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Sightsavers India

SOCIAL IMPACT ASSESSMENT REPORT

Rahi

TRUCKERS EYE HEALTH PROJECT (PHASE VIII)

Social Impact Assessment Partner

RIGHT DOTS

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1. Executive Summary

This Social Impact Assessment (SIA) Report evaluates the RAAHI Truck drivers Program, implemented by Sight Savers in partnership with Cholamandalam Investment and Finance Company Limited (CIFCL). The initiative is designed to enhance eye healthcare access for truck drivers across India, addressing vision impairments that directly impact road safety and driver well-being.

The program's key interventions include mobile vision screening camps, permanent vision centres at major transport hubs, distribution of prescription glasses, referrals for advanced treatments such as cataract surgeries, and awareness sessions on preventive eye care and general health.

This assessment captures the program's impact on beneficiaries, key achievements, challenges, and areas for improvement.

PROGRAM HIGHLIGHTS

The RAAHI Truck Drivers Program, funded by Cholamandalam Investment and Finance Company Limited(CIFCL), is a nationwide eye health initiative aimed at improving the vision of truck drivers in India. Implemented by Sight Savers, the program focuses on early detection, treatment, and awareness of vision impairments among truck drivers, ensuring that they can drive safely and work efficiently.

With over 6 million truck drivers in India, vision-related impairments pose a significant threat to road safety, driver productivity, and economic stability. The program seeks to:

- Provide comprehensive eye screenings and refractive error correction through mobile vans and static centres.
- Distribute free prescription spectacles to drivers needing vision correction.
- Refer cases for advanced eye care such as cataract surgeries and diabetic retinopathy treatment.
- Promote preventive eye care awareness among truckers to encourage regular check-ups.

Key Achievements in FY 2023-24

Total truck drivers screened

144,986
(96% of the target)

Cataract referrals

3,063 cases
(critical cases identified and referred for treatment)

Spectacles distributed

66,554 pairs
(110% of the target)

Expansion of vision screening services to high-traffic truck halting points such as transport nagars, roadside dhabas, and logistics hubs.

By leveraging corporate funding, government partnerships, and a robust mobile outreach model, the RAAHI Truck drivers program is enhancing road safety and economic resilience in the trucking sector.

KEY IMPACT UNDER OECD-DAC FRAMEWORK

As part of the social impact assessment, field visits were conducted in Howrah and Delhi, engaging 50 beneficiaries and 30 key stakeholders, including program staff, social workers, fleet managers, and hospital administrators. These interactions provided valuable qualitative insights into the program's effectiveness and impact. Additionally, a telephonic survey was conducted using a database of 3,328 beneficiaries, although 67 records (34 from Navi Mumbai and 33 from Aurangabad) lacked contact details. To supplement the field visits, 500 calls were made to collect feedback, ensuring both qualitative and quantitative data were documented for a comprehensive impact evaluation. These structured engagements helped assess the program's reach, effectiveness, and areas for improvement.

The OECD-DAC framework below provides the social and economic impact of the RAAHI program.

a. Relevance

The program is highly relevant to India's road safety and occupational health agenda. Vision impairments significantly increase the risk of accidents, and many truck drivers lack access to affordable vision care. The initiative fills a critical gap by:

- Addressing unmet vision care needs of truck drivers.
- Supporting India's National Road Safety Strategy (2021-2030) and National Programme for Control of Blindness & Visual Impairment's goal of reducing avoidable blindness.
- Aligning with global best practices, such as mandatory driver vision testing policies in developed countries.

b. Coherence

The program demonstrates strong coherence by integrating with:

- Existing eye care facilities and hospitals to provide specialized treatment referrals.
- Transport agencies and logistics firms that support driver health and road safety initiatives.
- Government health schemes, such as Ayushman Bharat's Health & Wellness Centres, to ensure access to public healthcare benefits.

c. Effectiveness

The program optimizes resources through:

- A mobile van and static vision centre model, maximizing outreach at key trucking hubs.
- Ready-to-clip spectacles, allowing for instant correction of refractive errors.
- Digital data tracking, enabling efficient follow-ups and record-keeping for future screenings.

d. Effectiveness

The beneficiary feedback demonstrates the tangible effectiveness of the program:

- 66 out of 80 drivers who were interviewed felt they are safer on roads after get vision check done through the program.
- 10 out of 80 drivers have started wearing spectacles while driving making their road trips safe.
- 25 out of 80 drivers visited the static/ mobile screening centre with eye strain felt relieved with check up and guidance by Raahi team
- 50 out of 80 drivers responded were between 30-50 years old demonstrating that the program is effectively reaching mid-career truck drivers who are most in need of vision correction.
- Reduced eye strain has led to increased driver productivity and fewer work absences.

e. Sustainability

To ensure long-term impact, the program focuses on:

- Securing continued CSR funding from CIFCL and other corporate partners.
- Advocating for mandatory vision testing for commercial truck drivers during license renewals.
- Scaling operations to cover all 9 million truck drivers through public-private partnerships with state health departments and logistics firms.

f. Impact

- Reduction in vision-related accidents due to improved eyesight among truck drivers.
- Cost savings for truck drivers by eliminating the need for expensive private eye care.
- Enhanced road safety, benefiting not only truck drivers but other road users as well
- Key Observations on economic impact:
  - 144,986 drivers avoided wage loss, preventing INR 25.37 crore in lost income.
  - Transport agencies saved INR 43.49 crore by minimizing absenteeism and accident downtime.
  - Accident prevention saved INR 108.73 crore in potential GDP loss.
  - Insurance companies saved INR 21.74 crore due to fewer accident claims.
  - Total potential economic benefit: Over INR 240 crore.

WAY FORWARD RECOMMENDATIONS

a. Expanding Outreach & Accessibility

- Increase the number of mobile eye screening units to reach remote trucking hubs.
- Equipment in both static and mobile units should be calibrated at regular intervals
- Leverage technology (such as telemedicine) for remote diagnosis and follow-ups.

b. Addressing Identified Challenges

1. Need for Foreign Body Removal Kits - Introduce first-aid eye care kits at static centres and mobile vans to help truckers with dust-related eye issues.
2. Curtains & Adjustable LED Screens - Improve screening conditions in mobile vans by making LED screens height-adjustable and installing curtains to create a darker environment for accurate testing.
3. Language Barriers - Train RAAHI staff in basic Tamil and Telugu to enhance communication in Delhi and Howrah, where a large number of truck drivers speak these languages.
4. Availability of Eye Drops - Include prescribed eye drops at camps, as many truckers struggle to find them at pharmacies.
5. Multilingual Posters / Pamphlets: The posters/ pamphlets distributed to truck drivers in the parking lots to be in multilingual for easy reach

c. Strengthening Policy Advocacy

- Engage with policymakers to propose mandatory vision screening for truck drivers during license renewals.
- Collaborate with insurance companies to offer discounted premiums for truckers who undergo regular eye check-ups.

d. Sustainable Growth & Future Funding

- Secure additional CSR funding from logistics, manufacturing, and automobile companies.
- Expand partnerships with state health departments to integrate RAAHI screenings into public healthcare infrastructure.
- Encourage transport agencies to make annual vision screenings mandatory for their drivers as part of their occupational health policies.

CONCLUSION

The RAAHI Truck Drivers Program has proven to be highly effective in reducing vision-related accidents, improving work efficiency, and enhancing truck drivers' quality of life. By expanding outreach, addressing operational challenges, and integrating vision care into national policies, the program has the potential to scale its impact nationwide and contribute to safer roads and healthier livelihoods for truck drivers across India.

2. Introduction

2.1 ABOUT CHOLAMANDALAM INVESTMENT AND FINANCE COMPANY LIMITED (CIFCL)

Cholamandalam Investment and Finance Company Limited (CIFCL), established in 1978, serves as the financial services arm of the Murugappa Group, a leading conglomerate in India. Over the decades, Chola has evolved from an equipment financing company into a comprehensive financial services provider, offering a diverse range of products tailored to meet the varying needs of its customers.

Vision: To enable customers to enter a better life.

Mission: Emphasizing a customer-first approach, improving efficiencies for long-term sustainability, and recognizing people as the primary asset, ensuring that happier employees lead to happier customers.

Corporate Social Responsibility (CSR) at CIFCL: Cholamandalam Investment and Finance Company Limited is deeply committed to Corporate Social Responsibility, actively engaging in initiatives that support community welfare, environmental sustainability, education, and healthcare. CIFCL's CSR efforts are strategically aligned with national priorities and sustainable development goals, ensuring positive social and environmental impacts. The company's robust CSR framework aims to empower communities, particularly marginalized and underserved populations, through targeted interventions in areas such as road safety, health, skill development, and education.

2.2 ABOUT SIGHT SAVERS

Sightsavers is an international non-governmental organization committed to preventing avoidable blindness and promoting equality for people with disabilities. Founded in 1950, the organization has extensive experience delivering eye health services, advocating for disability rights, and empowering communities in some of the world's poorest regions. Sightsavers operates across more than 30 countries, primarily in Africa and Asia, collaborating with local and national governments, health ministries, and partner organizations to deliver impactful, sustainable programs.

Sightsavers' key activities include providing comprehensive eye care services such as cataract surgeries, glaucoma treatment, refractive error corrections, and preventive measures against neglected tropical diseases. Additionally, the organization focuses on inclusive education, economic empowerment, and disability rights advocacy, aiming to foster an inclusive society where everyone can thrive regardless of visual impairment or disability.

Through strategic partnerships, robust program design, and a rights-based approach, Sightsavers positively impacts millions of lives each year, significantly contributing to achieving global health and equity goals.

2.3 APPROACH AND METHODOLOGY

2.3.1 SCOPE OF WORK

The purpose of this Social Impact Assessment, carried out by Right Dots, is to undertake an extensive field study evaluating the project's impact across specified locations. The assessment includes an in-person analysis at the Static Centre in Howrah and the Mobile Van facility in Delhi. Additionally, telephonic surveys are conducted for the Static Centres situated in Navi Mumbai and Aurangabad. This evaluation aims to thoroughly document both qualitative and quantitative metrics, providing a comprehensive understanding of the program's impact and effectiveness.

2.3.2 EVALUATION FRAMEWORK - OECD-DAC

The overall approach for all the stages of the impact assessment has been devised based on the OECD DAC Framework for evaluation. This included the questionnaire drafting phase, data sanitization and analysis phase and lastly the reporting phase.

2.3.3 DATA COLLECTION APPROACH

The evaluation followed a systematic approach, beginning with a comprehensive desk review of the program's genesis and implementation processes. Based on the findings from this review, key stakeholders and performance indicators were identified. Tools for beneficiary interviews and focus group discussions (FGDs) with field teams were then developed. Program data from the team was collected to assess the reach of the intervention, and this data was subsequently corroborated with input from all stakeholders to understand the overall impact of the intervention.

PLACES VISITED -
HOWRAH, KOLKATA & DELHI

TOTAL NUMBER OF
PEOPLE INTERACTED - 80+

STAKEHOLDERS CONSULTED

Sl No	Stakeholders Consulted	Names	Designation	Date of Interaction	Mode of Interaction
1	Beneficiary, Field Implementation Team, Sight Savers team, Fleet managers	30+	NA	10th-11th Feb	In person interview - Howrah
2	Beneficiary, Field Implementation Team, Sight Savers team, Fleet managers	30+	NAV	13th-14th Feb	In person interview - Delhi
3	Beneficiary	70+	NA	25th Feb - 15th Mar	Interviewed by Tele calling

CHALLENGES

Contacting individual beneficiaries proved to be a serious challenge. To pilot the tool, evaluators randomly called ten numbers from each city (Delhi, Aurangabad, Navi Mumbai and Howrah) but only 17 out of the 40 beneficiaries answered the calls. Of those, only 4 completed at least 70% of the interview. With this caveat, rest of the tele calling was carried with a timeframe, during which 71 truck drivers were covered.

3. Key Findings

Objective	• To Ensure comprehensive refractive error screening and effective referral services for occupational drivers at identified project locations. • To increase the uptake of the referral services among the occupational driving community in the target locations. • To improve awareness level of the beneficiaries about the importance of eye health and its related problems.
Project Cost	INR 5,30,00,614
Location	Across India – Refer Annexure 1
Project Period	1st April 2023 – 30 March 2023
Inputs	• Financial support from Grantor (Cholamandalam Investment and Finance Company Ltd.). • Technical expertise from Royal Commonwealth Society for the Blind (Sightsavers India). • Vision care infrastructure: Vision Centres, Mobile Eye Care Vans. • Skilled personnel: Optometrists, Vision Technicians, Ophthalmic Assistants, Community Health Workers (CHWs), and Counsellors. • Diagnostic equipment (Retinoscopes, Lensometers, Slit Lamps, etc.). • Information, Education, Communication (IEC) materials.
Output	• Total Eye Screenings Conducted: 151,569 beneficiaries. • Spectacles Distributed: 60,622 pairs (Short and Long vision). • Diabetic Retinopathy Screenings (Mobile Van): 1,080. • Cataract Referrals: 3,063 beneficiaries identified and referred. • Established Vision Centres across strategic trucking routes. • Effective IEC materials and widespread road-safety awareness campaigns. • Installation of branding materials (signboards, way-boards, truck stickers) for increased visibility and awareness.

Outcome

- Improved visual health and reduced incidence of preventable blindness among truck drivers and allied workers.
- Increased awareness and behavioral change concerning preventive eye care and general health practices.
- Enhanced road safety due to better vision among drivers, resulting in fewer accidents, injuries, and fatalities.
- Economic savings for drivers, their families, truck owners, transport agencies, manufacturers, retailers, insurance agencies, and national GDP through avoided healthcare, accident, downtime, and related costs.
- Positive social impact, including improved quality of life, economic stability, and overall well-being of beneficiaries and their families.
- Strengthened logistics and transportation networks, contributing to national economic stability and growth.

SDG Alignment

SDG 3 - Good Health and Well-being
The project directly addresses health and vision care, reduces road accidents, and enhances the health and well-being of truck drivers and allied workers.

SDG 8 - Decent Work and Economic Growth
By maintaining the health of commercial drivers, the program ensures consistent employment and economic productivity, contributing positively to overall economic growth.

SDG 9 - Industry, Innovation, and Infrastructure
Enhanced safety measures contribute significantly to the stability and efficiency of transport and logistics infrastructure, vital to industry growth.

SDG 10 - Reduced Inequalities
Provides equitable access to essential eye care for a marginalized occupational group (truck drivers), addressing health and economic disparities.

SDG 11 - Sustainable Cities and Communities
Reduced road accidents foster safer and more sustainable transport systems, enhancing the livability of urban and peri-urban areas.

SDG 17 - Partnerships for the Goals
Collaboration between corporate, NGO, and governmental entities showcases effective partnership models to achieve sustainable development outcomes.

IMPACT EVALUATION:

- **Selection criteria of Beneficiary:**

  The RAAHI (National Truckers Eye Health Programme) primarily targets commercial vehicle drivers, especially truck drivers operating along India's major transportation corridors, including the Golden Quadrilateral and North-South-East-West (NSEW) networks. Beneficiaries are identified through strategic placement of static vision centers and outreach camps in high-density trucker locations such as transport nagars, industrial areas, and fleet hubs. Preliminary vision screenings are conducted, and drivers diagnosed with refractive errors or other eye health issues are selected for further examination and intervention.

- **Selection of Camp Site:**

  The effectiveness of the RAAHI (National Truckers' Eye Health) program hinges significantly on the strategic selection of camp sites, ensuring accessibility and convenience for truck drivers. The selection process involves:

  1. Identification of Major Halting Points:

  - **Transport Nagars:** These are large logistics hubs where numerous truck drivers congregate for loading, unloading, and administrative tasks.
  - **Roadside Dhabas:** Popular eateries along highways serve as regular rest stops for drivers, making them ideal locations to reach a significant number of truckers.
  - **Resting Spots:** Designated rest areas and parking zones where drivers pause during long hauls are targeted to maximize outreach.

  2. Coordination and Planning:

  - **Engagement with Local Stakeholders:** Collaborating with local authorities, dhaba owners, and transport associations to identify optimal locations and secure necessary permissions.
  - **Scheduling:** Aligning camp timings with peak periods of driver activity to ensure maximum participation without disrupting their schedules.

  3. Stakeholder Engagement:

  - **Truck Owners and Fleet Operators:** Informing them about upcoming camps encourages them to motivate their drivers to participate.
  - **Driver Associations:** Leveraging these networks to disseminate information and foster trust within the trucking community.

The interviews also highlighted that this strategic approach effectively captured the beneficiaries' attention and encouraged their participation in the intervention. Announcements in key locations, particularly parking areas, served as the primary source of information about the camps, with 50.7% of respondents indicating they learned about the initiative through these announcements. Additionally, 18.3% reported seeing the vans en route and choosing to engage with the program. A few drivers learned about the initiative from fellow drivers who had previously attended the camps, while 22.5% mentioned that SightSavers staff visited their offices to provide information about the services. This approach successfully ensured that beneficiaries were informed in places they frequent, making it easier for them to access the program.

The RAAHI program therefore, ensured that eye health services are both accessible and tailored to the unique needs of truck drivers, thereby enhancing participation and the overall success of the initiative.

Camp site at the parking lot of Ultratech Cement

Camp site at the parking lot of Allahabad Roadways Transport Agency, Outer Noida

Camp site at the parking lot of Adani Cements

Camp site at the parking lot of Agra roadways logistics corporation

Truck parking lot at Dulagarh Logistics park, Howrah

Static Centre at Howrah

ENGAGEMENT WITH BENEFICIARY

RAAHI employs two distinct and detailed modes of beneficiary engagement:

1. **Mobile Van (Delhi & Durg)**

   The mobile van approach ensures ease of access for truck drivers by visiting key locations such as large cement yards (e.g., Ultratech Cement, Adani Cements) and fleet operators with substantial parking facilities. The engagement process involves:

   - **Camp Site Finalization:** Coordination with fleet operators or health and safety officers to identify and schedule appropriate locations.
   - **Community Outreach:** Community social workers actively visit truck parking areas near static centres, distributing informative posters and announcements through loudspeakers about free eye check-up services in multiple languages.
   - **Mobile Van Setup:** A mobile van equipped with diagnostic machines arrives at the location, with additional setup including tents to facilitate the screening process.
   - **Registration Process:** Truck drivers register upon arrival, where a community social worker verifies their mobile number and ID. An OTP validation occurs, followed by assignment of a unique QR code through Sightsavers' digital platform, and issuance of a prescription form.
   - **Comprehensive Eye Screening:** Drivers undergo detailed vision screening including refraction tests, color blindness assessments, slit lamp examinations, and DR (Diabetic Retinopathy) screening. In FY 2023-24, significant DR screenings were conducted until technical issues occurred, identifying 167 out of 491 individuals who were then referred for further treatment.

     Additionally, individuals diagnosed with cataract conditions are referred to base hospitals for further treatment, and prescriptions for dry eyes or eye drops are also provided.
   - **Spectacle Distribution:** Drivers immediately receive ready-to-clip spectacles if diagnosed with short vision. Those requiring custom-made glasses (long vision) have orders placed, with spectacles delivered at subsequent camps or shipped to their specified base locations.
   - **Counseling and Health Education:** Before departure, drivers receive guidance on healthy dietary practices beneficial for maintaining good eye health.

2. **Static Centre (All Other Locations)**

   Static centres offer consistent, accessible eye-care services by employing comprehensive community mobilization and proactive outreach:

   - **Community Outreach:** Community social workers actively visit truck parking areas near static centres, distributing informative posters and announcements through loudspeakers about free eye check-up services in multiple languages.
   - **Industry Collaboration:** Social workers seek permissions and collaborate with nearby industries, transportation hubs, and fleet operators to organize specialized eye-care camps, enhancing accessibility & participation.
   - **Registration Process:** Drivers visiting static centres register with community social workers who validate mobile numbers and IDs, generating an OTP and assigning a unique QR code through the Sightsavers digital platform. A prescription form is also provided.
   - **Comprehensive Eye Screening:** Drivers undergo thorough vision assessments, including refraction tests, color blindness checks, and slit lamp examinations by qualified optometrists, ensuring detailed diagnostics and accurate prescriptions. Individuals diagnosed with cataract conditions receive referrals to base hospitals for advanced treatment. Prescriptions for dry eyes or eye drops are also provided.

- **Spectacle Provision:** Drivers diagnosed with short vision promptly receive ready-to-clip spectacles on-site. Long vision spectacles are custom ordered and made available either at the subsequent visit or conveniently shipped to their home or base location.
- **Educational and Preventive Measures:** Post-screening, drivers participate in personalized counseling sessions led by trained vision technicians, focusing on preventive eye care, health education, and advice on maintaining optimal eye health and overall well-being.

RAAHI's integrated beneficiary engagement strategy consistently provides:

- **Vision Screening and Diagnostic Services:** Utilization of advanced diagnostic equipment for comprehensive eye examinations.
- **Counseling and Education:** Tailored educational programs and counseling sessions to promote sustained health awareness and preventive care.
- **Spectacle Provision:** Efficient and timely provision of corrective eyewear to immediately address vision impairments.

PROCESS FLOW AT

A STATIC CENTRE:

Announcement in loud speaker and Banner in front of the Static Centre at Doulagur Logistics centre, Howrah

Arrival of Drivers at the Static Centre at Howrah

Driver undergoing Refraction tests by the Optometrist

Driver undergoing Slit lamp test

Driver undergoing Colour blindness test

Driver undergoes BP check up

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PROCESS FLOW AT

A STATIC CENTRE:

Driver undergoes Height Check up

Driver Undergoes Weight Check up

New short vision glass with Chola branding is handed over to the driver

Driver diagnosed with Short vision and a spectacles is given for free

Using the new glasses, near vision test is performed for the comfort

Driver details are entered into the digital platform and QR code is assigned using mobile number OTP & ID card verification

- **Inclusivity and Outreach:**

  The program's design ensures inclusivity and extensive outreach:

  - **Hub-and-Spoke Model:** Static vision centers serve as hubs, with outreach camps (spokes) extending services to remote and underserved areas, ensuring accessibility for all drivers, including those from marginalized communities.
  - **Data-Driven Expansion:** Continuous data collection and analysis allow the program to identify regions with high unmet needs, facilitating targeted interventions and equitable service distribution.

- **Impact on Truck Drivers:**
  - **Cost Savings on Spectacles:** By providing free corrective spectacles - ₹499 for near vision and ₹799 for distance vision-the program alleviates financial burdens on drivers.
  - **Avoided Wage Loss:** On-site eye screenings prevent drivers from losing daily wages, estimated between ₹1,500 and ₹2,000, which would occur if they had to visit an eye care hospital.
  - **Reduced Accident-Related Costs:** Improved vision leads to safer driving, thereby reducing potential expenses related to accidents, including medical bills and vehicle repairs.

- **Impact on Truck Drivers family:**
  - **Preserved Family Income:** Preventing wage loss due to medical visits or accidents ensures financial stability for families.
  - **Eliminated Companion Costs:** Family members are spared from accompanying drivers to medical appointments, saving on lost wages and travel expenses.

- **Impact on Truck Owners:**
  - **Operational Efficiency:** On-site eye care services minimize driver absenteeism, preventing potential losses of approximately ₹3,000 per day per driver.
  - **Lower Accident Costs:** Reducing accidents decreases expenses related to legal fees, vehicle downtime, and cargo transfer, which can be substantial in events involving full loads, such as cement bags.

- **Impact on Manufactures & Retailers:**
  - **Supply Chain Reliability:** Fewer accidents ensure timely deliveries, preventing delays that could disrupt manufacturing schedules and retail operations.
  - **Cost Avoidance:** Avoiding accidents eliminates costs associated with delayed shipments, including potential loss of sales and customer dissatisfaction.

- **Impact on Logistics/ Suppliers industry and Nation building:**
  - **Economic Savings:** Reducing road accidents lowers national expenditures on accident-related medical care and legal proceedings.
  - **Enhanced Productivity:** A healthier driver workforce contributes to a more efficient logistics sector, bolstering economic growth and supporting nation-building efforts.

HIGHLIGHTS ON ECONOMICAL IMPACT :

Economic Impact Area	Unit Cost (INR)	Total Beneficiaries	Total Economic Impact (INR)
Cost of Long Vision Spectacles Provided	799	10,831	8,650,369
Cost of Short Vision Spectacles Provided	499	55,723	2,78,05,777
Driver Wage Loss Prevented	1,750	144,986	25,37,25,500
Family Wage Loss Prevented	1,750	144,986	25,37,25,500
Transport Organization Loss Prevented	3,000	144,986	43,49,58,000
Cost Savings on Eye Screening	400	144,986	5,79,94,400
Accident-related Cost Prevention (Logistics)	50,000	7,249	36,24,50,000
Accident-related GDP Loss Prevented	1,50,000	7,249	108,73,50,000
Insurance Agencies Savings	30,000	7,249	21,74,70,000

Assumptions:

- **Accident Prevention:** It is estimated that 5% of the total screenings (144,986) potentially prevent accidents, resulting in 7,249 accidents avoided.
- **Accident-Related Costs:**
  - **Logistics Costs:** ₹50,000 per accident, encompassing vehicle repairs, cargo loss, and legal fees.
  - **GDP Loss:** ₹150,000 per accident, reflecting broader economic impacts.
  - **Insurance Claims:** ₹30,000 per accident, representing average claim amounts.

STORIES FROM THE FIELD:

Sudhir Agarwal, Fleet Manager Janshedpur
Transport Corporation at Dhulagarh, Howrah

250+ Truck drivers are associated with our transport corporation and in the past 16 years of my service, I have heard accidents of truck drivers in morning 2 AM to 4 AM time. We have installed a driver retina sensor alert mechanism still sometimes accident happens and I have seen children left orphan due to accidents. The vision test is very critical to vision care and thanks for doing this.

Jayaram, Driver

I did my vision test last year in the camp, got my short vision glasses, it was really helpful for me to read and write. I have come again now to get checked again. Thank you

Umesh, Driver

I just came here in 15 minute my eye check is complete and I had difficult time to read newspaper and sign challans. Now I got a short vision glass instantly and it very helpful.

Ajit, Owner, Allahabad Transport Corporation

If a driver has to take off and go for eye check up, he has to go to Noida City and will take 1 whole day, whose absenteeism will cost us around INR 3000. Thanks to this program which is conducted at their parking lots.

STORIES FROM THE FIELD:

Pramod Bhatnagar, DMC, Adani Cements

The RAAHI program has been very helpful for our contract truck drivers and the regular visits are helping them with free check, glasses and also health awareness. The team from RAAHI program coordinates this very well with us.

Plant Logistics Head, Ultratech Cements

RAAHI truck drivers program is good, helping our drivers, it will be great if you can add eye execercies sessions, fatigue management and yoga sessions along with the eye screening process.

Team

Mobile Health Van, Delhi at Ultratech Cements yard

Team

Static Centre, Dulagarh, Howrah

Rohit, Security In charge of Dulagarh Logistics centre, Howrah

I ensure to tell every truck driver during their entry into the logistics centre. As eye screening and free spectacles are very important for drivers.

Outcomes of Evaluation

3.1 RELEVANCE

The RAAHI program addresses a critical public health and safety issue-**poor vision among truck drivers.** Research shows that truck drivers frequently experience **refractive errors, cataracts, and eye strain**, often without diagnosis or correction. Given that commercial vehicle drivers must navigate **high-speed highways, unpredictable traffic conditions, and long night shifts**, uncorrected vision problems can significantly increase accident risks.

Additionally, India's **National Road Safety Policy and Motor Vehicles (Amendment) Act, 2019** emphasize the need for stringent driver fitness standards, yet systematic vision testing is not a mandatory part of licensing. The RAAHI program fills this gap by proactively screening and treating drivers, making Indian roads safer.

From a **public health perspective**, India's **National Programme for Control of Blindness & Visual Impairment (NPCB&VI)** aims to reduce avoidable blindness, including refractive errors. The RAAHI program directly contributes to this goal by making **eye care accessible to a critical workforce** that is often neglected.

In a **global context**, countries such as **Germany, Canada, and the UK** have strict **mandatory vision testing for commercial drivers**, which has been linked to lower accident rates. In contrast, India still relies on self-declared medical fitness for license renewals, making interventions like RAAHI essential.

The **RAAHI Truck Drivers Program** was assessed for its impact in **Howrah (West Bengal), Aurangabad (Bihar), Delhi, and Navi Mumbai (Maharashtra)** understood the relevance of these locations and its significant roles in India's transportation network. These locations serve as major trans-shipment hubs, experiencing substantial truck traffic, making them critical points for implementing eye health interventions aimed at enhancing road safety.

Out of the 71 drivers interviewed, 27 (38%) were from East India, and 43 (60.56%) were from North India. A majority, 66.19%, had been driving trucks for 10 to 20 years, while 18.3% had more than 20 years of driving experience. Additionally, over 50% of the respondents reported experiencing difficulty reading road signs, spotting pedestrians and driving at night.

