<table>
<thead>
<tr>
<th>ABBREVIATION</th>
<th>MEANING</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRSR</td>
<td>Business Responsibility and Sustainability Report</td>
</tr>
<tr>
<td>CSR</td>
<td>Corporate Social Responsibility</td>
</tr>
<tr>
<td>FY</td>
<td>Financial Year</td>
</tr>
<tr>
<td>LLE</td>
<td>Lifeline Express</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>NPCBVI</td>
<td>National Program for Control of Blindness &amp; Visual Impairment</td>
</tr>
<tr>
<td>NPCDCS</td>
<td>National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke</td>
</tr>
<tr>
<td>NPPCD</td>
<td>National Program for Prevention and Control of Deafness</td>
</tr>
<tr>
<td>OPD</td>
<td>Out Patient Department</td>
</tr>
<tr>
<td>SDGS</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SEBI</td>
<td>Securities and Exchange Board of India</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
</tbody>
</table>
Disclaimer

- This report has been prepared solely for the purpose set out in the Memorandum of Understanding (MoU) signed between Renalysis Consultants Pvt Ltd. (CSRBOX) and Essel Mining & Industries Ltd. – a part of Aditya Birla Group of Companies to undertake the Impact Assessment of their CSR project.
- This impact assessment is pursuant to the Companies (Corporate Social Responsibility Policy) Amendment Rules 2021, notification dated 22nd January 2021.
- This report shall be disclosed to those authorized in its entirety only without removing the disclaimers. CSRBOX has not performed an audit and does not express an opinion or any other form of assurance. Further, comments in our report are not intended, nor should they be interpreted to be legal advice or opinion.
- This report contains an analysis by CSRBOX considering the publications available from secondary sources and inputs gathered through interactions with the leadership team of Essel Mining & Industries Ltd., Impact India Foundation, project beneficiaries, and various knowledge partners. While the information obtained from the public domain has not been verified for authenticity, CSRBOX has taken due care to obtain information from sources generally considered to be reliable.
- In preparing this report, CSRBOX has used and relied on data, material gathered through the internet, research reports, and discussions with personnel within CSRBOX as well as personnel in related industries.

With Specific to Impact Assessment of Lifeline Express Program Under Essel Mining & Industries Ltd. (FY2021-22):

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

Background:

Aditya Birla - Essel Mining & Industries Ltd., 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.

Project Details:

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 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 Singrauli during FY 2021-22.

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

### Sustainable Development Goals:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Good Health and Well-being</td>
<td>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.</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>National Policy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Health Policy (NHP)&lt;sup&gt;1&lt;/sup&gt;</td>
<td>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.</td>
</tr>
<tr>
<td>National Program for Control of Blindness &amp; Visual Impairment (NPCBVI)&lt;sup&gt;2&lt;/sup&gt;</td>
<td>The Eye treatment provided in LLE helped in treating preventable disability. Thus, this program aligns with NPCBVI.</td>
</tr>
<tr>
<td>National Program for The Prevention &amp; Control of Deafness (NPPCD)&lt;sup&gt;3&lt;/sup&gt;</td>
<td>The Ear treatment provided in LLE helped in treating preventable disability. Thus, this program aligns with NPPCD.</td>
</tr>
<tr>
<td>National Program for Prevention &amp; Control of Cancer, Diabetes, Cardiovascular Diseases &amp; Stroke (NPCDCS)&lt;sup&gt;4&lt;/sup&gt;</td>
<td>There were screening facilities provided for breast and cervical cancer for 5 days in LLE. Thus, aligning with NPCDCS.</td>
</tr>
</tbody>
</table>

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

<sup>2</sup> [https://npcbvi.mohfw.gov.in/](https://npcbvi.mohfw.gov.in/)

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

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 Program 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.
Program Overview and CSR Initiatives of EMIL
1.1 CSR Activities of the Organisation

