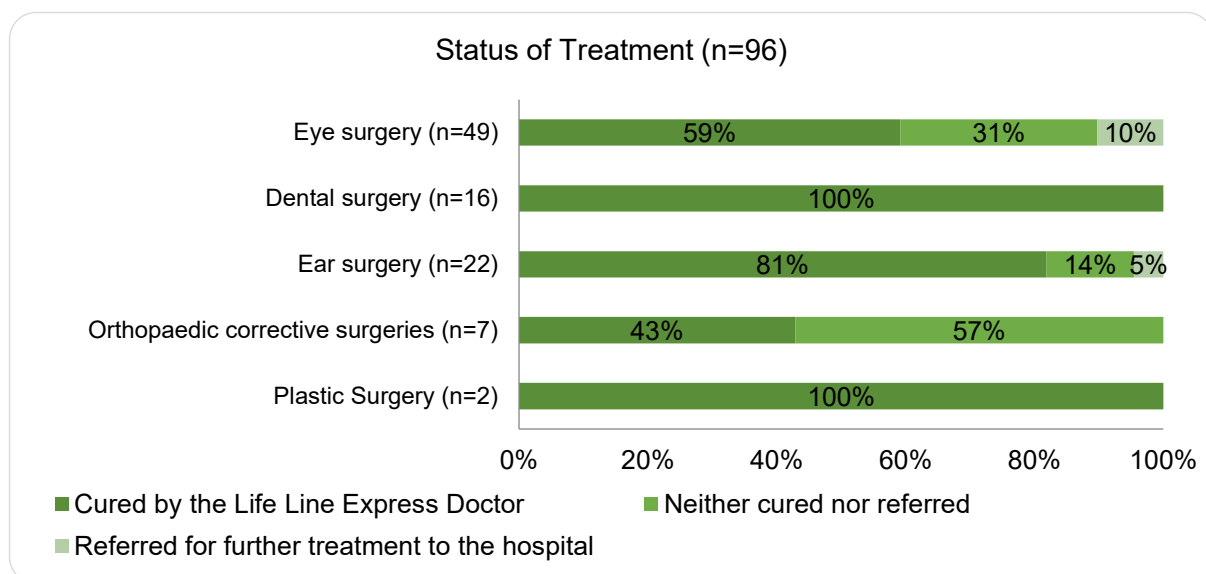


Figure 32: Status of Treatment

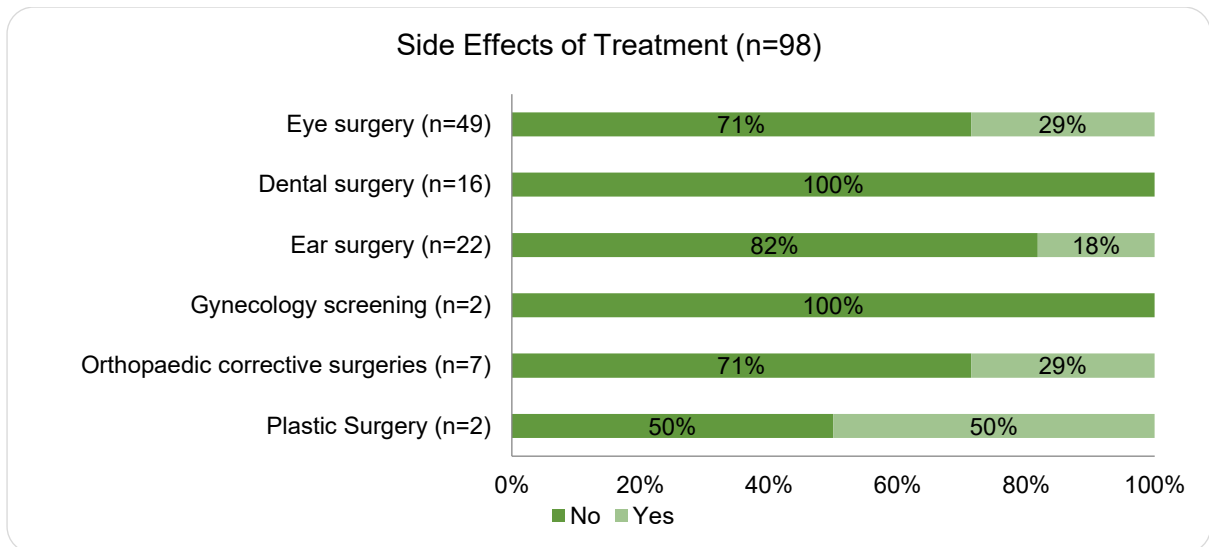


Figure 33: Side Effects of Treatment

Treatment on the train was largely safe, with most patients reporting no side effects. Still, **50% of plastic surgery and 29% of both eye and orthopaedic patients experienced some side effects**, pointing to a need for better post-treatment monitoring.

Aid provision was strong for eye, dental, and plastic surgery patients but fewer for ear and orthopaedic cases. Despite this, satisfaction with the quality of aids was generally high, with most patients rating them as “Best.”

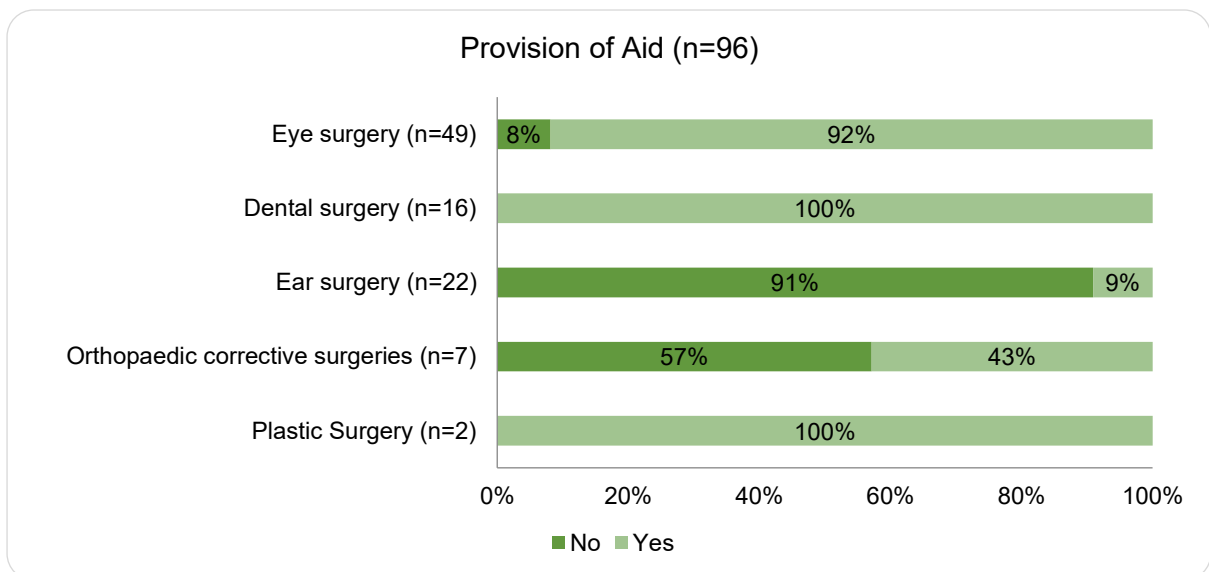


Figure 34: Provision of Aid

Post-treatment recovery was positive for most patients, particularly in eye, dental, and ear surgeries. Orthopaedic surgery patients again reported the lowest satisfaction, with many rating their outcomes as “Not good,” suggesting challenges in achieving functional recovery.

Cancer treatment and gynaecology screening services were rated as “Average” by all patients, indicating moderate satisfaction and a clear opportunity for enhancing these services.