1. Significance of Selected Locations for study:

- **Howrah, West Bengal:** Adjacent to Kolkata, Howrah functions as a pivotal gateway to eastern and northeastern India. Its extensive industrial activities and proximity to the **Golden Quadrilateral** contribute to significant truck movement, underscoring the importance of addressing truck drivers' health and safety in this region.
- **Aurangabad, Bihar:** Situated along National Highway 2 (NH-2), part of the **Grand Trunk Road**, Aurangabad is a crucial transit point connecting eastern and northern India. Its strategic location results in considerable truck traffic, highlighting the need for targeted health interventions for drivers.
- **Delhi:** As the national capital, Delhi is a central node in India's transportation network, with numerous trans-shipment locations (TSLs) facilitating the movement of goods nationwide. The city's prominence in logistics makes it essential to focus on the well-being of truck drivers operating in and around the area. Notably, the Sanjay Gandhi Transport Nagar (SGTN) in Delhi attracts an estimated 104,468 unique truckers per month, marking it as a high-priority TSL. naco.gov.in
- **Navi Mumbai, Maharashtra:** Functioning as a major logistics and warehousing center, Navi Mumbai supports the operations of Mumbai's ports and industrial zones. The high density of trucking activities in this region necessitates programs aimed at ensuring drivers' health and safety. For instance, the Raigarh Kalamboli TSL in Navi Mumbai attracts approximately 127,872 unique truckers monthly, making it one of the busiest hubs in the country.

- **Prevalence of Vision Impairment:** A study involving 34,000 truck drivers across India revealed that approximately **50%** had compromised vision, with issues such as near-vision problems (38%), distance-vision problems (8%), and both (4%). Notably, none of the affected drivers were using corrective glasses.
- Truck drivers often face challenges in accessing vision care due to their mobile lifestyles and demanding work schedules. Factors such as irregular working hours, lack of awareness, and limited access to healthcare facilities contribute to the neglect of eye health among this population.

Implementing the RAAHI program in Howrah, Aurangabad, Delhi, and Navi Mumbai is crucial due to:

- **High Truck Traffic:** These locations experience significant truck movement, increasing the potential impact of the program on a large number of drivers.
- **Strategic Positioning:** Addressing eye health in these key logistics hubs can lead to broader improvements in road safety across regional and national transportation networks.
- **Targeted Interventions:** Focusing on areas with high concentrations of truck drivers allows for efficient deployment of resources, maximizing the program's effectiveness in reducing vision-related accidents.

By concentrating efforts in these strategic locations, the RAAHI program can effectively address the eye health needs of truck drivers, thereby enhancing road safety and contributing to the overall well-being of this essential workforce.

[1]Around 50% Truck Drivers In India Have Compromised Vision, Reveals New Study

3.2 COHERENCE

The RAAHI program aligns well with **India's transport, road safety, and health policies**, particularly the **National Road Safety Strategy (2021-2030)**, which aims to reduce road fatalities by 50%. Poor eyesight is recognized as a contributing factor to accidents, and various state-level authorities have conducted eye-testing camps during **Road Safety Week**. However, these efforts are often short-term. The RAAHI program institutionalizes **year-round screenings at major transport hubs**, creating a **permanent framework for driver eye care**.

It also aligns with **Ayushman Bharat's Health & Wellness Centres (HWCs)**, which promote **preventive care** by integrating vision screenings into **primary healthcare delivery**. The program's focus on reducing **cataracts and refractive errors** mirrors **NPCB & VI's goals**, strengthening its coherence with national health objectives. At a corporate level, it sets a **benchmark for CSR-driven road safety initiatives**, demonstra-ting how private sector funding can complement **government efforts** in making highways safer.

The RAAHI program demonstrates strong coherence by leveraging **existing eye care hospitals and healthcare infrastructure** rather than creating an entirely new system.

Instead of establishing separate clinics, the program collaborates with **established eye hospitals, optical centers, and healthcare institutions**, ensuring **seamless service delivery** to truck drivers. This partnership model **optimizes resources, minimizes operational costs, and accelerates implementation**, allowing services to reach truckers **without duplicating efforts**. By utilizing **pre-existing infrastructure**, the program maximizes impact while maintaining efficiency, as eye care hospitals already have trained ophthalmologists, diagnostic facilities, and surgical capabilities.

3.3 EFFICIENCY

The program has demonstrated high efficiency by leveraging a structured approach to vision care delivery, optimizing resources, and ensuring sustained engagement with truck drivers. The key efficiency measures include:

- **Mobile Outreach Model:** The program employs a hub-and-spoke model, integrating static vision centers at transport hubs with mobile eye camps stationed along major trucking routes. This approach maximizes coverage while minimizing infrastructure costs, ensuring accessibility for truck drivers who operate in remote or high-traffic areas.
    - 35% of respondents shared that these camps/centres were a convenient choice that was easier and fast to access, eliminating the need to go to a hospital, affecting their work and wages.
- **Cost-Effective Ready-to-Clip Eyeglasses:** A key innovation in the program is the provision of ready-to clip spectacles, enabling truck drivers to receive corrective eyewear for short vision instantly. This eliminates delays associated with traditional eyeglass prescriptions and enhances compliance among beneficiaries, ultimately improving road safety.
    - Around 30% felt that these services provided free of cost and also distribution of glasses is one key factor encouraging them to benefit from this intervention.
- **Digital Registration and Follow-Ups:** The program integrates digital data tracking, where each driver is registered and assigned a unique QR code. This system facilitates automated SMS follow-up reminders, ensuring that truckers remain engaged in their eye care regimen, reducing drop-out rates, and promoting long-term compliance with corrective lens usage.
- **Optimized Resource Utilization:** The combination of mobile vans and static vision centers allows for targeted interventions at key trucking hubs, ensuring efficient deployment of resources. Digital record-keeping enhances efficiency in future screenings, enabling seamless follow-ups and continuous monitoring of beneficiaries' eye health.

Through these innovative strategies, the program ensures that vision care interventions are delivered effectively, resources are utilized optimally, and truck drivers receive the necessary support to maintain clear vision, ultimately contributing to improved road safety and occupational well-being.

3.4 EFFECTIVENESS

The **RAAHI Truck Drivers Program** has demonstrated strong effectiveness in addressing vision-related challenges among truck drivers by providing **comprehensive eye screenings, corrective measures, and specialized referrals**. By reaching **high-risk locations** and ensuring accessibility, the program has made a **significant impact** in reducing vision-related risks on the roads.

Key Achievements in FY 2023-24

1. Vision Screenings:

- **144,986 truck drivers** were screened for vision impairments.
- This represents **96% of the annual target** (151,642 screenings).
- The highest number of screenings was conducted in **February 2024 (21,288) and March 2024 (18,115**), indicating an increase in outreach efforts toward the end of the financial year.

2. Spectacle Distribution:

- A total of **66,554 truck drivers** received **free prescription glasses** to correct refractive errors.
- The program **exceeded** its target of **60,650 spectacles** by **110%,** ensuring that more drivers than planned benefited from corrective eyewear.
- The highest monthly spectacle distribution occurred in **February 2024 (9,234 pairs)**, reinforcing the trend of increased service utilization.

3. Cataract Referrals:

- 3,063 drivers were diagnosed with cataracts and referred for specialized treatment.
- Despite a lower referral rate (2% of all screenings), this indicates that the program successfully identified critical eye health issues that could impact road safety.
- A peak in cataract referrals occurred in January 2024 (321 cases) and February 2024 (733 cases), highlighting the program's efficiency in detecting serious vision impairments.

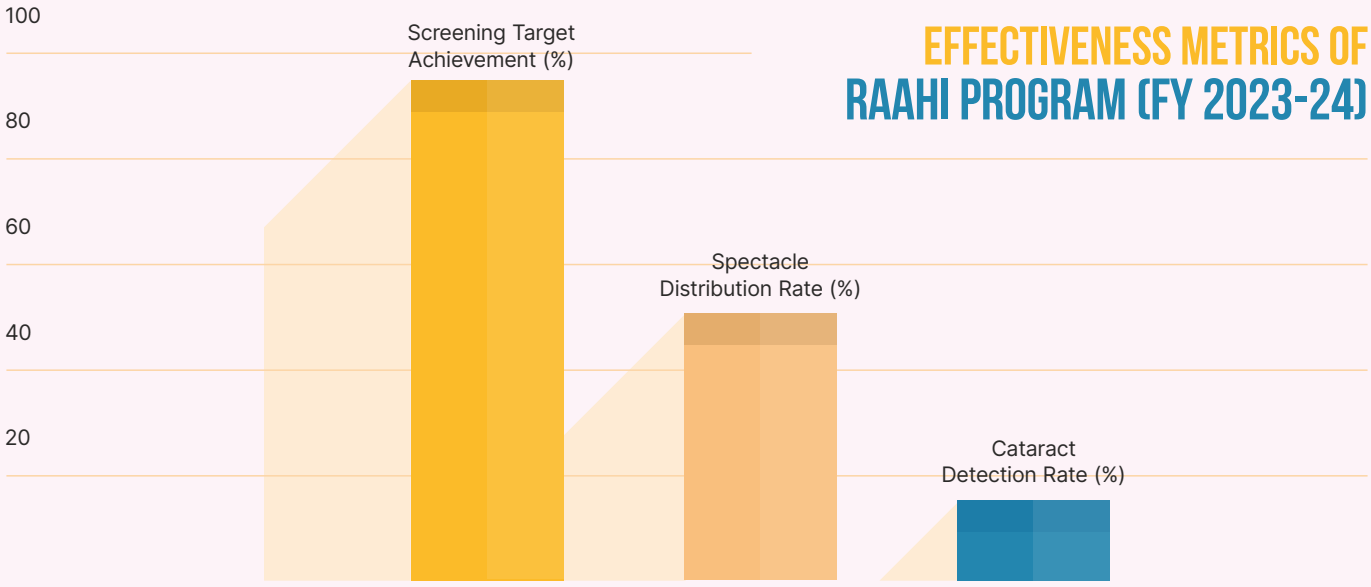
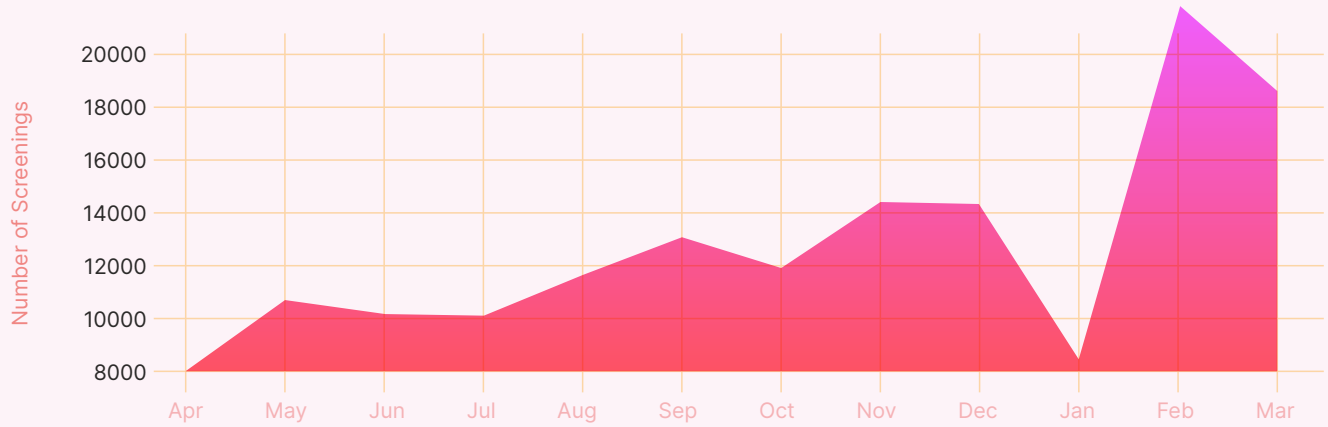


Image: Chart on Key effectiveness metrics

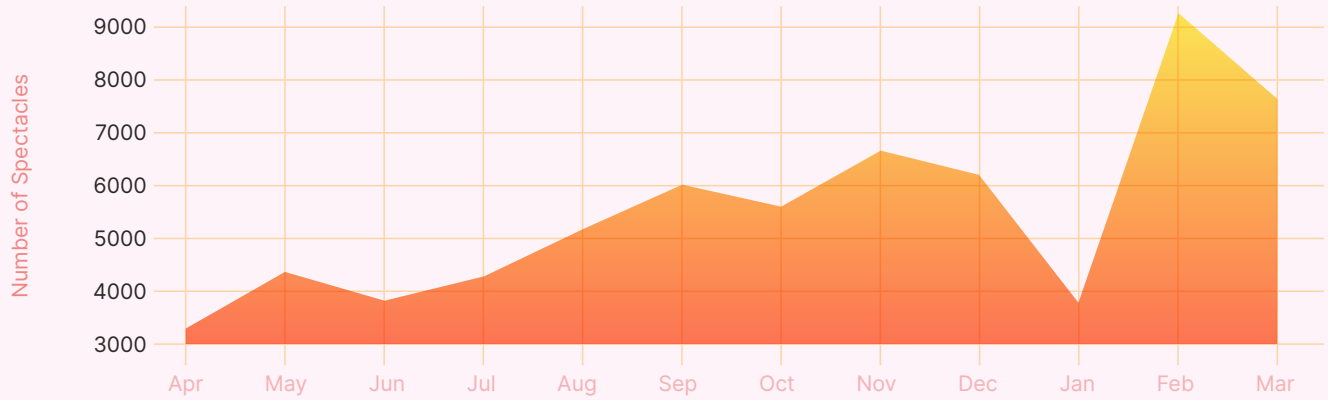
The chart above represents the key effectiveness metrics for the RAAHI Truck Drivers Program (FY 2023-24):

- **Screening Target Achievement:** 95.61% of the annual screening goal was achieved.
- **Spectacle Distribution Rate:** 45.90% of screened drivers required and received spectacles.
- **Cataract Detection Rate:** 2.11% of screened drivers were diagnosed with cataracts and referred for treatment.

MONTHLY VISION SCREENING (FY 2023-24)



MONTHLY SPECTACLE DISTRIBUTION (FY 2023-24)



MONTHLY CATARACT REFERRALS (FY 2023-24)

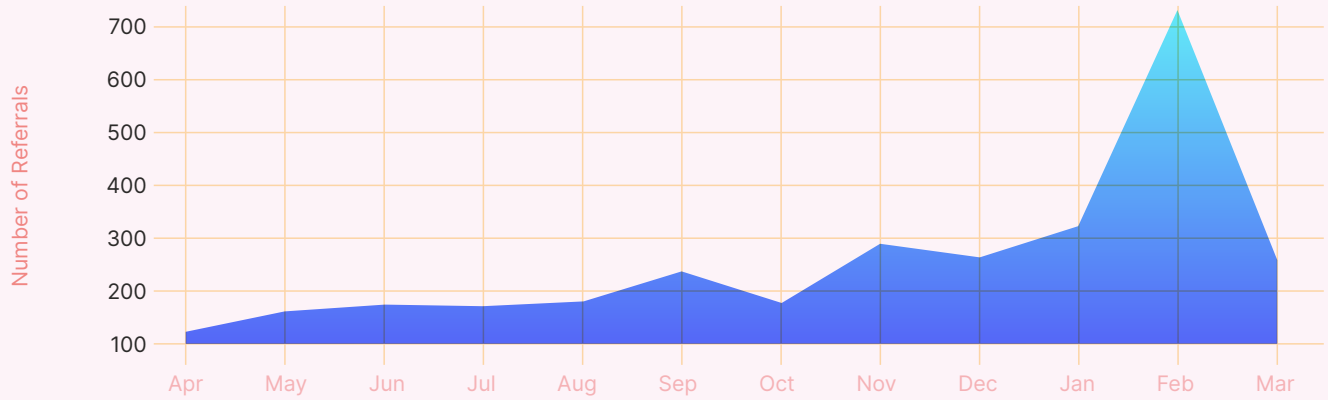


Image: Trend charts for FY 2023-24

The visualizations highlight patterns, such as increased activity towards the end of the financial year, with significant spikes in screenings and spectacle distributions in February and March.

INSIGHTS FROM BENEFICIARY INTERVIEWS

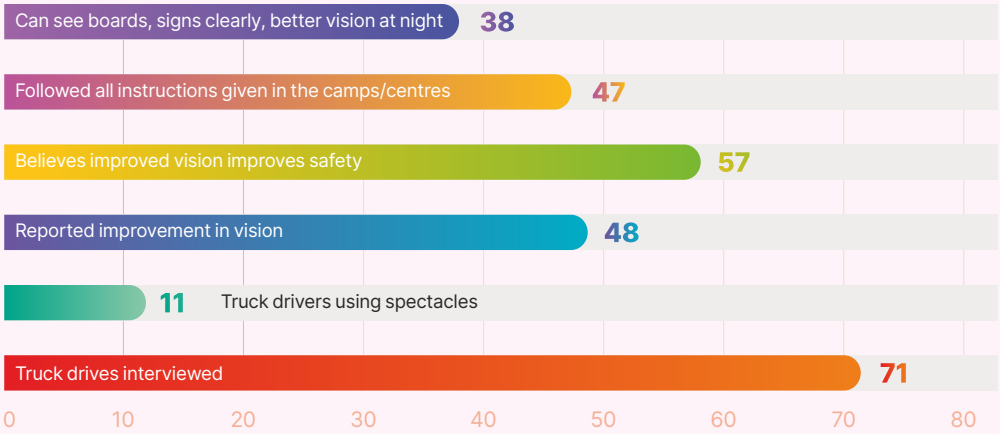


Image: Beneficiary Insights of the program

- **Total Interviews Conducted:** 71 truck drivers responded.
- **Truck Drivers Using Spectacles:** 11 drivers actively use spectacles while driving.
- **Reported Vision Improvement:** 48 drivers noted a positive impact after receiving treatment.
- **Believes Improved Vision Improves Safety:** 57 drivers acknowledged that better vision makes them safer on the road.

This visualization provides a clear **effectiveness assessment** of the program based on **real beneficiary feedback**. Additionally, respondents acknowledged the instructions provided during these engagements regarding general health and eye care. A significant 91.5% reported fully understanding the instructions, including those related to follow-up care, while 66% stated that they consciously adhered to them. Only a small number of respondents (3) felt that certain instructions were difficult to follow due to the nature of their job. Despite these few exceptions, an overwhelming 92.9% expressed satisfaction with the intervention and the services offered.

3.5 SUSTAINABILITY

The sustainability of the RAAHI Truck Drivers Program is anchored in several strategic pillars that ensure its long term viability and impact:

1. **Continued CSR Funding:** Corporate Social Responsibility (CSR) contributions have been instrumental in the program's inception and expansion. Notably, few organizations have provided multi-year funding, ensuring consistent service delivery and outreach. This sustained financial support has enabled the program to scale effectively and maintain high-quality services.
2. **Public-Private Partnerships:** Collaborations between private entities and government bodies enhance the program's reach and integration into broader public health initiatives. By aligning with state health departments, the RAAHI program can be incorporated into government schemes such as Highway Wellness Centers, ensuring that eye care services become a standardized offering for truck drivers nationwide.

3. **Advocacy for Mandatory Vision Testing:** Institutionalizing vision screenings for commercial drivers is crucial for road safety and driver health. Advocating for policies that make vision tests compulsory during the issuance and renewal of commercial driving licenses can embed eye health into the regulatory framework, ensuring that all drivers meet essential vision standards. This approach not only enhances individual well-being but also contributes to public safety by reducing vision-related road incidents.
4. **Scaling Up to Cover All 9 Million Drivers:** With over 1 million drivers screened since its inception, the RAAHI program has made significant strides. However, to address the needs of the entire truck-driving population, estimated at 9 million, the program must pursue broader partnerships and explore public funding avenues. Engaging with additional corporate sponsors, leveraging government grants, and integrating services into national health missions can facilitate this expansive outreach.
5. **Program Innovations & Learnings Implemented:** The RAAHI program has continually evolved by adopting a hub-and spoke model, establishing vision centers, and conducting outreach camps. These innovations have maximized reach and efficiency, ensuring comprehensive eye healthcare services are accessible to truck drivers across various regions.
6. **Strengthening Stakeholder Engagement:** Engaging a diverse range of stakeholders, including implementation partners, funders, spectacle providers, and beneficiaries, has enriched the program's multidisciplinary approach. This collaborative effort ensures that the program remains client-centric and responsive to the evolving needs of the trucking community.

By focusing on these strategic areas, the RAAHI program can ensure its sustainability, thereby continuing to improve the eye health and overall well being of truck drivers across India.

3.6 IMPACT

The **RAAHI Truck Drivers Program** has significantly enhanced the eye health of truck drivers, leading to notable improvements in road safety, driver productivity, and overall quality of life. Key impacts include:

1. **Reduction in Vision-Related Accidents:**
   - **Enhanced Road Safety:** By providing corrective measures for refractive errors, the program has improved drivers' visual acuity, contributing to safer highways and a decrease in accidents caused by impaired vision.
2. **Improved Work Productivity and Reduced Absenteeism:**
   - **Increased Productivity:** Drivers have reported reduced eye strain and fatigue, leading to enhanced focus and efficiency during long hauls. This improvement has resulted in fewer errors and delays in logistics operations.
   - **Reduced Absenteeism:** With better eye health, drivers experience fewer vision-related health issues, leading to consistent attendance and reliability.
3. **Positive Feedback from Truckers Reporting Enhanced Quality of Life:**
   - **Improved Quality of Life:** Beneficiaries have expressed satisfaction with the program's services, noting significant improvements in their daily activities and overall well-being.

Long-Term Impacts:

a. **Economic Stability:**
   - **Sustained Employability:** By preventing vision deterioration, the program ensures that drivers can maintain their livelihoods, supporting their families and contributing to the economy.

b. **Behavioral Change:**
   - **Preventive Health Culture:** Awareness campaigns have encouraged drivers to prioritize eye care, fostering a culture that values preventive health measures.

c. **Continuity of Care:**
   - **Integrated Healthcare Services:** The program's partnerships with eye care providers ensure that drivers diagnosed with conditions like cataracts or glaucoma receive timely treatment, bridging the gap between diagnosis and care.

Through these comprehensive efforts, the RAAHI program has not only addressed immediate eye health issues but has also laid the foundation for sustainable improvements in the lives of truck drivers across India.

4. Way Forward Recommendations

The RAAHI Truck Drivers Program has demonstrated significant impact in improving the eye health of truck drivers, contributing to safer roads, better occupational efficiency, and overall well-being. However, the beneficiary feedback and field observations provide valuable insights into areas where the program can enhance its effectiveness, accessibility, and long-term sustainability.

Challenges Identified & Areas for Improvement

1. **Need for Foreign Body Removal Kits:**
   - Many drivers reported frequent eye irritation due to dust, debris, and foreign particles encountered on highways.
   - Solution: Introduce foreign body removal kits at static centres and mobile vans to provide immediate relief.
2. **Enhancing the Screening Process:**
   - Optometrists suggested installing curtains inside mobile vans to create a darker environment for LED-based refraction tests, improving accuracy.
   - Adjustable LED screen heights should be introduced to accommodate drivers of different statures.
3. **Addressing Language Barriers:**
   - Many truck drivers in Delhi and Howrah were from Tamil Nadu and Telangana, making communication difficult.
   - Solution: Provide basic Tamil and Telugu language training for RAAHI team members to ensure smoother interactions with truckers.
4. **Availability of Eye Drops & Medications:**
   - Drivers struggled to find prescribed eye drops at pharmacies, leading to non-compliance with post-screening care.
   - Solution: Distribute eye drops directly at screening camps along with instructions for use to ensure better adherence. When asked about the need for additional services, the respondents clearlyexpressed that medication / drops being made available in these places will be of great help as most of the times they do not get them outside.
5. **Environmental Considerations - Waste Management:**
   - After receiving spectacles, drivers frequently discarded plastic packaging at camp sites, causing littering.
   - Solution: Implement a waste disposal system at screening sites, including dedicated bins and awareness messages to promote responsible disposal.
6. **Equipment Maintenance:**

   Equipment in both static and mobile units should be calibrated at regular intervals to ensure accuracy, reliability, and compliance with operational standards. Timely calibration helps maintain precision in measurements, enhances performance efficiency, prevents errors, and ensures the safety and quality of processes

Way Forward - Strengthening the RAAHI Program

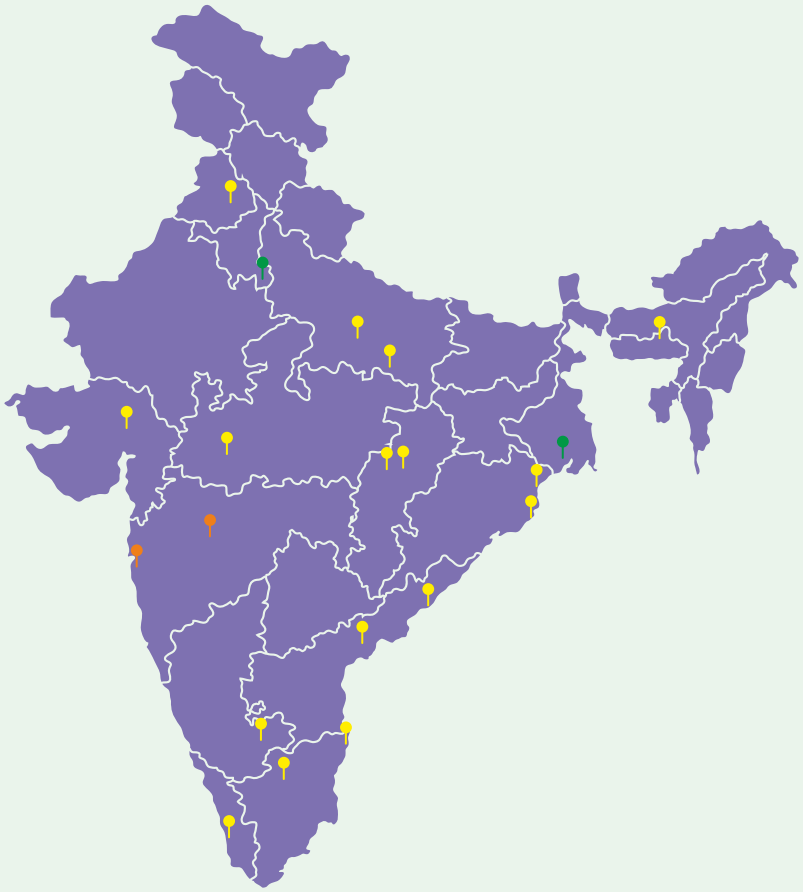
1. **Expand Coverage & Outreach:**
   - Increase screening operations in high-density trucking corridors to reach more drivers in need.
   - Collaborate with transport unions and logistics hubs to integrate screenings into regular driver fitness programs.
2. **Introduce Progressive Lenses for Multi-Focus Needs:**
   - Many drivers requested progressive lenses instead of carrying two different pairs for long and short vision.
   - Solution: Introduce progressive spectacles as part of the eyewear distribution, allowing drivers to benefit from a single pair for all vision needs.

3. **Enhance Digital Tracking & Follow-Ups:**
    - Implement a centralized digital database to monitor driver eye health records across multiple locations.
    - Send follow-up SMS reminders encouraging drivers to return for annual screenings.
4. **Policy-Level Advocacy for Mandatory Vision Testing:**
    - Engage with government agencies to propose mandatory vision testing for truck drivers during license renewal processes.
    - Work with road safety authorities to integrate eye health awareness into national driver training programs.
5. **Sustainable Funding & Public-Private Partnerships:**
    - Strengthen partnerships with corporate sponsors, logistics firms, and state health departments to ensure long-term funding.
    - Encourage transport agencies and fleet owners to adopt vision care as part of driver welfare programs.

CONCLUSION

The RAAHI Truck Drivers Program has already made a significant impact on truckers' vision health, but scaling up and addressing key challenges will ensure long-term sustainability and greater safety outcomes. By incorporating beneficiary feedback, expanding services, advocating for policy-level changes, and strengthening operational efficiency, the program can continue to transform the lives of truck drivers across India and reduce accident risks on national highways.

