Impact Assessment Report

Lifeline Express-Angul

Essel Mining & Industries Limited
A part of Aditya Birla Group
DISCLAIMER OF IMPACT ASSESSMENT REPORT

- This report has been prepared solely for the purpose set out in the Memorandum of Understanding (MoU) signed between Renalysis Consultants Pvt. Ltd. (CSRBOX) and Essel Mining & Industries Limited (EMIL) to undertake the Impact Assessment of their Corporate Social Responsibility (CSR) projects implemented.

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

- This report shall be disclosed to those authorized in its entirety only without removing the disclaimer. CSRBOX has not performed an audit and does not express an opinion or any other form of assurance. Further, comments in our report are not intended, nor should they be interpreted to be legal advice or opinion.

- This report contains an analysis by CSRBOX considering the publications available from secondary sources and inputs gathered through interactions with the leadership team of Aditya Birla-EMIL, project beneficiaries, and various knowledge partners. While the information obtained from the public domain has not been verified for authenticity, CSRBOX has taken due care to receive information from sources generally considered to be reliable.

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

WITH SPECIFICS TO IMPACT ASSESSMENT, CSRBOX:

- Has neither conducted an audit nor due diligence nor validated the financial statements and projections provided by EMIL;

- 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 benefits/improvisations accruing out of the recommendations set out within this report (based on secondary sources) depends on the continuing validity of the assumptions on which it is based. The assumptions will need to be reviewed and revised to reflect such changes in business trends, regulatory requirements, or the direction of the business as further clarity emerges. CSRBOX accepts no responsibility for the realization of the projected benefits;

- The premise of an impact assessment is the objective 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.
Executive Summary

The Lifeline Express is a unique initiative that provides medical care to underprivileged communities in India. This mobile hospital has been operating for over 28 years and has served millions of people across India. India’s healthcare system faces many challenges, including limited access to medical facilities, inadequate resources, and insufficient healthcare professionals. The Lifeline Express helps bridge the gap by providing high-quality medical care to people in remote areas. 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 program in Angul during FY 2021-22.

Relevance
- 73% of patients received in-house medical tests
- 50% of the patients identified diseases for the first time

Coherence
- The program aligns with SDG 3 - Good Health and Well Being
- It also aligns with National Health Policy

Effectiveness
- 82% of the patients received surgeries
- 37% of the patients got post-operation aids who required it after the assessment of doctors

Efficiency
- The outreach workers were able to reach 78% of the beneficiaries
- 100% of Beneficiaries received free of cost treatment from LLE

Impact
- 95% of the patient’s knowledge about preventable disability improved after intervention
- 95% helped other members identify preventable disorders

Sustainability
- 87% patients of orthopaedics also got post-treatment follow-ups
- More than 80% of the plastic surgery beneficiaries received follow-ups
## Abbreviations

<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSR</td>
<td>Corporate Social Responsibility</td>
</tr>
<tr>
<td>FY</td>
<td>Financial year</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>ID</td>
<td>Identity Document</td>
</tr>
<tr>
<td>INR</td>
<td>Indian Rupee</td>
</tr>
<tr>
<td>LLE</td>
<td>Life Line Express</td>
</tr>
<tr>
<td>MIS</td>
<td>Management Information System</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>OPD</td>
<td>Out Patient department</td>
</tr>
<tr>
<td>OT</td>
<td>Operation Theatre</td>
</tr>
<tr>
<td>ROI</td>
<td>Return on Investment</td>
</tr>
<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
</tbody>
</table>
Contents

Executive Summary ........................................................................................................................................... 2
Abbreviations .................................................................................................................................................. 3

Chapter 1: Project Overview and CSR Initiatives of EMIL ............................................................................... 6
1.1 CSR Activities of the Organization ........................................................................................................... 6
1.2 Program Overview ....................................................................................................................................... 6
1.3 Program Activities ....................................................................................................................................... 7

Chapter 2: Design and Approach for Impact Assessment .................................................................................. 10
2.1 Objectives of Study ..................................................................................................................................... 10
2.2 Methodology ............................................................................................................................................... 10
2.3 Geographic Coverage ................................................................................................................................. 11
2.4 Sampling Approach .................................................................................................................................... 11
2.5 Evaluation Framework ................................................................................................................................. 12
2.6 Limitations of Study .................................................................................................................................... 13
2.7 Theory of Change ......................................................................................................................................... 13