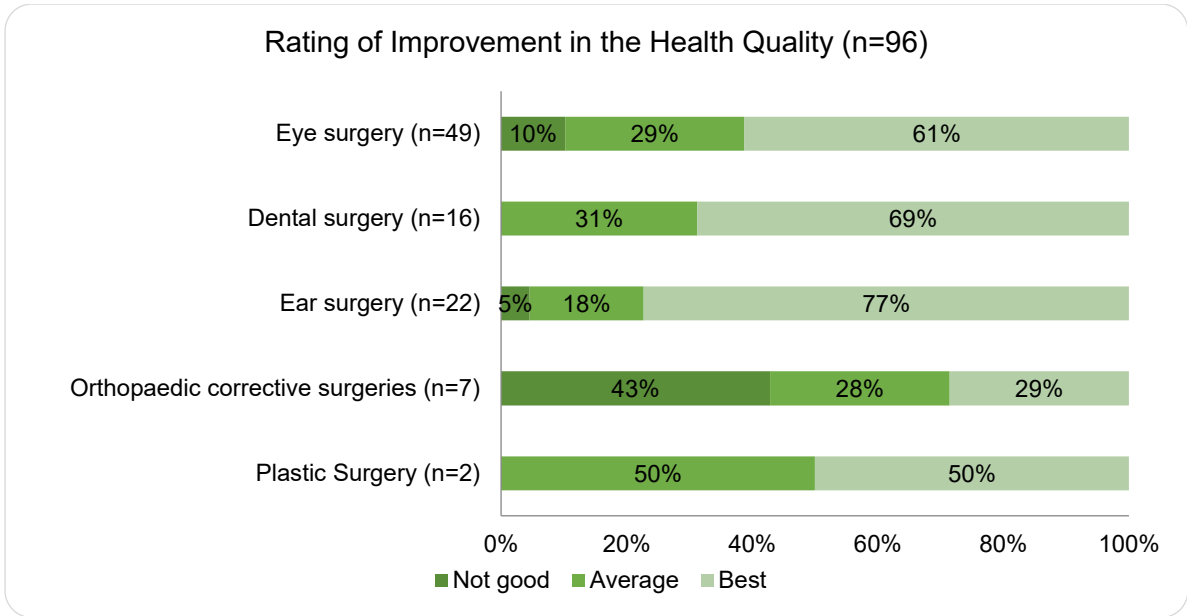


Figure 35: Rating of Improvement of Health Quality

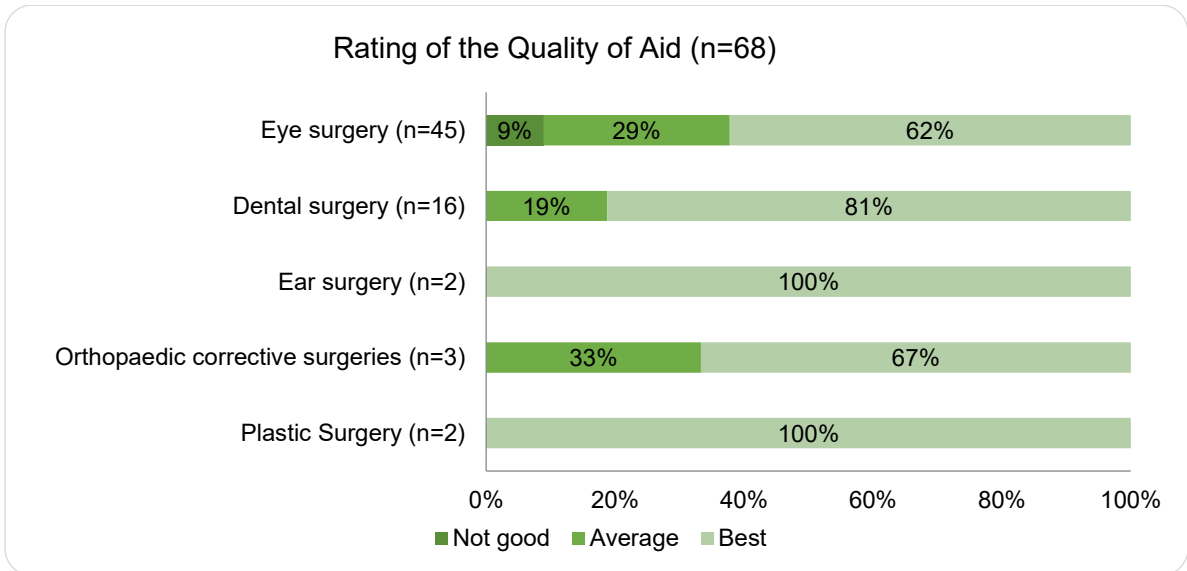


Figure 36: Rating of the Quality of Aid

The Lifeline Express intervention effectively addressed key healthcare delivery challenges by improving access to qualified doctors, advanced equipment, and streamlined treatment processes, resulting in high beneficiary satisfaction. However, gaps remain in supportive services and staff behaviour, indicating areas for further improvement in patient experience and holistic care.

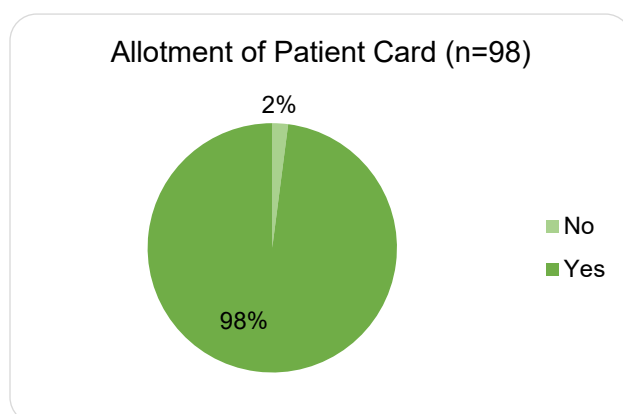
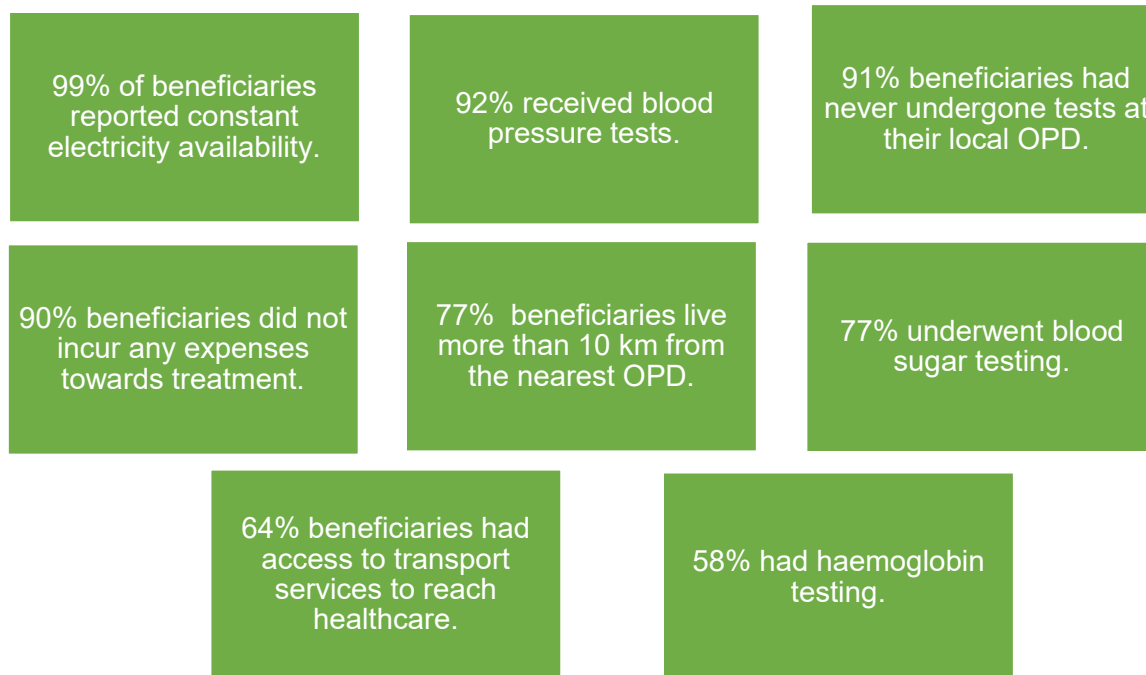
"For so long, I lived in silence, unable to hear my children clearly, unable to fully be part of my own life. Now, I feel present again. The surgery didn't just restore my hearing; it gave me back my voice."

-Sunita Devi, Homemaker

### 3.4 Efficiency:

The Lifeline Express (LLE) programme demonstrates strong alignment with the framework on efficiency by maximising health outcomes with minimal resource expenditure.

#### 3.4.1 Mobilisation :



**A significant gap** was noted in the area of documentation: **only 2% of beneficiaries received patient cards**, which can **hinder continuity of care and integration with the public health system**.

Figure 37: Allotment of Patient Cards

The outreach efforts of the **Lifeline Express (LLE)** in **Poryeghat, Godda, Jharkhand** included **home-based testing and assessments** for a subset of beneficiaries. Among those tested at home, **blood pressure and blood sugar monitoring were the most common**, reflecting a targeted focus on screening for **non-communicable diseases**. However, **comprehensive screening (all tests) was only done for 8%**, and **weight measurement was notably low**, indicating **room for improvement** in providing a full diagnostic profile during household visits.

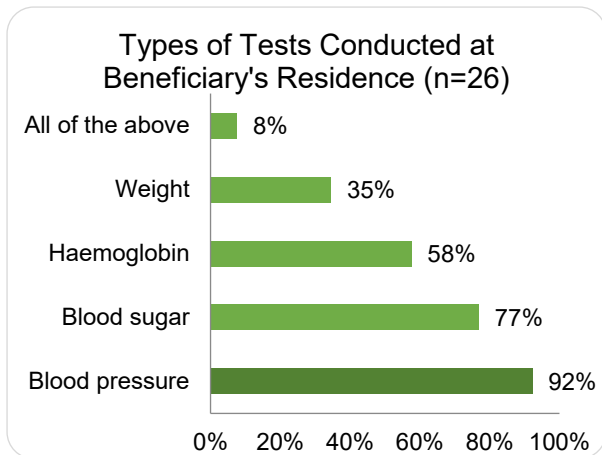


Figure 38: Types of tests Conducted

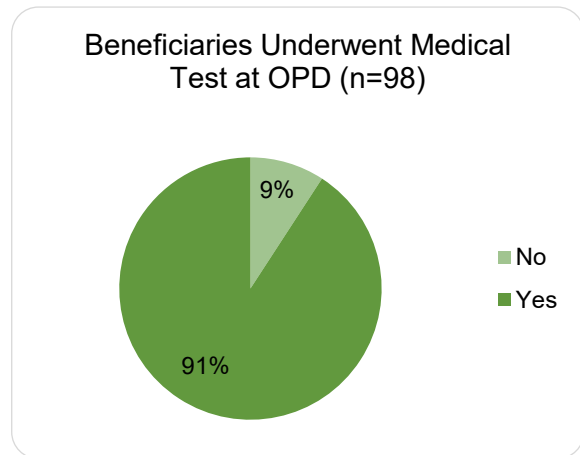


Figure 39: Beneficiaries who Underwent Medical Tests at OPD

Among the 89 patients surveyed in the OPD, the most commonly conducted tests were blood pressure (56%) and blood sugar (54%), followed by haemoglobin (42%). A comprehensive set of all three tests—blood pressure, blood sugar, and haemoglobin—was conducted in 33% of cases. Weight and other miscellaneous tests were performed in only 12% of the cases each. This suggests that while individual screenings are frequent, integrated diagnostic assessments are still limited.