ANNEXURE 1



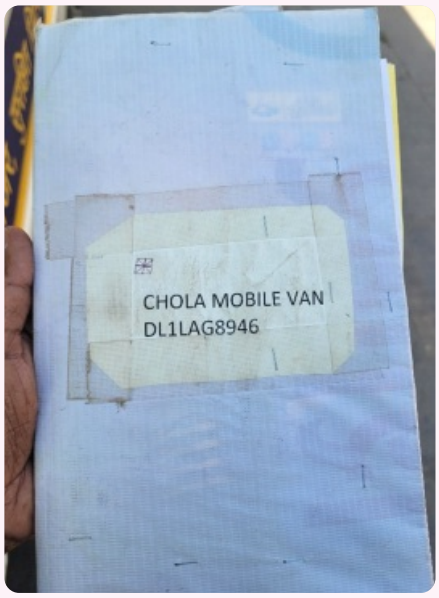
LOCATIONS

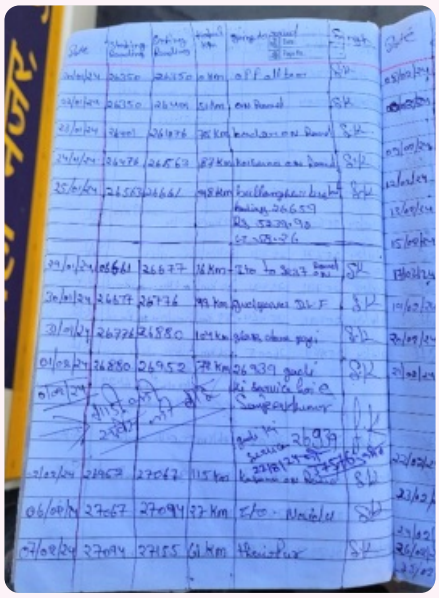
VISION CENTRE AND OUTREACH CAMPS

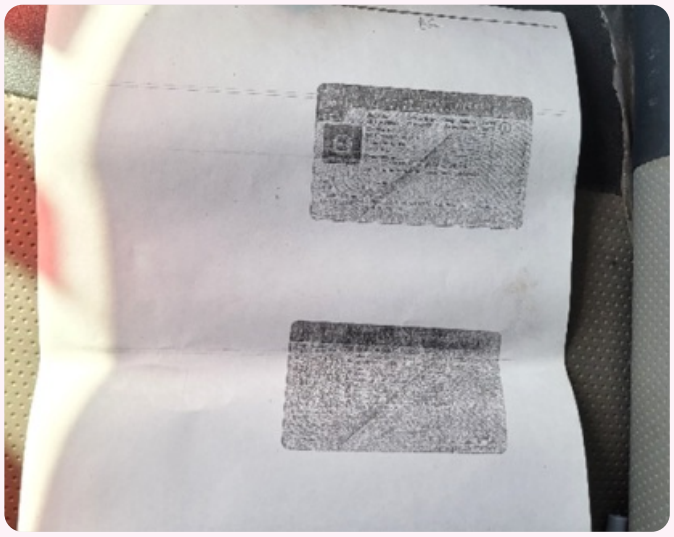
- Paradeep
- Howrah
- Balasore*[1]
- Aurangabad
- Guwahati
- Navi Mumbai
- Ahmedabad
- Ludhiana
- Delhi
- Vijayawada
- Chennai
- Bangalore
- Kochi
- Vizag*
- Salem
- Raipur
- Kanpur
- Indore
- Bhilai
- Prayagraj

ANNEXURE 2

Study evidences of Mobile van Registration papers, Instruments and Chola branding







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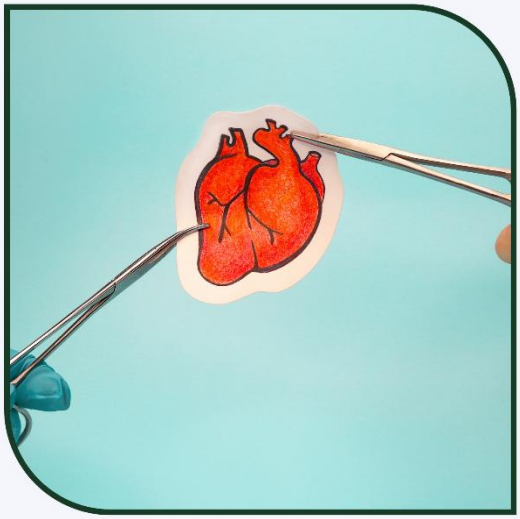
Impact Assessment Report of "Cholamandalam – Gift of Life Project"

Submitted To:

Chola
Enter a better life

Submitted By:

Fulcrum®
CAPITALISING CSR.

Table of Contents

Acknowledgment

We express our heartful gratitude to the team of Cholamandalam Investment & Finance Company Ltd. (CIFCL) for giving us the opportunity to conduct the Impact Assessment Study of the "Cholamandalam–Gift of Life" project carried out in the FY 2023-24. The support of CIFCL team and timely inputs have helped us conduct a detailed study of the project and assess its impact on various parameters.

We are also thankful to the Officers, Medical Staff and Non-Medical Staff of Sri Sathya Sai Sanjeevani Child Heart Centres (Kharghar, Maharashtra and Raipur, Chhattisgarh) whose cooperation and insights helped us to understand the project in a thorough manner. We appreciate the efforts of the staff for facilitating the field visit of our research team at both these centres. The work of these medical centres in the area of health and especially in congenital heart disease (CHD) is highly commendable and inspiring in nature.

The beneficiaries play a very important role in every project. We are also thankful to all the beneficiaries who took out time and participated in the data collection process of this study. The firsthand experiences and feedback shared by the beneficiaries have helped us in understanding the impact of the project.

The combined efforts of all the stakeholders have helped in creating a lasting impact in the lives of the children with CHD, their parents and the community at large.

Executive Summary

Congenital Heart Disease (CHD) is a leading cause of child mortality in India, with over 2.4 lakh children born annually with the condition. Limited medical facilities, delayed detection, and high treatment costs exacerbate the issue, resulting in significant child mortality rates. To address this, Sri Sathya Sai Health & Education Trust established specialized Centres for Child Heart Care across India, providing free, high-quality treatment for CHD.

The "Gift of Life" project, supported by Cholamandalam Investment and Finance Company Limited (CIFCL), aims to provide free CHD treatment to 100 children from the road transport industry, a community disproportionately affected by CHD due to financial constraints. The project covers all costs—diagnostics, surgery, and post-operative care—alleviating financial, emotional, and social burdens on families.

Key Findings

Demographics and Reach:

- 65% of beneficiaries were boys, and 35% were girls.
- 62% of children treated were aged 0–6 years, highlighting the project's focus on early intervention.
- 68% of families had an annual income between ₹1,00,000 and ₹3,00,000, underscoring the financial vulnerability of beneficiaries.

Impact on Health and Well-being:

- 97% of parents reported significant improvements in their child's health post-treatment, including better energy levels, appetite, and overall well-being.
- The project reduced stress levels among families, with 55% reporting very low stress post-treatment compared to 99% experiencing acute stress before treatment.

Accessibility and Quality of Care:

- 85% of respondents found the registration process hassle-free, requiring only an Aadhar card for admission.
- 90% of respondents rated the quality of services as "very good," citing comprehensive care from diagnosis to post-operative support.
- 97% expressed high satisfaction with the project, with all respondents willing to recommend the hospital to others.

Awareness and Branding:

- 85% of beneficiaries were unaware of CIFCL's role in funding their treatment, indicating a need for improved branding and visibility.

Alignment with SDGs and National Priorities

The project aligns with Sustainable Development Goal (SDG) 3, particularly targets 3.2 (reducing child mortality), 3.4 (preventing premature deaths from non-communicable diseases), and 3.8 (achieving universal health coverage). It also supports India's National

Health Policy (2017) by addressing child mortality and improving access to affordable healthcare.

Recommendations

1. CIFCL should extend its support to the new hospital in Telangana and consider funding CHD research labs.
2. Increase visibility through branding at hospitals, certificates for beneficiaries, and employee volunteering initiatives.
3. Partner with hospitals to conduct outreach programs in rural areas, leveraging local Anganwadi and ASHA workers to spread awareness about CHD and free treatment services.
4. Initiate a separate project to help beneficiaries enroll in government health schemes like AYUSHMAN Bharat.

Conclusion

The "Cholamandalam–Gift of Life" project has demonstrated remarkable success in transforming the lives of children with CHD and their families. By providing free, high-quality medical care, the project has not only improved health outcomes but also alleviated financial and emotional burdens. Fulcrum recommends the continuation and expansion of this impactful initiative to reach more underserved communities, ensuring a healthier future for children across India.

A. Background of the Project:

CHD has turned out to be one of the most common problems found at birth in India with more than 2.4 lacs children being born every year with CHD. Compared to the number of children born annually with CHD, the medical facilities available in our country to address this issue are highly inadequate. Because of this reason, detection of CHD at an early stage gets severely delayed; availability & affordability of services is also one of the main issues. As a result, 25% of the children do not even survive to see even their first birthday. Because of these factors, CHD is considered to be the main reason for child mortality in India.

To bridge this gap of demand and supply, Sri Sathya Sai Health & Education Trust has started its own specialized Centres for Child Heart Care. These centres are designated paediatric cardiac hospitals which works towards addressing issues related to CHD. These centres are as listed below:

i. Centre for Child Heart Care at Raipur, **Chhattisgarh** (started in November 2012).
ii. Centre for Child Heart Care & Research at Palwal, **Haryana** (started in November 2016).
iii. Centre for Child Heart Care & Training in Paediatric Cardiac Skills at Kharghar, **Maharashtra** (started in November 2018).
iv. Child Heart Centre at Siddipet, **Telangana** (started in November 2022).

Children from across India and the globe are provided with high quality medical services and care which is totally free of cost. However, because of the increase in the number of children being born with CHD every year, even these four centres are not able to cater to the high demand of all the patients, which is free of cost. Thus, these hospitals are looking for financial partnership and support to help such patients and their family members.

In regard to this, CIFCL agreed to support the treatment of **100 children** belonging to the road transport industry. As CIFCL closely works with people from the road transport industry it has been understood by them, that CHD is very much prevalent in the families of this community as well. At the same time, they do not have that much income to avail the best treatment for this disease. Thus, CIFCL has partnered with Sri Sathya Sai Health & Education Trust to provide free treatment to these children which would include all the cost from diagnostics → surgery → post operation care and support.

The project has been termed as "Gift of Life" because at the end of the treatment the hospital aims to provide the child with a new life. The goal of the project is to give a second life to the child where they can live a normal life just like other children. Along with that the project aims to alleviate the financial, emotional and social conditions of the families.

i. Objectives of the Project:

a. To provide completely free of cost child heart care treatment at Sai Sanjeevani Hospitals to 100 children suffering from congenital heart disease who are related to families from Road Transport Industry.
b. Promote right to healthy childhood by giving second life to the child who can live a normal life.

c. To uplift these families from Road Transport Industry from health care related financial burden.

d. Bring awareness among the beneficiary families of the contribution of Cholamandalam towards giving free of cost treatment to their child.

ii. Project Overview:

Name of the Project – "Cholamandalam – Gift of Life"

Target Beneficiary – 100 children with CHD

Project Duration – FY 2023–2024

Thematic Area – Healthcare

B. "Gift of Life" Project & Sustainable Development Goal:

The "Gift of Life" project has been crucial in contributing towards achieving the targets under the SDG No. 3 "Ensure Healthy Lives & Promote Well-Being for All at All Ages"

SDG No. 3 focuses on ensuring good health and well-being for everyone without any discrimination. The "Gift of Life" project in the same way is a project to ensure that medical services for CHD are provided to everyone without any discrimination. Moreover, providing the treatment for free of cost enhances the availability, accessibility and affordability of medical care for every individual.

Direct & indirect contribution of "Gift of Life" project in achieving various targets under SDG No. 3 is listed below:

Target 3.2 – By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

Target 3.4 – By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

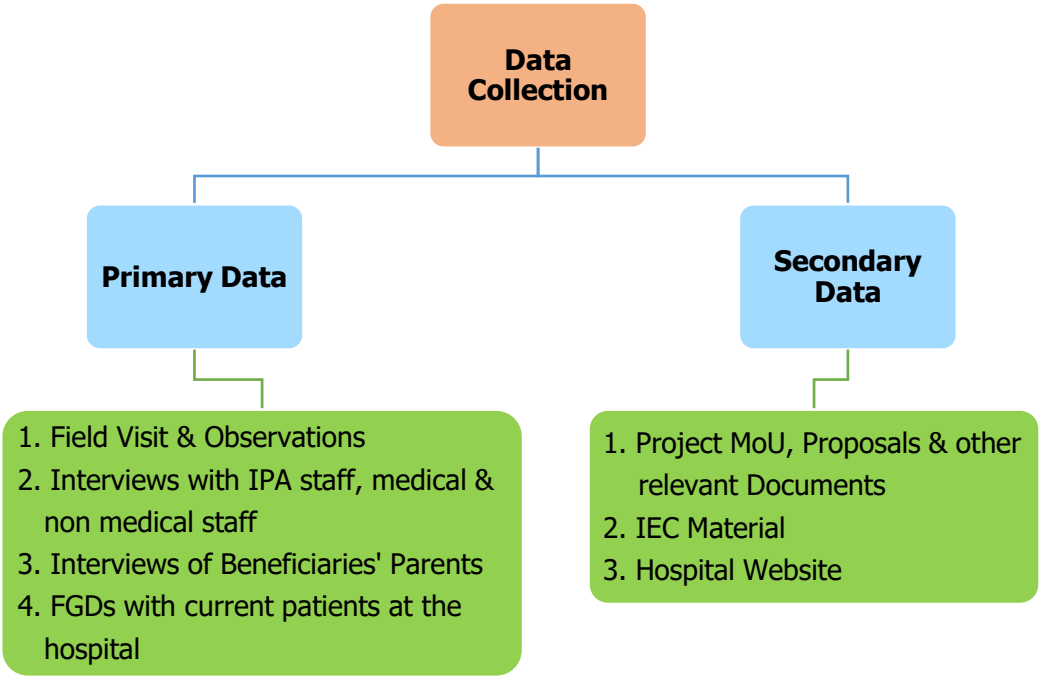
Target 3.8 – Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Other contribution towards achieving SDG:

C. Methodology of the Study:

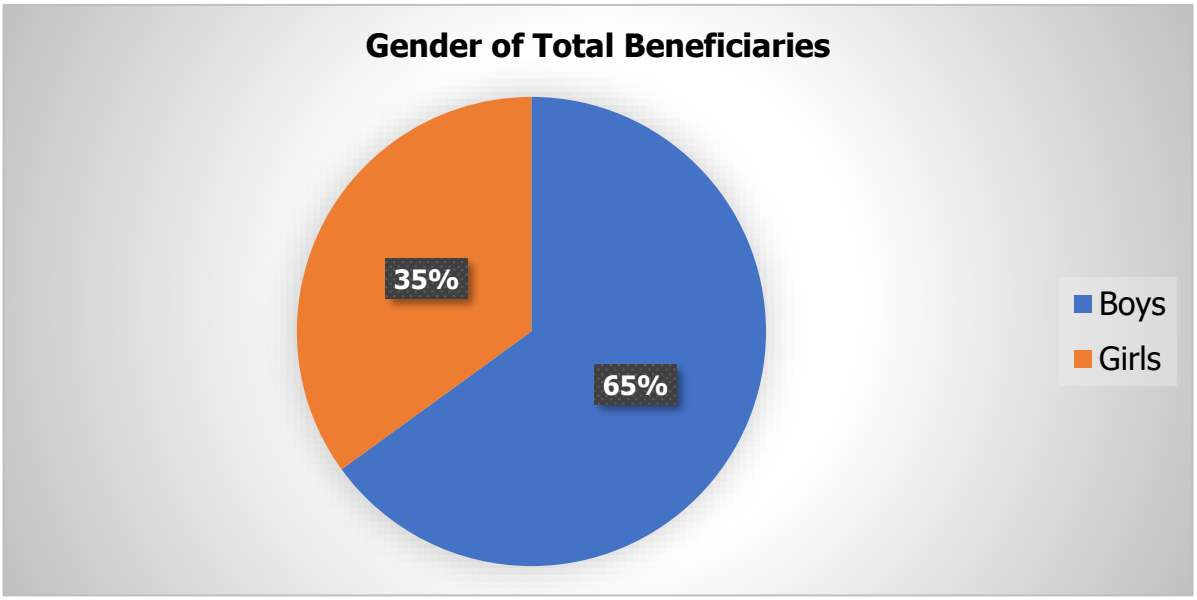
"Fulcrum–Capitalising CSR" was empanelled by CIFCL to conduct the Impact Assessment Study of the Cholamandalam–Gift of Life Project. For data collection, parents of 60 children out of 100 who received treatment under the project were interviewed. As the patients covered under the study were from the FY 2023–24 and they were not physically available at the hospitals, these interviews were telephonic in nature. It aimed to capture their perspectives on the project, its impact on their lives, and the benefits they experienced.

In addition to the telephonic interviews, Fulcrum team conducted field visits to Kharghar in Maharashtra and Raipur in Chhattisgarh. During these visits, the team engaged with medical and non-medical staff, trust officers, and other key stakeholders to gather further insights into the project's implementation and outcomes.



D. Data Analysis & Findings:

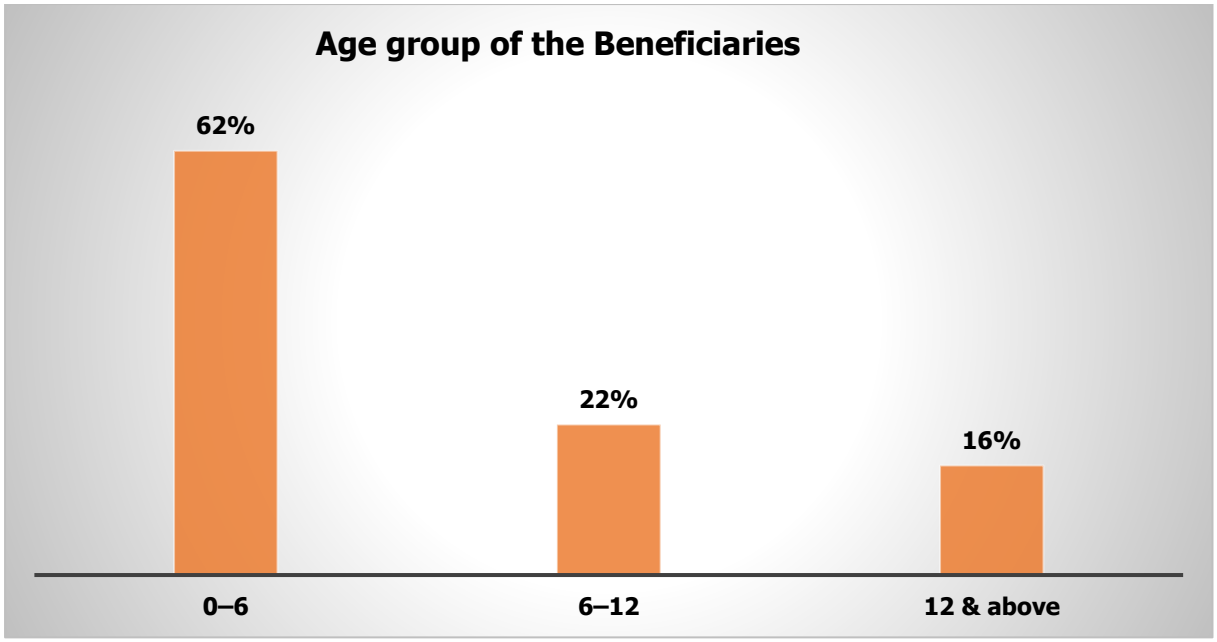
i. Gender of Total Beneficiaries:



A total of 60 children were covered under this study from a total of 100 children supported by CIFCL.

65% of the beneficiaries were **boys** & **35%** of them were **girls** who availed the treatment at Sri Sathya Sai Sanjeevani Hospital.

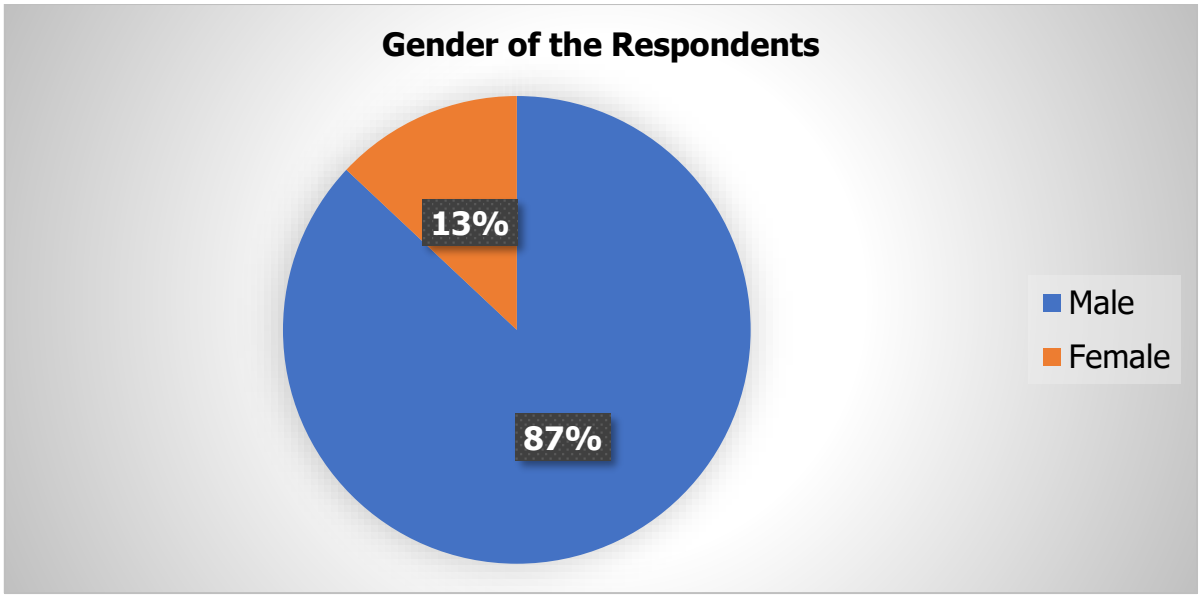
ii. Age group of the Beneficiaries:



Out of the total beneficiaries:

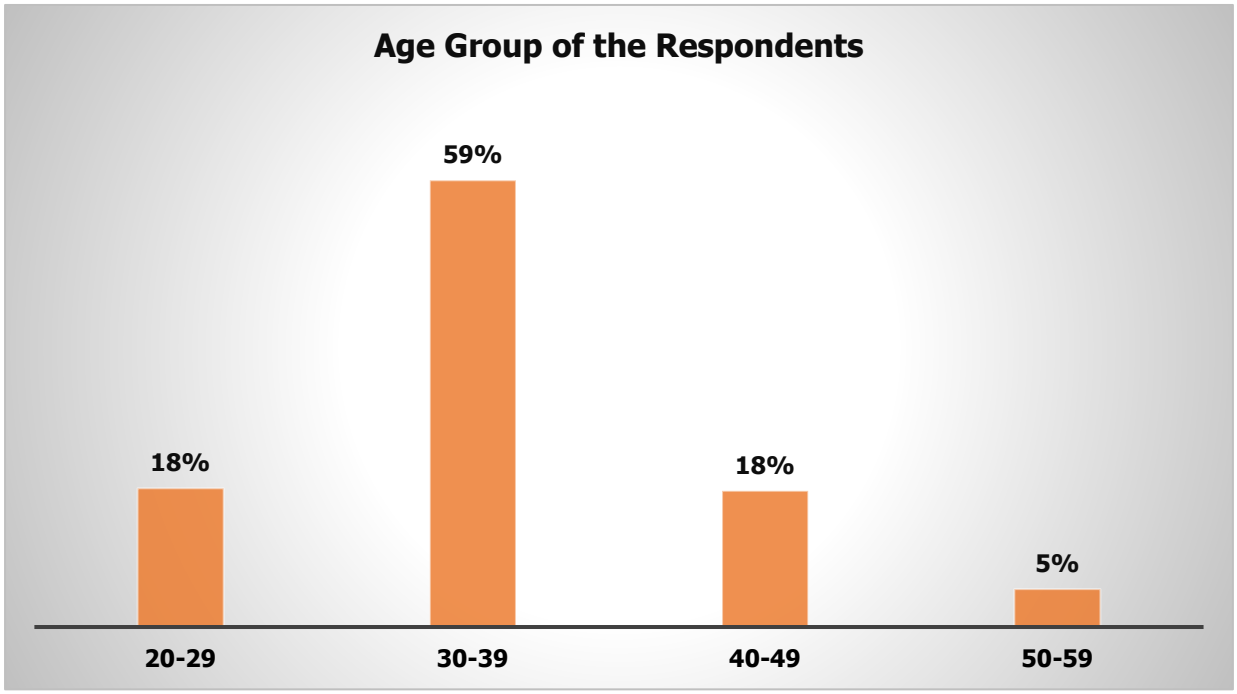
- **62%** of them were between the age group of **0–6 years**.
- **22%** of them belonged to the age group of **6–12 years**
- **16%** were aged **12 and above**.

iii. Gender of the Respondents:



Among the total respondents interviewed, **87%** of respondents were **male** and rest **13%** of the respondents were **female**. These respondents were the parents/guardians of the CHD patients.

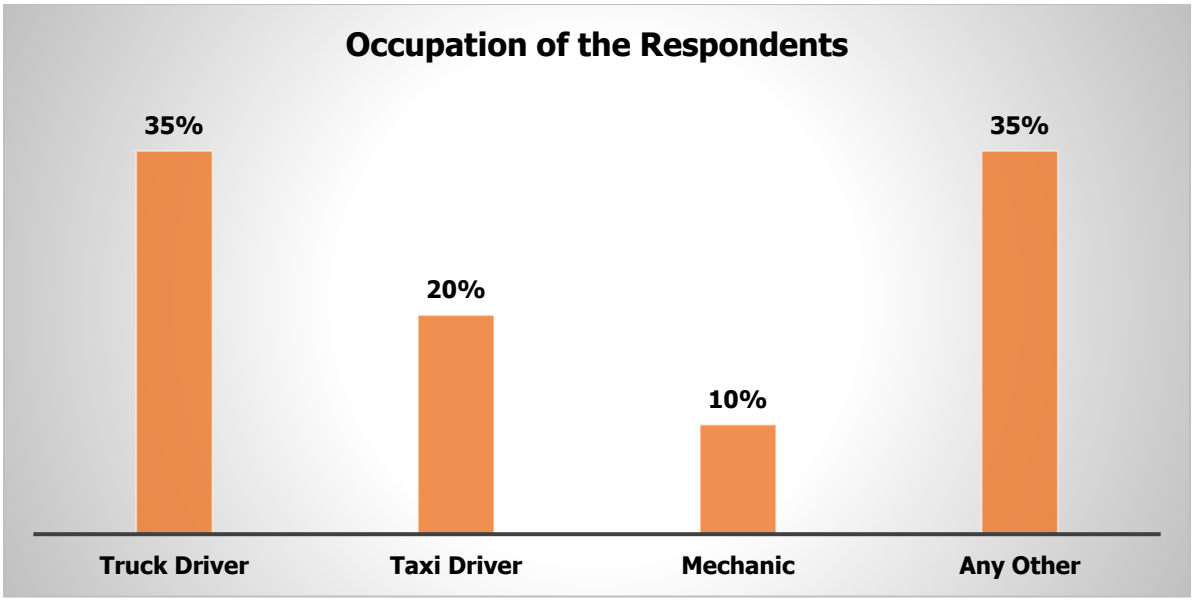
iv. Age Group of the Respondents:



A total of 60 parents were telephonically interviewed for data collection in this study:

- Majority of them, 59% were from the age group of 30–39 years.
- 18% respondents belonged to the age groups of 20–29 years and 40–49 year, respectively.
- Rest 5% of the beneficiaries were from the age group of 50–59 years.