At the heart of EMIL’s CSR programs lies the commitment to drive social and economic empowerment among stakeholders, prioritizing the upliftment of vulnerable sections of society. The programs are implemented widely through collaborations and partnerships with reputed organizations. The CSR program design of the company is guided by the United Nation’s Sustainable Development Goals (SDGs). EMIL’s key partnerships encompass individuals, government bodies, authorities, panchayats, and communities. They centre their efforts on the following core focus areas:

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrastructure Development</td>
<td>To set up essential services that form the foundation of sustainable development</td>
</tr>
<tr>
<td>Sustainable Livelihood</td>
<td>To provide livelihood in a locally appropriate and environmentally sustainable manner</td>
</tr>
<tr>
<td>Healthcare</td>
<td>To render quality healthcare facilities to people living in the villages and elsewhere</td>
</tr>
<tr>
<td>Education</td>
<td>To spark the desire for learning and knowledge at every state</td>
</tr>
<tr>
<td>Social Causes</td>
<td>Advocate and support various social issues such as: dowry-less marriage, widow remarriage, gender equality, de-addiction campaigns, awareness programs on anti-social issues and espousing basic moral values.</td>
</tr>
</tbody>
</table>

1.2 Program Overview

The Lifeline Express is a hospital train that serves various aspirational districts by providing medical services at a particular location for 21 days. Through Lifeline Express, an initiative of Impact India Foundation, EMIL has extended healthcare support to families by providing funding for the project. The aim is to create awareness and reduce the burden of preventable disability. The project scope covers various primary and secondary stakeholders.

The 219th Lifeline Express program was implemented in the Aspirational District of Singrauli in Madhya Pradesh from 11th – 31st March 2022. The train was stationed at Majhauli Railway station, where adequate space and infrastructure were available for the Lifeline Express. The district spans an area of 5675 km². With a population of 1,178,273, there is a gender distribution of 52% males and 48% females⁵. The rationale behind introducing the Lifeline Express in this district was that there are limited health facilities available for the general public and the hospitals lack adequate staff and infrastructure⁶.

The Lifeline Express Program was conducted keeping in mind the following broad objectives:

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⁵ https://singrauli.nic.in/en/demography/
⁶ https://singrauli.nic.in/en/health/
1.3 Program Activities

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

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

**Provision of 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
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. 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 Sampling

A two-pronged approach to data collection and review has been chosen for the assessment. The secondary data came from a literature review, while the primary data came from 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 organizations 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.
2.2.1 Quantitative Sampling

The sampling has been carried out on the beneficiary level. The table below shows the sampling strategy where we have considered a **Confidence Level of 95% and a 7% of Margin of Error** for the project.

<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 who underwent eye treatment</td>
<td>59</td>
</tr>
<tr>
<td>2.</td>
<td>Patients who underwent ENT treatments</td>
<td>23</td>
</tr>
<tr>
<td>3.</td>
<td>Patients who underwent orthopaedic treatments</td>
<td>6</td>
</tr>
<tr>
<td>4.</td>
<td>Others (includes Plastic Surgery, Gynaecology, Medical Check-up, Paediatric, and Dental)</td>
<td>105</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>193</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.**

2.2.2 Qualitative Sampling

The list of stakeholders is mentioned below:

<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>Doctors</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Nurses</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>Volunteers</td>
<td>3</td>
</tr>
<tr>
<td>5.</td>
<td>Manager – DM Office</td>
<td>1</td>
</tr>
<tr>
<td>6.</td>
<td>Outreach volunteer coordinator</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>10</td>
</tr>
</tbody>
</table>