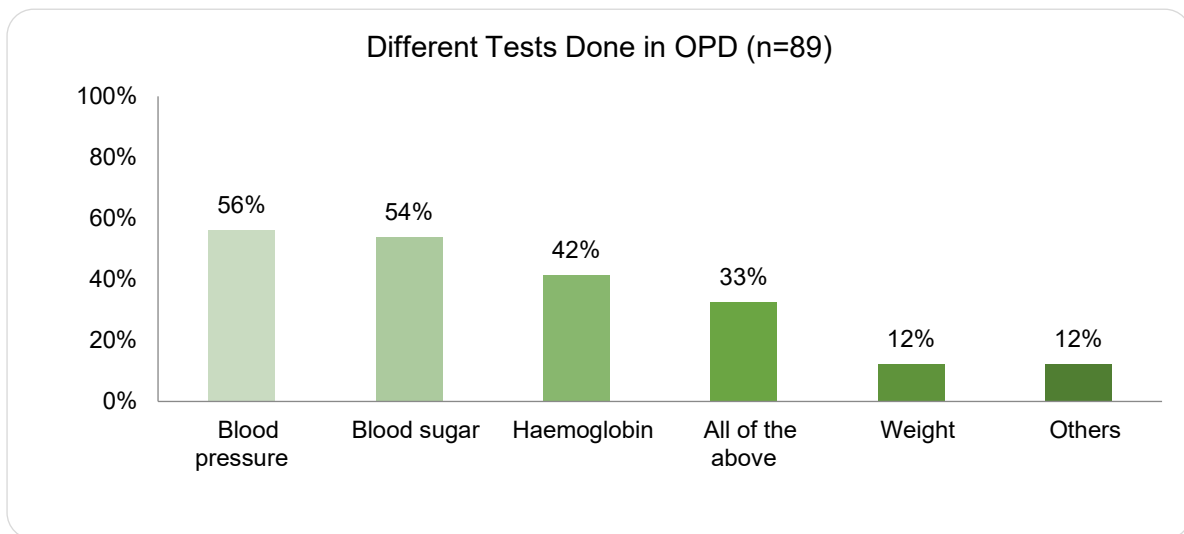


Figure 40: Different Tests Done in OPD

**Access to healthcare remains a major challenge—77% of respondents live more than 10 km from the nearest OPD, and only 9% had ever undergone medical testing at local health centres, reinforcing the urgent need for mobile diagnostic units.** 91% of the beneficiaries underwent medical tests at OPD. The tests conducted at OPDs largely focused on **blood pressure and blood sugar**, again suggesting prioritisation of chronic disease detection, but the **low overall testing rate** points to the **limited functionality of these centres.**

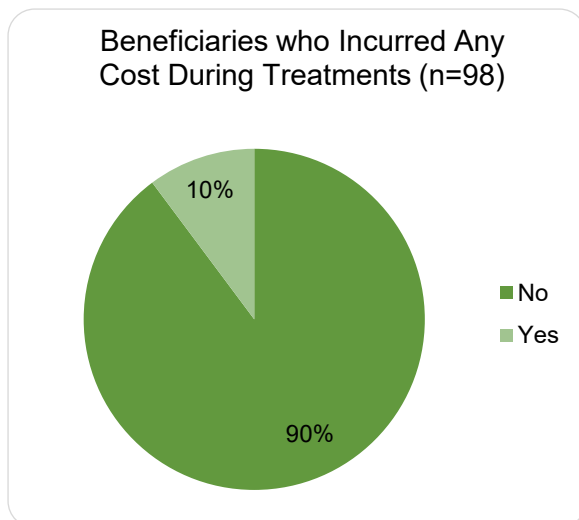


Figure 41: Beneficiaries who Incurred Costs During Treatment

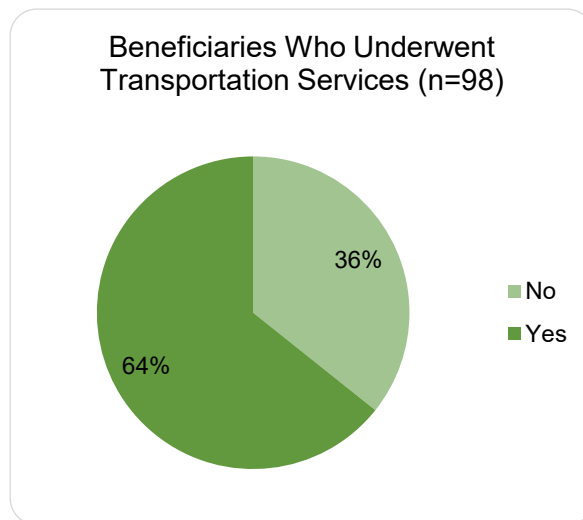


Figure 42: Beneficiaries who Underwent Transportation Services

**Transport was another barrier**, with **only 64% receiving support** to reach health facilities. Still, the **Lifeline Express greatly reduced financial strain**, as **90% of beneficiaries reported no treatment-related costs**. For the **10% who did incur expenses**, **transportation from the operation theatre to home** was the most common cost, followed by **medication and meals**.

Encouragingly, **99% of beneficiaries confirmed the availability of uninterrupted electricity** aboard the **Lifeline Express**, supporting the **efficient delivery of health services** throughout the intervention.

Among the beneficiaries surveyed, the majority (82%) reported that **transportation from the operation theatre (OT) to home** was the main additional cost incurred. In contrast, **post-treatment medicines** and **meals in the hospital** each accounted for only 9% of the additional expenses. This highlights transportation as the most significant financial burden faced by patients' post-treatment.

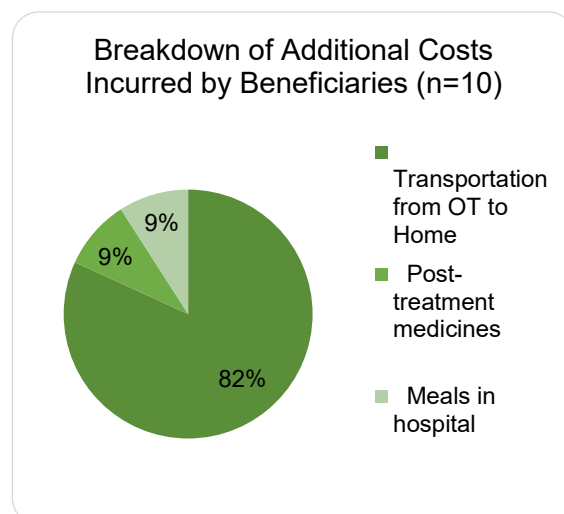


Figure 43: Breakdown of Additional Costs Incurred by Beneficiaries

Among the 98 beneficiaries surveyed, a significant majority (77%) reported that the OPD was located **more than 10 km** from their residence. Only 13% lived within **5–10 km**, 8% within **1–5 km**, and a mere 2% within **1 km**. This indicates that most beneficiaries have to travel long distances to access OPD services, which may contribute to additional financial and logistical challenges.

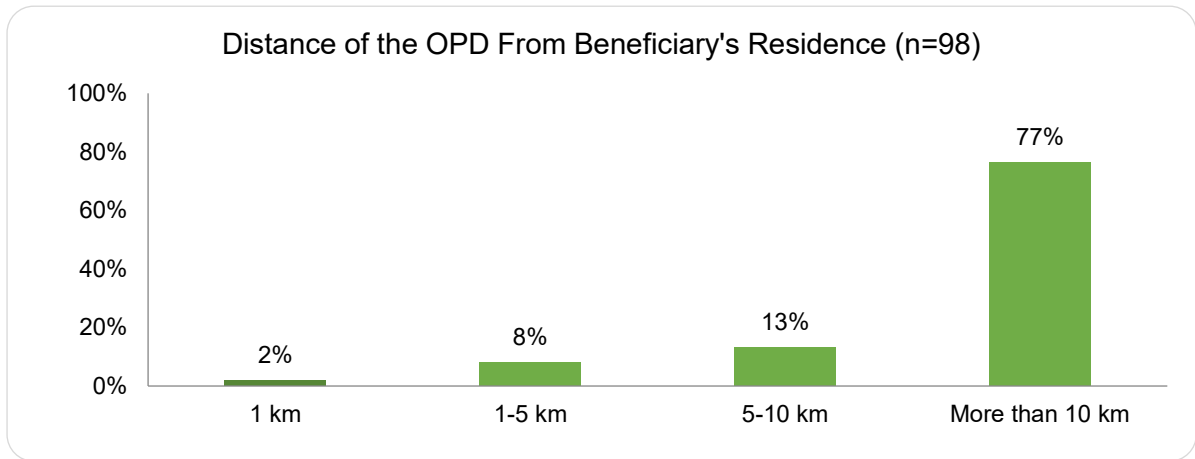


Figure 44: Distance of the OPD from Beneficiary's Residence

Out of the 20 beneficiaries surveyed, only **30% reported receiving transportation services**, while the remaining **70% did not**. This indicates a significant gap in transportation support, which could further burden those already travelling long distances for treatment.