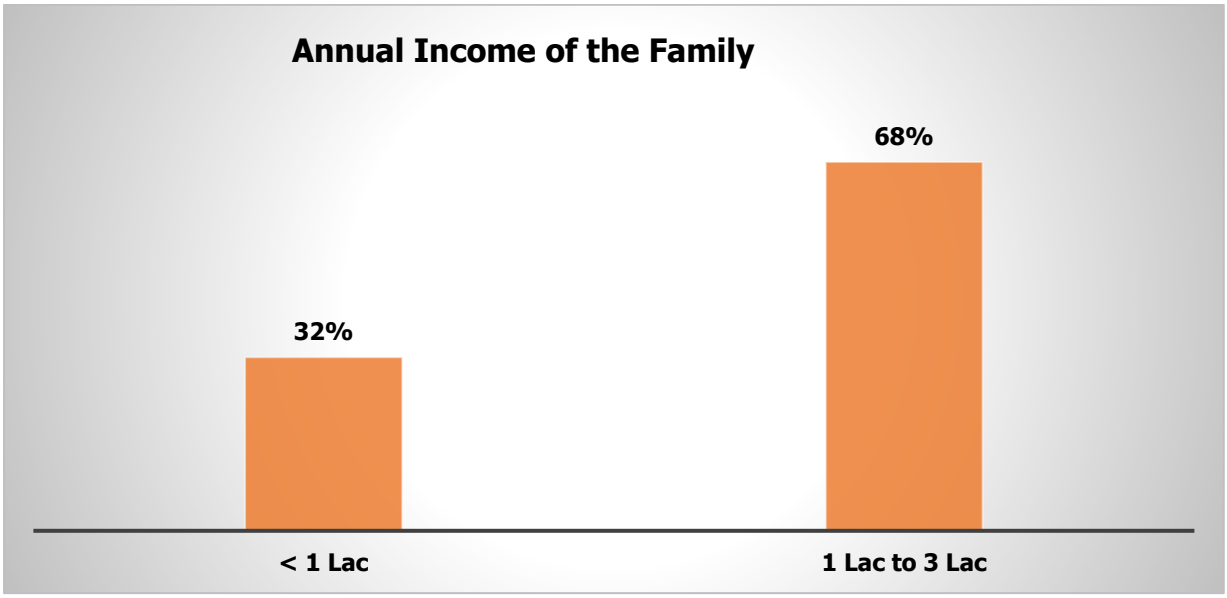
v. Occupation of the Respondents:



One of the key objectives of the *Cholamandalam–Gift of Life* project is to provide **emotional, financial, and social support** to families from the **road transport sector**. The occupational distribution of respondents is as follows:

- 35% of the respondents were truck drivers
- 20% of them were taxi drivers
- 10% of them were working as mechanics.
- The remaining 35% of the respondents comprised of auto drivers, school bus & van drivers, ambulance drivers and tempo drivers.

vi. Annual Income of the Family:

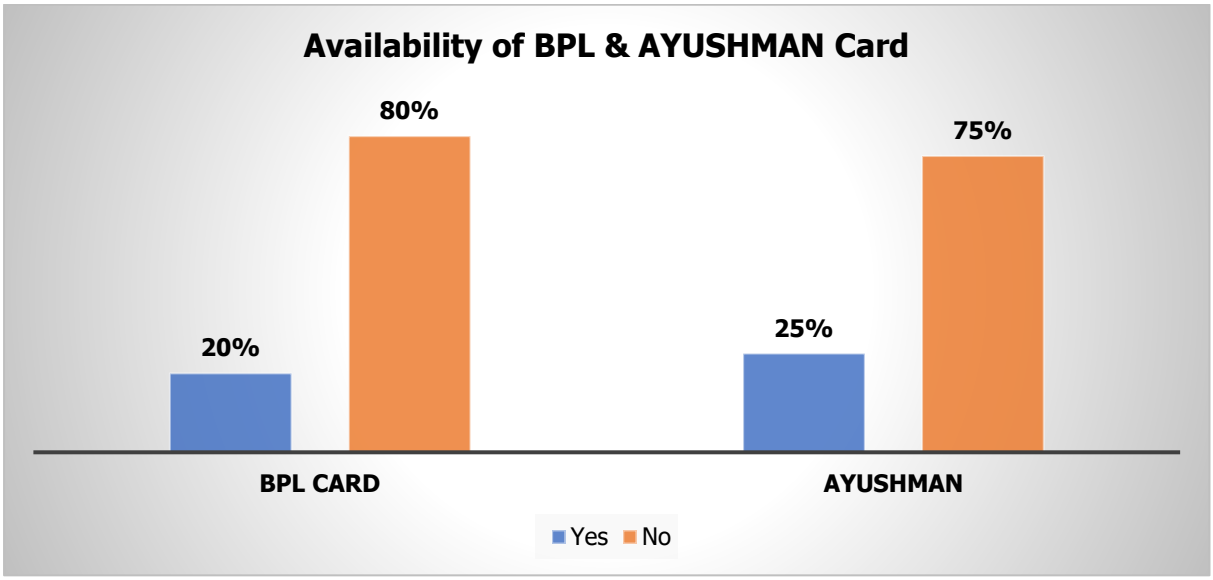


The study revealed that the majority of respondents from the road transport sector belonged to the **lower-income group**. Among the **60 respondents interviewed**:

- **68%** had an **annual family income** between **₹1,00,000 and ₹3,00,000**.
- **32%** had an **annual family income of less than ₹1,00,000**.

This data highlights the **financial vulnerability** of the beneficiary families and underscores the **critical role of CIFCL** in providing **free medical support** through the "*Cholamandalam–Gift of Life"* project.

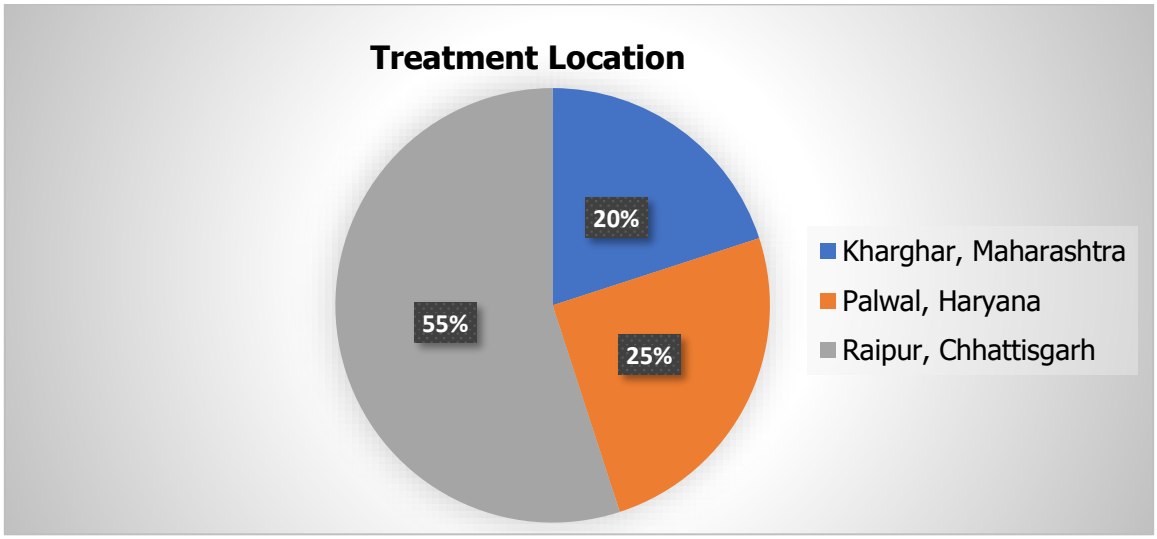
vii. Availability of BPL & AYUSHMAN Card with the respondent:



- **20%** of the respondents had a **BPL** card and **80%** of the respondents did not have a **BPL card**.
- Similarly, only **25%** of the respondents had **AYUSHMAN Card** and **75%** did not have it.

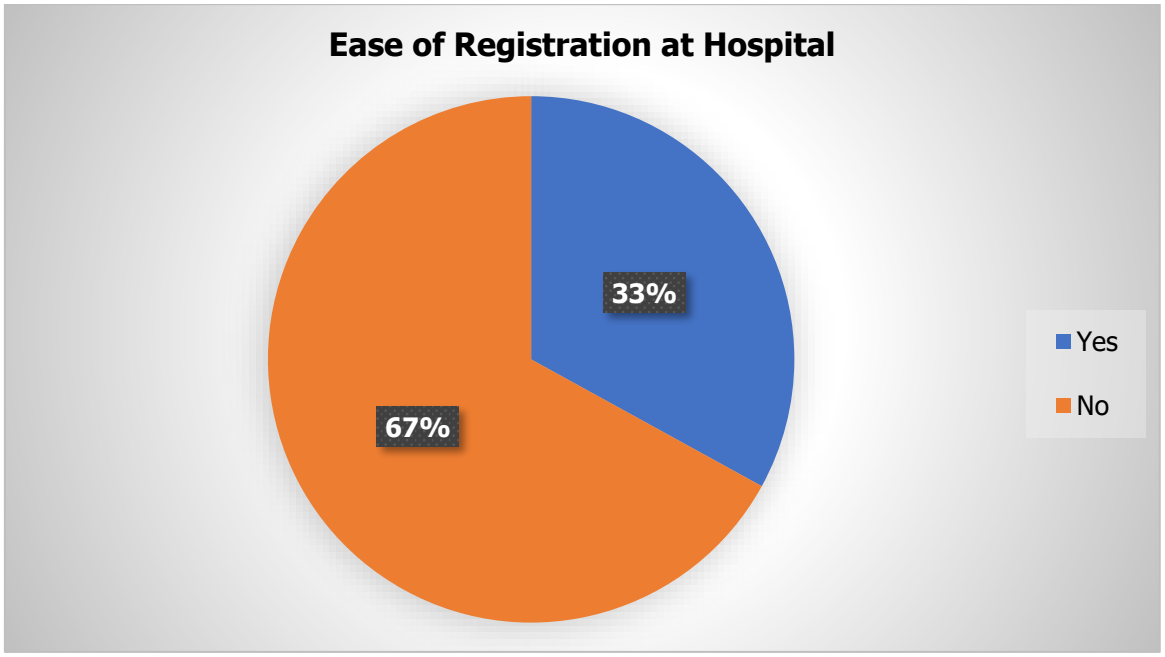
The awareness related to BPL and AYUSHMAN card is still low within these communities. Many of them also informed that they could not get these cards as they didn't have all required documents with them.

viii. Treatment Location:



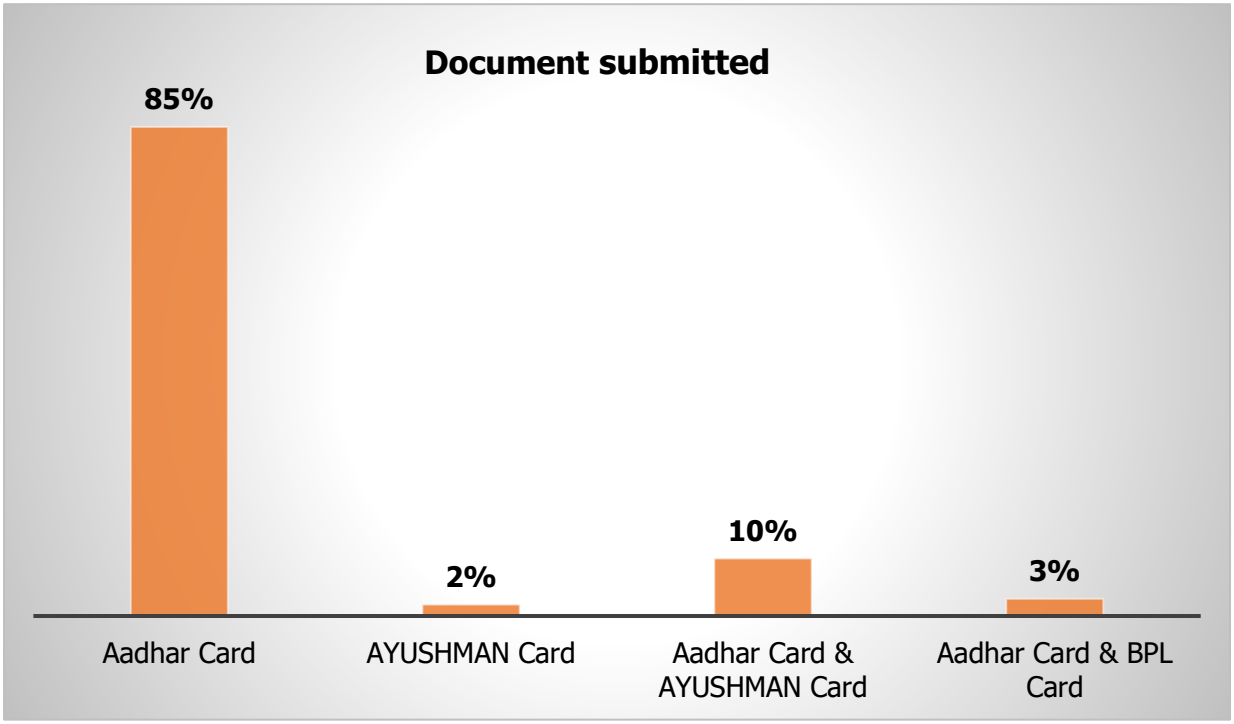
- Out of the total respondents:
    - **55%** received treatment at Raipur Hospital**, Chhattisgarh**
    - **25%** received treatment at Palwal Hospital, **Haryana**
    - **20%** received treatment at Kharghar Hospital, **Maharashtra**
- Raipur Hospital accounted for the highest number of cases as it was the first established centre, equipped with a larger campus, better infrastructure, and more medical staff.
    - This greater capacity at the hospital allows it to handle a higher volume of treatments compared to the other two centres.
- Multiple treatment locations have improved "Ease of Treatment" for patients; as otherwise they would have to travel to a single location from various parts of the country.

ix. Ease of Registration at the Hospital:



- **67%** of the respondents shared that they **did not need any assistance** for registration/documentation at the hospital under this program.
- However, **33%** of them said they **needed help** and the hospital staff had helped them for all the necessary documentation process.

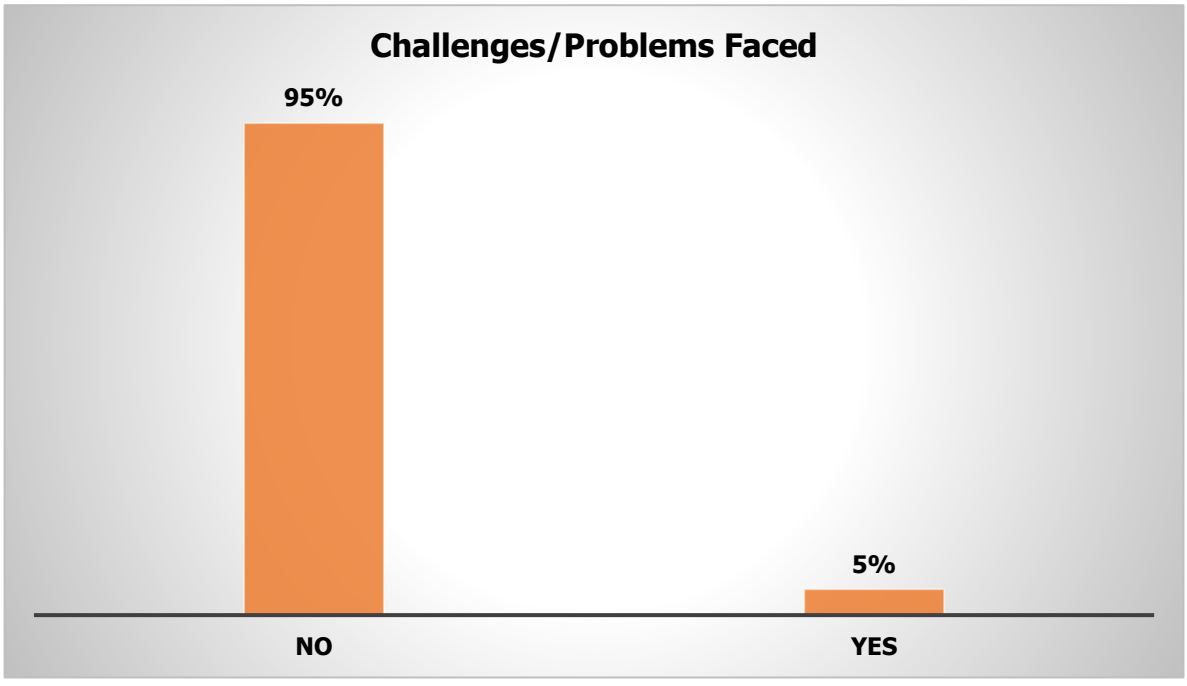
x. Admission at the hospital:



- **85%** of respondents submitted only a copy of their **Aadhar Card** at the OPD during registration. Hence highlighting, "Ease of Admission" at the hospital.
- **10%** submitted both **Aadhar Card** and **AYUSHMAN Card**.

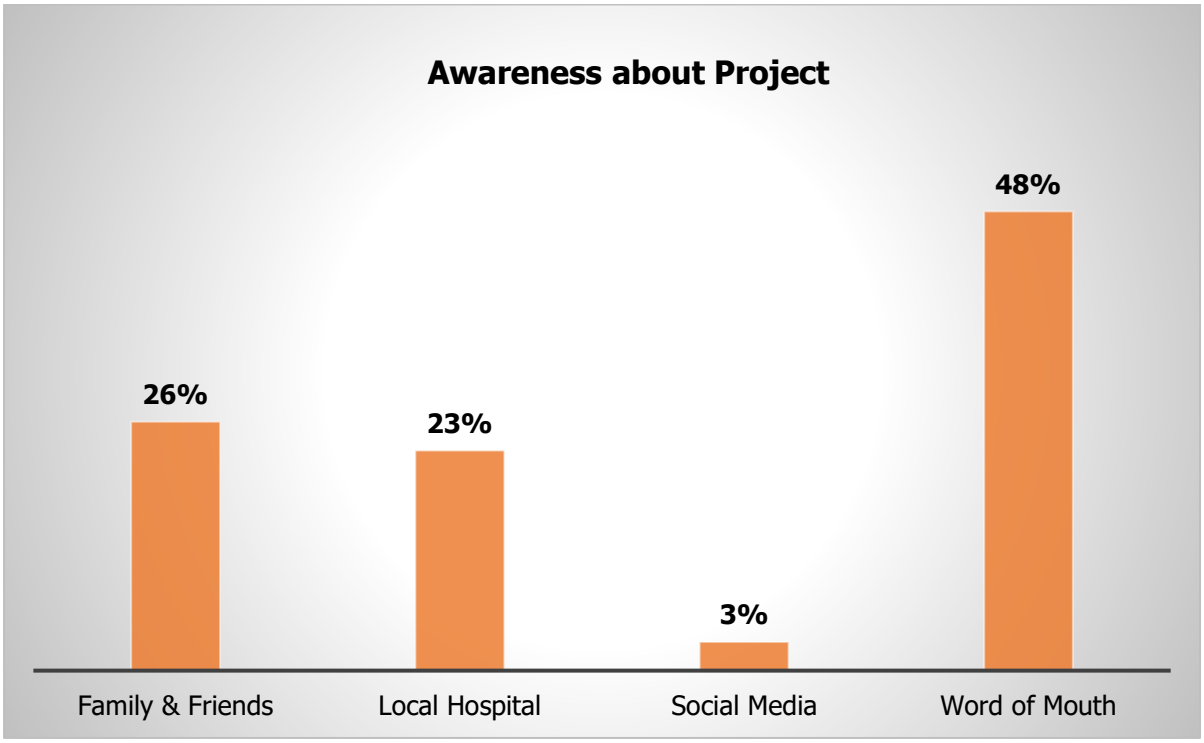
Nearly all respondents reported that the registration process was smooth and hassle-free, with no difficulties encountered.

xi. Challenges faced during availing the treatment:



- Majority of the respondents, i.e., **95%** reported **no challenges** in accessing services at the hospitals
- 5% of respondents faced challenges primarily related to the hospital's distance from their hometown, leading to:
    i. Additional financial burden due to travel expenses.
    ii. Loss of daily wages, impacting their household income.

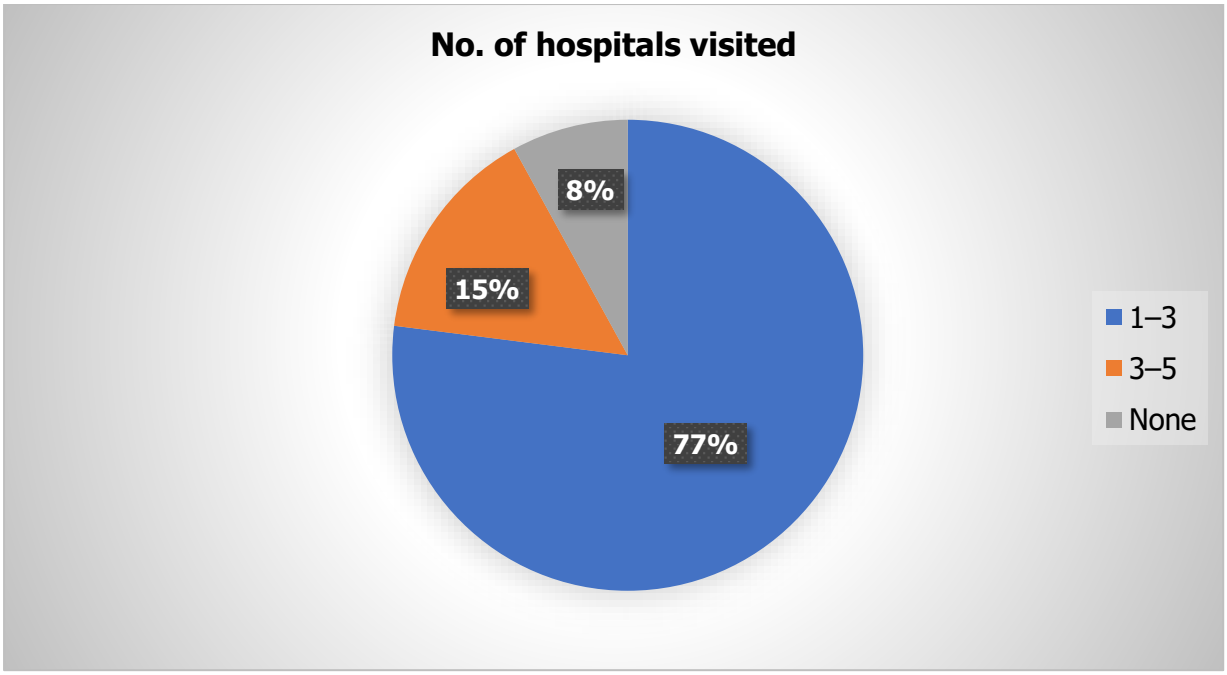
xii. Awareness about the Project:



The study highlights the **various channels** through which parents became aware of **Sri Sathya Sai Sanjeevani Hospital** and its services:

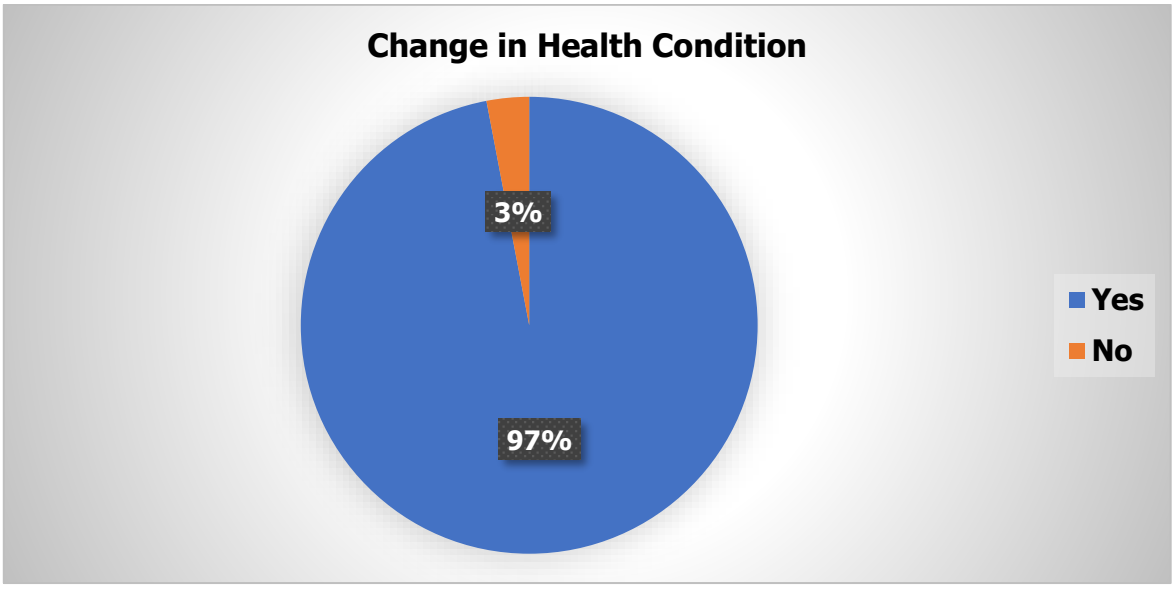
- **48%** of respondents learned about the hospital via their colleagues, or community members. Thus, highlighting that the hospital has a good repute among citizens and the treatment provided by the hospital is of a good quality which compels past patients to refer this hospital to others.
- **26%** were informed through **close family members and friends**, indicating the strong role of personal networks in spreading awareness.
- **23%** received information from their **local hospital**, showcasing the hospital's role in **referring patients for specialized CHD treatment**.
- **3%** of the respondents came to know about the hospital from **social media**.

xiii. No. of Hospitals visited before coming here:



- **77% of respondents** had visited **1–3 hospitals** before reaching Sri Sathya Sai Sanjeevani Hospital.
- **15% of respondents** had visited **more than 3 hospitals**, indicating prolonged efforts to seek proper diagnosis and treatment.
- Many parents reported that in most hospitals, **doctors failed to diagnose CHD** in their child, leading to **delays in treatment** and increased anxiety for families

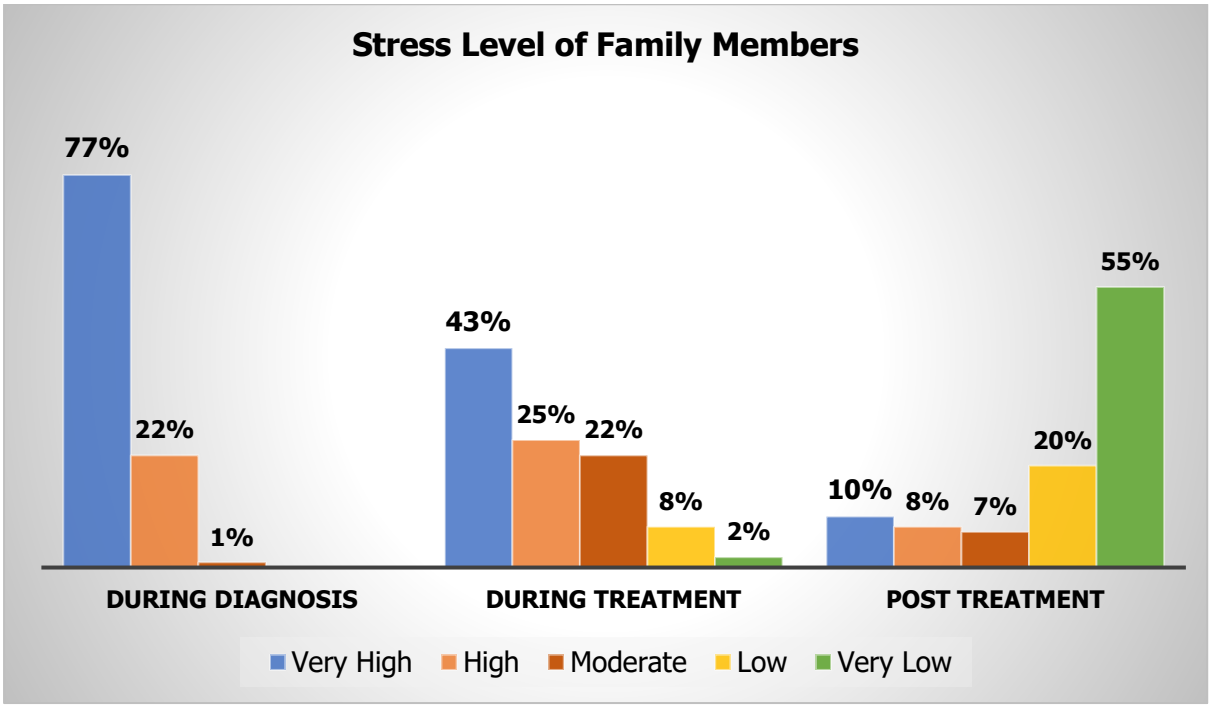
xiv. Changes in the health condition post treatment:



- **97%** of parents reported a **positive change** in their child's health after treatment.
- Parents observed their child feeling healthier and more energetic.