2.3 Evaluation Framework

**OECD-DAC 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 EMIL's contribution to the results while keeping in mind the multiplicity of factors that may be affecting the overall outcome. The social impact assessment hinges on the following pillars:
| **Relevance** | • Extent to which intervention objectives and design responds to beneficiary needs  
   • *Example:* Was there a need for the Lifeline Express to be conducted in Singrauli? |
| **Coherence** | • Compatibility of the intervention with other interventions in a country, sector or institution  
   • *Example:* Is the intervention in line with the SDGs, Government schemes/priorities? |
| **Effectiveness** | • Extent to which intervention is achieved  
   • *Example:* Did the intervention achieve its objectives? |
| **Efficiency** | • Extent to which the intervention delivered, and how well resources were used  
   • *Example:* Did the intervention reach the beneficiaries in a time and cost efficient manner? |
| **Impact** | • Extent to which intervention has generated significant positive or negative, intended or unintended, higher-level effects  
   • *Example:* Was the intervention able to spread awareness on preventable disability in the community? |
| **Sustainability** | • Extent to which net benefits of the intervention are likely to continue  
   • *Example:* Was the continuity of the treatment ensured after the Lifeline Express left the district? |
2.4 Theory of Change

Impact

Local community has better knowledge and awareness about preventable disabilities
Better quality of life

Outcome

Early identification of disorders
Increase in knowledge about self healthcare
Increased and better access to healthcare
Reduced burden of preventable disability
Increased awareness in people about preventable disability

Output

4664 patients reached through outreach including home visits, patient testing and providing them a patient card for referral in LLE
10,374 people registered in OPD
595 total surgeries done (eye, ear, plastic and orthopaedic surgeries)
1968 total aids and appliances given
44 women screened for breast and cervical cancer
20 volunteers trained for outreach activities

Activities

Mobilisation and outreach of the program
Provision of diagnostic and curative services to rural communities of Singrauli
Conducting training of frontline health workers/volunteers on health care awareness
Impact Findings
This section of the report includes detailed findings about the impact of the 219th Lifeline Express in Singrauli. The findings are based on the responses to the primary beneficiaries’ questionnaire, insights gained from conversations with key stakeholders, field visits, and secondary research data.

3.1 Sampled Beneficiary Profile

This section provides an overview of various factors, such as gender, age, income, occupation, etc., specific to the targeted population. The analysis of these factors helps understand the impact of LLE.

Approximately 60% of the beneficiaries were from the reserved categories (Scheduled Caste, Scheduled Tribes, and Other Backward Classes). As the study encompassed a substantial sample size, it can be deduced that there was a comprehensive representation of socially marginalised beneficiaries, including a consideration of the gender component in the program.
86% of the beneficiaries were involved in occupations such as farming or having their own small businesses. Another 15% belonged to the category of daily wage labourers who face trouble travelling long distances to get treatment for their health problems.

Approximately 80% of the beneficiaries reported having a total household income of less than Rs 1 lakh.
The study sample accurately reflects the high footfall of patients observed during the research. Out of the total surveyed beneficiaries, the majority received eye-related treatments (35%), followed closely by ear-related treatments (34%), indicating the prevalent healthcare needs in the population. Eye treatments were predominantly cataract surgeries and correction of refractive problems by providing spectacles. Ear problems mostly included middle ear surgeries.

Thus, the program was successful in having an adequate representation of the socially marginalised population, who generally don’t have access to quality healthcare services.

### 3.2 Relevance

The primary objective of LLE was to provide healthcare services to underserved areas where the population lacks adequate medical facilities. This section examines the relevance of the Lifeline Express project to the needs of the local population.

<table>
<thead>
<tr>
<th>Type of treatments provided in LLE</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye</td>
<td>35%</td>
</tr>
<tr>
<td>Ear</td>
<td>34%</td>
</tr>
<tr>
<td>Dental</td>
<td>18%</td>
</tr>
<tr>
<td>Ortho</td>
<td>8%</td>
</tr>
<tr>
<td>Gynaec</td>
<td>2%</td>
</tr>
<tr>
<td>Plastic-surgery</td>
<td>1%</td>
</tr>
</tbody>
</table>

- 94% of the beneficiaries reported that they were suffering from health problems but were not able to get treatment, prior to LLE program.
- 92% of the beneficiaries were enrolled in Ayushman Bharat scheme but could not avail quality treatment.
- 83% of the beneficiaries having health problems did not have any knowledge about the disease/health problem they were suffering from.
The beneficiaries were faced with several problems while accessing medical facilities. Lack of availability of good doctors (93%) and availability of quality medical infrastructure (85%) were the most prevalent.