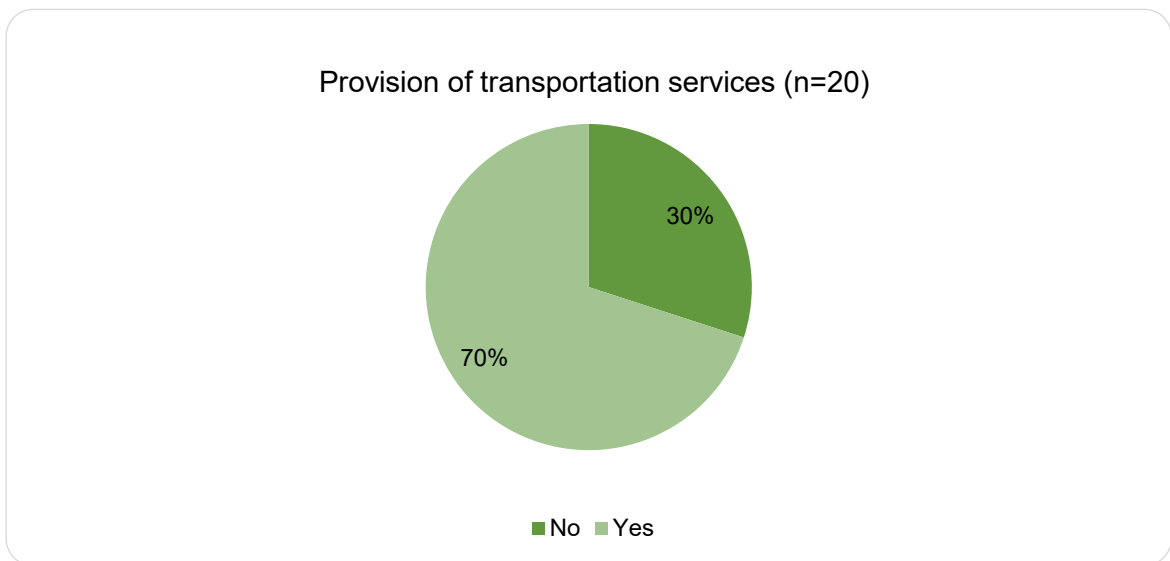


Figure 45: Provision of Transportation Services

### 3.4.2 Treatments on the Lifeline Express:

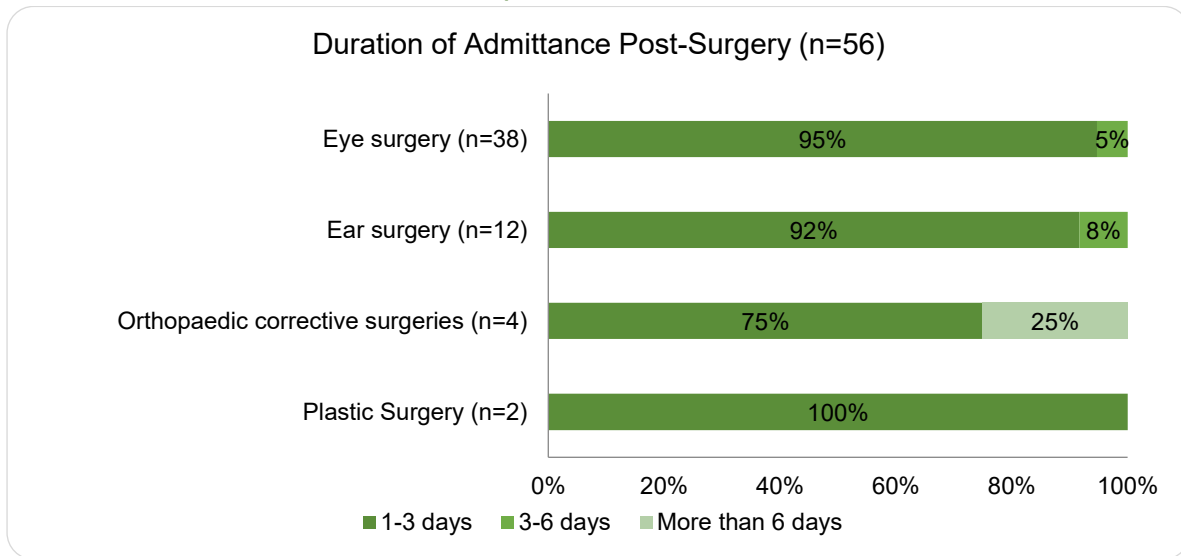


Figure 46: Duration of Admittance Post Surgery

Patients availing of health services on the Lifeline Express encountered a mix of efficient service delivery and operational challenges. While surgeries were mostly conducted promptly—especially for eye, ear, and plastic surgery patients—certain logistical and quality-related issues were reported.

A considerable number of patients across treatment types highlighted concerns such as irregular availability of doctors, inadequate infrastructure, and ineffective treatment. These challenges were especially prominent in eye, ear, and orthopaedic surgeries, while dental and gynaecology patients reported fewer issues.

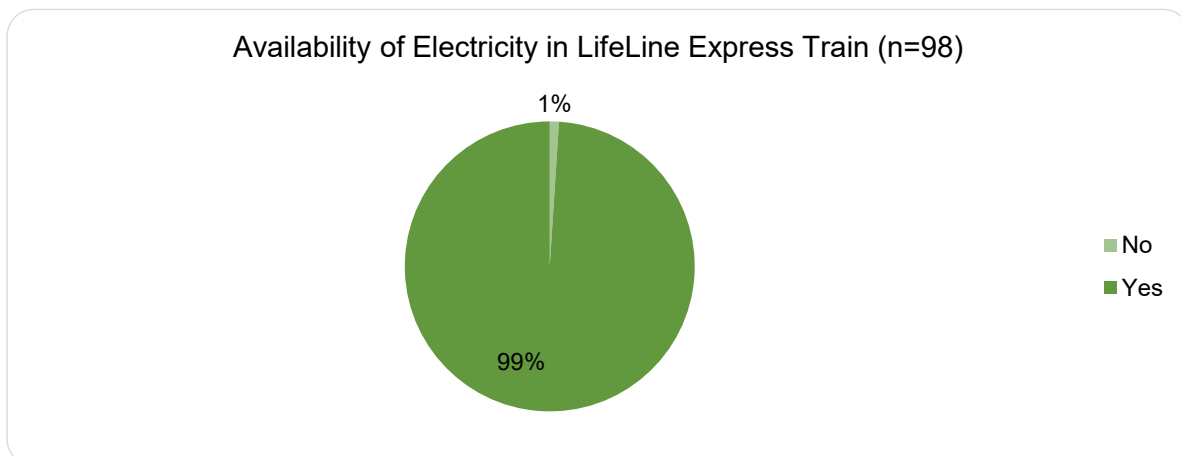


Figure 47: Availability of Electricity in Life Line Express

Transportation services for follow-up care were provided to a majority of eye surgery patients, enabling post-operative continuity. However, the lack of universal coverage points to a need for broader support. Additionally, nutritional care was inconsistent; while all ear surgery patients received meals post-surgery, most eye surgery patients did not, underlining the need to standardise supportive services like meals across treatment types.

The Lifeline Express (LLE) programme demonstrates high efficiency by delivering cost-effective healthcare through a mobile hospital model that utilises existing railway infrastructure, minimises overhead costs, and reaches remote communities. Strategic partnerships and resource optimisation further enhance its scalability and impact. While the initiative **effectively reduced treatment costs for 90% of beneficiaries** and ensured uninterrupted electricity, challenges remain in areas such as comprehensive screening during home visits, documentation (only 2% received patient cards), and equitable access to post-operative support services like transport and meals. Variability in service quality and infrastructure—especially for eye, ear, and orthopaedic treatments—also highlights the need for strengthened operational consistency to maximise efficiency across all treatment types.

"I never thought I'd Walk again without pain. The doctors treated me with kindness, and now I share my story so no one else suffers in silence."

-Kamla Devi, Homemaker

### 3.5 Impact:

The Lifeline Express (LLE) programme has had a **transformative impact** on healthcare access and outcomes in the remote region of Poryeghat, Godda, Jharkhand. By delivering **free medical consultations, diagnostic services, and life-changing surgeries**, the intervention has significantly **reduced the burden of untreated conditions and preventable disabilities** among underserved populations. The programme not only addressed immediate health needs but also contributed to **improved awareness, early disease detection, and financial protection** for economically vulnerable households, thereby promoting **health equity and social inclusion** in one of India's most marginalised areas.

100% of dental and plastic surgery patients successfully underwent surgical treatment—showcasing full coverage in these critical categories.

85% of eye surgery patients and 100% of ear surgery patients did not incur any post-operative costs, demonstrating the project's effectiveness in reducing financial burden on beneficiaries.

88% of dental, 65% of eye, and 64% of ear surgery patients reported increased confidence post-treatment.

Normal daily functioning improved for 68% of ear, 57% of eye, and 56% of dental surgery patients.

50% of dental and ear surgery patients and 39% of eye surgery patients experienced increased employment opportunities after surgery.

#### 3.5.1 Mobilisation of outreach programme:

The Lifeline Express had a considerable impact on raising awareness about preventable disabilities. **A large majority (84%) of beneficiaries acknowledged that their understanding of disability prevention improved as a result of the intervention, and 88% of beneficiaries actively helped others in their families or communities identify preventable disabilities and access treatment.** This reflects the success of the programme in not only delivering medical services but also promoting grassroots-level health advocacy.