Chapter 3: Findings of Impact Assessment ...................................................................................................... 15
3.1 Beneficiary Profile ....................................................................................................................................... 15
3.2 Relevance .................................................................................................................................................... 16
3.2 Coherence ................................................................................................................................................... 19
3.2.1 Alignment with ESG Framework ........................................................................................................... 19
3.2.2 Alignment with Schedule VII Activities ............................................................................................... 19
3.2.3 Alignment with Sustainable Development Goals ................................................................................. 20
3.2.4 Alignment with National Priorities ......................................................................................................... 21
3.3 Effectiveness ............................................................................................................................................... 22
3.3 Efficiency .................................................................................................................................................... 24
3.4 Impact ......................................................................................................................................................... 27
3.5 Sustainability .............................................................................................................................................. 30
3.5 Impact Stories ............................................................................................................................................ 31

Chapter 4: Brand Equity ..................................................................................................................................... 34

Chapter 5: Way Forward and Recommendations ............................................................................................ 37
EMIL - CSR Initiatives & Project Overview
Chapter 1: Project Overview and CSR Initiatives of EMIL

1.1 CSR activities of the organization
Aditya Birla- Essel Mining & Industries Limited, as a responsible corporate organization, actively engages with local communities to contribute to the well-being of society at large. It also carries out a wide range of enriching activities and works with community organizations. It aims to build a more equitable society and provides a range of resources to community stakeholders through awareness, campaigns, capacity-building initiatives, tools, and infrastructural support.

EMIL believes in connecting with marginalized communities which is ingrained in their core values. They uphold the notion of trusteeship, which involves prioritizing the well-being of underserved populations above business concerns. Their CSR activities focus on improving the quality of life in rural communities and aim to positively impact their lives.

Projects are determined through a participatory approach that involves engaging with the local community to assess their fundamental requirements. All community programs and projects are executed under the auspices of The Aditya Birla Centre for Community Initiatives and Rural Development

1.2 Program Overview
The Lifeline Express (LLE) is a hospital train that serves aspirational districts by providing medical services for a continuous period of 21 days. The Lifeline Express initiative is an initiative of Impact India Foundation (IIF). The company, by funding LLE through its CSR funds, has extended healthcare services to the aspirational district of Angul in Odisha

In November 2021, the 216th Lifeline Express was deployed at Angul railway station. To ensure maximum coverage of beneficiaries, the train was stationed at the Angul Railway station, which provided sufficient space and infrastructure for the Lifeline Express operations. The district has a population density of 179 people per square kilometre, with a gender distribution of 4,09,260 males and 2,62,173 females, and the majority of the population speaks
Odia. The decision to bring Lifeline Express to Angul was based on the fact that the district has inadequate healthcare staff and infrastructure, particularly in rural areas, which is a major concern. The Lifeline Express Program was implemented keeping in mind the following broad objectives:

1.3 Program Activities

1. Mobilization and outreach of the program:
   - Identifying the local volunteers and ASHA workers
   - Spreading awareness in the community through home visits, posters/banners, word of mouth
   - Conducting blood tests, and identifying patients for treatment in the Lifeline Express
   - Assigning patient cards to the beneficiaries

2. Equipping the frontline health workers with health care awareness
   - Training the volunteers and ASHA on conducting the outreach and awareness program, taking blood tests, and identifying people for issues, like cataracts, etc.
   - Orientation of doctors on the entire functioning of the Lifeline Express, mentioning their roles and responsibilities.

[1] Shortage of doctors hits healthcare in Angul district | Bhubaneswar News - Times of India (indiatimes.com)
3. Provide diagnostic and curative services to rural communities:

- Setting up the OPD for consultation and referral for treatment
- Setting up the surgery/operation theatre in the Lifeline Express
- Provision of 4-5 ambulances for transporting patients from the OPD to the Lifeline Express
- Referring the patients to nearby hospitals for post-operative care and further treatment
Design and Approach for Impact Assessment
Chapter 2: Design and Approach for Impact Assessment

2.1 Objectives of the Study

1. To assess the delivery of the healthcare services provided in 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 & way forward to further enhance the impact of the CSR program.