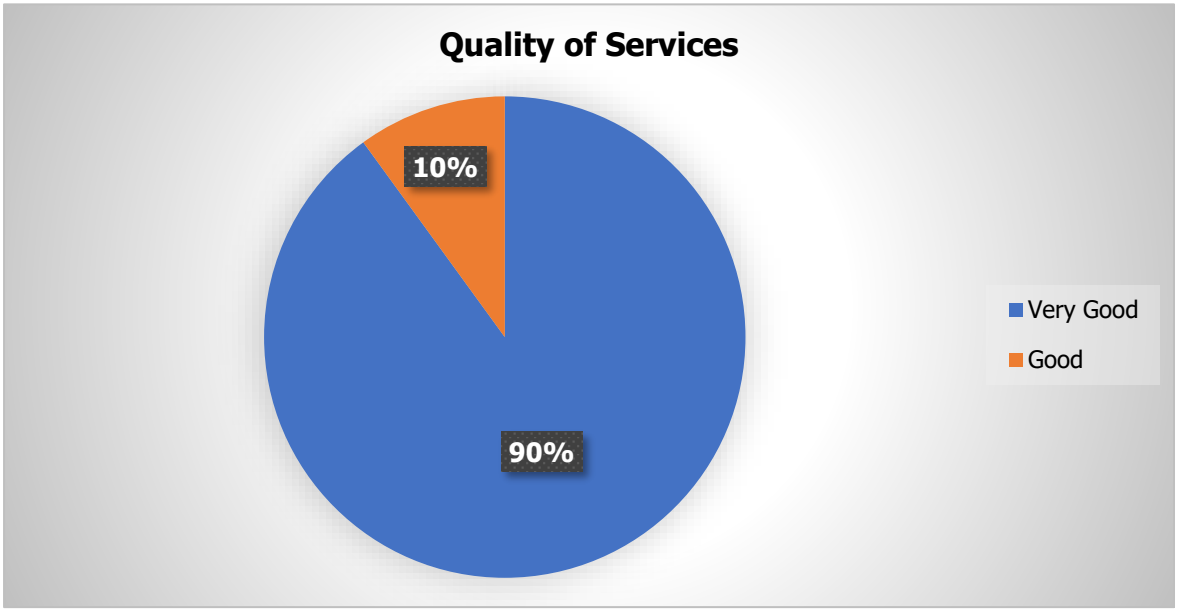
- Significant improvement in the child's diet was noted.
- Overall, every child who underwent surgery at this hospital showed health improvement.

xv. Stress level of Family members during the entire treatment process:



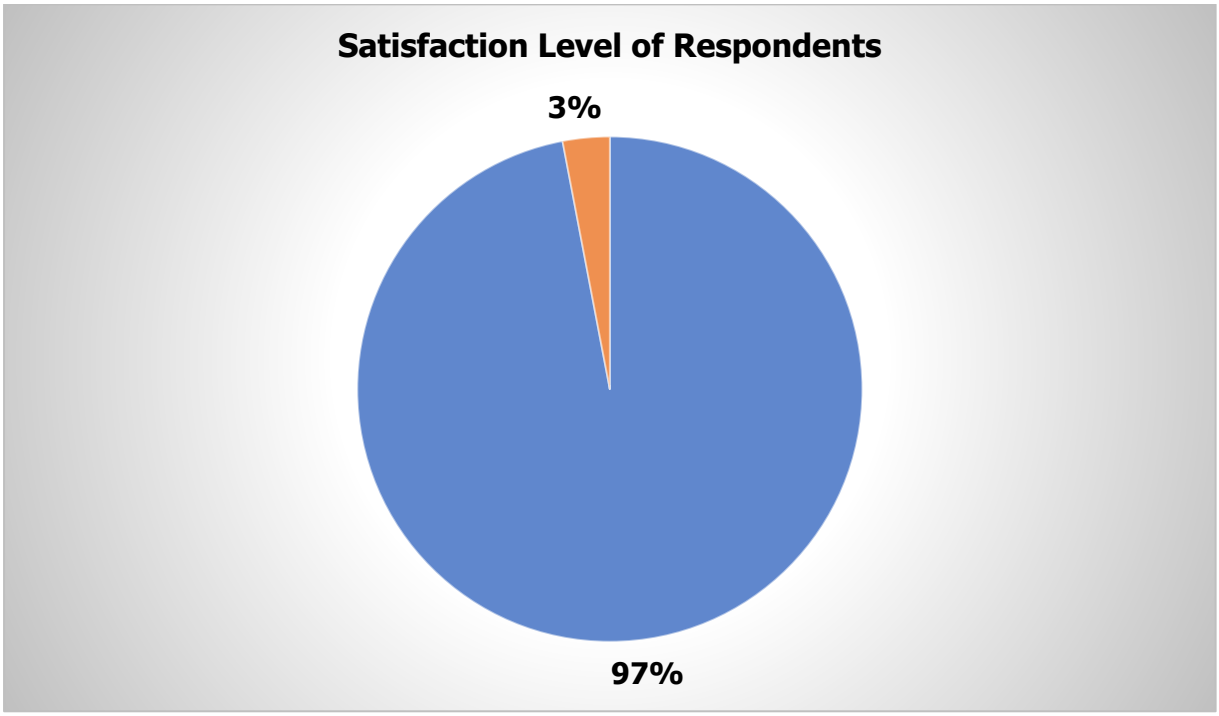
- The chart depicts the stress level of the parents during the entire treatment process from pre to post.
- **77%** of the patients shared that they had **very high stress level during the diagnosis period**.
- Similarly, even **during the treatment** period majority of them i.e. **43%** shared that they had **very high stress level** and some people having high and moderate level of stress.
- **Post treatment** only **10%** of the respondents witnessed **very high level of stress**, indicating that Chola's support has aided in emotional wellbeing of the family members.
- Before the treatment **99%** of the respondents were under **acute stress**, which **drastically reduced** to **18%** post treatment.
- 55% of the parents expressed that they had very low stress level.
- The level of stress **post treatment** is due to concerns about recovery of their child and not because **uncertainty of life**, which was the case earlier.

xvi. Respondents feedback regarding Quality of Services at the Hospital:



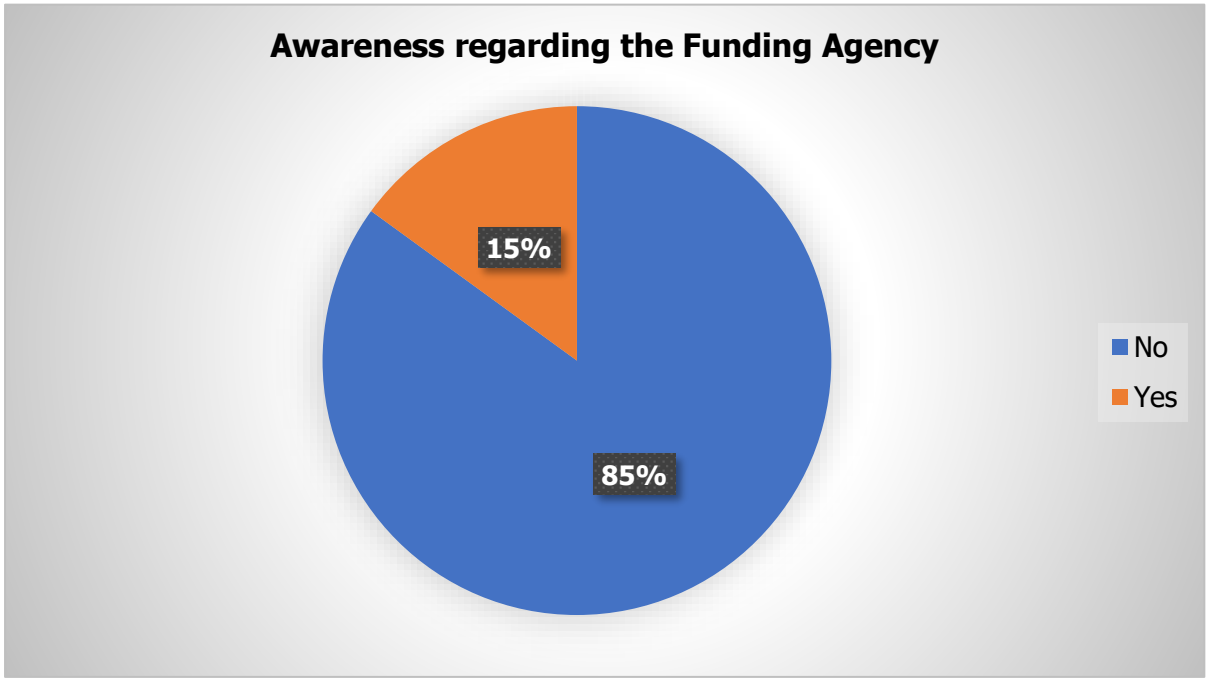
- When asked about the Quality of Services under the "Gift of Life" project, 90% of the respondents said that the quality of services provided by the hospital was very good.
- Services here include all the facilities provided by the hospital from pre-treatment to post treatment.
    - Pre-Treatment – Screening, Diagnosis, Counselling
    - During Treatment – Medical Facilities, Surgery, Counselling Support by Staff, Free Accommodation to patient's parents/guardian.
    - Post Treatment– Follow ups, Diet & Nutrition, Emotional Support, Financial Expenses

xvii. Satisfaction regarding the services provided by the Hospital:



- The project indeed had a positive impact in the lives of the patients and their family members. The results regarding the satisfaction level of the respondents validates the same.
- 97% of the respondents said that they were highly satisfied with all the services provided to them.
- There is a strong correlation between the perceived **Quality of Services** and the **Satisfaction Level** of respondents under the "Gift of Life" project.
    - A majority (90% of respondents) rated the hospital's quality of services as **very good**, highlighting the effectiveness of the facilities provided at each stage.
    - This aligns with the high **satisfaction rate where 97%** respondents expressed that they were highly satisfied with the services.
    - The positive **health outcomes** of the children and the **free-of-cost treatment** further reinforced this satisfaction, demonstrating that the quality of medical care directly influenced patient and family well-being through a holistic approach.
- When asked if they would **refer the services** of this project to others, everyone shared that they would definitely do it as the quality of medical services provided for free really makes a difference in the life of those belonging to the lower income group.

xviii. Awareness about the funding agency:



- 85% of respondents were unaware of who funded their child's treatment.
- 15% of respondents knew that an organization named **Chola** had supported them under this project but were not aware about the business or the sector of the company.
- However, none of the respondents knew the exact amount of financial assistance provided through the project.

E. OECD – DAC Evaluation Framework:

The "Cholamandalam–Gift of Life" project was evaluated based on various parameters using the OECD–DAC Framework. Below is the framework which was used in this study:

i. Relevance:

As per the medical journal Indian Paediatrics, 9 out of every 1,000 babies born in India are diagnosed with congenital heart disease (CHD) annually.

In this context, the "Gift of Life" project is **highly relevant** as:

- Provides healthcare access to patients from economically disadvantaged backgrounds.
- Designated CHD hospitals providing life-saving treatment.
- Comprehensive services – Diagnostics → Surgery → post-operative care
- No cost to the families, making it a vital intervention for underserved communities.
- India is one of those countries having high child mortality rate and thus this intervention makes it much more relevant.

ii. Coherence:

The "Cholamandalam–Gift of Life" project demonstrates strong coherence with both national and global health priorities.

National Health Priorities:

The project aligns with India's National Health Policy (2017), which emphasizes reducing child mortality, improving access to affordable healthcare, and addressing the burden of non-communicable diseases. By focusing on CHD, a leading cause of child mortality in India, the project addresses a critical gap in the healthcare system.

Global Health Priorities:

The project directly contributes to achieving SDG 3, particularly:

- **Target 3.2:** Reducing preventable deaths of newborns and children under 5 years of age by providing life-saving heart surgeries for children with congenital heart disease (CHD).
- **Target 3.4:** Reducing premature mortality from non-communicable diseases (NCDs) through early diagnosis and treatment of CHD.
- **Target 3.8:** Advancing universal health coverage (UHC) by ensuring free, high-quality medical care for underserved populations, thereby addressing financial barriers to healthcare access.

iii. Effectiveness (Is the intervention achieving its objectives?)

The **"Gift of Life"** project has demonstrated **significant effectiveness** in addressing the challenges of CHD among children from underserved communities. As per the Impact Assessment Study, the project has achieved measurable outcomes in improving health, reducing financial burdens, and enhancing the quality of life for beneficiaries. Below are the key points highlighting the project's effectiveness:

- **97% of parents reported a positive change in their child's health post-treatment**, with children showing increased energy levels, better appetite, and overall improved well-being.
- The project has effectively addressed the issue of delayed diagnosis and treatment by providing timely medical interventions.
- By covering all costs—from diagnostics to surgery and post-operative care—the project has protected families from the high expenses associated with CHD treatment.

iv. Efficiency (How well are the resources being used?)

The **"Gift of Life"** project demonstrates high efficiency by optimizing resource allocation, leveraging partnerships, and delivering impactful results at a low cost per beneficiary. Below is a detailed analysis of the project's efficiency:

- By partnering with Sri Sathya Sai Sanjeevani Hospitals, which specialize in paediatric cardiac care, the project leverages existing infrastructure and expertise, reducing overhead costs and ensuring efficient use of funds.
- The project's ability to deliver life-saving treatment to 100 children within a single financial year (FY 2023-24) demonstrates its cost-effectiveness.
- By covering all medical expenses, the project prevents families from incurring catastrophic health expenditures.

v. Sustainability:

- The "Gift of Life" program of Sri Sathya Sai Sanjeevani Trust has been operational for the past decade, which has offered paediatric cardiac consultations to around 3 Lac patients and performed surgeries and interventions on approx. 34k children. The

extensive reach and remarkable success of the "Gift of Life" project over these years underscore its sustainability and impact.

- Numerous Corporates, Government Agencies, and Philanthropists have continued their financial support for this project, strengthening and ensuring sustainability.
- High effectiveness, high referral quotient, hospitals at multiple locations, superior quality treatment, and other such factors will ensure that the hospital will keep on receiving continuous support or funding from various agencies.
- Due to quarterly and yearly follow ups, the treatment of the patients will continue (even if Chola discontinues the support), hence ensuring sustainable treatment for the patients.

vi. Impact:

The "Gift of Life" project has generated a profoundly positive impact at the individual, family, and community levels, transforming lives and fostering well-being across these spheres.

- The project has significantly improved the health and social well-being of children who received treatment.
- Parents reported noticeable positive changes in their child's health post-treatment, including improved eating habits, increased physical activity, and the ability to attend school regularly.
- The project has had a transformative impact by improving the life expectancy and health of countless children.
- This has contributed to better overall community health outcomes.
- Furthermore, the program has addressed critical issues related to the accessibility, availability, and affordability of healthcare, particularly for rural populations and lower socio-economic groups.
- By bridging these gaps, the project has set an example for equitable healthcare delivery and has strengthened community resilience.
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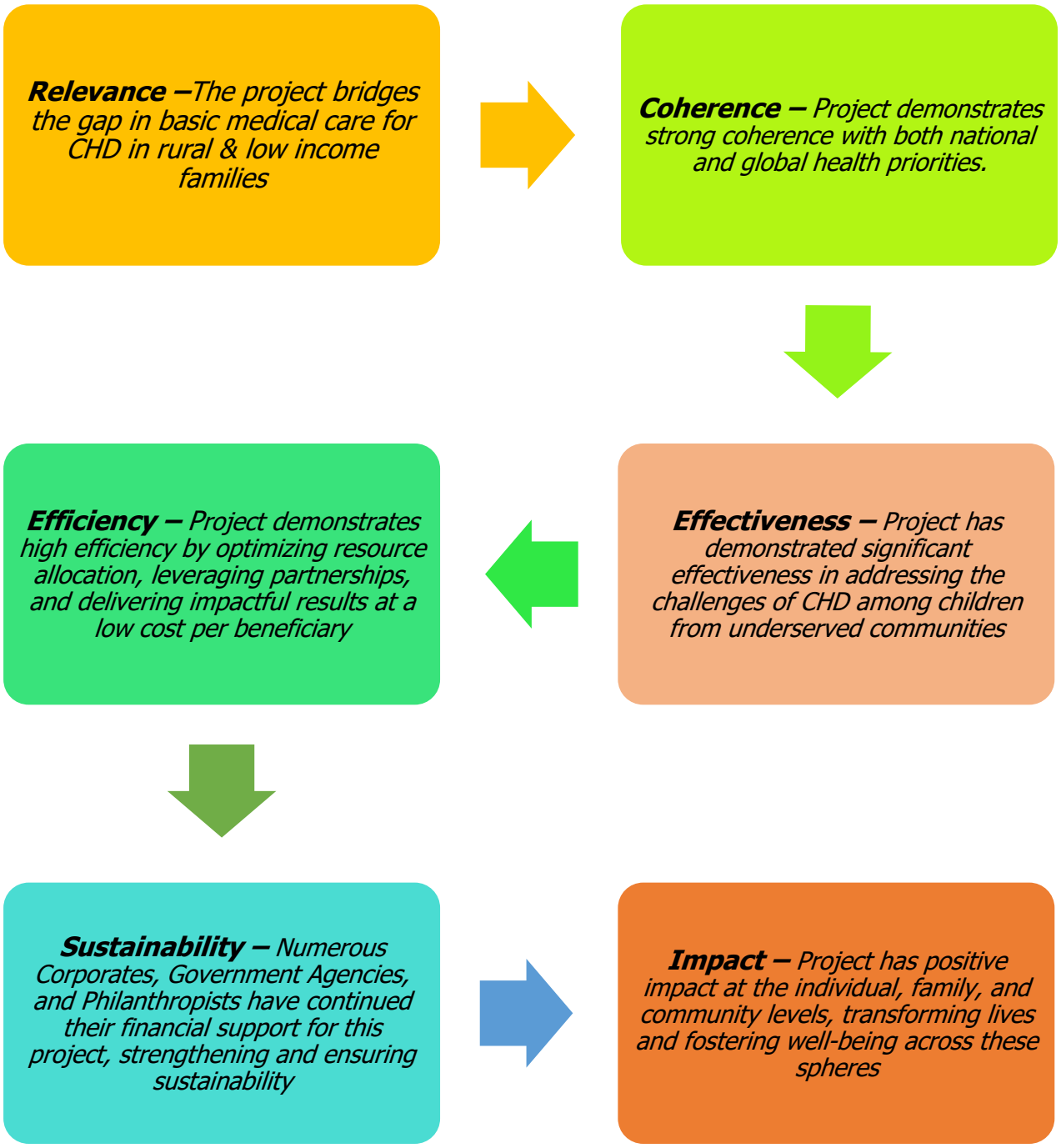
- By bridging these gaps, the project has set an example for equitable healthcare delivery and has strengthened community resilience.

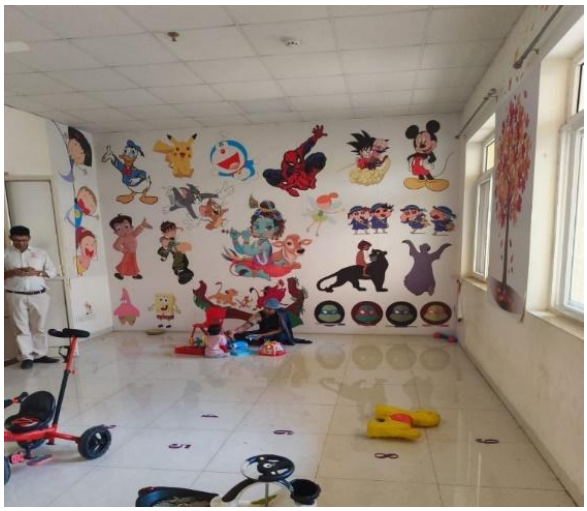
F. OECD Framework at a Glance:



G. Major Observations & Findings:

- A significant portion of the population in rural areas lack awareness about CHD and its complications.
    - Even the local doctors in the villages were unable to diagnose CHD
    - This usually results in a delayed treatment
- Additionally, CHD is more prevalent among families from lower-income groups due to factors such as poor nutritional habits, lack of proper family planning, and the use of alcohol and tobacco during pregnancy.
- The number of hospitals equipped to treat CHD is significantly insufficient compared to the annual incidence of CHD cases across India.
    - In rural areas, the situation is particularly dreadful, as there are no government hospitals with qualified doctors or the specialized facilities required for CHD treatment.
- Majority of patients sought treatment at Sri Sathya Sai Sanjeevani Hospital because the cost of CHD treatment in private hospitals is minimum Rs. 2 Lac.
    - Families coming from lower income group are unable to afford such expensive treatments.
- The treatment is divided into three phases at these hospitals:
    - Pre-Operation – Screening, Diagnosis, Counselling
    - Operation – Open heart surgeries & CATH intervention
    - Post Operation – Regular follow ups, diet & nutritional support, support to the family members.
- This model of free, high-quality care has also attracted patients and families from international countries, further highlighting the hospital's global appeal and impact.
- Respondents were unaware about Chola or support extended by it.
- Similarly, during visits to the centres in Kharghar (Maharashtra) and Raipur (Chhattisgarh), it was noted that there was no branding or visibility of CIFCL (the funding agency) at these facilities.
- In contrast, other corporates supporting the same project had their branding prominently displayed at the hospitals. This lack of visibility for CIFCL highlights a missed opportunity for recognition and acknowledgment of their contribution to the initiative.

Branding of other corporates at Raipur Centre



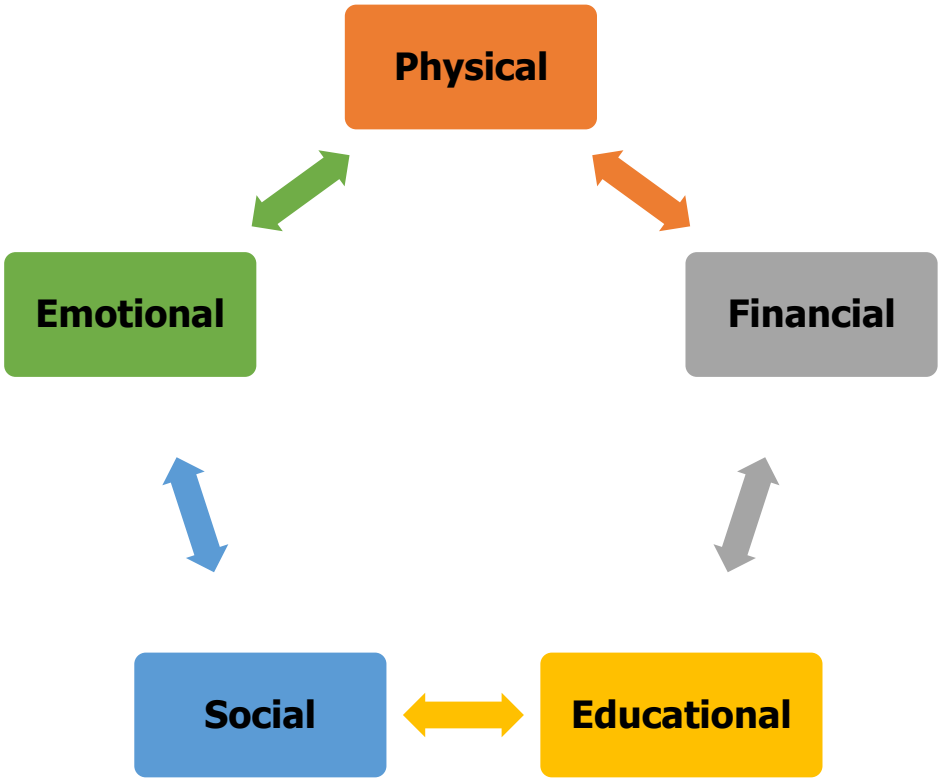
Play & Rehab Area for Children at Kharghar Centre

Registration Counter at Raipur Centre

H. USP of the Project:

- The project provides free of cost treatment, irrespective of age, gender, caste, religion, etc. and ensures it is inclusive in nature
- From pre-treatment diagnostics to post-treatment care, all services offered by the hospital are provided at no cost.
- Provides free accommodation and food for patient's family members, thus significantly reducing peripheral expenses.
- Child Heart Centre (under Sri Sathya Sai Sanjeevani Hospitals) are designated hospitals which deal only in the cases related to CHD.
- A dedicated team of expert doctors, para medical staff, counsellors.
- Counselling at all the stages of the treatment (Pre to Post).
- There is also a designated play and rehab area for the children at all these centres.
- Hassle free registration process of the patients.
- A designated team to coordinate and look after the CSR fundings.
- Ecosystem supports immediate admission of patients.
- Strong follow up process which is done by a designated team. The child is under 1 month, 3-month, 6 month and yearly follow-ups.
    - This was reiterated by the parents during Fulcrum's interaction that "the staff from the hospital regularly calls them for follow ups and inquiries about the child's health".

I. Overall Impact of the Project:



The "Gift of Life" Project of Sri Sathya Sai Sanjeevani Hospital supported by CIFCL has indeed created a positive impact in our society. The major impact of the project is as mentioned below:

1. **Physical Impact** – The major impact the project has created in the society is the improvement in the physical well-being of every other child who was diagnosed and treated with CHD.
    - The parents shared that their children now live a healthy and normal life just like every other child.
    - The treatment has improved the life expectancy of all these children.
    - The medical treatment provided by these centres have given a new life to the children, the reason why the project is named as "Gift of Life".
2. **Financial Impact** – The other positive impact the project has created is that it has eliminated the financial burden that a patient's family would have to face.
    - The treatment is given for free to every other patient.
    - Food & accommodation is also provided for free to the family members who accompany the patient during the entire treatment period.
    - Many parents shared that they would not be able to afford this surgery in absence of this hospital's eco system.
    - The "Gift of Life" project alleviated the financial burdens by offering life-saving treatment. This support has not only saved the lives of their children but also

restored hope and stability to families, enabling them to focus on their child's recovery and future.

- Because of the intervention of the project the earning member of the family can also now focus on their livelihood ensuring continuous household income.
- Absence of this financial support, would have compelled the families to take financial support from local loan sharks exposing them to the vicious circle of debts.

3. **Educational Support** – During the interview with the parents and at the time of the field visit it was found that many children were not able to attend schools regularly because of their health condition.
    - Children with CHD have breathing issues, weakness in body, constant fever, poor diet and other issues. Because of these reasons the children are not able to continue their education properly.
    - Post treatment the children feel healthy and are able to attend school just like rest of the children.
    - Additionally, children exhibited enhanced social interaction and socialization skills.
4. **Emotional & Psychological Wellbeing** – The parents expressed that they had high level of stress during the entire treatment period (pre & post).
    - Stress about the wellbeing of their child and if the child could once again live a normal life.
    - Many of the parents even reported that they were very stressed regarding the financial liability that they would have to face because of such an expensive treatment.
    - However, the constant emotional support, financial support and life-giving treatment provided by the hospital has ensured the emotional & psychological wellbeing of the family members and the children.
    - This project is helping to avoid the trauma witnessed due to loss of a life.
5. **Social Impact** – All these together has created a positive social impact in the community as a whole. The project has a positive impact on:
    - Physical health and survival rates of the children, reduced mortality
    - Eliminated the financial burden of the families,
    - Emotional and Psychological well-being of the patients and their family members.

    Moreover, the support of organizations like CIFCL through such CSR interventions will ensure improved quality of medical services in our country at the same time making it available, accessible and affordable especially for the weaker section of the society.

J. Recommendations:

1. **Future Support** – Taking into account the relevance, effectiveness, impact and other several parameters, it is highly recommended that CIFCL should continue supporting this project.
    - The new hospital in Telangana by Sri Sathya Sai Sanjeevani should also be incorporated under this project.
    - Chola can support CHD research labs of Sri Sathya Sai Sanjeevani hospitals
2. **Branding** – During the field visit it was found that there was no branding of the CSR work of CIFCL at any of the centres. Appended are some suggestions:
    - Branding boards of CIFCL should be displayed at these centres.
    - The certificates provided to the beneficiary should have Chola's logo.
    - During the counselling session, one minute briefing about Chola's support should be mentioned
    - The employees of local branch offices of Chola at Raipur, Palwal, & Kharghar should be involved in this project for Employee volunteering. This will motivate the employees and their expertise will be helping hand for the hospital.
3. **Extensive outreach & Awareness Program** – The awareness related to CHD is very low in rural areas. Along with that, people are also not aware about the free and quality medical services provided by Sri Sathya Sai Sanjeevani Hospitals. In this regard, CIFCL can partner with these hospitals in their community outreach and awareness programs where they collaborate with the local Anganwadi & ASHA workers. This can be done to:
    - Spread knowledge about CHD in rural areas
    - Create awareness regarding the free medical services provided by these hospitals
    - Support and strengthen local medical care system
4. As there is low penetration of AYUSHMAN Card, CIFCL should initiate a separate project for getting these communities registered in AYUSHMAN Card and other social security programs of the government.

K. Conclusion:

The "Cholamandalam–Gift of Life" project has made a significant impact by providing free, high-quality medical treatment for congenital heart disease (CHD). The collaboration between Sri Sathya Sai Trust and CIFCL has played a crucial role in transforming the lives of 100 families from the road transport industry, offering them hope and a healthier future. This initiative stands as a testament to the power of partnerships in driving meaningful social change and improving healthcare accessibility for those in need.

Fulcrum highly recommends this project to be continued in coming years and increase the coverage in terms of numbers of beneficiaries.

=====*****=====

Impact Assessment Report
of
Indigenous State-of-the-Art Ultrasound Scanner for Maternal and Fetal Healthcare Project

Implemented by:

Submitted to:

Chola
Enter a better life

Submitted by:

Fulcrum®
CAPITALISING CSR.

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Acknowledgement

We would like to express our heartfelt gratitude to the key officials of Cholamandalam Investment and Finance Company Ltd. (CIFCL) for entrusting us with the responsibility to conduct the Impact Assessment Study of the “Indigenous State-of-the-Art Ultrasound Scanner Project”. Their unwavering support, guidance, and collaboration have been instrumental in the successful execution of this study. The trust placed in us by CIFCL has been a driving force behind our efforts to deliver a comprehensive and insightful assessment.

We are deeply thankful to Dr Arun Kumar Thittai (Prof. IIT-Madras), for his invaluable time, cooperation, and expertise throughout the study. His dedication to the project and willingness to share detailed insights significantly enriched our understanding of the technological advancements and their potential impact on maternal and fetal healthcare.

We also extend our appreciation to the entire team at IIT Madras for their support and contributions during the study.

This study would not have been possible without the collective support and cooperation of all the partner involved. We are truly grateful for the opportunity to contribute to this groundbreaking initiative.