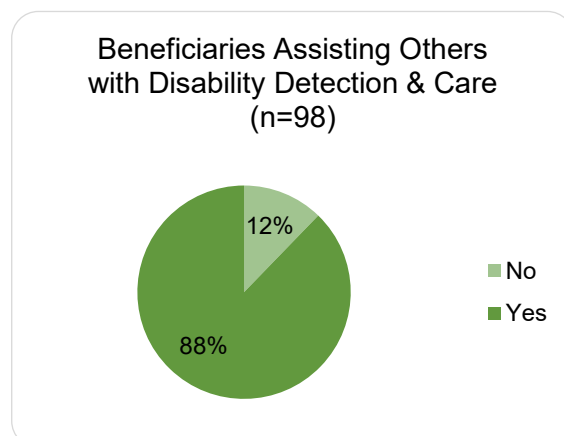


Figure 48: Beneficiaries Assisting Others with Disability Detection and Care

However, a small segment (12%) has yet to take similar action, pointing to an area for enhanced community mobilisation.

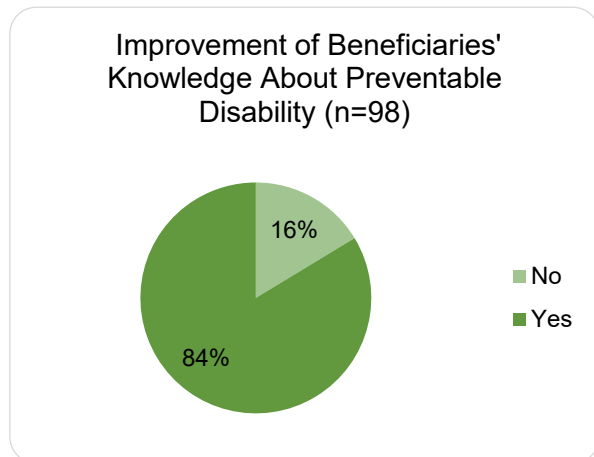


Figure 49: Improvement of Beneficiaries Knowledge about Preventable Disability

### 3.5.2 Treatments availed on the Lifeline Express

The Lifeline Express successfully provided surgical treatment to a large proportion of patients, especially those in need of dental, plastic, and eye surgeries. While a smaller percentage of ear and orthopaedic patients did not undergo surgery, they may have received alternative treatments or consultations, reflecting a flexible, need-based approach.

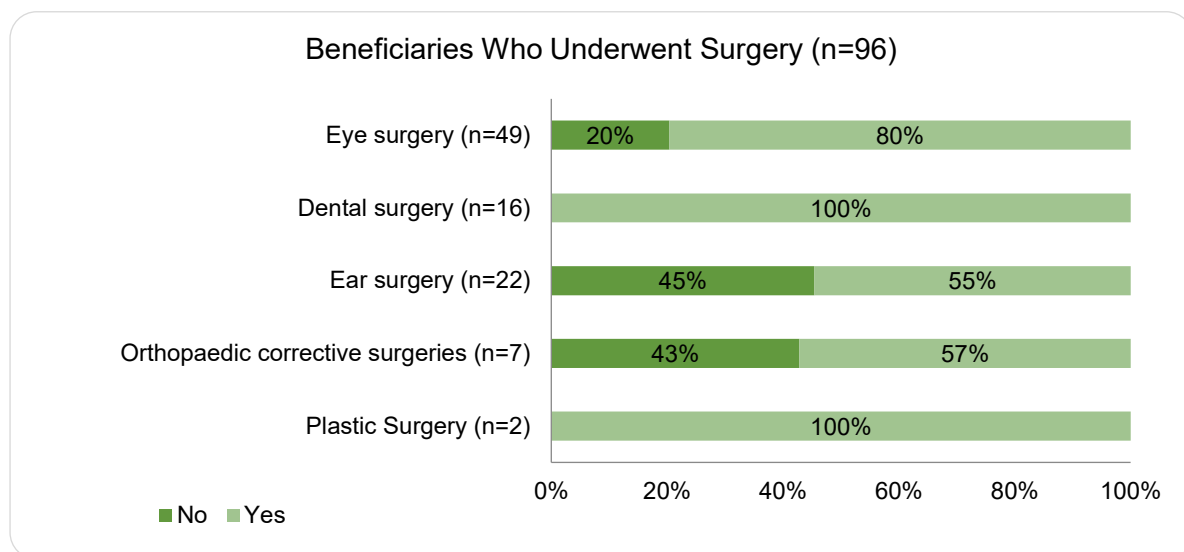


Figure 50: Beneficiaries who Underwent Surgery

A key success of the initiative was its ability to reduce the financial burden on patients. Most did not incur any additional post-operative costs, particularly those who underwent ear surgeries, indicating strong cost-effectiveness and access to free or subsidised follow-up care.

The impact of treatment extended beyond physical recovery. Patients reported meaningful improvements in self-confidence, daily functioning, and in some cases, employment opportunities. These psychosocial and economic benefits reinforce the importance of such mobile healthcare interventions, especially for underserved populations. While impacts were highest in plastic, dental, and ear surgeries, lower improvements were observed among orthopaedic patients, suggesting a need for enhanced support in this category.

The Lifeline Express programme has made a significant impact by improving healthcare access, reducing preventable disabilities, and enhancing health awareness in the remote and underserved region of Poryeghat, Godda. Through free surgeries, diagnostics, and consultations, the initiative alleviated financial burdens and empowered communities—**84% of beneficiaries reported increased knowledge about disability prevention, and 88% actively supported others in accessing care.** The intervention led to improvements in

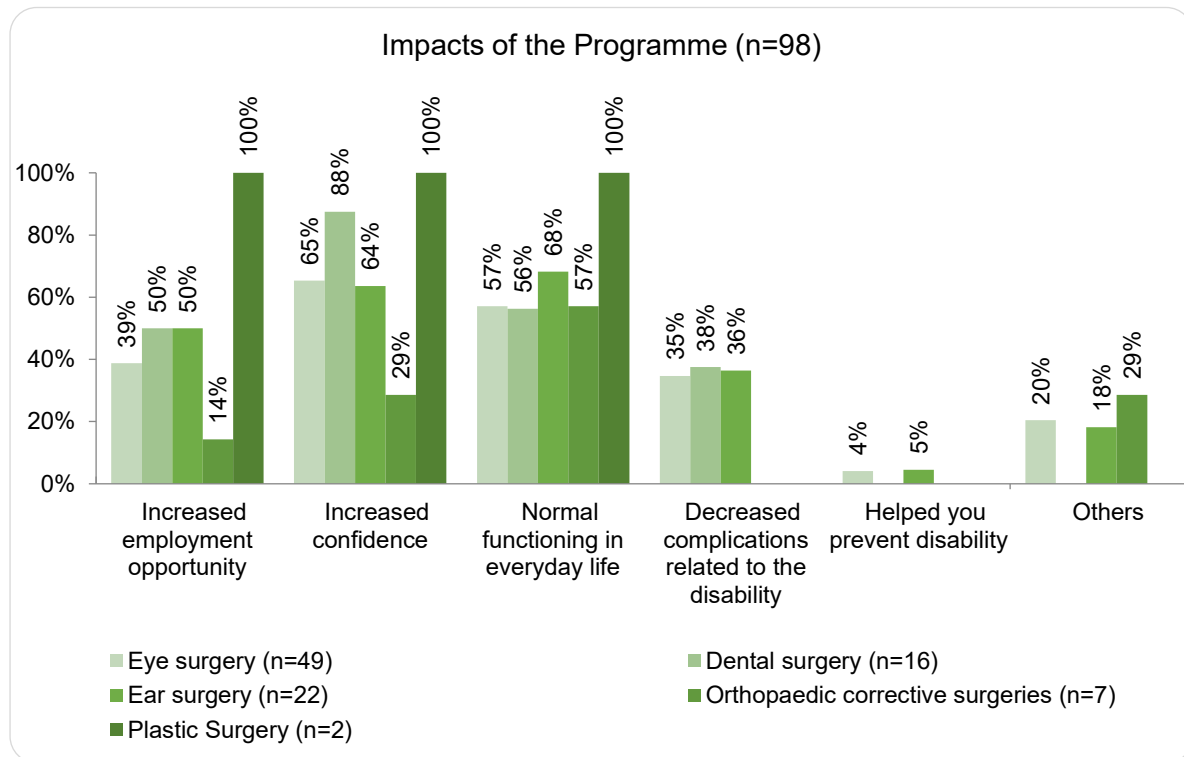


Figure 51: Impacts of the Programme

physical health, self-confidence, and, for some, economic opportunities, especially among dental, plastic, and ear surgery recipients. However, limited gains among orthopaedic patients highlight the need for stronger post-treatment support and rehabilitation services in that area.

"After my eye surgery, I could return to farming and support my family better. I tell others not to wait in pain—help is available if we're willing to reach out."

-Ramesh Yadav, Farmer

### 3.6 Sustainability:

The sustainability of the Lifeline Express (LLE) intervention lies in its ability to deliver **long-term health benefits** to underserved communities. This section highlights the **social, economic, and institutional capacities** strengthened through the project to ensure that the **positive health outcomes and impact** are sustained over time. By **building awareness**, promoting **community participation**, and **linking patients to the public health system**, the programme has laid the groundwork for **continued access to healthcare** beyond the intervention period. The model's cost-effectiveness and reliance on **multi-sectoral partnerships** also enhance its potential for **scaling and replication** in other remote regions.