2.2 Methodology

For the assessment, the study team employed a two-pronged approach for data collection. It includes a review of secondary data sources and literature and primary data obtained from quantitative and qualitative methods of data collection. The figure below illustrates the study approach that was used in data collection and review.
2.3 Geographic Coverage

![Map showing locations covered](image)

*Figure 1: Locations Covered*

2.4 Sampling Approach

**Quantitative Sampling**

A simple random sampling approach was done to ensure that the sample is representative. The team carried out a sampling of the beneficiary across various types of treatment provided through LLE. A confidence level of 95% and a Margin of Error of 7% were considered for the study. The total survey sample covered is 192.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Primary Stakeholder for Quantitative Survey</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Patients for eye treatment</td>
<td>97</td>
</tr>
<tr>
<td>2.</td>
<td>Patients for ENT treatments</td>
<td>44</td>
</tr>
<tr>
<td>3.</td>
<td>Patients for orthopaedics treatments</td>
<td>23</td>
</tr>
<tr>
<td>4.</td>
<td>Patients for plastic surgeries</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>192</strong></td>
</tr>
</tbody>
</table>

**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.**

*Table 1: Quantitative sampling*

**Qualitative Sampling**

Detailed discussions were held with different stakeholders of the program. These discussions included In-depth interviews (IDIs), which helped in understanding the perspectives of the beneficiaries and other stakeholders regarding the project.
<table>
<thead>
<tr>
<th>S. No.</th>
<th>Secondary Stakeholder for Qualitative Survey</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Nurses</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Volunteers</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>Outreach volunteer coordinator</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

*Table 2: Quantitative sampling*

2.5 Evaluation Framework

- **Relevance**: The extent to which intervention objectives and design respond to beneficiaries, global, country, and partner/institution needs, policies, and priorities
- **Coherence**: Compatibility of the intervention with other interventions in a country, sector, or institution
- **Effectiveness**: The extent to which the intervention achieved, or is expected to achieve, its objectives and its results
- **Efficiency**: The extent to which the intervention delivers or is likely to deliver, results in an economical and timely way
- **Impact**: The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects
- **Sustainability**: The extent to which the net benefits of the intervention continue, or are likely to continue
2.6 Limitations of the Study

- The IDIs of the doctors in Angul were not conducted as the doctors who were involved in the medical surgeries lost their lives due to COVID-19.

2.7 Theory of Change

![Theory of Change Diagram]

- **ACTIVITIES**
  - Mobilization and outreach
  - Provision of diagnostic and curative services
  - Training of frontline health workers and volunteers

- **OUTPUT**
  - 9193 patients reached through outreach
  - 6190 people registered in OPD
  - 269 surgeries done
  - 20 volunteers and staff trained for outreach

- **OUTCOME**
  - Increased knowledge on preventable disability
  - Better access to healthcare
  - Early identification and reduced burden of preventable disability

- **IMPACT**
  - Continuation of Livelihoods due to early detection of preventable disability
  - Increased health awareness in marginalized communities outcome
  - Better quality of Life
Findings of Impact Assessment
Chapter 3: Findings of Impact Assessment

This chapter highlights the detailed findings and subsequent impact created in the year 2021 – 22. The Figural representation of the data below is derived from responses received from the beneficiaries through questionnaire surveys, in-depth interviews with stakeholders, and secondary research.

3.1 Beneficiary Profile

The main purpose of LLE was to provide healthcare services to underserved areas and underprivileged strata of the community. The outreach included both females and males, with 59% of the beneficiaries being female. 54% of the beneficiary were under the age group of 45-60.

- **Gender**: 59% female, 41% male
- **Age**: 30% 18-30, 54% 31-45, 16% 45-60
- **Occupation**:
  - Labourer: 6%
  - Farmer: 9%
  - Government Job: 11%
  - Private Job: 18%
  - Business: 28%
  - Self employed: 28%
Out of the total number of beneficiaries, **56% were either running their own business or engaged in self-employment**. Another **15% of the beneficiaries** belonged to the category of **daily wage workers and farmers** who faced difficulties in accessing basic healthcare services. The majority, that is **83% of the beneficiaries**, had an income of up to **1.5 Lakhs**. Through this program, free health check-ups were provided to the beneficiaries which helped them identify any health issues that they were previously unaware of.