While 92% of the beneficiaries reported being enrolled in the Ayushman Bharat scheme of the government, they could not get treatment. Hence, there was a high need for the implementation of Lifeline Express in the district as patients were provided quality health services near their place of residence.
94% of beneficiaries reported that they were suffering from health problems but were not able to get treatment. Additionally, 83% of the beneficiaries suffering from health problems were unaware of the reasons for the same. The respondent stated that they did not have any knowledge about the disease/health problem they were suffering from. The Lifeline Express doctors diagnosed them and provided suitable treatment, which makes these treatments extremely relevant for the beneficiaries.

"It is our duty to deliver public facilities and remove all hindrances for the public in our district. We are thankful to the Lifeline Express for targeting one of the most prevalent problems in our district."

- Ramesh Kumar Patel, District Manager, Waidhan

The CSR intervention of Lifeline Express was successful in providing health check-ups to people who were unaware of any underlying health issues. This signifies the intervention’s relevance for the local community, which lacked access to regular medical check-ups and medical facilities in the area.

3.3 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.

3.3.1 Program Alignment with SDGs
<table>
<thead>
<tr>
<th>SDG Goals</th>
<th>SDG Targets</th>
<th>Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target 3.8</strong></td>
<td>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 in a region where people were facing difficulty in accessing health services. Effective treatment, medicines and assistive devices were provided free of cost. Thus, the project led to the provisioning of quality health care and medicines for the community.</td>
</tr>
<tr>
<td><strong>Target 3c</strong></td>
<td>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 led to the development and retention of the health workforce.</td>
</tr>
<tr>
<td><strong>Target 3d</strong></td>
<td>Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks⁷</td>
<td>The beneficiaries were provided knowledge about various preventable disabilities, and when to get a check-up, thereby leading to knowledge building regarding health risk reduction among communities.</td>
</tr>
</tbody>
</table>

3.1.3.2 Program Alignment with ESGs

According to the Business Responsibility & Sustainability Reporting Format (BRSR) shared by the Securities & Exchange Board of India (SEBI)⁸, EMILs CSR Program can be covered under the following principle:

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⁷ https://sdgs.un.org/goals/goal3
⁸ https://www.sebi.gov.in/sebi_data/commondocs/may-2021/Business%20responsibility%20and%20sustainability%20reporting%20by%20listed%20entitiesAnnexure2_p.PDF
3.3.2 Program Alignment with CSR Policy

Schedule VII (Section 135) of Companies Act 2013 specifies the list of activities that may be included by the company in its CSR Policy\(^9\). The table below aligns Lifeline Express Program undertaken by EMIL with the MCA-approved activities.

<table>
<thead>
<tr>
<th>Sub Section</th>
<th>Activities as per Schedule VII</th>
<th>Level of Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td>Eradicating hunger, poverty, and malnutrition, promoting health care, including preventive health care and sanitation, including contributing 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>ii.</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>

3.3.3 Program Alignment with National Priorities

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

<table>
<thead>
<tr>
<th>National Mission</th>
<th>Objective</th>
<th>Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Health Policy(^{10})</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</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</td>
</tr>
</tbody>
</table>

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\(^9\) [https://upload.indiacode.nic.in/schedulefile?aid=AC_CEN_22_29_00008_201318_1517807327856&rid=79](https://upload.indiacode.nic.in/schedulefile?aid=AC_CEN_22_29_00008_201318_1517807327856&rid=79)

\(^{10}\) [https://main.mohfw.gov.in/sites/default/files/9147562941489753121.pdf](https://main.mohfw.gov.in/sites/default/files/9147562941489753121.pdf)
diseases and promotion of good health through cross-sectoral actions, access to technologies, developing human resources, encouraging medical pluralism, building the knowledge base, developing better financial protection strategies, strengthening regulation and health assurance. of Singrauli. Their focus was also on educating people about preventable disabilities. Thus, the operations of LLE are in complete alignment with the objectives of NHP.