100% of gynecology screening patients reported no access issues

69% of dental surgery patients reported no access issues

68% of patients availed medical services once

#### 3.6.1 Mobilisation of outreach programme:

As part of the impact assessment of the Lifeline Express medical intervention conducted at Poryeghat, Godda, Jharkhand, supported by EMIL – Aditya Birla Group, a total of 98 patients were surveyed to understand the recurrence pattern of their treatment onboard the Lifeline Express.

The data reveals that **68% of the patients availed medical services once, 31% received treatment twice, and 1% underwent treatment thrice**. This distribution highlights that a majority of patients—over two-thirds—were able to address their medical needs through a single engagement, reflecting the effectiveness of the services provided in resolving immediate health issues. The **31% who returned for a second visit and the 1% who received treatment thrice underscore the trust and reliability patients place in the quality of care offered**. These repeated visits may also be indicative of the requirement for ongoing or staged treatment, such as follow-ups for surgeries, dental interventions, or chronic condition management.

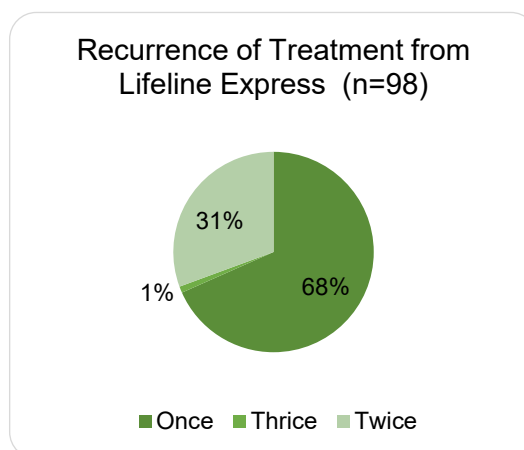


Figure 52: Recurrence of treatment from LLE

The recurrence pattern points to the **potential benefit of establishing continuity-of-care mechanisms post-intervention, either through local health system integration** or scheduled return visits of the Lifeline Express. It also affirms the train's success not just in providing one-time care, but in creating a sustained impact on community health.

#### 3.6.2 Treatments availed on the Lifeline Express:

The Lifeline Express provided vital surgical services, yet data indicates critical gaps in post-operative care and service quality. A considerable number of patients experienced a **recurrence of symptoms** after surgery, **particularly in eye (55%), orthopaedic (57%), and ear surgeries (41%)**. In contrast, **recurrence was lower among dental (19%) and plastic surgery patients (50%)**.

**Post-treatment follow-up** by the Lifeline Express team was limited. Only **29% of eye surgery patients** and **23% of ear surgery patients** reported receiving any follow-up, while **71% and 77%**, respectively, received no follow-up support, highlighting a significant weakness in continuity of care.

Patients also reported several **access-related issues**:

- **Irregular availability of doctors** was noted by 47% of eye, 45% of ear, 31% of dental, and 14% of orthopaedic patients.
- **Poor infrastructure or equipment services** were reported by 100% of plastic, 50% of ear, 43% of eye, 31% of dental, and 29% of orthopaedic patients.
- **Ineffective treatment by doctors** was highlighted by 57% of orthopaedic, 51% of eye, 50% of ear, 31% of dental, and 50% of plastic surgery patients.
- **69% of dental surgery patients** and **100% of gynaecology screening patients** reported **no issues** in accessing services—suggesting smoother operations in these departments.

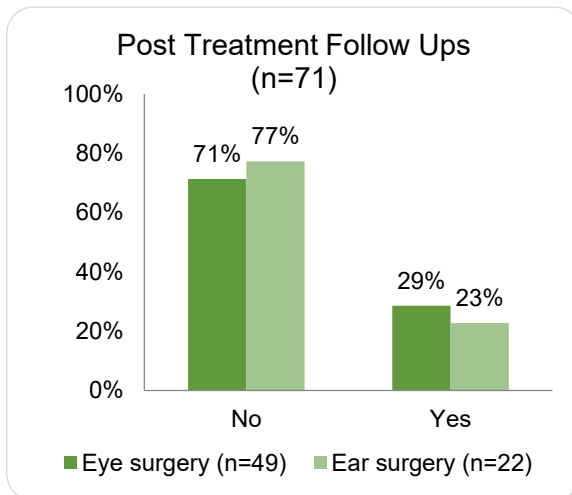


Figure 53: Post Treatment Follow Ups

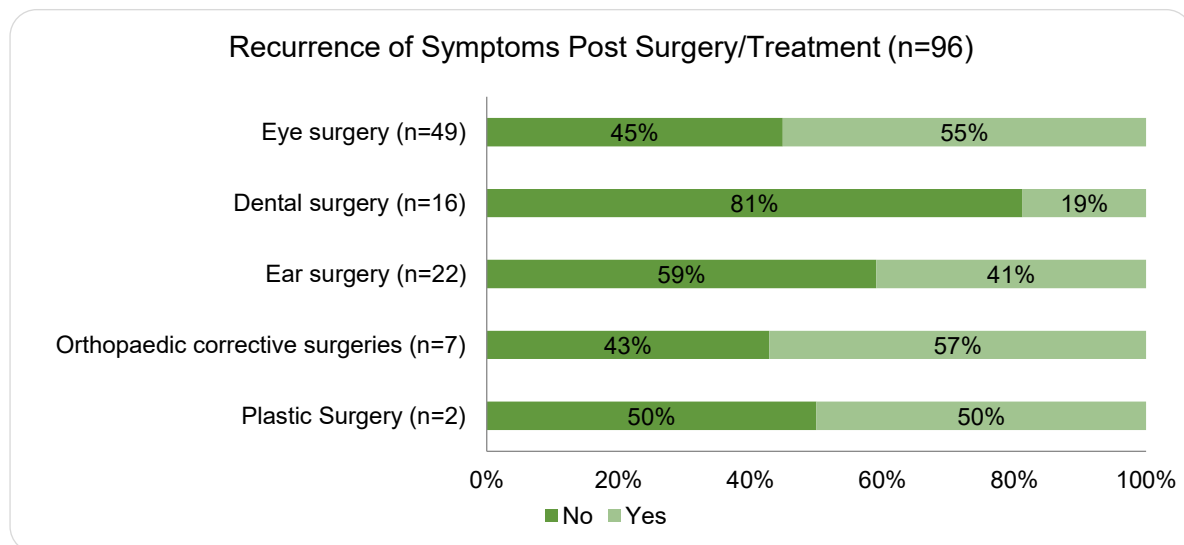


Figure 54: Recurrence of Symptoms Post Surgery / Treatment



Figure 55: Eye Surgery on LLE

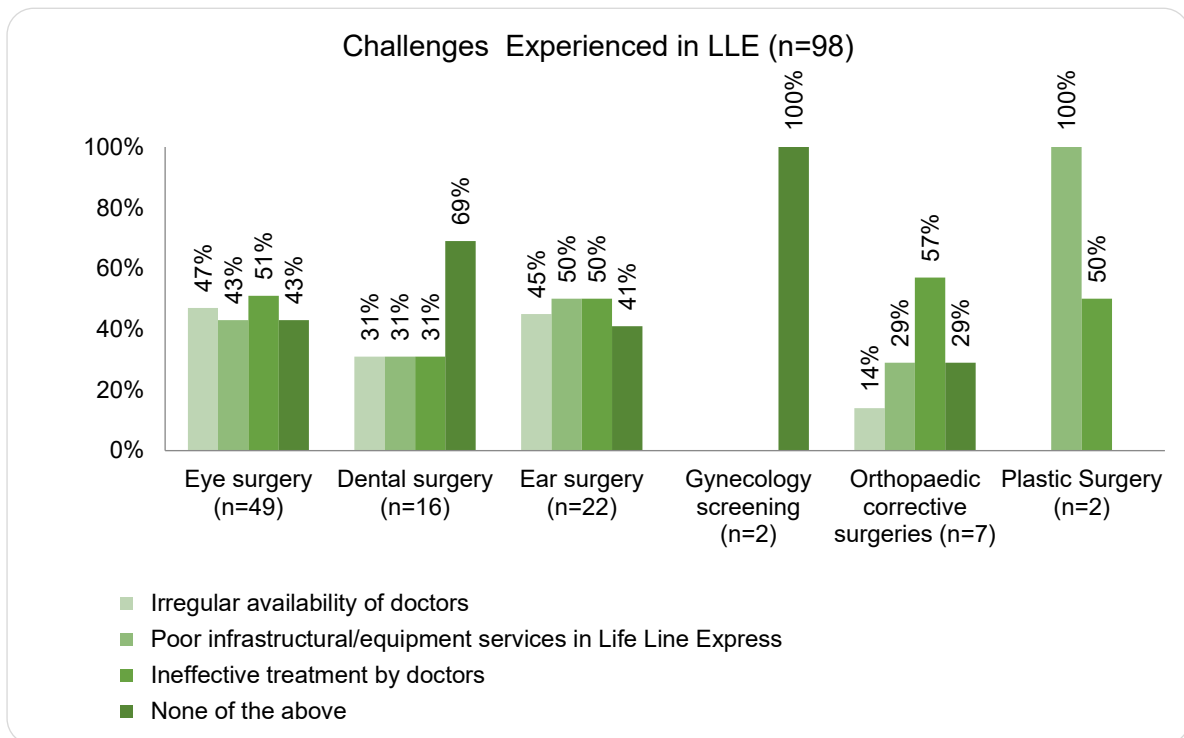


Figure 56: Challenges Experienced on LLE



## Chapter 4

# Impact Stories

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## Chapter – 4: Impact Stories

### Impact Story 1:

#### Ramesh Yadav – Restoring Vision, Renewing Confidence

Ramesh Yadav, a 55-year-old farmer, had spent years living with impaired vision, quietly adjusting to a world growing dimmer by the day. Though eligible under the Ayushman Bharat scheme, he had never accessed formal medical care, unsure of where to begin and doubtful that help would actually reach someone like him. Medical camps had come and gone before, but none had left a mark. When he first heard about the Lifeline Express (LLE), his reaction was no different;

It wasn't until a local ASHA worker personally urged him to attend a health camp that Ramesh reluctantly agreed. What followed changed his life. Diagnosed with a cataract, he received free surgery and post-operative care. For the first time in years, he could see clearly. The experience was more than just medical, it was emotional. His confidence returned, along with his ability to manage work on his small plot of land.