**Inclusiveness is an essential aspect of any health program, as it ensures that everyone who needs assistance can access health care. This Program ensures beneficiaries from all aspects of life receive equal healthcare facilities.**

### 3.2 Relevance
The LLE was an essential initiative that was crucial in providing basic healthcare services to communities with limited or no access to medical facilities.
The graph presented above indicates that a significant proportion (82%) of the beneficiaries, were not registered in any healthcare scheme. Thus, a sizeable beneficiary population did not possess health cards that could provide them access to medical facilities at subsidized rates. However, the free-of-cost medical treatment offered by LLE enabled them to identify any preventable diseases.

73% of the beneficiaries agreed the outreach workers from LLE came to their houses for initial check-ups. They were sent to the OPDs and various types of tests like blood sugar, haemoglobin, and blood pressure tests were done.

Most of the beneficiaries agreed that the issues faced by them in the local hospitals were addressed by Lifeline Express. 41% of the beneficiaries found that the doctors were readily available in LLE, as opposed to the nonavailability of doctors in local hospitals. The OPD registration and management was also an unimpeded process. 11% of the beneficiaries
believed that the quality of treatment was better in LLE in comparison to the district government hospitals in Angul.

The Lifeline Express provided health check-ups to people who were unaware of any underlying health issues. *This shows the relevance of the project for people who do not have access to regular medical check-ups due to the lack of medical facilities in their district.*

Figure 2: Outreach and OPD
3.2 Coherence

This section of the report examines the compatibility of the intervention with the sustainable development goals, existing policy frameworks, priorities of the country of intervention, etc.

3.2.1 Alignment with ESG Framework

The program’s intervention aligns with the Business Responsibility & Sustainability Reporting Format (BRSR)\textsuperscript{2} shared by the Securities & Exchange Board of India (SEBI). The following principles of the BRSR framework are aligned with the program.

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principle 2</td>
<td>Business should provide goods and services in a manner that is sustainable and safe</td>
</tr>
<tr>
<td>Principle 4</td>
<td>Business should respect the interests of and be responsive to all its stakeholders</td>
</tr>
<tr>
<td>Principle 8</td>
<td>Business should promote inclusive growth and equitable development</td>
</tr>
</tbody>
</table>

3.2.2 Alignment with Schedule VII Activities

The Schedule VII (Section 135) \textsuperscript{3} of the Companies ACT 2013 specifies the list of activities that can be included by the company in its CSR policy. The table below shows the intervention's alignment with the approved activities by the Ministry of Corporate Affairs.

<table>
<thead>
<tr>
<th>Sub Section</th>
<th>Activities as per Schedule VII</th>
<th>Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>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.</td>
<td>Completely</td>
</tr>
<tr>
<td>2.</td>
<td>Promoting education, including special education and employment enhancing vocation skills, especially among children, women, elderly, and the differently abled, and livelihood enhancement projects</td>
<td>Partially</td>
</tr>
</tbody>
</table>

\textsuperscript{2} BRSR
\textsuperscript{3} Schedule VII
3.2.3 Alignment with Sustainable Development Goals

<table>
<thead>
<tr>
<th>SDG Goals</th>
<th>SDG Targets</th>
<th>Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.3.2.3</strong></td>
<td><strong>Target 3.8</strong>&lt;br&gt;Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all</td>
<td>Lifeline Express was stationed at a region where people were facing difficulty in accessing health services, effective treatment, medicines, and assistive devices were provided free of cost. This ensured universal coverage of beneficiaries</td>
</tr>
<tr>
<td><strong>Target 3c</strong>&lt;br&gt;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</td>
<td>Volunteers were trained to conduct medical tests and identify beneficiaries who can come and avail treatment in the Lifeline Express. This ensured the development and retention of the health workforce</td>
<td></td>
</tr>
<tr>
<td><strong>Target 3d</strong>&lt;br&gt;Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction, and management of national and global health risks</td>
<td>The beneficiaries were given knowledge about various preventable disabilities, and when to get a check-up, thereby leading to early warning and risk reduction of preventable disability among communities</td>
<td></td>
</tr>
</tbody>
</table>
### 3.2.4 Alignment with National Priorities

CSR programs should be aligned with National priorities, like policies, guidelines, or schemes.