| National Programme for Control of Blindness & Visual Impairment (NPCBVI)\(^\text{11}\) | 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 high-quality comprehensive Eye Care in all Districts of the country. | 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 cataract. Thus, the operations of LLE are in complete alignment with the objectives of NPCBVI. |
| National Program for The Prevention & Control of Deafness (NPPCD)\(^\text{12}\) | 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. | 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, the operations of LLE are in complete alignment with the objectives of NPPCD. |

\(^{11}\) [https://npcbvi.mohfw.gov.in/](https://npcbvi.mohfw.gov.in/)

\(^{12}\) [https://main.mohfw.gov.in/sites/default/files/51892751619025258383.pdf](https://main.mohfw.gov.in/sites/default/files/51892751619025258383.pdf)
3.4 Effectiveness

This section of the report analyses the extent to which the intervention has achieved its objectives. The effectiveness of the project is analysed with respect to the major objective of reducing the burden of preventable disability through providing medical and surgical services in the LLE hospital.

As an essential part of the pre-operative procedures, several tests were conducted to diagnose the patient's medical problem or to test the fitness of the patient. This is done for both – the patients who already have a patient card and people discovered about Lifeline Express through other means. The other means of information about LLE include posters,

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announcements in the village and word of mouth. 87% of the patients reported that there were tests conducted in the OPD, out of which Blood Pressure, Blood glucose, and Haemoglobin were the most common tests.

Treatments in LLE: As part of the CSR program, six different kinds of treatments were provided: eye, ear, dental, orthopaedic, plastic surgery and gynaec (in which there was the screening of breast and cervical cancer).

![Treatment categories provided in LLE](image)

The Lifeline Express had qualified doctors from different parts of the country. Each doctor had their own expertise, hence, which was used for performing different types of treatments for each health problem.

![Rating of improvement in medical condition](image)
An average of 62% of people were provided surgery in the Lifeline Express. Of all the people receiving surgery (N=128), the patients were highly satisfied with the treatments given by the doctor for eye, dental and plastic surgeries whereas, there was scope for improvement for the orthopaedic and ear surgeries provided by the doctors.

There has been feedback from patients who were not fully satisfied with their treatment. The most common feedback was to get more time with the doctor, but due to the time constraint, this could not have been possible. This was because the primary aim of the CSR intervention was to ensure the maximum reach of the treatment for preventable disabilities.

Post-treatment, the beneficiaries were provided with various assistive devices such as callipers, hearing aids, spectacles, etc. This was provided free of cost. An average of 73% of the beneficiaries who underwent treatment/surgery were provided assistive aid. An average of 85% of them (N=128) were extremely satisfied with the quality of the aids and appliances provided.
Approximately 60% of the beneficiaries reported getting good-quality meals during the treatment. There were proper arrangements for every patient so that there is no barrier to the effectiveness of the treatment process.

Post-Treatment Recovery: After undergoing surgery, individuals were sent to nearby local hospitals, like CHCs and PHCs, for rest and recovery.

Every patient is provided with utmost care while undergoing treatment at the Lifeline Express. For patients requiring further care post-surgery, the doctors send them to a nearby hospital, where they are admitted for a day. They are also observed for any side effects or complications that might occur.
An average of **76% of the people were completely cured** by the doctors in the Lifeline Express. In 15% 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. 8% of the people felt that their problem was not addressed.

Overall, the health services were delivered effectively, thereby leading to complete alignment with the objective of the LLE CSR intervention. The nursing staff and doctors working in the program ensured no hindrances to the treatment process.

### 3.5 Efficiency

This section assesses the extent to which the intervention delivered results in an economical and timely manner.
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 **household visits by the volunteers (62%)**. Other mediums such as posters/Advertisements (60%), announcements in villages (55%) and even word of mouth (58%) were mentioned by surveyed beneficiaries.