Today, Ramesh speaks of the LLE with pride and gratitude. His transformation has become a source of inspiration to others, especially those who continue to hesitate in seeking help.

### Impact Story 2:

#### Kamla Devi – Relief in the Autumn of Life

Kamla Devi, a 65-year-old homemaker, had quietly borne the burden of joint pain for over a decade. With no insurance and little access to healthcare, she had resigned herself to a life of limited movement and discomfort. Visiting doctors or enrolling in government schemes seemed out of reach, both financially and emotionally. She feared unfamiliar environments and did not want to be a burden to her children.

It was through persistent efforts from community health workers that Kamla finally agreed to visit the Lifeline Express medical camp. There, her pain was acknowledged, her condition diagnosed, and a care plan designed especially for her. With treatment and physiotherapy, she began to move more freely, regaining not just mobility but also a sense of dignity she hadn't felt in years.

Now, Kamla shares her story freely with other elderly women, reminding them that age should not be a reason to suffer in silence. Her experience underscores the importance of accessible, compassionate care in later life.

## Impact Story 3:

### Sunita Devi – Hearing Hope Again

Sunita Devi, a 38-year-old mother of two, had struggled with chronic ear pain and hearing loss for several years. As a homemaker with limited resources, she often ignored the discomfort, believing it was something she would simply have to live with. Visiting a specialist or undergoing surgery felt out of reach both financially and logistically. Conversations became difficult, her confidence eroded, and even simple daily tasks became a challenge.

When the Lifeline Express (LLE) arrived, Sunita was hesitant. She had never received a proper diagnosis and feared what doctors might find. But after gentle encouragement from a local ASHA worker, she attended the medical camp. To her surprise, she was met with care and respect. She was diagnosed with a condition requiring minor ear surgery, something entirely treatable. The procedure was done free of cost, and for the first time in years, Sunita could hear clearly again.

The change was profound. She reconnected with her family in a way she hadn't for years and regained the confidence to participate actively in community life. Her story has since encouraged others facing similar issues to step forward.

## Case Study 1:

### Dr. Avinash Kumar, Audiologist

Dr. Avinash Kumar, an audiologist, participated in a healthcare programme conducted aboard the Lifeline Express (LLE) train. He was responsible for diagnosing and treating patients with hearing-related concerns, many of whom had limited or no prior access to specialised ear care.

Dr Kumar commended the Lifeline Express team for their effective coordination and the availability of well-functioning medical equipment and support systems. The programme witnessed a high turnout of patients, often requiring extended consultation hours. Despite the large numbers, treatments were conducted efficiently, and post-treatment feedback from patients was positive.

He noted that the medical and nursing staff supporting the initiative were well-trained and played a crucial role in ensuring smooth service delivery. The overall setup allowed for effective management of audiology services without any shortages of equipment or medicine.

For patients needing ongoing care beyond the scope of the mobile unit, referrals were made to local health facilities, supported by coordination with PHCs and CHCs. This ensured continued access to treatment and improved long-term outcomes.

While Dr. Kumar did not face major challenges during the programme, he suggested earlier community-level awareness ideally two months in advance to further enhance outreach and participation. He acknowledged that the existing outreach efforts were already effective but believed that a longer lead time would expand the programme's reach.

Dr Kumar appreciated the Lifeline Express model as a sustainable and impactful healthcare solution and recognised the EMIL Aditya Birla Group for its efficiency, reliability, and commitment to serving remote populations.

## Case Study 2:

### Dr. Sumit Dhara, Eye Surgeon

Dr. Sumit Dhara, an eye surgeon, participated in a healthcare programme conducted aboard the Lifeline Express (LLE) train. He provided surgical treatment for patients with various eye conditions, many of whom had limited access to specialised ophthalmic care.

Dr. Dhara commended the Lifeline Express team for their excellent coordination, the quality of medical services provided, and the overall efficiency of the programme. He noted that the medical staff and nurses were well-trained and supportive, which enabled smooth execution of procedures throughout the camp. The programme saw a steady turnout of patients, with many receiving much-needed surgical interventions and expressing satisfaction with the care received.

Patients benefitted not only from immediate medical attention but also from the systematic referral process in place for post-operative or long-term care. Coordination with local health

facilities ensured that patients requiring further evaluation or follow-up could access ongoing treatment beyond the scope of the LLE.

While Dr. Dhara was satisfied with the existing infrastructure and resources, he suggested the inclusion of additional ophthalmic equipment to further enhance surgical capabilities. Specifically, he recommended incorporating an **anterior vitrectomy cutter** to manage vision loss during surgery, as well as **micro-serrated retinal forceps** and a **needle sticker** to treat retinal dialysis cases more effectively.

Dr. Dhara concluded by affirming the significance of the Lifeline Express in addressing critical eye health issues in underserved areas and acknowledged its role in improving patient outcomes.



Chapter 5

## **Brand Equity**

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## Chapter – 5: Brand Equity:

**Brand Equity** refers to the **value premium** that an organisation gains from its product or service through strong **name recognition** and positive public perception. Companies can enhance their brand value and reputation by delivering services that are **reliable, efficient, memorable, and of superior quality**. In this study, we have assessed the **brand equity of the EMIL – Aditya Birla Group**, evaluating how its healthcare initiatives have contributed to strengthening its brand reputation among stakeholders and beneficiaries.

### 5.1 Familiarity and Awareness of EMIL – Aditya Birla Group:

A **significant majority of the respondents (98%)** reported that they were already aware of the name 'Aditya Birla Group' before the project was implemented. This suggests a strong pre-existing recognition of the name among the beneficiary community, indicating that the brand had substantial visibility or outreach even prior to the intervention.

Respondents were asked where they had heard or seen the name 'Aditya Birla Group'. A majority cited visual communication materials as their primary sources, with **73% mentioning posters** and **67% banners**. **Word of mouth** also played a significant role, as noted by **57%** of respondents. This indicates that the project's communication strategy effectively combined visual, interpersonal, and event-based methods to enhance awareness.

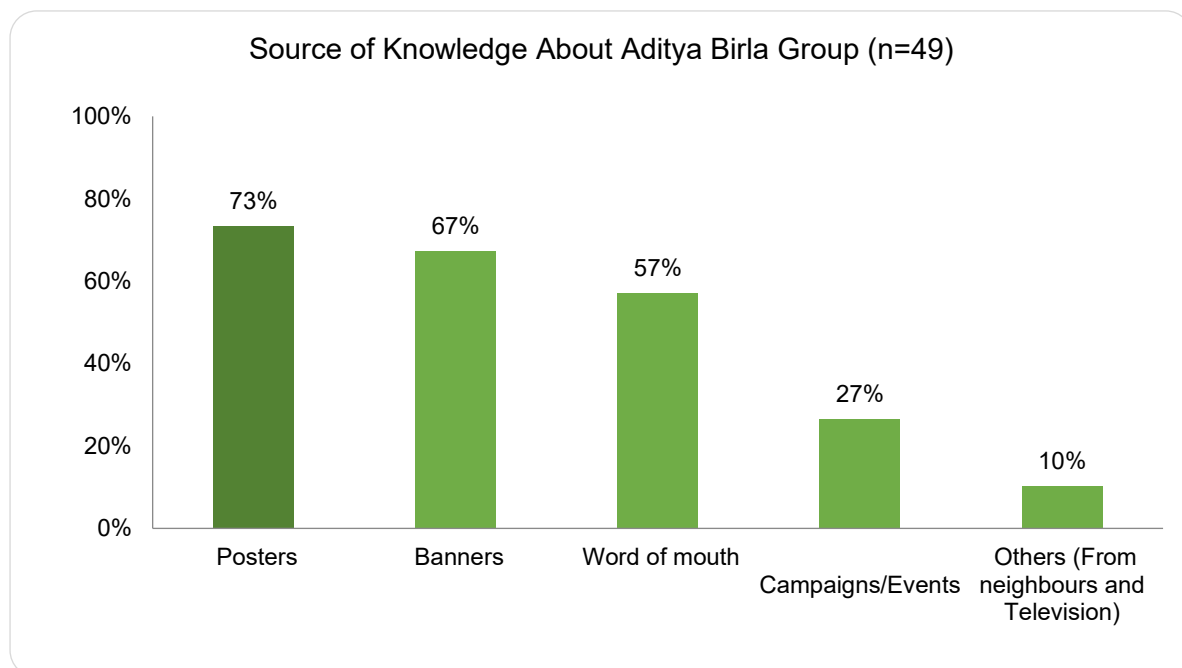


Figure 57: Source of Knowledge about Aditya Birla Group

## 5.2 Perception Towards the Brand ' Aditya Birla Group '

An overwhelming **98% of respondents expressed a positive perception** of the brand 'Aditya Birla Group' following the project intervention. Only **2% described their perception as somewhat okay**, and **none reported a negative view**. This high level of positivity reflects the brand's strong community presence and the trust built through its visible contributions to healthcare and social initiatives.