Executive Summary:

Project Background:

The Indigenous State-of-the-Art Ultrasound Scanner for Maternal and Fetal Healthcare project, a CSR initiative by Cholamandalam Investment and Finance Company Ltd. (CIFCL) in collaboration with the Indian Institute of Technology Madras (IIT-M), aims to address critical healthcare challenges in rural India. The project focuses on developing an affordable, portable, and user-friendly ultrasound scanner tailored for rural healthcare settings. This initiative is pivotal in improving maternal and fetal health outcomes, reducing dependency on imported medical devices, and fostering self-reliance in medical technology. The project, led by Prof. Arun Kumar Thittai at IIT-M, leverages cutting-edge Divergent Beam Technology, which significantly enhances imaging efficiency compared to conventional Focused Beam ultrasound scanners.

Key Findings:

- The project has successfully developed Divergent Beam Technology, a groundbreaking advancement in ultrasound imaging.
- The scanner is designed to be portable and affordable, making it accessible in rural and underserved areas. It includes a gender masking feature to prevent misuse for fetal sex determination.
- By reducing dependency on imported ultrasound machines, the project aligns with India's "Make in India" and "Atmanirbhar Bharat" initiatives.
- The project has achieved significant milestones, including the development of functional and industrial prototypes, improvement in frame rates (from 1 frame per 5 seconds to 10 frames per second), and transition to Linux Direct Memory Access Driver (DMAD) for faster data processing.

Suggestions and Recommendations:

- CIFCL should sustain financial support under CSR funding to leverage the project's transformative impact on rural healthcare.
- Implement monthly progress updates and quarterly colloquia to ensure transparency and alignment between IIT-M and CIFCL.
- Focus on strategic partnerships for mass production and marketing, while exploring revenue generation for financial sustainability.
- Continue fostering expertise in biomedical engineering among students and researchers to advance long-term skill development in the field.

SWOT Analysis:

- **Strengths**: Indigenous invention, pioneering solution, scalability, and portability.
- **Weaknesses**: Procurement delays due to government tendering rules, dependency on government approvals, and limited vendor flexibility.
- **Opportunities**: Market potential in rural healthcare, diversification into other medical fields, and global competitiveness.
- **Threats**: Risk of losing first-mover advantage, competition from established players, and regulatory hurdles.

Conclusion:

The project is a transformative initiative with the potential to significantly improve maternal and fetal healthcare in rural India. By fostering indigenous innovation, reducing dependency on imports, and enhancing healthcare access, the project aligns with national priorities and has the potential to position India as a global leader in medical technology.

A. Project Background:

Maternal and fetal healthcare in rural India faces significant challenges, including high mortality rates and limited access to diagnostic tools. The Indigenous State-of-the-Art Ultrasound Scanner project a CSR Initiative by CIFCL in collaboration with IIT-M, aims to address these issues by developing a fully functional prototype which is affordable, portable, and user-friendly ultrasound technology tailored for rural healthcare settings. This initiative is critical for improving health outcomes, reducing dependency on imported devices, and fostering self-reliance in medical technology.

India has long been reliant on imported medical imaging technology, particularly in the domain of ultrasound scanning. This project, undertaken at IIT-M, represents a pioneering initiative to develop an Indigenous State-of-the-Art Ultrasound Scanner with advanced features, including AI integration, real-time imaging, and gender masking technology. This report evaluates the project's impact, progress, challenges, and potential future plans.

Among all IITs, IIT-M is the only institution dedicated to fundamental research in medical ultrasound. Prof. Arun Kumar Thittai, the Chief Investigator, holds a Ph.D. in the same domain from the USA, ensuring expertise in the field.

During Field visit to IIT Madras - Dr Arun Kumar Thittai (Prof. IITM), Dr Vishal Pandya (Sr. Scientific Advisor - Fulcrum), Mr Parthesh Vyas (Co-CEO at Fulcrum), Mr Arun Mathai Marette, (Co-CEO at Fulcrum)

i. Objectives:

- Develop a fully functional prototype of an indigenous ultrasound scanner optimized for maternal and fetal healthcare.
- Bridge the accessibility gap by providing high - quality ultrasound imaging to rural and underserved areas.
- Reduce reliance on expensive imports by fostering local innovation and manufacturing.
- Enhance India's research and development capabilities in the medical devices sector, aligning with the 'Make in India' initiative.
- Improve maternal and fetal health outcomes by enabling early detection of complications through advanced imaging.

Project Location: Indian Institute of Technology - Madras (IIT-M)

Project Amount: ₹2.25 Crore

Project Duration: FY 2023 - 2024

B. Need for developing Indigenous State-of-the-Art Ultrasound Scanner:

i. Healthcare Impact:

The development of an indigenous ultrasound scanner has the potential to significantly enhance maternal and fetal healthcare services in India.

By providing an affordable, locally developed imaging solution, the project aims to improve prenatal care, early diagnosis of fetal abnormalities, and maternal health monitoring, especially in rural and underserved regions where access to advanced medical imaging is limited.

ii. Advancement in Indigenous Medical Technology:

Currently, India relies heavily on imported ultrasound scanners, which increases our vulnerability as a country. It also increases costs and limits access for all. This project is a step toward self-sufficiency in medical technology, fostering an ecosystem for locally designed and manufactured diagnostic imaging tools.

By reducing dependency on foreign products, the initiative aligns with India's Atmanirbhar Bharat (Self-Reliant India) mission.

iii. Innovation in R&D and Cutting-Edge Technology:

The project pioneers the development of an Indigenous State-of-the-Art Ultrasound Scanner with a groundbreaking **Divergent Beam Technology**, unlike conventional scanners that use Focused Beam Approach. This technology allows multiple focal points to be captured simultaneously, significantly improving imaging efficiency.

iv. Scalability & Commercialization Potential:

With the successful development of a working prototype, the project is in process for commercial manufacturing and large-scale deployment in hospitals and diagnostic centers across India. The introduction of this indigenous ultrasound scanner could not only revolutionize medical imaging within the country but also establish India as a key player in the global medical technology market. By enabling exports to developing nations with similar healthcare challenges, this initiative has the potential to enhance access to affordable diagnostic solutions while strengthening India's footprint in the global healthcare industry.

v. Cost Efficiency:

By offering a cost-effective alternative to expensive imported ultrasound machines, this initiative aims to make medical imaging more accessible and affordable for healthcare providers across India.

C. Project Timeline:

2014-2019:
Initial research and imaging technology development at the Biomedical Lab, IIT-M.

2022:
First discussions between IIT-M officials and Chola's management, leading to financial support.

July 2022:
Signing of MoU between IIT-M and Chola.

2022-2025:
Continued development, testing, and refinement of prototypes.

D. Project Milestones and Current Status:

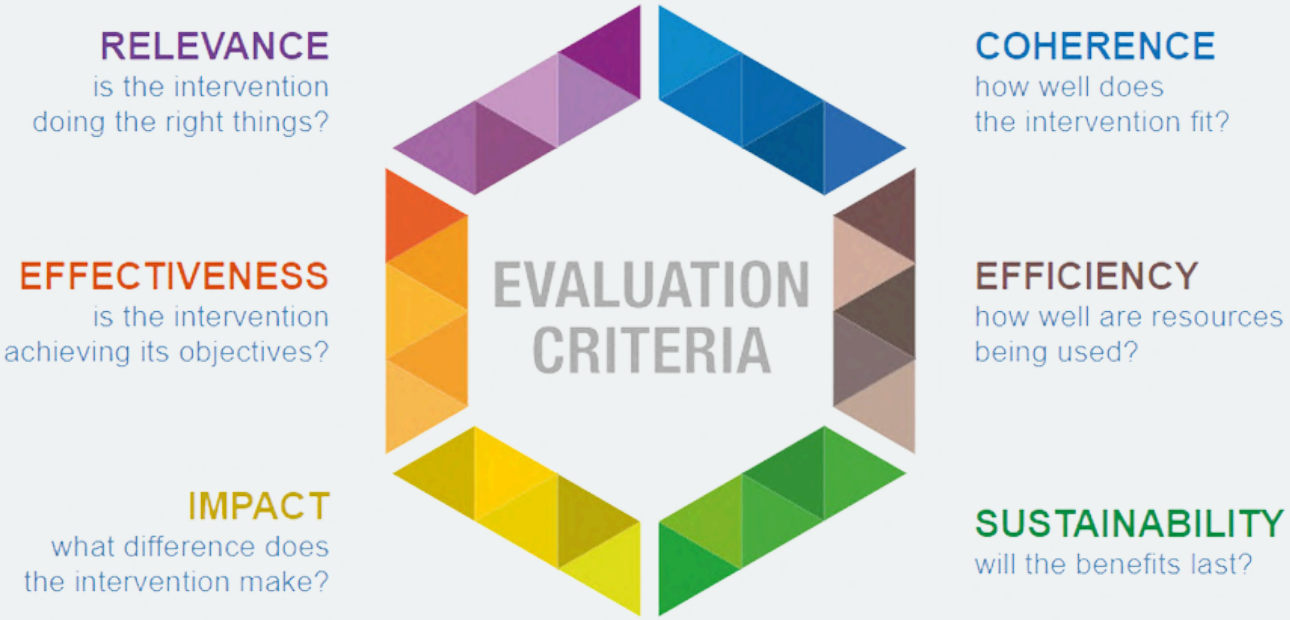
Phase	Planned Activities	Status	Remarks
0-3 Months	Software/device integration, internal testing, mechanical cart design	Completed	Took 7-8 months instead of 3
4-6 Months	End-user feedback, field trial preparation	Pending	NA
0-6 Months	Robotic arm development	Deferred	May be a separate project due to feasibility constraints
6-9 Months	Robotic arm integration & functional demo		
6-9 Months	Field trial data collection, documentation, and demos	Pending	NA
10-12 Months	Field trials, data analysis, and commercialization preparation	Pending	Delayed due to technical and administrative issues

E. Methodology:

The data was collected through an extensive on ground interactions with Dr Arun Thittai and his team members associated with the project at IIT-M.

F. Analysis Framework:

OECD – DAC:



Relevance:

The Indigenous State-of-the-art Ultrasound Scanner for Maternal and Fetal Healthcare project is **highly relevant** as per the OECD - DAC framework.

It addresses critical development challenges, aligns with national and global priorities, and meets the needs of the rural community. By focusing on innovation, accessibility, and sustainability, the project not only contributes to improving maternal and fetal healthcare but also positions India as a leader in medical technology research and development.

The collaboration between IIT-M and CIFCL exemplifies the power of public-private partnerships in driving sustainable development and achieving long-term impact. Below is an analysis of the project's relevance based on the OECD DAC framework:

1. Technological Relevance:

- **Indigenous Innovation:** The project focuses on developing an indigenous ultrasound scanner using Divergent Beam Technology, a significant departure from the conventional Focus Beam Approach used in existing machines. This innovation allows for multiple points to be focused simultaneously, improving imaging efficiency and accuracy.
- **Cutting-Edge Research:** The project is led by Prof. Arun K. Thittai, who has extensive expertise in medical ultrasound research. The development of this technology positions India as a leader in fundamental research in ultrasound imaging, a field where India has traditionally been dependent on foreign technology.
- **Portability and Accessibility:** The ultrasound scanner is designed to be portable, making it accessible in rural and remote areas where advanced medical equipment is often unavailable. This is particularly relevant for maternal and fetal healthcare in underserved regions.

2. Healthcare Relevance:

- **Maternal and Fetal Health:** The primary objective of the project is to improve maternal and fetal healthcare by providing an affordable and advanced ultrasound scanner. Early detection of complications during pregnancy can significantly reduce maternal and infant mortality rates, which remain high in India, especially in rural areas.
- **Gender Masking Feature:** The scanner incorporates a gender masking feature at both the User Graphic Interface Level and the Backend Data Level. This ensures compliance with ethical and legal standards, preventing misuse for gender detection, which is a significant concern in India.
- **Rural Healthcare Access:** The portability of the scanner makes it suitable for use in Anganwadi centers and other rural healthcare facilities, bringing advanced diagnostic capabilities to populations that currently lack access to such technology.

3. Economic Relevance:

- **Reducing Dependency on Imports:** India currently relies heavily on imported ultrasound machines. By developing this technology indigenously, the project reduces dependency on foreign technology, aligning with the "Make in India" and Atmanirbhar Bharat (self-reliant India) initiatives.
- **Cost-Effectiveness:** The project aims to develop an affordable ultrasound scanner, making it accessible to a larger population. This is particularly important in a country like India, where cost is a significant barrier to accessing advanced medical technology.
- **Export Potential:** Once the technology is fully developed and commercialized, it has the potential to be exported to other countries, positioning India as a global hub for ultrasound technology manufacturing.

4. Social Relevance:

- **Empowering Rural Communities:** By making advanced diagnostic tools accessible in rural areas, the project will empower communities with better healthcare options, particularly for pregnant women. This has a direct impact on improving quality of life and reducing healthcare disparities.
- **Skill Development:** The project provides a platform for students, researchers, and professionals to develop expertise in biomedical engineering, electronics, and software development. These skills are critical for advancing the field of ultrasound imaging and related technologies.

5. Strategic Relevance:

- **Scalability and Replicability:** The technology developed under this project is scalable and can be adapted for other medical imaging applications, such as liver imaging, musculoskeletal imaging, urology, and prostate imaging. This broadens the scope of the project's impact and ensures its relevance in the long term.

Coherence:

The project demonstrates strong coherence across multiple dimensions, as per the OECD DAC Evaluation Framework. Few of them are mentioned below:

1. Coherence with National and International Standards:

- **Regulatory Compliance:** The integration of gender masking technology aligns with India's Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, which regulates the use of ultrasound technology to prevent gender-based discrimination.

2. Coherence with Academic and Research Ecosystems:

- **Integration with Academic Research:** The project is deeply embedded in the academic research ecosystem at IIT-M, leveraging the institution's expertise in biomedical engineering and ultrasound technology. This ensures that the project benefits from cutting-edge research and contributes to the academic community by advancing knowledge in the field.

3. Coherence with Healthcare Delivery Systems:

- **Integration with Public Health Programs:** The project is designed to integrate seamlessly with India's public health programs, such as the National Rural Health Mission (NRHM) and Ayushman Bharat. The portable ultrasound scanner can be deployed in primary health centers (PHCs) and community health centers (CHCs), enhancing the capacity of these facilities to provide advanced diagnostic services.
- **Training and Capacity Building:** The project includes provisions for training healthcare providers in the use of the new ultrasound technology. This ensures that the technology is effectively integrated into existing healthcare delivery systems, enhancing its coherence with the broader healthcare ecosystem.

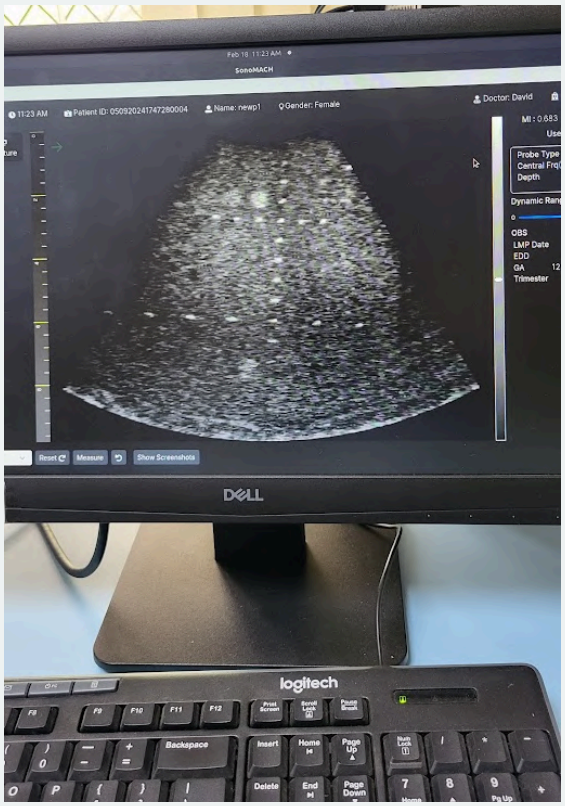
Effectiveness:

The project has demonstrated **effectiveness** in achieving its technical, healthcare, and socio-economic objectives. The successful development of Divergent Beam Technology, the improvement in frame rates, and the creation of functional and industrial prototypes are key indicators of the project's effectiveness.

1. Achievement of Technical Milestones:

- **Development of Divergent Beam Technology:** The project has successfully developed Divergent Beam Technology, a significant departure from the conventional Focus Beam Approach used in existing ultrasound machines. This innovation allows for multiple points to be focused simultaneously, improving imaging efficiency and accuracy. The achievement of this technical milestone demonstrates the project's effectiveness in advancing ultrasound technology.

Expected



Achieved

- **Frame Rate Improvement:** The project has achieved a significant improvement in frame rates, increasing from 1 frame per 5 seconds to 10 frames per second by October 2024. This is a critical technical achievement, as higher frame rates are essential for real-time imaging and diagnostic accuracy.
- **Prototype Development:** The project has successfully developed three types of prototypes:
    - Initial Prototype: Concept level
    - Functional Prototype: Demonstrating the core functionality of the ultrasound scanner
    - Industrial Prototype: Ready for field trials and eventual commercialization

These prototypes represent tangible outputs that demonstrate the project's effectiveness in translating research into practical applications.

2. Progress Toward Field Trials and Commercialization:

- **Field Trial Preparation:** Although couple of doctors have visited the lab and given their inputs, yet the field trails for this project are pending. By integrating end-user feedback and successfully developing a functional prototype, the project in future will ensure that the ultrasound scanner is both user-centric and technologically advanced.

3. Stakeholder Engagement and Feedback:

- **End-User Involvement:** This stage is pending and working with end user will be a key step for advancement of this project.

Efficiency:

Considering the bottlenecks and the eco-system challenges, the project has demonstrated **efficiency** in its use of financial, human, and time resources. The project has tried to optimally manage its budget, reallocated funds to prioritize critical tasks.

Despite some delays, the project has made significant progress in developing innovative technology and preparing for field trials and commercialization.

Sustainability:

The project's focus on indigenous ultrasound technology ensures long-term sustainability by reducing India's dependency on foreign imports, aligning with the Make in India initiative and promoting self-reliance in medical equipment.

Local production ensures easily available spares, minimizing downtime and maintenance costs, while eliminating risks of geopolitical pressures or supply chain disruptions from foreign companies.

Continuous improvement and customization allow the technology to adapt to local healthcare needs, fostering a sustainable ecosystem that reduces vulnerability to global market fluctuations and ensures long-term availability, strengthening India's healthcare infrastructure and positioning it as a global leader in medical innovation.

Financial Sustainability:

- **Cost-Effectiveness:** The project aims to develop an affordable ultrasound scanner, making it accessible to a larger population, particularly in rural and underserved areas. The affordability of the technology ensures that it can be widely adopted, even in resource-constrained settings, contributing to its long-term financial sustainability.
- **Revenue Generation:** The project has the potential to generate revenue through the commercialization of the ultrasound scanner. Once the technology is fully developed and approved, it can be marketed and sold, creating a recurring income stream that can be reinvested into further research and development.
- **CSR Funding Continuity:** The project has received financial support from CIFCL under its CSR initiative. The recommendation to continue this financial support ensures that the project has a stable funding source, which is critical for its long-term sustainability.

Impact:

The project on medical ultrasound technology at IIT-M, supported by Chola, has had a significant impact in multiple dimensions:

- This project pioneers indigenous R&D in ultrasound technology, reducing India's reliance on imports. The development of Divergent Beam Technology, a novel alternative to the conventional Focus Beam Approach, marks a significant breakthrough in medical imaging, fostering innovation and affordability in healthcare.
- The project has significantly improved the frame rate of ultrasound imaging, progressing from 1 frame per 5 seconds to 10 frames per second (FPS) as of October 2024. The target is to reach 25 FPS within 18 months, making it one of the fastest machines in the world.
- Transition from Windows to Linux Direct Memory Access Driver (DMAD) has accelerated data processing, a critical improvement over existing ultrasound machines.
- The machine has the potential to be portable, as small as a briefcase, making it accessible at Anganwadi levels and remote healthcare centers.
- The affordability of the machine compared to existing global brands makes it a cost-effective solution for rural healthcare.
- One of the most impactful innovations in this project is the integration of gender masking, preventing the misuse of ultrasound machines for fetal sex determination. This feature operates at both User Interface and Backend Data levels, making it extremely difficult to hack, ensuring compliance with Indian legal regulations. Only a couple of machines in India offer this feature, and they are extremely expensive.

- The project contributes to India's self-reliance in medical technology. If scaled successfully, India can become a global hub for ultrasound scanner production, reducing dependence on imports and positioning India as a key exporter.
- The technology developed in this project can be adapted for other medical applications, such as:
    - Liver Imaging
    - Musculoskeletal Imaging (MSK)
    - Urology and Prostate Imaging

This provides opportunities for further R&D and commercial expansion.

- The fundamental nature of this project ensures its inclusion in future higher studies textbooks, contributing to academic and scientific advancements. It fosters a new wave of research and innovation in medical imaging.
- By developing this technology domestically, CIFCL is strengthening India's position as a knowledge hub in medical device manufacturing.

I. Achievement of the project:

Breakthrough in Ultrasound Imaging Technology:	The project has developed Divergent Beam Technology, a major advancement over conventional Focused Beam ultrasound scanning. This innovation represents a scientific breakthrough and is deserving of recognition and accolades from government authorities.
Enhanced Imaging Capabilities:	The project's indigenous technology achieves 10 FPS imaging, matching conventional scanners, with a goal of 20-25 FPS in 12-18 months. This breakthrough marks a scientific leap and a globally competitive prototype.
Potential for Multidisciplinary Applications:	The project has vast potential for expansion into biology, biophysics, and chemical physics, creating new research and application opportunities.

J. Challenges:

1. Procurement Delays Due to Government Tendering Rules:

As IITs is governed by the Government of India's L1 tendering rules, all procurement processes must be conducted through the GEM (Government e-Marketplace) portal.

This process, along with the mandatory "Approval of Committee" and other bureaucratic procedures, typically takes up to 60 days.

Such delays can significantly slow down the project's progress, especially when timely acquisition of critical components or equipment is essential for research and development.

2. Impact on Project Timelines

The extended procurement timeline can lead to disruptions in project schedules, affecting the overall pace of innovation and development. This is particularly challenging when working on cutting-edge technologies that require rapid iteration and testing.

3. Limited Flexibility in Vendor Selection:

The L1 tendering process prioritizes the lowest-cost vendor, which may not always align with the project's need for high-quality or specialized components. This limitation can compromise the performance and reliability of the technology being developed.

4. Challenges in Hiring Experts

As there is a commitment of one year from funding agency and by the time IIT Madras floats hiring requirement and the finalization is done, only 6 months are left. Any experts don't want to onboard a project only for 6 months and hence getting an expert team becomes a challenge.

K. Recommendations:

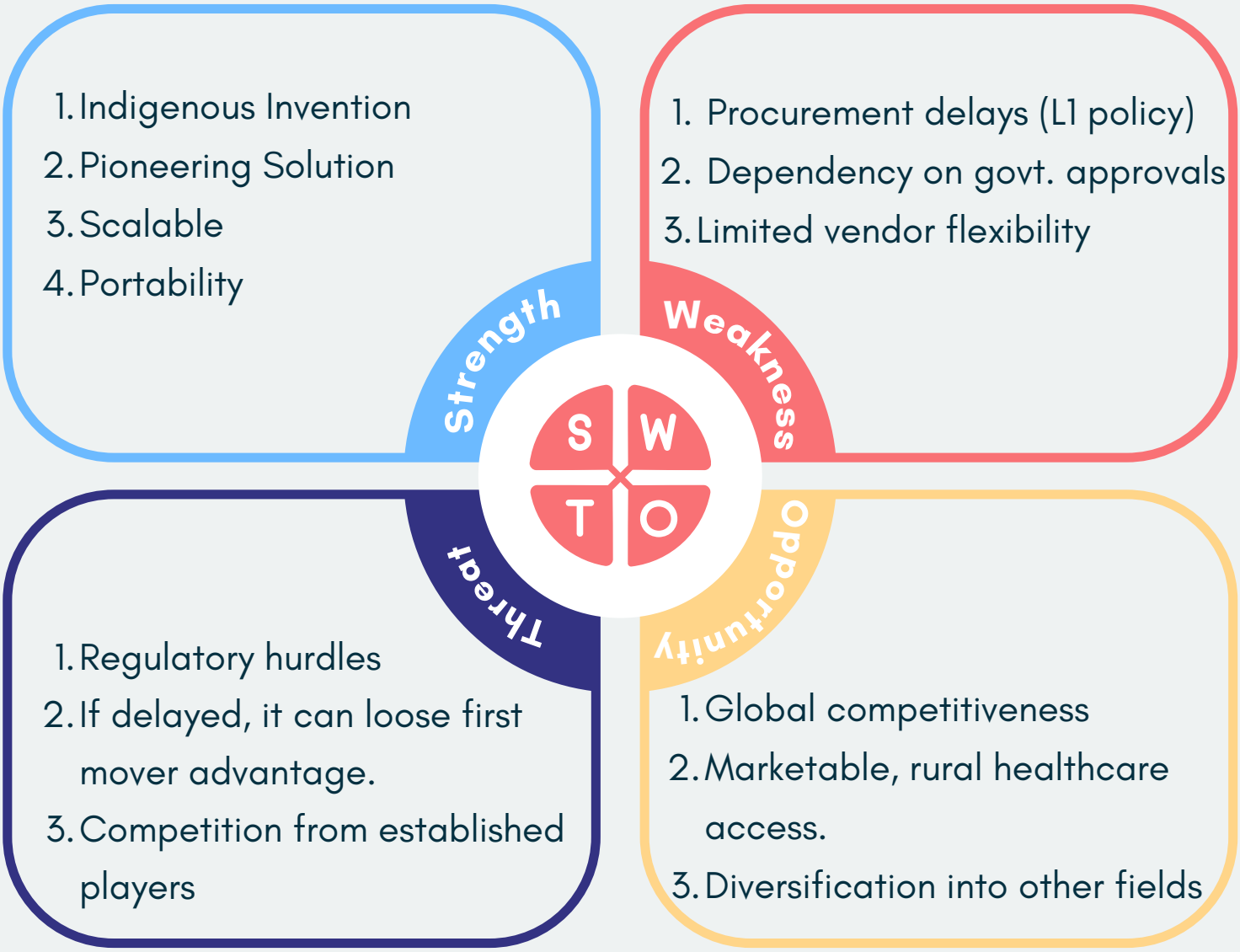
1. It is highly recommended that financial support for this project be continued under CSR funding, given its significant social impact and potential to revolutionize healthcare access.

2. There is a scope for Role expansion of Chola. In coming years Chola should understand future applications of this project and help in their development leading eventually to marketing product(s).

3. The future MoUs should have Specifically clauses for Feedback Mechanisms:

- Allowing flexibility of trance release, ensuring Fund utilization by March
- IIT-M should arrange to send Monthly Progress Emails to Chola.
- IIT-M should arrange Quarterly colloquia in order to share the advancements, specific challenges and future course of action. That will ensure rigors work of quantitative progress and sacredness of qualitative progress. If possible, every alternate quarterly meeting should also be attended by the Chairman of Chola.
- Exploring revenues for Chola out of this project, which will be recurring income for the foundation for its development work
- On one hand, all fundamental works may not be readily quantifiable, and on another hand, some fundamentals can be heavily quantified. Hence experts must be involved who can strike a balance between the fundamental mathematical aspects. Also, Fulcrum's expert team can work as a bridge between scientific language, financial language and CSR language of Chola.
    - This will also help Chola to enhance the objectivity of the MoU

L. SWOT Analysis:



M. Plan for Next Phases:

1. Concept Note for the Next 3 Years:

A comprehensive concept note outlining the project's roadmap for the next three years should be prepared. This document will serve as a blueprint for securing funds and approvals for specific phases of the project. It should include detailed objectives, deliverables, timelines, and budget requirements for each phase.

2. Milestone-Based MoU with Timelines:

The MoU should incorporate clearly defined milestones with associated timelines to ensure structured progress. Key milestones include:

- Testing and Trials: Conduct rigorous testing and trials at both medical and technological levels to validate the performance, safety, and efficacy of the developed technology.
- Data Collection for Gender Masking: Collect and analyze data specific to the Indian population to ensure the technology is inclusive and effective across diverse demographics.
- Regulatory Approvals: Obtain necessary clinical and government approvals to ensure compliance with medical device regulations and standards.
- Partnerships and Commercialization: Establish strategic partnerships with stakeholders for mass production and marketing of the ultrasound scanners. Additionally, create a feedback loop from these partnerships to frequently improve and enhance the existing technology.

3. Orientation for IIT-M Team on CSR and UC Guidelines:

An orientation session should be conducted for the IIT-M team to familiarize them with the dos and don'ts of CSR initiatives, particularly regarding the Utilization Certificate (UC). This will ensure compliance with CSR funding regulations and streamline the process of reporting and accountability.