<table>
<thead>
<tr>
<th>National Mission</th>
<th>Objective</th>
<th>Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Health Policy (NHP)⁴</td>
<td>The primary aim of the National Health Policy 2017, is to inform, clarify, strengthen, and prioritize the role of the Government in shaping health systems in all its dimensions - investments in health, organization of healthcare services, prevention of diseases, and promotion of good health through cross-sectoral actions, access to technologies, developing human resources, encouraging medical pluralism, building a knowledge base, developing better financial protection strategies, strengthening regulation and health assurance.</td>
<td>The Lifeline Express operated with the main aim of addressing preventable disabilities by providing access to quality medical services in the remote district of Angul. Their focus was also on educating people about preventable disabilities. Thus, the operations of LLE are in complete alignment with the objectives of NHP.</td>
</tr>
<tr>
<td>National Program for Control of Blindness &amp; Visual Impairment (NPCBVI)⁵</td>
<td>NPCBVI operates with the primary objective of reducing the backlog of blindness through the identification and treatment of the blind at primary, secondary, and tertiary levels based on an assessment of the overall burden of visual impairment in the country. The key focus is to enhance community awareness of eye care and lay stress on preventive measures. This is done through strengthening the existing and developing additional human resources and infrastructure facilities for providing-quality comprehensive Eye Care in all Districts of the country.</td>
<td>One of the key treatments provided in the Lifeline Express was that of eye-related problems, with the main aim of treating preventable disabilities such as cataracts. Thus, this program aligns with NPCBVI.</td>
</tr>
<tr>
<td>National Program for The Prevention &amp; Control of Deafness (NPPCD)⁶</td>
<td>The main aim of this program is to prevent avoidable hearing loss on account of disease or injury. Early identification, diagnosis, and treatment of ear problems responsible for hearing loss and deafness are the focus areas of NPPCD.</td>
<td>Ear-related treatments were provided in the Lifeline Express for 4 days – covering identification, diagnosis, and treatment for problems like hearing loss, deafness, etc. thus aligning with NPPCD</td>
</tr>
</tbody>
</table>

---

⁴ [https://main.mohfw.gov.in/sites/default/files/9147562941489753121.pdf](https://main.mohfw.gov.in/sites/default/files/9147562941489753121.pdf)
⁵ [https://npcbvi.mohfw.gov.in/](https://npcbvi.mohfw.gov.in/)
⁶ [https://main.mohfw.gov.in/sites/default/files/51892751619025258383.pdf](https://main.mohfw.gov.in/sites/default/files/51892751619025258383.pdf)
To prevent and control major NCDs, the National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) was launched in 2010 with a focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management, and referral.

3.3 Effectiveness
This section of the report analyses the extent to which the intervention is achieving or has achieved its objectives.

37% out of the patients who received surgeries were provided with assistive aids
82% of the patients received treatment through surgeries
More than 80% of the patients were provided post treatment services
80% of the patients liked the attitude of the medical staff

_Treatments in LLE:_ As part of the program, LLE provided corrective surgeries for various ailments of the Eyes, Ears Orthopaedics, and plastic surgeries.

<table>
<thead>
<tr>
<th>Categories of Eyes Treatment</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refractive Errors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cataract</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>58%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Categories of Ears Treatment</th>
<th>0%</th>
<th>5%</th>
<th>10%</th>
<th>15%</th>
<th>20%</th>
<th>25%</th>
<th>30%</th>
<th>35%</th>
<th>40%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earache</td>
<td></td>
<td></td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear infection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>32%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Categories of Orthopedic treatment</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip Pain</td>
<td></td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee Pain</td>
<td></td>
<td></td>
<td>17%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle Pain</td>
<td></td>
<td></td>
<td></td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder Pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60%</td>
<td></td>
</tr>
</tbody>
</table>

7 [https://nhm.gov.in/index1.php?lang=1&amp;level=2&amp;sublinkid=1048&amp;lid=604](https://nhm.gov.in/index1.php?lang=1&amp;level=2&amp;sublinkid=1048&amp;lid=604)
The beneficiaries were asked about the challenges they faced while accessing healthcare services in LLE. These ranged from the availability of doctors, and infrastructural services, to ineffective treatment. **100% of the beneficiaries** responded they did not suffer any issues when they went for treatment in LLE. They were guided through the process and got more information about their health issues. This indicates the effectiveness of the program in terms of delivering the service to the community people.