Following the implementation of the project, **90% of respondents reported a significant improvement** in their perception and knowledge about the brand 'Aditya Birla Group'.

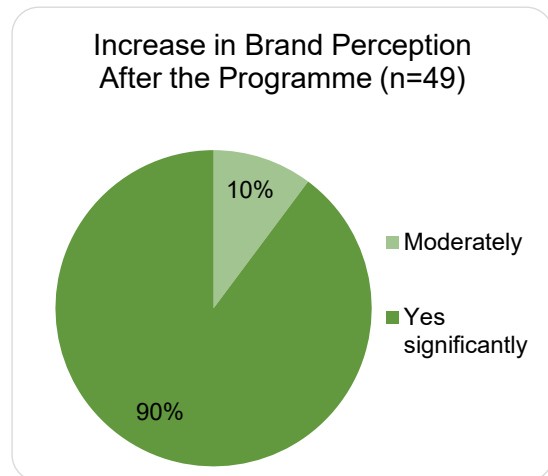


Figure 58: Increase in Brand Perception After the Programme

## 5.3 Experience with Aditya Birla Group

The majority of respondents shared a highly favourable experience with Aditya Birla Group. Specifically, **57% rated their experience as Excellent**, while **37% described it as Very Good**. These findings reflect a strong and positive engagement of the community with the brand through the project activities.

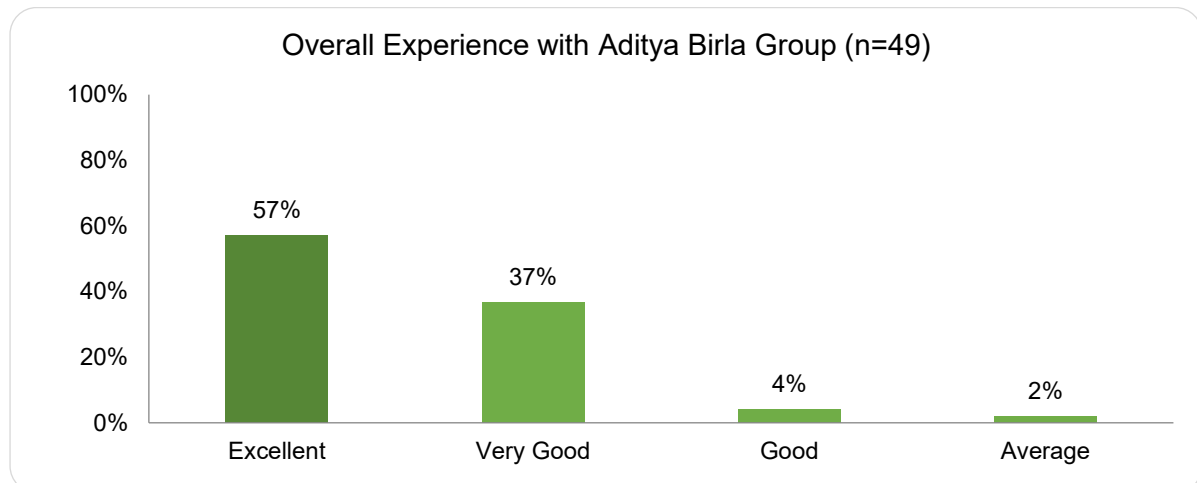


Figure 59: Overall Experience with Aditya Birla Group

An overwhelming **100% of the respondents confirmed that they have recommended Aditya Birla Group to others**, indicating a high level of satisfaction, trust, and perceived value in the services and support provided through the project. This unanimous endorsement highlights the positive impact of the project on community perceptions and advocacy.

## 5.4 Responsiveness to Grievances

A significant majority of respondents (82%) confirmed that their problems or grievances were addressed promptly by the team, while 18% reported that their concerns were not resolved on time. This indicates a high level of efficiency and responsiveness from the project team, though it also highlights the need for continued improvement to ensure that all beneficiaries receive timely support.

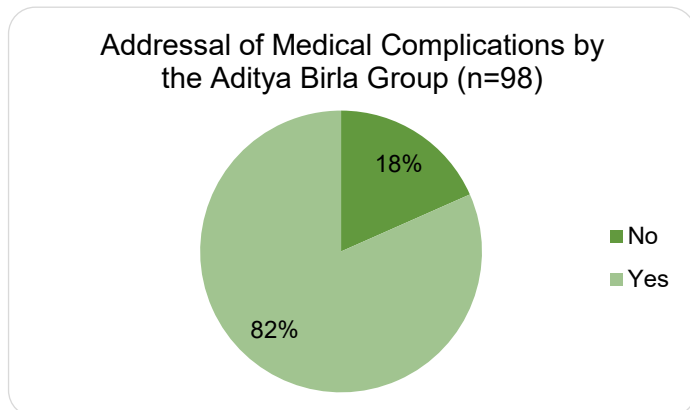


Figure 60: Addressal of Medical Complications by Aditya Birla Group

## 5.5 Overall Rating of Aditya Birla Group

When asked to rate Aditya Birla Group, 41% of respondents rated the organisation as **Excellent**, while 59% gave an **Average** rating. While the overall feedback remains positive, with no negative ratings, the data suggests the potential for enhancing beneficiary experiences to elevate more respondents to the highest satisfaction level.

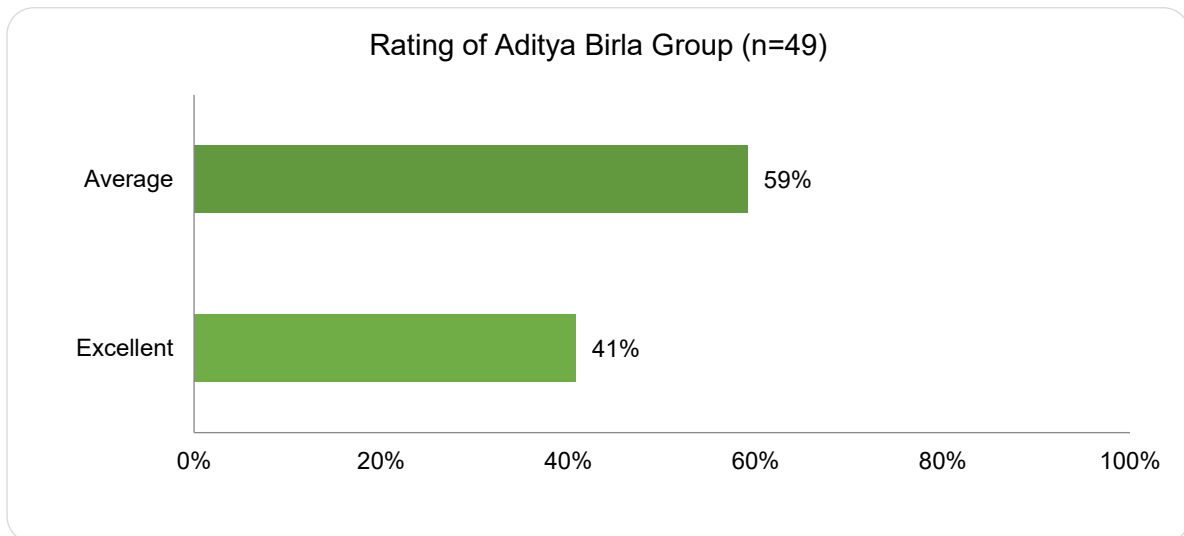


Figure 61: Rating of Aditya Birla Group



Chapter 6

## **Recommendations**

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## Chapter – 6: Recommendations

In reviewing the key findings from the Lifeline Express intervention, several areas of improvement have emerged that are vital to enhancing both the operational effectiveness and the visibility of the initiative. These recommendations are informed by patient feedback, field observations, and service utilisation patterns. By refining service delivery mechanisms and strengthening brand engagement strategies, Lifeline Express can further its impact in reaching underserved populations with quality healthcare.

Operations		
Sl. No.	Current Scenario/Findings	Recommendations
1	Lack of structured post-operative follow-up, especially for orthopaedic, eye, and ear surgeries.	Establish formal referral linkages with nearby PHCs/CHCs and engage community health workers (ASHAs/ANMs) for home-based follow-up.
2	Inadequate availability and maintenance of essential diagnostic and surgical equipment on the Lifeline Express.	Strengthen medical infrastructure by ensuring the availability of critical equipment, regular replenishment of supplies, and periodic audits.
3	Disparities in access to transport facilities and post-operative.	Develop and implement standard operating procedures for uniform access to transport and nutritional support services.
4	Limited monitoring and evaluation mechanisms for service delivery.	Enhance monitoring through patient feedback systems and outcome tracking to inform evidence-based decision-making.

Table 10: Operational Recommendations

Branding		
Sl. No.	Current Scenario/Findings	Recommendations
1	73% of households remained unreachable during outreach efforts.	Intensify community mobilisation through local volunteers, peer influencers, and word-of-mouth strategies to improve coverage.
2	Inconsistent visibility of the Aditya Birla Group brand across programme touchpoints.	Increase brand presence via banners, posters, staff apparel, and patient materials to reinforce recognition and recall.

Table 11: Branding Recommendations

ADITYA BIRLA



EMIL

# CSRBOX & NGOBOX

A 404-405, SWATI TRINITY,  
APPLEWOODS TOWNSHIP, SP RING  
ROAD, NEAR SHANTIPURA,  
AHMEDABAD, GUJARAT 380058

*Submitted by :*