To eliminate any financial burden on beneficiaries seeking treatment through the Lifeline Express, transportation services were made available to ensure they could access the services free of cost. The service started from predefined local points in nearby villages. **96% of the beneficiaries availed of transportation services**, indicating high levels of efficiency in providing the service.

**98% of the beneficiaries reported having no interruption in their treatment process** due to interruptions in electricity or cleanliness issues. In addition to this, there was regular fumigation done. An efficient waste disposal system was set up in collaboration with the district hospital.
After undergoing surgery or treatment on the Lifeline Express, patients are scheduled for follow-up appointments to monitor their progress. In cases where the treatment occurs near the end of the Lifeline Express program’s tenure, patients are typically referred to a nearby hospital for further care and follow-up. **More than 50% of orthopaedic and eye surgeries took more than 6 days to complete.** This period includes pre-operative tests, surgery/operation and post-operative follow-up.

To ensure maximum utilisation of resources, the LLE staff streamlined the entire process – outreach, OPD registration, treatment and post-treatment follow-up. Inferring from the graphs above, it can be said that high levels of efficiency were maintained during the implementation of LLE.

### 3.6 Impact

This section addresses the significance and potentially transformative effects of the intervention.

- 4664 patients reached through outreach including home visits, patient testing and providing them a patient card for referral in LLE
- 10,374 people registered in OPD
- 595 total surgeries done (eye, ear, plastic and orthopaedic surgeries)
- 1968 total aids and appliances given
- 44 women screened for breast and cervical cancer
- 20 volunteers trained for outreach activities
Among all the beneficiaries surveyed, 64% reported receiving home visits from dedicated volunteers. Of the total home-visited beneficiaries, **62% were assigned a patient card** for reference in the Lifeline Express. The visits aimed to identify patients who would be getting further treatment in LLE. This was done by the volunteers, after conducting various tests such as Blood pressure, blood glucose, height, and weight. Apart from these tests, the volunteers also identify patients suffering from preventable disabilities. This included cataract patients-who were identified post basic eye and ENT check-ups.

This shows the CSR intervention’s efforts to maximise the impact by undertaking door-to-door reach of the LLE program and imparting knowledge about preventable disabilities.

EMIL’s CSR intervention ensured door-to-door services of basic health check-ups to ensure the early identification of patients. Out of the total beneficiaries home visited, (N=128), the highest number of patients were examined for **blood pressure (97%), blood sugar (95%) and Haemoglobin (94%)**. Upon conducting the necessary tests, the volunteers issued patient cards to individuals to facilitate their access to treatment on the Lifeline Express.
Out of the beneficiaries who underwent eye treatment (N=71), **63% of them received surgery.** Of patients who received treatment for ear infections and earaches (N=68), **59% of them underwent surgery.** Similarly, for patients who received treatment for cleft lips (N=3), **all of them received surgery,** while for orthopaedics issues (N =17), **71% of the patients received surgery.**

An average of 63% of all beneficiaries were provided corrective surgeries to treat various preventable disabilities.

On average, 62% of beneficiaries were provided with assistive aids, all of which were provided free of cost. The CSR intervention focused on ensuring the availability of assistive aids to maximize the impact of the treatment provided.

Beneficiaries received aids such as spectacles, hearing aids, callipers, and more, aimed at supporting their treatment and ensuring the complete resolution of preventable disabilities.
The Lifeline Express was successful in building knowledge among the community regarding preventable disability. **91% of the beneficiaries reported that they have better knowledge about various preventable disabilities**, and **71% of beneficiaries have spread their knowledge** and helped other people identify and get treatment for such disabilities. The awareness initiatives were primarily carried out by Lifeline Express (LLE) volunteers and doctors. They played a crucial role in disseminating information and creating awareness among the community about the healthcare services and interventions offered by the Lifeline Express.