Chola
Enter a better life

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SOCIAL IMPACT ASSESSMENT REPORT

MAY 2023 - JANUARY 2024

Social Impact Assessment Partner

RIGHT DOTS

CONTENTS

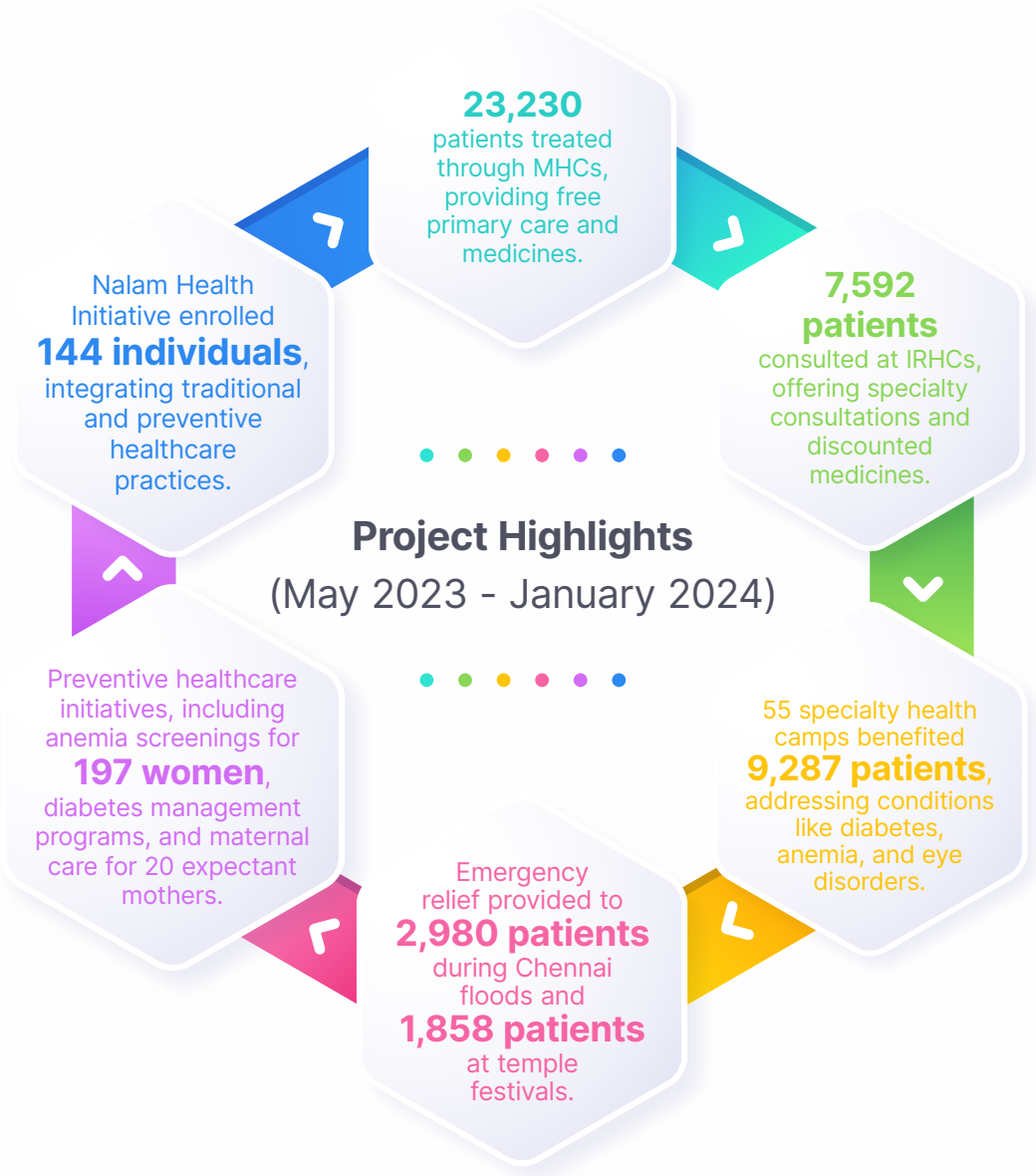
1. Executive Summary

This Social Impact Assessment (SIA) Report evaluates the healthcare initiatives implemented under the Chola - ARR partnership between Cholamandalam Investment and Finance Company Limited and Isha Outreach - Action for Rural Rejuvenation (ARR). The project focused on enhancing rural healthcare access through Mobile Health Clinics (MHCs), Isha Rural Health Clinics (IRHCs), Health Awareness Programs, Specialty Medical Camps, and Disaster Relief Support.

The assessment captures the project's impact on beneficiaries, key achievements, challenges, and areas for improvement. The findings indicate a significant improvement in healthcare access, early disease detection, and community awareness on preventive healthcare practices.

PROGRAM HIGHLIGHTS

The **Isha Action for Rural Rejuvenation (ARR)** initiative, funded by **Cholamandalam Investment and Finance Company Limited (CIFCL)**, aims to enhance healthcare access and community well-being in rural Tamil Nadu. Implemented through **Mobile Health Clinics (MHCs), Isha Rural Health Clinics (IRHCs), Health Awareness Programs, Specialty Medical Camps, and Disaster Relief Services**, the initiative addresses critical healthcare challenges faced by underserved populations.



KEY FINDINGS UNDER OECD-DAC FRAMEWORK

A total of 93 stakeholders were engaged during the field study, including individual patients getting treated from Mobile Health Care, Rural Health Care in Coimbatore and Salem, as well as Outreach camp beneficiaries. Feedback was gathered from 49 beneficiaries, 17 staff members, six village residents, and a government doctor, providing diverse insights into the healthcare initiatives and their impact on the communities served.

Relevance

- Addresses **rural healthcare disparities** by aligning with Tamil Nadu's **Makkalai Thedi Maruthuvam** program and India's **Ayushman Bharat** scheme, **Anaemia Mukt Bharat**, Weekly Iron Folic Acid Supplementation (WIFS) Program, Ayush etc
- Focuses on **maternal care, chronic disease prevention, elderly care, and community health awareness**, filling critical service gaps.
- With India's elderly population projected to reach **194 million by 2031** and Tamil Nadu already having **11% of its population aged above 60**, geriatric care is critical to address age-related illnesses like diabetes, hypertension, and arthritis. Many elderly individuals, especially in rural areas, lack access to healthcare due to financial constraints and mobility issues and this program caters to the elderly population in most of the villages.

Coherence

- Strong alignment with government health schemes, including **Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS)** and **Health & Wellness Centres (HWCs)**.
- Effective partnerships with **hospitals, ASHA workers, and local health departments** to enhance service delivery.
- Integrates **Siddha, Ayurveda, and modern medicine**, ensuring a culturally relevant healthcare model.

Effectiveness

- Significant **healthcare outreach with over 40,000 patient interactions** through MHCs, IRHCs, and camps.
- Reduction in **out-of-pocket healthcare expenses** through **free and subsidized services**.
- Increased awareness and **early disease detection**, leading to better management of **non-communicable diseases (NCDs)**.

Efficiency

- Cost-effective healthcare model leveraging **digital health tracking, optimized inventory management, and telemedicine support**.
- Estimated cost savings of **₹4.6 million** from **free MHC consultations** and **₹1.36 million** from **IRHC subsidized consultations**.
- High impact at **minimal per capita expenditure**, ensuring sustainable healthcare access.

Impact

- Improved **health outcomes**, reducing reliance on tertiary hospitals for treatable conditions.
- **Social and economic benefits**, including reduced dependency on family caregivers and **increased workforce productivity**.
- Strengthened **community resilience** through **disaster relief efforts** and **preventive healthcare awareness**.

Sustainability

- **Training community health workers** and volunteers ensures long-term service continuity.
- Integration with **Tamil Nadu's health mission and NHM** ensures policy alignment for sustained impact.
- Encourages **CSR investments and multi-stakeholder partnerships** to scale healthcare interventions.

WAY FORWARD RECOMMENDATIONS

- **Improve the patient card system:** The current **A4-sized patient cards** are inconvenient for elders. A more **durable, pocket-sized booklet** or a **thicker file** should be explored for better usability.
- **Enhance medical governance at IRHCs:** Doctors should be encouraged to seek guidance from **senior surgeons and specialists** to incorporate **new techniques & best practices** into treatments.
- **Restroom facility in MHCs:** The absence of a **restroom for doctors, nurses, and drivers** forces them to rely on nearby volunteer houses. **A dedicated restroom facility** should be added to enhance staff convenience and hygiene.
- **Ergonomic Seating for Doctors:** Given that doctors spend a significant amount of time inside the mobile vans, the current seating arrangement is inadequate and can lead to discomfort or long-term strain. Ergonomically designed seating should be installed to support staff well-being and efficiency
- **Improve accessibility in MHCs:** The **high stairs** in MHCs make it difficult for elders to climb up and down, posing a **tripping hazard. A modified design with an easy-access ramp** should be introduced.
- **Strengthen data collection and trend analysis:** The current system **only holds three months of data**. It should be upgraded to **store historical data** for better **trend analysis, patient tracking, and health outcome assessments**.
- **Exclusive breastfeeding (EBF)** for the first six months is essential for infant health. Nationally, India's **EBF rate is 43%**, while in **Tamil Nadu, it stands at 48.3%**. It is vital for volunteers to educate young mothers about the importance of exclusive breastfeeding, as it strengthens infant immunity, helps reduce malnutrition, and promotes overall child well-being. This initiative could also be integrated into the program.

The **Chola-ARR initiative** has made significant strides in **improving healthcare access, promoting preventive health, and strengthening community resilience** in rural Tamil Nadu. Moving forward, addressing **infrastructure gaps, enhancing digital health tools, and refining healthcare delivery models** will be crucial for ensuring **long-term sustainability and broader social impact**.

2. Introduction

ABOUT CIFCL

Cholamandalam Investment and Finance Company Limited (CIFCL), established in 1978, serves as the financial services arm of the Murugappa Group, a leading conglomerate in India. Over the decades, Chola has evolved from an equipment financing company into a comprehensive financial services provider, offering a diverse range of products tailored to meet the varying needs of its customers.

Vision: To enable customers to enter a better life.

Mission: Emphasizing a customer-first approach, improving efficiencies for long-term sustainability, and recognizing people as the primary asset, ensuring that happier employees lead to happier customers.

Corporate Social Responsibility (CSR) at CIFCL: Cholamandalam Investment and Finance Company Limited is deeply committed to Corporate Social Responsibility, actively engaging in initiatives that support community welfare, environmental sustainability, education, and healthcare. CIFCL's CSR efforts are strategically aligned with national priorities and sustainable development goals, ensuring positive social and environmental impacts. The company's robust CSR framework aims to empower communities, particularly marginalized and underserved populations, through targeted interventions in areas such as road safety, health, skill development, and education.

ABOUT ISHA FOUNDATION

Isha Foundation, founded by Sadhguru Jaggi Vasudev, is an international non-profit organization established in 1992. Headquartered at the Isha Yoga Center near Coimbatore, Tamil Nadu, India, it is dedicated to promoting individual well-being, global harmony, and environmental sustainability through holistic spiritual and community development initiatives.

Mission and Vision:

Isha Foundation aims to empower individuals through spiritual growth, self-awareness, and holistic wellness programs, aspiring towards global harmony, social empowerment, ecological conservation, and preservation of cultural traditions.

Core Activities:

- **Yoga and Spirituality:**
  - Conducting yoga programs, meditation sessions, and self-awareness workshops globally to enhance physical, mental, and emotional health.
- **Ecological Initiatives:**
  - "Cauvery Calling" and "Project GreenHands" promote large-scale afforestation, sustainable agriculture, and water conservation to restore ecological balance.

- **Social Outreach:**
  - Action for Rural Rejuvenation (ARR): A comprehensive rural initiative focusing on healthcare, livelihood support, and overall community development. The ARR initiative delivers healthcare through Mobile Health Clinics (MHCs), Isha Rural Health Clinics (IRHCs), and various health awareness and specialty medical camps, improving healthcare access and socio-economic conditions of rural populations.
  - "Rally for Rivers": Campaign to restore India's rivers through ecological restoration, water conservation, and afforestation.
- **Community Empowerment:**
  - Training programs for rural skill development, healthcare access, educational support, and women's empowerment.
- **Education:**
  - "Isha Vidhya": Providing quality education and vocational training in rural and underserved regions, enabling holistic child development and educational equity.
- **Cultural Preservation:**
  - Promoting traditional Indian arts, festivals, crafts, and cultural events to preserve and celebrate India's rich heritage.

ABOUT ISHA OUTREACH ARR

Isha Action for Rural Rejuvenation (ARR) is a comprehensive rural development initiative launched by Isha Foundation to enhance healthcare access, improve livelihoods, and promote holistic well-being in underserved communities. The program focuses on strengthening healthcare delivery, community empowerment, and sustainable development, addressing the critical needs of rural populations in Tamil Nadu and beyond.

Mission and Objectives

The ARR initiative is committed to:

- Providing **accessible and affordable healthcare** to rural and tribal communities.
- Improving **economic stability and livelihood opportunities** in underprivileged areas.
- Promoting **preventive healthcare, traditional wellness practices, & community well-being**.
- Addressing **critical public health concerns** such as maternal care, non-communicable diseases, and elderly healthcare.

3. Approach and Methodology

SCOPE OF WORK

Right Dots is conducting the Social Impact Assessment (SIA) for the Isha Action for Rural Rejuvenation (ARR) project, funded by Cholamandalam Investment and Finance Company Limited (CIFCL). This assessment focuses on evaluating the project's effectiveness in enhancing rural healthcare access, reducing economic burdens, improving health outcomes, and fostering community well-being.

Key area of analysis healthcare access & utilization - Measuring the reach and impact of Mobile Health Clinics (MHCs), Isha Rural Health Clinics (IRHCs), and specialty health camps in addressing primary healthcare needs.

EVALUATION FRAMEWORK - OECD-DAC

The overall approach for all the stages of the impact assessment has been devised based on the OECD DAC Framework for evaluation. This included the questionnaire drafting phase, data sanitization and analysis phase and lastly the reporting phase.

This study is mainly based on field surveys; besides this, secondary data has also been used with the aim of selecting samples.

To present the best possible output of the assessment, the impact assessment team laid out a 3-phase approach as given in the below illustration.

DATA COLLECTION APPROACH

The evaluation followed a systematic approach, beginning with a comprehensive desk review of the program's genesis and implementation processes. Based on the findings from this review, key stakeholders and performance indicators were identified. Tools for beneficiary interviews and focus group discussions (FGDs) with field teams were then developed. Program data from the team was collected to assess the reach of the intervention, and this data was subsequently corroborated with input from all stakeholders to understand the overall impact of the intervention.

PLACES VISITED -

MHC - COIMBATORE
IRHC - ALANDURAI
IRHC - PANAMARATHUPATTY, SALEM

TOTAL NUMBER OF

PEOPLE INTERACTED
93+

STAKEHOLDERS CONSULTED

Sl No	Stakeholders Consulted	Count	Place	Date of Interaction	Mode of Interaction
1	Beneficiaries	29 men, 44 women	Coimbatore Salem	Feb 20 - 22	Individual Interview & Focus group discussion
2	Members from Field Implementation Team	5	Coimbatore Salem	Feb 20 - 22	Individual interview
3	Representatives from ISHA ARR	4	Coimbatore Salem	Feb 20 - 22	Focus group discussion
4	Doctors, Nurses	7, 7	Coimbatore Salem	Feb 20 - 22	Individual Interview & Focus group discussion
5	Drivers	2	Coimbatore	Feb 20 - 22	Individual interview
6	Community Leaders	6	Coimbatore	Feb 20 - 22	Individual Interview

4. Key Findings & Analysis

Objective	To provide primary healthcare to tribal and rural population in Thondamuthur Block in Coimbatore District and Panamarathupatti Taluk in Salem by Mobile Health Clinic (MHC) and Isha Rural Health Clinic (IRHC)
Project Cost	INR 1,50,00,000
Location	Alanadurai Town Panchayat, Coimbatore
Project Period	May 2023 to Jan 2024
Inputs	• Financial Support: CSR funding from Cholamandalam Investment and Finance Company Limited (CIFCL). • Healthcare Infrastructure: Mobile Health Clinics (MHCs), Isha Rural Health Clinics (IRHCs), diagnostic facilities, and pharmacy services. • Human Resources: Doctors, nurses, paramedics, ASHA workers, volunteers, and community health workers. • Medical Supplies & Technology: Free medicines, diagnostic kits, digital patient records, and telemedicine services. • Community Engagement: Partnerships with local governments, hospitals, and health outreach programs.

Output	• Healthcare Delivery:
	  • 23,230 patients treated through MHCs.
	  • 7,592 patients consulted at IRHCs.
	  • 9,287 individuals benefited from 55 specialty screening camps.
	• Preventive Care & Awareness:
	  • 197 women screened for anemia, with 124 receiving treatment.
	  • 20 expecting mothers provided with nutritional support.
	  • 144 individuals enrolled in the 'Nalam' alternative wellness program.
	• Emergency & Disaster Relief:
	  • 2,980 individuals supported during Chennai flood relief.
	  • 1,858 patients received treatment during Palani Pilgrimage & Avinashi temple festival.

Outcome	• Improved Healthcare Access: Rural communities receive regular and affordable healthcare services.
	• Reduced Economic Burden: Families save on medical expenses through free MHC services and discounted medicines at IRHCs.
	• Better Health Indicators:
	  • Early detection of diabetes, hypertension, and anemia has led to improved disease management.
	  • Improved maternal and child health through nutrition and screening programs.
	• Increased Health Awareness:
	  • Higher adoption of preventive healthcare practices in communities.
	  • Greater awareness of traditional wellness solutions through the 'Nalam' program.
	• Community & Social Impact:
	  • Strengthened social cohesion as elders and underserved individuals receive consistent healthcare support.
	  • Reduced dependency on family caregivers, fostering greater economic productivity and well-being.

SDG Alignment	 **SDG 3 - Good Health and Well-being** Ensuring access to essential healthcare, reducing mortality, and promoting preventive care.  **SDG 1 - No Poverty** Reducing financial strain on rural families by providing free and affordable healthcare services.  **SDG 2 - Zero Hunger** Supporting maternal and child nutrition programs to combat malnutrition.  **SDG 5 - Gender Equality** Improving healthcare accessibility for women and expectant mothers, reducing gender disparities in healthcare access.  **SDG 6 - Clean Water & Sanitation** Integrating hygiene and sanitation awareness into health programs.  **SDG 10 - Reduced Inequalities** Providing equitable access to healthcare for rural and underserved populations.  **SDG 17 - Partnerships for the Goals** Strengthening collaborations with government schemes, private sector, and local stakeholders for sustainable healthcare development.

SELECTION OF CAMP SITES

MOBILE HEALTH CLINICS (MHCS) - THONDAMUTHUR BLOCK:

The Mobile Health Clinics (MHCs) were strategically deployed in villages around the Thondamuthur block, a predominantly rural area characterized by limited access to healthcare facilities. The rationale for selecting these villages was based on several critical demographic and socio-economic factors:

- **Demographic Characteristics:**
  - **Population:** Thondamuthur Town Panchayat has population of 11,492 of which 5,572 are males while 5,920 are females as per report released by Census India 2011
  - The region has a high proportion of elderly and economically disadvantaged populations who experience difficulty accessing distant healthcare facilities.
  - The population consists mainly of agricultural labourers and daily wage earners who are economically vulnerable, making frequent travel to urban healthcare centres unaffordable due to the heavy burden of out-of-pocket health expenditures
- **Geographical Constraints:**
  - Villages in Thondamuthur are often remote, with poor transportation connectivity, thus posing significant challenges for timely access to medical care.
- **Healthcare Infrastructure:**
  - The area lacks adequate primary health centers (PHCs), and existing facilities are often understaffed or under-resourced, unable to meet community health demands effectively.

ISHA RURAL HEALTH CLINICS (IRHCS)

Alandurai, Coimbatore

The IRHC in Alandurai was established as a central healthcare facility due to its optimal geographic and demographic profile:

- **Population Profile:**
  - Alandurai, part of the Thondamuthur block in Coimbatore, serves a diverse rural community predominantly comprising agricultural laborers and daily wage earners.
  - According to the 2011 Census, Alandurai has a population of 7,221 people, with a gender distribution of 3,547 males and 3,674 females.
  - A significant proportion of the community includes elderly individuals and women who face heightened vulnerability due to economic and social isolation.
- **Healthcare Needs:**
  - There is a notable prevalence of chronic health conditions like diabetes, hypertension, and anemia in Alandurai, which necessitate regular medical attention and monitoring.
- **Accessibility Issues:**
  - Prior to the establishment of IRHC, residents had to travel approximately 20-30 kilometers to reach the nearest secondary or tertiary healthcare facility in Coimbatore city, incurring high transportation costs & loss of daily wages.

Panamarathupatti, Salem

The selection of Panamarathupatti in Salem district for an IRHC was similarly based on specific socio-demographic and healthcare accessibility criteria:

- **Demographic Overview:**
  - The population of Panamarathupatti predominantly includes farmers, agricultural laborers, and economically disadvantaged communities.
  - Population: As per the 2011 Census, the population is 9,368, with 4,663 males and 4,705 females.
  - High prevalence of chronic diseases such as diabetes, hypertension, and anemia was identified through initial health surveys, emphasizing the urgent need for accessible healthcare.
- **Accessibility Issues:**
  - Prior to the IRHC establishment, residents were required to travel substantial distances to Salem city or neighboring towns for medical consultations, which posed significant economic burdens and health risks due to delays in receiving timely treatment.
- **Economic Considerations:**
  - A large portion of the community lives below the poverty line, making affordable healthcare services critical. The IRHC in Panamarathupatti directly addresses this need by providing nominal consultation fees and discounted medicines, significantly reducing the financial burden on local families.

Rationale for Site Selection:

The demographic data from these regions reveal common challenges, including gender disparities in literacy, significant rural populations with limited access to healthcare, and economic vulnerabilities. By establishing MHCs and IRHCs in these areas, the ARR initiative aims to:

- **Enhance Healthcare Accessibility:** Provide essential medical services to populations with limited or no access to healthcare facilities.
- **Promote Health Education:** Address literacy gaps, particularly among women, through health education and awareness programs.
- **Promote Community Engagement:** Encourage community participation in health initiatives, leading to improved health outcomes and social cohesion.

These targeted interventions are designed to address the specific needs of these communities, thereby contributing to the overall goal of rural rejuvenation and sustainable development

ENGAGEMENT WITH BENEFICIARIES

The Isha Action for Rural Rejuvenation (ARR) project systematically engages beneficiaries through comprehensive and structured approaches, ensuring accessible and timely healthcare across rural communities.

Mobile Health Clinics (MHCs)

- **Arrival of Mobile Van:**
  - The MHC van arrives at pre-designated village locations based on a carefully planned schedule, targeting underserved areas.
- **Clinic Setup:**
  - The medical team swiftly sets up the mobile clinic, arranging medical supplies, diagnostic equipment, and consultation areas.
- **Doctor Consultation and Medication Distribution:**
  - Each patient receives a free comprehensive consultation, including primary care and minor emergency services, specialty referrals, and medication distribution. Between May 2023 and January 2024, three MHCs consulted 23,230 patients, significantly enhancing healthcare accessibility.
- **Specialty Referrals:**
  - Patients requiring advanced care are referred to specialized healthcare facilities, ensuring timely and appropriate treatment.

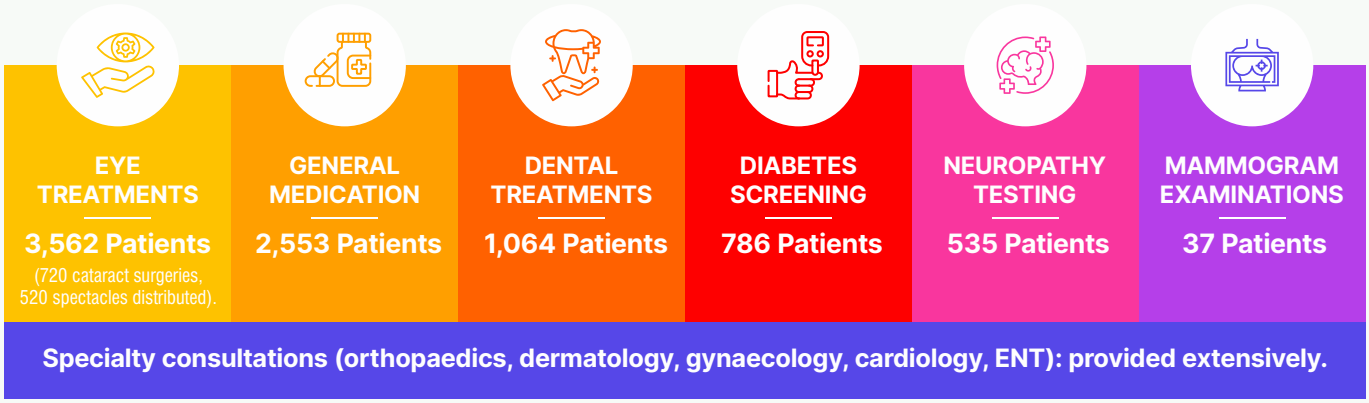
Isha Rural Health Clinics (IRHCs)

- **Patient Registration:**
  - Patients register at the IRHC reception, paying a nominal consultation fee of Rs. 20, ensuring affordability.
- **Vitals Check:**
  - Trained medical staff check patient vitals, including height, weight, blood pressure, and sugar levels.
- **Doctor Consultation:**
  - Patients undergo consultations addressing common health concerns and early detection of chronic ailments.
- **Prescription & Medication:**
  - Medicines are dispensed at an 18-20% discounted rate, making healthcare affordable.
- **Diagnostic Services:**
  - IRHC diagnostic centers perform blood and urine tests as necessary, providing immediate analysis and supporting comprehensive treatment.
- **Impact:**
  - IRHCs significantly reduced the burden on tertiary healthcare facilities by consulting 7,592 patients in clinics at Alandurai (Coimbatore) and Salem.

Health Camps

- A total of 55 specialty health camps were conducted, benefiting 9,287 patients. These camps significantly improved disease detection rates for conditions like eye disorders, diabetes, anemia, and general health conditions.

SERVICES OFFERED



Disaster Relief and Emergency Medical Response

- **Chennai Flood Relief (December 2023):**
  - Emergency medical aid provided to 2,980 patients, effectively mitigating health risks during a critical period.
- **Palani Pilgrimage & Avinashi Temple Festival:**
  - Medical support extended to 1,858 patients, demonstrating rapid response capabilities and enhancing community resilience during large gatherings and emergencies.

Both mobile health clinics and rural health clinics address the 5 A's of healthcare by making services more available, accessible, affordable, acceptable and accountable, by offering on-the-ground, community-oriented care. They have tried to bridge gaps in the traditional healthcare system and ensure that vulnerable populations have better access to necessary health services.

IMPACT ON BENEFICIARIES

The Isha Action for Rural Rejuvenation (ARR) initiative has profoundly influenced patients across multiple dimensions of wellness-economic, emotional, and physical-through structured interventions via Mobile Health Clinics (MHC) and Isha Rural Health Clinics (IRHCs):

Economic Wellness:

- Mobile Health Clinics (MHCs) provide free bi-monthly consultations and medicines, significantly reducing the economic burden of healthcare, especially for elders. This financial relief allows individuals and families to allocate limited financial resources towards other essential needs.
- Isha Rural Health Clinics (IRHCs) offer consultations at an affordable Rs. 20 fee and medicines at an 18-20% discount. The clinics also have diagnostic facilities, allowing affordable medical tests, further reducing the financial pressure faced by underserved communities.

Emotional Wellness:

- Both MHC and IRHC significantly support elders without caretakers, reducing feelings of isolation, vulnerability, and neglect. Regular access to medical care provides emotional reassurance, comfort, and psychological well-being for these beneficiaries, promoting overall emotional health.

Physical Wellness:

- Regular and accessible healthcare through MHCs and IRHCs has led to marked improvements in beneficiaries' physical health. Timely identification and management of chronic conditions, such as diabetes, anemia, and hypertension, have improved overall health outcomes and reduced potential complications.

Specific Health Initiatives:

- **Anemia Screening:** 197 women were screened, and timely interventions successfully treated 124 diagnosed cases, addressing critical health concerns prevalent among women in rural communities.
- **Pregnancy Care:** Nutritional support provided to 20 expectant mothers significantly contributed to improved maternal & infant health outcomes.
- **Diabetes Awareness & Management:** Early detection initiatives and dietary guidance empowered beneficiaries to manage diabetes effectively, improving long-term health outcomes.
- **Alternative Wellness Programs:** The 'Nalam' health initiative enrolled 144 individuals in a 10-month program focused on integrating traditional wellness and preventive healthcare practices into daily life. Through lifestyle modifications and the use of herbs as home remedies, the program has enhancing holistic well-being among participants.