**Post-Treatment Recovery:** After undergoing surgery, individuals were sent to nearby local hospitals, like CHCs and PHCs for rest and recovery. For all types of operations, more than 90% of the beneficiaries were sent for post-surgery recovery.

The patients were offered transportation services, such as ambulances, to take them to the hospitals. Additionally, they were given three free meals per day during their stay in the hospital.

An average of **93% of the people were completely cured** by the doctors in the Lifeline Express. In 6% of the cases, the doctors recommended the patients who needed follow-up treatment to the nearby health facilities because the Lifeline Express stays at a particular location for only 21 days. 2% of the people felt that their problem was not addressed.
Quality of Treatment:

<table>
<thead>
<tr>
<th>Plastic</th>
<th>8%</th>
<th>92%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ortho</td>
<td>4%</td>
<td>96%</td>
</tr>
<tr>
<td>Ear</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>Eye</td>
<td>3%</td>
<td>97%</td>
</tr>
</tbody>
</table>

The doctors' treatment was satisfactory to over 80% of the patients. The surveyed beneficiaries were happy as the doctors appeared friendly thereby, easing their surgical process.

Figure 3: Eye testing at OPD

The LLE ensured improved access to healthcare and specialized medical care for all the beneficiaries who received treatment from the program. Therefore, helping in fulfilling the program’s objective towards the community.

3.3 Efficiency
The extent to which the intervention delivered results in an economical and timely way has been assessed in this section.

78% of the beneficiaries had outreach workers visit their homes
80% of the patients traveled from villages located more than 5 km
71% of the beneficiaries reported that posters made them aware of LLE
Volunteers from various NGOs, medical institutions, and ASHA workers conducted a door-to-door outreach campaign in the Angul district to raise awareness about LLE. They also conducted basic medical tests for people before referring them for further check-ups in OPD. Approximately 78% of the beneficiaries had **outreach workers visit their homes.**

In interactions with the volunteers said that the outreach for LLE was carried out through various activities, such as posters, banners, household visits, and announcements in villages. 71% of the beneficiaries reported that **posters were the most effective** method through which they became aware of LLE.

To ensure that beneficiaries do not face any difficulties in availing treatment in the Lifeline Express, there was a constant supply of electricity. Ambulance services were also provided to 73% of the patients who required transportation post-operation indicating high levels of efficiency in providing the service.

To ensure the maximum reach of the Lifeline Express program, numerous mediums were used for advertising. **The most effective medium of outreach, as identified by surveyed beneficiaries was Posters and Banners in the locality (71%).**
80% of the patients travelled from villages located more than 5 km away from Angul station, where the LLE was stationed. Only 20% of the patients were from Angul town. The patients travelled to train via local transportation.

96% of the patients who had plastic surgery took more than 6 days for the entire treatment process. 87% of the ortho patients also suggested that the entire process was more than 6 days. For ears and eyes, most of the patients completed their treatment process within 6 days.

Figure 4: Patients Tag
All the outreach activities by the LLE Volunteers and providing the home visit check-ups helped increase the efficiency of the program

3.4 Impact

Impact addresses the significance and potentially transformative effects of the intervention.

- 9193 Patients reached through outreach including home visits, provision of patients card and patient testing
- 3526 registered in OPD
- 269 total surgeries done (eye, ear, orthopaedic and plastic)
- 582 total dental procedure done
- 1233 total aids provided to the patients (spectacles, hearing aids and callipers)
Out of the entire pool of beneficiaries, **78% reported that they have been home visited by the volunteers.** Of the total home-visited beneficiaries (n=148), **94% were assigned a patient card** for reference in the Lifeline Express. The volunteers were able to identify patients suffering from preventable disabilities. This shows the CSR intervention’s efforts to maximize the impact, by undertaking door-to-door outreach of the LLE program and imparting knowledge about preventable disabilities.