### 3.7 Sustainability

The Lifeline Express stayed at Singrauli for 21 days. Some patients were completely cured in these 21 days, while some patients were referred to local hospitals for further treatment. This was done to ensure the complete treatment, hence making the entire objective of the CSR intervention sustainable. The LLE has tie-ups with the local hospitals and doctors, through which they ensure the completion of treatment of every patient coming to the LLE.
The follow-up process is instrumental in ensuring that the treatments provided are effective and there is no re-appearance of symptoms. Plastic surgery and eye treatments received more follow-ups than all treatments because of the nature of the treatment process. Patients who got ear treatments reported low follow-ups.

For this, the LLE staff had tied up with local hospitals through which they ensure a proper follow-up with the beneficiaries. This objective has been considerably achieved, with scope for improvement in orthopaedic and ear surgeries.

3.8 Impact Stories

Case Study 1 – Dr Nitin Arora

Dr Nitin is an ear specialist with a total of 10 years of experience. Based in Faridkot, Punjab, he came to know about the Lifeline Express back in 2019 when he was travelling to Delhi for work. In 2022, he volunteered in the 219th Lifeline Express in Singrauli, Madhya Pradesh. Recalling the 4 days that he spent on the train, Dr Nitin commends the support and competency of the Lifeline Express staff. His motivation to work there is mainly to give back to society. In addition to this, he also enjoyed meeting new people, observing new ways of working, and exploring new places. He says that there are very few such projects where one gets to connect deeper with one’s work, and Lifeline Express is one such project.

He performed 18-20 surgeries in a day which included simple surgeries of 45-minute duration and even complex surgeries of 4+ hours. He said that the Lifeline Express had world-class equipment, a clean operation theatre and sterilisation was always maintained. He was highly satisfied with the overall provisions of the Lifeline Express. However, he did feel that there is a scope for improvement in the efficiency of conducting operations. Without the medical history of the patient and no provisions for conducting a CT scan in such a remote area, the time spent on operating each patient became more than the standard time.
All in all, Dr Nitin said feels that despite the complexities of building a hospital in a train and reaching the most underserved and remote areas, the Lifeline Express project was smoothly implemented. It was an impactful intervention for the population of the district, and he would like to volunteer again for such projects coming up in the future.

Case Study 2 – Beneficiary

Anarkali, a 45-year-old labourer, was experiencing hearing difficulties. Because of this, her work was also getting affected, and she was facing a loss of wages. Outreach volunteers reached out to Anarkali and conducted various tests at her home, including blood pressure, blood sugar, and haemoglobin measurements. She was also given a patient card for getting ear surgery. Earlier, due to the lack of availability of medical facilities near her place, she was unable to get a cure for her suffering. On coming to know that the Lifeline Express will be providing treatment free of cost, Anarkali saw this as a ray of hope.

After her surgery, she also received a hearing aid which she reported to be of good quality. She mentioned that the entire process was smooth, and she did not face any difficulty in accessing the services in LLE.

Anarkali says that good health is everyone's right and no person should be denied quality health services. Expressing her gratitude towards the Lifeline Express, she thinks of it as a boon and as her “good karma”.

Case Study 3 – Vijay Shankar Vaishya

Vijay Shankar Vaishya was a volunteer in the Lifeline Express. He has always been active in his community and was a part of the district governance society through which he came to know about LLE. He had always been into developmental activities for the community and was very eager to work as a volunteer in the LLE.

He worked in outreach and also in OPD registration and patient testing. Mr Vijay left no stone unturned to make people aware of this program and ensure maximum turnover. He considered it a once-in-a-lifetime opportunity for people where world-class health services had come to their doorstep.

Being a computer operator by profession, Mr Vijay also helped in OPD registration and tested patients for blood pressure. He feels that if the working conditions and amenities are good, the motivation to work increases even more. He commended the smooth registration and treatment process for the beneficiaries, the quality of meals provided to everyone working in the LLE, and the hygiene and cleanliness maintained at all times. He even got his mother treated for tooth pain. He mentioned that despite having a high footfall of patients, the LLE staff and the doctors worked tirelessly to cater to the beneficiaries. No matter how late in the day it was, no patient was refused proper check-ups and treatment.
He feels so connected to the cause that he would love to volunteer again in the LLE as he feels that this is his way to do community service in the truest sense.

Testimonial 1 – Mr Pawan Kumar (OPD and Outreach in-charge)

“Being on the administrative front of the Lifeline Express, I can vouch for the quality of the services that we provide. Since the LLE operates in remote areas, we are always prepared with a backup for any contingency that might occur.

We don’t let anything come in the way of the cause we are working towards!”

- Pawan, in charge outreach and OPD, Lifeline Express
Brand Equity
4.1 Brand Equity – Overview

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

4.2 Brand Awareness and Familiarity

Word of mouth and banners were the major source of knowledge about the brand. Posters also played a significant role in creating brand familiarity.

The beneficiaries were asked if they were aware and familiar with the brand. **75% of the beneficiaries** reported that they were aware of the brand, and **21%** were familiar with the group’s name. This was because the beneficiaries had seen the logo on posters and banners in OPD centres.
### Table: Poster for information about the Lifeline Express

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</tr>
</tbody>
</table>

*Note: 1. नवीन अनुभाग राहत का ग्राहक अनुभाग में अनुभव हार्मोन।*  
*2. नवीन अनुभाग राहत का ग्राहक अनुभाग में अनुभाग हार्मोन।*  

**हेल्पलाइन नंबर:** 9820303974, 9334323604

### 4.3 Experience with the Brand
79% of the beneficiaries reported that their grievances/medical problems were addressed by Lifeline Express.

Overall, the beneficiaries had a positive experience with the Aditya Birla-EMIL group. After the implementation of the Lifeline Express Program, there is an increased awareness about the brand along with a probability of highly recommending the same to their friends/family or social circle. Reasons such as insufficient time to discuss grievances with the doctor and the doctor’s suggestion to not go for surgery left the patients with an average perception of the brand.
Way Forward and Recommendations
The following are the recommendations for the Lifeline Express, inferred from the quantitative sampling of the beneficiaries as well as IDIs with various stakeholders such as volunteers, doctors, government officials such as the District Manager, and face-to-face interactions with the beneficiaries.

1) Outreach
   • Increase in duration of the outreach activity
     In order to cover more population and ensure better knowledge of the Lifeline Express Program among the community, more time can be spent on outreach, from 15-20 days to 20-25 days.

   • Advance intimation to the district officials about the Lifeline Express
     The Lifeline Express requires a lot of support from the district to set up the train, conduct outreach and several other logistical assistance. To prepare for the program in a better manner, the district officials should be intimated 2 months prior, which would lead to better outreach and hence increased efficiency of the program. Currently, as per the district officials, they are just intimated 20-25 days prior, which leads to reduced efficiency of work.

2) Operations
   • Improvement in the quality of assistive aids
     Some beneficiaries reported that they received ill-fitting spectacles and the durability of the same was also not good, hence more attention could be paid to increase the range of sizes of the spectacles, to ensure a more effective treatment.

   • Increase in Lifeline Express infrastructure
     Apart from the treatments provided in the Lifeline Express, there are a lot of health-related problems prevailing in Singrauli (as per the volunteers), for which people are not able to receive treatment. These include various heart and respiratory diseases, etc. To address this problem, there can be additions to the infrastructure of the Lifeline Express. The addition of an extra coach can accommodate additional types of treatments, and provide specialised surgeries which are otherwise not available at nearby hospitals. This would result in addressing more types of health problems, thus leading to a more pronounced impact.

3) Post-treatment
   • Additional follow-up mechanisms to be introduced
     After the surgery, the doctors follow up with the patients to check for any complications that might arise. After the train leaves the location, the patients might suffer from health complications, for which there should be a way to contact the Lifeline Express staff to discuss their health problems. This could be done by contacting a toll-free number till a specified period, such as 9-6 pm for 1 month after the departure of the Lifeline Express.

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