Out of the beneficiaries who underwent eye treatment (N=97), **75% of them received cataract surgery.** Of patients who received treatment for ear infections and earaches (N=44), **82% of them underwent surgery.** Similarly, for patients who received treatment for cleft lips (N=26), **96% of them received surgery,** while for orthopaedics issues (N=23), **91% of the patients received surgery.**

The majority of patients who received treatment from LLE reported that they did not experience any side effects after the operation, and there were no recurring symptoms following the procedure. Thus, this indicates that the medical services provided in the LLE were of the highest standards.
After undergoing treatment in the LLE, **37% of the total individuals surveyed** received aids. Those who received treatment for eye-related issues were given spectacles to correct their refractive errors. Patients who experienced hearing difficulties were given audiometry devices, while those who underwent orthopaedics surgeries were provided with callipers that aided in walking and offered support. **An average of 80% of the beneficiaries were satisfied with the quality of aid provided.**

<table>
<thead>
<tr>
<th>Provision of Aids</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO, 63%</td>
<td></td>
</tr>
<tr>
<td>YES, 37%</td>
<td></td>
</tr>
<tr>
<td>Eye</td>
<td>25%</td>
</tr>
<tr>
<td>Ears</td>
<td>54%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>21%</td>
</tr>
</tbody>
</table>

Lifeline Express had a significant impact on the community members it served. By providing medical treatment, surgeries, and diagnostic services, Lifeline Express helped to improve the health and well-being of many individuals who would otherwise have limited access to healthcare. The provision of free treatment, transportation, and meals helped to alleviate financial burdens for many families, especially those living in poverty.

Moreover, the outreach activities conducted by Lifeline Express volunteers
helped to raise awareness about LLE and educate people about the importance of seeking medical treatment. The door-to-door outreach, posters, banners, and announcements in villages made it easier for people to access healthcare and get the help they needed. The majority of beneficiaries, 95% expressed that they had gained a greater awareness of health issues and intended to adopt regular healthy practices to maintain good health and well-being.

![Helped Community/Family to identify Preventable Disability](chart)

95% of the people who visited LLE helped other community members and families identify different kinds of preventable disabilities. This helped in spreading the word about LLE and also made more people aware of the impact of preventable disability.

### 3.5 Sustainability

![Post Surgery Follow-Up](chart)

One way to ensure the sustainability of Lifeline Express is through patient follow-up. All the patients with plastic surgery were provided follow-up after their surgery. More than 30% of
**patients** with eyes and ortho also got post-treatment follow-ups. The LLE tied up with the local hospitals so that the patients can refer to the local hospitals for further treatment.

Moreover, patient follow-up can help to build trust between Lifeline Express and the communities it serves. By demonstrating a commitment to ongoing care and support, Lifeline Express can establish itself as a reliable and trustworthy provider of healthcare services.

### 3.5 Impact Stories

**“Mrs. Kalpana’s Journey”**

A 54-year-old housewife named Mrs. Kalpana Kanungo resides in Talcher, 15 km away from Angul station. She was experiencing blurred vision and teary eyes. Due to a lack of proper medical facilities in Talcher, she couldn’t get her eyes checked despite realizing that her problem was due to old age. She found out about the Lifeline Express through a relative who lived in Angul. She also came across posters for the same mentioning eye check-up dates. Initially, she was hesitant to get her check-up. However, she travelled to Angul with her husband, two daughters, and son for an OPD check-up on the Lifeline Express.

During the initial check-up, it was discovered that Mrs. Kalpana had high blood pressure and hearing issues in addition to her eye problems. She and her family members were able to get their eyes and ears checked. Mrs. Kalpana was provided with hearing aids and spectacles for her eyes. Her two daughters were also found to have refractive errors and received spectacles as well.

Thanks to the Lifeline Express, Mrs. Kalpana was able to identify preventable disorders in her family members and helped them get treatment. She and her family members were very grateful to the doctors for ensuring a smooth and successful check-up process.

**“Providing Care to the Underserved”**

Mr. Prem Kumar, aged 37, is from Mirzapur, Uttar Pradesh, and works full-time at LLE. He has been to 20-22 different locations as part of his work. He mainly operates in the operation theatre, providing support for all types of medical procedures. Nurses are assigned the task of assisting doctors during surgeries in the operation theatre. Additionally, he was employed by LLE to check blood pressure and sugar levels in the OPD. He assisted doctors with 100 operations per day. Mr. Prem learned about LLE through his previous hospital and has been working with them for three years.

He is highly satisfied with the services provided by LLE. The environment is clean and hygienic, and waste management is taken care of by the district hospital management. While working in LLE, he
received timely meals. The medical equipment of the train is similar to that of a multi-specialty hospital, with a consistent electric and water supply. Mr. Prem finds it fulfilling to work with LLE, and he appreciates the support and efficiency of the staff. He learns new things every day and feels like he is contributing to society by providing much-needed health services to the underprivileged population.

"Empowering Community Health: A Mother and Daughter's Experience with Lifeline Express"

Shruti Das, a 9-year-old girl from Angul, was suffering from vision loss and headaches. Her parents took her to the local hospital, but they couldn't provide the necessary eye care. They then heard about Lifeline Express and decided to take her there.

The doctors on board the LLE examined Shruti and found that she was suffering from a refractive error. Without immediate treatment, it could lead to problems in her school and later in life. The doctor prescribed her glasses, which would help her see clearly. Shruti was grateful to the doctors for providing her with a solution to her vision problems.

Shruti's parents were also amazed by the facilities provided by Lifeline Express. They were worried about the cost of the treatment, but the services on the LLE were completely free of charge. They were impressed by the cleanliness and hygiene of the hospital car and were grateful for the food provided to them during their stay.

Shruti’s mother, Mrs. Nibedita Das, also got the role of a volunteer with LLE. She was grateful for the opportunity to serve the people of her community. After her daughter's check-up, she helped her community members and motivated them to get free medical services from LLE. She wished that every year the Lifeline Express should come and help the people of her community.
Brand Equity
Chapter 4: Brand Equity

Brand equity refers to the value that a brand adds to a product or service. EMIL- Aditya Birla Group’s support of Lifeline Express has likely contributed to the brand equity of the organization. By supporting Lifeline Express, EMIL has demonstrated its commitment to improving the health and well-being of the communities it serves, which can build trust and loyalty among its customers.

![Medium of Awareness About the Brand](chart)

- **Heard Posters**: 49%
- **Banners**: 31%
- **Word of mouth**: 11%
- **Others**: 11%
- **Campaigns Events**: 4%

![Familiarity of the Brand](chart)

- **Not so familiar**: 27%
- **Very Familiar**: 34%
- **Some what familiar**: 38%

80% of the patients learned about the brand EMIL through banners and posters the company put up on the train.

The beneficiaries were asked if they were aware and familiar with the brand. 53% of the beneficiaries reported that they were aware of the brand and 34% of them were familiar with the group’s name. This was because the beneficiaries had seen the logo on posters and banners in OPD centres.

![Aware about the Brand](chart)
Some beneficiaries expressed dissatisfaction with the quality of the aid they received. Due to the train's limited 15-day stay, some patients did not have sufficient time for their treatment with the doctors, resulting in further dissatisfaction among beneficiaries.
Way Forward and Recommendations
Chapter 5: Way Forward and Recommendations

The suggestions for the Lifeline Express have been drawn from the quantitative sampling of the beneficiaries and in-depth interviews with different stakeholders, including volunteers, nurses, and direct interactions with the beneficiaries.

1. Outreach:
   • **Duration of the Train**: To expand the coverage of the Lifeline Express Program and enhance its familiarity among the community, it is recommended to extend the outreach period from 15-20 days to 20-25 days.

2. Operations:
   • **Quality of Aids**: Some beneficiaries expressed dissatisfaction with the quality of the assistive aids they received, especially in the case of eyewear. Furthermore, the aids provided for eye surgery had a lifespan of only a year of usage, which needs improvement for better sustainability of the treatment.

   • **Additional Treatment for Corrective Disorders**: LLE could explore more types of treatment for corrective disorders. As the medical infrastructure in Angul is inadequate, this would enhance the outreach of the program, allowing more members of the community to benefit from it. Surgeries like tubectomy, vasectomy, and laparoscopy can also be done through LLE. Vaccination drive for children can help in reaching out to more beneficiaries.

3. Branding:
   • There should be an introduction of the brand name: Aditya Birla – EMIL on assistive aids provided. This would lead to better brand familiarity.