"Due to Isha ARR support, a remarkable drop in the number of low birth weight babies-from 14 out of 132 deliveries previously to just 2 out of 136 deliveries currently"

- Dr. Deepa, BMO, Semmedu

"I am close to 100 years old, there is none to take care of me to take me to hospital or get me medicines, this van only is a saviour, even during COVID days, they sent medicines. Thank you Isha"

- Kuyilathal, Theethipalayam

IMPACT ON FAMILIES

The Mobile Health Clinics (MHCs) and Isha Rural Health Clinics (IRHCs) significantly benefit families by offering accessible, affordable, and timely healthcare solutions, thus improving overall family well-being and harmony.

Financial Relief and Convenience

- **Mobile Health Clinics (MHCs):**
  - Provide regular, free consultations and medication directly at the doorstep, considerably reducing healthcare expenses.
  - Families experience significant financial savings, enabling them to allocate their limited resources towards other essential areas such as education, nutrition, and household necessities.
- **Isha Rural Health Clinics (IRHCs):**
  - Offer consultations at a nominal fee (Rs. 20) and provide medicines at an 18-20% discount.
  - Strategic clinic locations minimize travel and wait times, leading to substantial economic savings.

Time Savings

- **Doorstep Medical Care:**
  - MHCs eliminate the need for extensive travel and prolonged wait times, allowing family members, particularly caregivers, to maintain productivity without compromising their daily activities and income.
  - IRHCs' strategic locations further contribute to reducing commute times, enabling family members to efficiently manage caregiving responsibilities without major disruption to their daily schedules.

"I barely can walk and my knees have so much pain, only this van helps me to survive"

- Nataraj, 85+ years

Family Harmony and Emotional Well-being

- Elders receiving timely and consistent healthcare support experience improved health and independence, significantly reducing their dependence on family members.
- Reduced incidence of medical emergencies and chronic health issues alleviates emotional and psychological stress within the family, fostering peace and harmony.
- Families can focus more on emotional bonding, support, and quality time rather than managing frequent medical crises, enhancing overall household cohesion and happiness.

In summary, the comprehensive healthcare provided by ARR not only contributes to tangible economic benefits but also profoundly supports emotional well-being and family harmony by promoting health.

IMPACT ON COMMUNITY

The Isha Action for Rural Rejuvenation (ARR) project has notably fostered community awareness and behavioural change, profoundly impacting the overall health and social dynamics within the targeted communities.

Community Awareness & Behavioural Change:

- **Training Programs:**
  - Cardiopulmonary Resuscitation (CPR) and road safety training sessions have effectively increased emergency preparedness among students, equipping them with essential lifesaving skills. This proactive education significantly contributes to creating safer and more resilient communities.

- **Lifestyle Awareness Programs:**
  - Engaging 73 participants, these programs emphasized holistic wellness through yogic practices, traditional medicine, preventive healthcare, and healthy living habits. Community members have adopted healthier lifestyle choices, resulting in improved health outcomes and increased awareness about personal health and well-being.

Acceptance and Support for Mobile Health Clinics (MHCs)

Mobile Health Clinics (MHCs) have played a crucial role in delivering healthcare services directly to previously unreached populations, significantly enhancing accessibility and equity in healthcare delivery. The communities served by MHCs have demonstrated enthusiastic support, regularly providing welcoming receptions ranging from nearby shops to residential homes, underlining the community's appreciation of the free medical check-ups and medications.

Role of Isha Rural Health Clinics (IRHCs)

Isha Rural Health Clinics (IRHCs) have notably catered to underserved communities by offering medical services at a very nominal fee structure, significantly reducing economic barriers. These clinics include essential diagnostic services and affordable comprehensive master health check-ups, thereby considerably lowering healthcare expenses for rural families. The presence of IRHCs has strengthened the healthcare infrastructure, making quality healthcare attainable for rural populations.

"IRHC at Panamarathupatti, Salem is a blessing to all of us, we don't even get this quality of healthcare services in Private hospitals in the Salem City. This is our first go to place" - Villagers of Panamathupatti

Social Harmony and Cohesion

The consistent and community-centered approach of MHCs and IRHCs has enhanced social cohesion and community harmony. Regular interactions and health-oriented gatherings foster a sense of unity among community members, positively impacting communal relationships. Furthermore, by providing equal healthcare opportunities irrespective of socio-economic backgrounds, these initiatives actively contribute to communal harmony and have helped bridge social divides, promoting greater solidarity and cooperation among diverse community groups.

Overall, the ARR initiative has had a far-reaching positive influence, significantly improving community health, fostering preventive health practices, and strengthening the social fabric through inclusive and sustained engagement.

IMPACT ON VOLUNTEERS

Volunteers are integral to the success of the Isha Action for Rural Rejuvenation (ARR) initiative, playing a critical role in bridging gaps in rural healthcare. Their active participation, driven purely by altruism and dedication to social good, brings invaluable benefits, both personal and professional.

Compassion and Empathy

Volunteers, through direct engagement with rural populations, cultivate heightened compassion and empathy. Regular interactions with elders, marginalized groups, and patients confronting health challenges promote a deep emotional understanding of societal vulnerabilities. This experiential learning enriches volunteers' personal lives, instilling a lasting sensitivity towards community welfare and societal issues, shaping them into responsible and caring individuals.

Development of Project Management Skills

The volunteers gain robust project management skills through hands-on experience in the structured healthcare programs run by ARR. Tasks such as planning and executing health camps, managing patient flow, coordinating with healthcare professionals, ensuring availability of medicines, and addressing logistical challenges help volunteers develop a systematic approach to problem-solving and task management. This exposure equips them with valuable skills in planning, organizing, and executing complex community projects efficiently.

Enhanced Communication and Interpersonal Skills

Volunteers significantly enhance their communication skills through regular interactions with diverse groups of beneficiaries, healthcare providers, community leaders, and stakeholders. Clear, empathetic communication is essential for disseminating health-related information, handling patient concerns sensitively, and coordinating effectively within the team. Volunteers, thus, improve their ability to convey messages clearly and compassionately, fostering better community relations and teamwork.

Leadership and Responsibility

Volunteers often assume leadership roles during various stages of the healthcare interventions. Responsibilities like crowd management, coordination among medical staff, and liaison with local stakeholders allow volunteers to develop and showcase their leadership capabilities. Through these experiences, volunteers enhance their decision-making skills, become more accountable, and learn to lead with a sense of responsibility and accountability.

Sense of Satisfaction and Fulfilment

Participation in the ARR initiative provides volunteers with an intrinsic sense of fulfilment and satisfaction. Witnessing tangible positive impacts on community health due to their efforts gives volunteers a sense of purpose and personal fulfilment. Many volunteers express profound satisfaction from contributing meaningfully to societal welfare, reaffirming their commitment to sustained community service.

In conclusion, the volunteer experience within the ARR project not only significantly enriches the healthcare ecosystem but also fosters personal and professional growth among the volunteers, developing compassionate leaders dedicated to driving sustainable change in society.

IMPACT ON NATION BUILDING

The Isha Action for Rural Rejuvenation (ARR) initiative, generously supported by Cholamandalam Investment and Finance Company Limited (CIFCL) and assessed by Right Dots, significantly contributes to nation-building by addressing key healthcare challenges in rural India.

Reducing Healthcare Costs:

ARR's intervention notably reduces individual and family healthcare expenditures. The Mobile Health Clinics (MHCs) offer free medical consultations and medicines, directly cutting the average out-of-pocket expenditure of approximately ₹200 per consultation, which translates to savings of around ₹46,46,000 for 23,230 patients treated between May 2023 and January 2024. Similarly, Isha Rural Health Clinics (IRHCs) in Alandurai and Salem charge a minimal consultation fee (Rs. 20) compared to market rates (Rs. 200), resulting in additional substantial savings of approximately ₹1,367,000 for 7,592 patients.

Enhanced Healthcare Accessibility:

ARR's services bring essential medical care directly to communities previously underserved or entirely unreached by healthcare facilities. Mobile Health Clinics effectively reach populations in remote areas, thereby reducing barriers related to travel distance, transportation costs, and lost wages, especially beneficial to daily wage earners and elderly populations.

Reduction of Disease Burden:

Proactive health interventions and regular screenings for diseases like diabetes, anemia, and hypertension reduce the incidence of severe health conditions. Early detection through routine check-ups minimizes the risk of complications, thereby cutting down healthcare costs related to hospitalizations and emergency medical treatments.

Impact on Productivity and Economic Development:

With improved health outcomes, beneficiaries are able to actively participate in economic activities. Reduced absenteeism due to better health translates to increased productivity and greater economic contribution from rural communities, furthering local economic growth and development.

Strengthening Community Resilience:

ARR's Disaster Relief interventions, such as emergency medical services provided during the Chennai floods and major events like the Palani Pilgrimage and Avinashi temple festival, illustrate the initiative's role in building resilient communities. Immediate medical support during crises significantly minimizes the broader economic impacts of disasters, thus fostering stability and economic resilience at the community level.

In summary, by providing economically viable healthcare solutions, enhancing preventive care, and ensuring timely treatment for chronic and acute health conditions, the ARR initiative makes a profound contribution to nation-building, supporting India's broader development goals.

ECONOMICAL IMPACT OVERALL

Cost Savings for Individuals:

- **Consultation Fees:** The average cost of a doctor's consultation outside the program is approximately Rs 200. In contrast, the Mobile Health Clinics (MHCs) offer free consultations, and the Isha Rural Health Clinics (IRHCs) charge a nominal fee of Rs 20.
- **Medication Expenses:** Medicines are provided free of cost at MHCs and at a 20% discount at IRHCs, leading to substantial savings for patients.

Estimated Total Savings:

- **MHCs:** With 23,230 patients consulted, the savings on consultation fees alone amount to approximately Rs 4,646,000. Including medication costs, the total savings are significantly higher.
- **IRHCs:** With 7,592 patients consulted, the savings on consultation fees are approximately Rs 1,367,000. Including the 20% discount on medications, the total savings are further amplified.

Cost of Reduced Non-Communicable Diseases (NCDs) and Its Impact on Families:

- **Preventive Care:** Regular monitoring and timely intervention for NCDs, such as diabetes and hypertension, have led to a reduction in severe health events like strokes and heart attacks. This not only improves the quality of life but also reduces the financial burden on families associated with emergency treatments and hospitalizations.
- **Productivity Gains:** Healthier individuals contribute more effectively to their households and communities, leading to economic upliftment and reduced dependency.

Category	Description	Estimated Savings (Rs)
Consultation Fees - MHCs	Free consultations instead of Rs 200 per visit	46,46,000 + medication savings
Consultation Fees - IRHCs	Nominal fee of Rs 20 instead of Rs 200 per visit	13,67,000 + medication savings
Medication Expenses-MHCs	Free medicines provided	Significant
Medication Expenses-IRHCs	20% discount on medicines	Moderate
Total Savings - MHCs	Rs 4,646,000 saved on consultations, additional savings from free medicines	High
Total Savings - IRHCs	Rs 13,67,000 saved on consultations, additional savings from medication discounts	Moderate
Cost of Reduced NCDs	Preventive care reduces severe health events like strokes and heart attacks, reducing emergency costs	Substantial
Productivity Gains	Healthier individuals contribute effectively to households and communities, reducing dependency	Long-term economic upliftment

To provide a clearer understanding of the project's reach and effectiveness, the following charts illustrate key aspects of the ARR initiative:

NUMBER OF PATIENTS CONSULTED (MAY 2023 - JAN 2024)

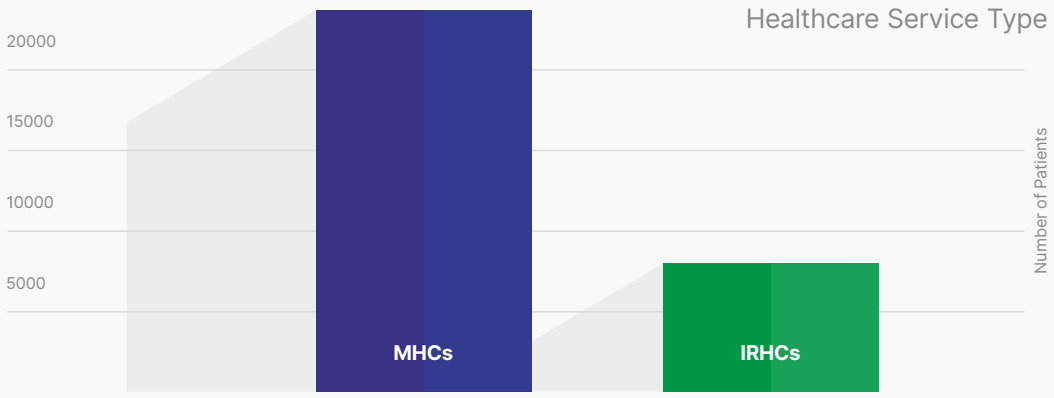
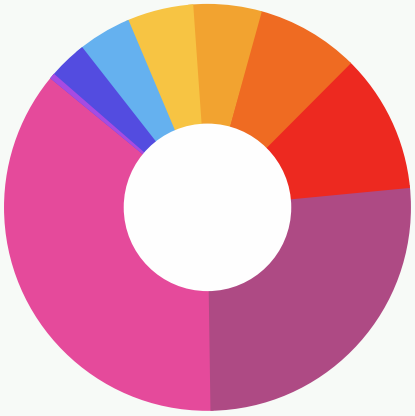


Chart 1: Number of Patients Consulted (May 2023 - Jan 2024)

Inference: Clearly illustrates the significant reach of Mobile Health Clinics (MHCs) with 23,230 patients and Isha Rural Health Clinics (IRHCs) with 7,592 patients.

BREAKDOWN OF SERVICES PROVIDED IN HEALTH CAMPS



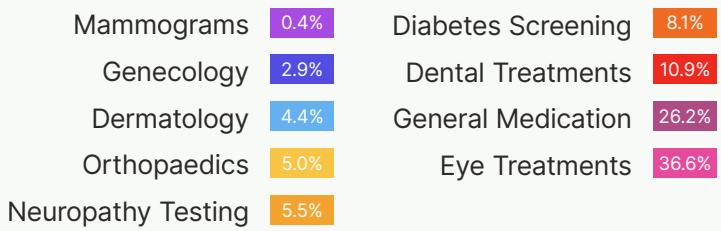


Chart 2 : Breakdown of Services Provided in Health Camps

Inference: Highlights the distribution of services provided, with a significant proportion of eye treatments, general medications, and dental treatments.

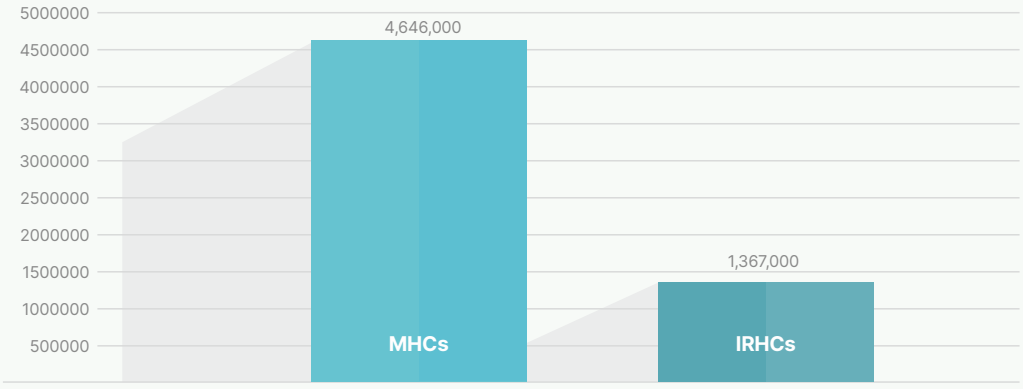


Chart 3: Economic Savings from Consultations

Inference: Demonstrates the substantial economic impact, with the Mobile Health Clinics and Rural Health Clinics significantly reducing healthcare costs for the rural population

The ARR project has demonstrated a profound impact on rural healthcare by providing accessible and affordable medical services, leading to significant economic savings for individuals and communities. The comprehensive approach, encompassing preventive care, specialty consultations, and health awareness programs, has not only improved health outcomes but also contributed to the socio-economic development of the regions served.

5. Evaluation Criteria

RELEVANCE (TAMIL NADU & INDIA PERSPECTIVE)

- **Alignment with Needs:** The initiative addresses critical healthcare gaps in rural and tribal areas, focusing on **maternal health, non-communicable diseases, elderly care, and access to primary healthcare**.
- **State-Level Priorities:** Tamil Nadu has one of the most advanced healthcare infrastructures in India, yet **rural health inequities persist**. Government programs like **Makkalai Thedi Maruthuvam (Doorstep Healthcare)** align closely with the Mobile Health Clinics (MHCs) of this initiative.
- **National Priorities:** India's **Ayushman Bharat Scheme** aims to provide **universal healthcare**, but its coverage in rural areas is still evolving. The initiative complements **Pradhan Mantri Jan Arogya Yojana (PMJAY)** by reaching populations not yet fully integrated into the formal healthcare system.
- **Community Engagement:** The initiative ensures healthcare access for **women, the elderly, and marginalized communities**, supporting **National Health Mission (NHM) goals**.

COHERENCE

- **Policy Coherence:** The initiative aligns with multiple government schemes such as:
  - **Makkalai Thedi Maruthuvam (Tamil Nadu)** - Home-based healthcare focusing on chronic disease screening.
  - **Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS)** - Extending secondary and tertiary healthcare coverage.
  - **Ayushman Bharat-Health and Wellness Centres (HWCs)** - Strengthening primary healthcare.
- **Inter-sectoral Collaboration:**
  - Partnerships with **local hospitals, government health departments, and community health workers** enhance healthcare delivery.
  - Collaboration with **anganwadi workers and ASHAs (Accredited Social Health Activists)** improves maternal and child health outcomes.
- **Complementing Traditional & Modern Medicine:** The initiative integrates **Siddha, Ayurveda, and allopathic care**, reflecting Tamil Nadu's strong culture of traditional medicine usage.

EFFECTIVENESS

The ARR initiative has effectively improved healthcare accessibility and utilization:

- **Mobile Health Clinics (MHCs):** Served 23,230 patients between May 2023 - January 2024, significantly enhancing healthcare accessibility to remote rural communities.
- **Isha Rural Health Clinics (IRHCs):** Conducted consultations for 7,592 patients, providing affordable, accessible medical services and significantly reducing tertiary healthcare burdens.
- **Specialty Health Camps:** Organized 55 camps benefiting 9,287 patients, significantly improving disease detection and health awareness.
- **Emergency Response:** Promptly supported 2,980 individuals during the Chennai floods and provided medical services during large events such as the Palani Pilgrimage and Avinashi temple festival.

Health awareness initiatives have effectively addressed anemia (124 women treated), maternal nutrition (20 expecting mothers supported), diabetes management, and CPR training in schools, significantly enhancing preventive healthcare measures and community health literacy.

EFFICIENCY

The ARR initiative has achieved notable efficiency through optimal resource utilization:

- **Resource Utilization:**
  - Mobile Health Clinics (MHCs) efficiently deliver cost-effective, doorstep healthcare services, optimizing the use of resources and significantly reducing costs associated with patient travel and healthcare access.
  - Strategic use of digital tools for patient management and medicine inventory tracking ensures precise resource allocation and reduces waste.
- **Cost-effectiveness:**
  - Despite Tamil Nadu's established healthcare infrastructure, the rural population continues to face high out-of-pocket healthcare expenses. ARR provides essential primary healthcare services either free of charge through MHCs or at nominal costs through IRHCs, substantially reducing financial burdens on rural families.

IMPACT

- **Health Outcomes:**
  - **Early disease detection and chronic disease management** improved health indicators in rural communities.
  - **Reduced burden on tertiary hospitals** by addressing primary care needs locally.
- **Behavioural Changes:**
  - Greater **community participation in preventive healthcare.**
  - **Increased uptake of vaccinations, lifestyle disease screenings, and maternal care services**.
- **Disaster Preparedness:**
  - The initiative demonstrated **strong adaptability in disaster response**, ensuring medical aid during crises.

SUSTAINABILITY

- **Long-Term Viability:**
  - **Training of local community health workers and volunteers** ensures continuity.
  - **Integration with Tamil Nadu's health mission and NHM ensures policy sustainability**.
- **Financial & Institutional Sustainability:**
  - **Encouraging CSR investments** and multi-stakeholder funding mechanisms.
  - Strengthening **digital healthcare services and telemedicine** to increase long-term impact.

6. Stakeholder Perspectives

Patients:

Expressed high satisfaction due to accessibility, affordability, and quality of services.

Healthcare Providers:

Highlighted challenges in logistics, medicine inventory, and increasing demand for services.

Community Leaders:

Emphasized the need for expanded health awareness programs and infrastructure support.

Stories from the field

ANTENATAL CARE - ANEMIA CARE, COIMBATORE

Anandhi from Semmedu: Since my 5th month of pregnancy, the team monitored me when my Hb was 8. With their home-delivered nutrition kit (Madhula Manapagu, eggs, chikki, sundal, oranges), my Hb improved to 11. I also attended online yoga sessions and pregnancy care sessions at Semmedu PHC with Isha volunteers. Today, I proudly hold a healthy baby!

PEDIATRIC CARE - IRHC, COIMBATORE

Praveen Kumar (6) and Sudan Kumar (9) struggled to read the board at school and were diagnosed with cataract at an Isha eye care camp. It was shocking to learn that such young children could have this condition, and as a single-parent family, we couldn't afford the surgery. Thanks to the RHC team, both received free cataract surgery and are now doing well. The elder one now dreams of becoming a doctor says the parent.

ADULTHOOD - NALAM, SALEM

Saranya (26) - Struggling with irregular periods, I visited the RHC, where my family often goes for common ailments like cold and fever. I was introduced to Siddha medicine, and over time, I experienced a remarkable improvement-my cycle is now regular, and I feel healthier

MIDDLE AGE - NALAM

I had been struggling with sleeplessness for several years. I came across the Nalam program through their pamphlets. At the time, I concealed my alcohol use because I feared they might not let me participate in the program. However, I made some lifestyle changes and followed their advice on alternatives. As a result, I successfully quit alcohol and now sleep peacefully. Later, I learned that the team was aware of my struggle with alcohol but still chose to include me because they recognized the efforts I was making to quit. I am truly grateful to the team for their understanding and support.

Stories from the field

LATE MIDDLE AGE - IRHC, COIMBATORE

Balamani (52 years) As the sole breadwinner, I support my family through tailoring and flower selling, which often causes shoulder pain. A private hospital advised physiotherapy at ₹250 per session, which was too costly. I then discovered the IRHC, where the same treatment costs just ₹50 and is available until 7:30 PM, making it affordable and convenient, easing my financial burden.

SENIOR CITIZEN / ELDERLY - NALAM

Bose (60) A regular visitor to IRHC for cold and cough, I joined the 10-month Nalam program out of curiosity. With simple lifestyle changes and home remedies learned from the sessions, I not only improved my health but also saved ₹1,800 per month on medical bills. Seeing others heal through these practices, life truly became a celebration!

SENIOR CITIZEN/ ELDERLY - IRHC, COIMBATORE

Sarojini (65) im a daily wage labour and while at work a stub poke into my chest and came for treatment but coming here the doctor treated the wound but urged me to get a cancer screening done as he suspected breast cancer . i was shattered but the RHC team stood by me and helped me financially and morally to complete 8 sets of chemotheraphy and today the same doctor declared im cancer free. Im greatful to the team here without which i wouldnt have survived

OLD AGE, MHC COIMBATORE

Kaliathal (100) They say I'm 100 years old, and with that comes daily fatigue and joint pain. I have no one to take me to a hospital, and traveling by bus is impossible. But the MHC is a blessing-I can simply walk there, get oil and ointment, and it helps me sleep peacefully. At this age, all I want is a little food and restful sleep, and MHC makes that possible.

Stories from community and team

PRABHA (SHOP KEEPER)

I run this shop, and every Thursday, the MHC van stops here, drawing a crowd from the village. I've witnessed firsthand how it greatly benefits the elderly, who struggle to travel the 7 km to the PHC in Puluvapatti, ensuring they get the care they need close to home.

CHANDRAN & PREETHA (BAKERY)

We've seen many villagers benefit from the medical camps, especially those needing knee surgery, as there is no nearby PHC, making these camps a vital healthcare support for the community.

DR. JAYASURYA, RAJESHWARI & KAVYA (NURSE)

Treating patients from all age groups has been a deeply fulfilling experience, and serving society feels like washing away my karma. The warm reception from the community makes it even more rewarding, and though we lack restroom access, the volunteers kindly offer their facilities, making our work easier.

DR. SRIRAM

I truly enjoy interacting with patients and feel happy knowing they complete their full course of medication, as it's provided for free. Otherwise, they would only buy medicines based on what they could afford. However, a major challenge is ensuring they take medicines correctly, especially the elderly, who often misinterpret dosage instructions. For instance, if prescribed once in the morning, they may take it morning and evening, then return saying it's finished. Explaining this to them can be difficult, but we do our best to guide them.

Stories from community and team

RAJASHEKAR
(COMMUNITY SOCIAL WORKER, ISHA)

Having previously worked with Ayush, I now help mobilize patients for the medical camps. Every time I visit the village, people eagerly ask about the next camp, showing how much they rely on these services. It's incredibly fulfilling to support surgeries and treatments, knowing the positive impact these camps have on their lives.

DR. PRANAKA, NALAM

After completing my MBBS, I transitioned to Siddha medicine after witnessing its profound benefits. We offer a 10-month training program, teaching lifestyle changes, herbal remedies, and home treatments for common ailments like cold, cough, and body pain, which have shown remarkable results. In December 2023, we were honored to present this program at the Global Ayurveda Festival in Thiruvananthapuram. We also developed a first-of-its-kind study chart, showcasing our holistic approach to healing.

DR. DEEPA, GPHC SEMMEDU

Our PHC focuses on Maternal and Child Health, but we struggled to identify and regularly reach high-risk mothers due to low health-seeking behavior among the tribal population. Isha's intervention has significantly improved patient flow through their medical camps, reaching populations beyond the government's access, as we lack a mobile van and only have a mobile team. Isha's health kits bridge critical gaps, ensuring better maternal care. In 2023-2024, we had 132 deliveries, including 14 low birth weight babies (<2.5kg), with MMR at 0 and IMR at 1-2. Thanks to consistent monitoring, in 2024-2025, we successfully completed 136 deliveries, with just 2 low birth weight babies, marking a remarkable improvement.

SENTHIL KUMAR, RAJAMANI, SWAMYNATHAN - COMMUNITY CHAMPIONS

Having an IRHC with a scanning facility would be a huge support for our 150+ families and nearby tribal villages, as we have bus access here. Currently, people must travel 7-8 km to reach a PHC or private hospital, making healthcare difficult and inaccessible for many. This facility would greatly ease the burden on our community.

7. Challenges & Lessons Learned

Logistical constraints in reaching remote villages during extreme weather.	High demand for specialty healthcare, requiring more frequent camps.	Sustained funding required to expand services and maintain medical equipment.	Community engagement crucial for improving health-seeking behaviour.

8. Way Forward Recommendations

- **Improve the patient card system:** The current A4-sized patient cards are inconvenient for elders. A more durable, pocket-sized booklet or a thicker file should be explored for better usability.
- **Enhance medical governance at IRHCs:** Doctors should be encouraged to seek guidance from senior surgeons and specialists to incorporate new techniques and best practices into treatments.
- **Restroom facility in MHCs:** The absence of a restroom for doctors, nurses, and drivers forces them to rely on nearby volunteer houses. A dedicated restroom facility should be added to enhance staff convenience and hygiene.
- **Ergonomic Seating for Doctors:** Given that doctors spend a significant amount of time inside the mobile vans, the current seating arrangement is inadequate and can lead to discomfort or long-term strain. Ergonomically designed seating should be installed to support staff well-being and efficiency
- **Improve accessibility in MHCs:** The high stairs in MHCs make it difficult for elders to climb up and down, posing a tripping hazard. A modified design with an easy-access ramp should be introduced.
- **Strengthen data collection and trend analysis:** The current system only holds three months of data. It should be upgraded to store historical data for better trend analysis, patient tracking, and health outcome assessments
- **Exclusive breastfeeding (EBF)** for the first six months is essential for infant health. Nationally, India's EBF rate is 43%, while in Tamil Nadu, it stands at 48.3%. It is vital for volunteers to educate young mothers about the importance of exclusive breastfeeding, as it strengthens infant immunity, helps reduce malnutrition, and promotes overall child well-being. This initiative could also be integrated into the program.
- **Integration of employee volunteering** in special camps and other avenues of the donor organization.

9. Conclusion

The Chola - ARR initiative has demonstrated significant social impact by improving healthcare access, early disease detection, and promoting preventive healthcare practices in rural Tamil Nadu and Karnataka. The integration of MHCs, IRHCs, specialty camps, and health awareness programs has empowered communities to take charge of their health. Moving forward, strategic expansion, digital integration, and stronger community participation will be key to sustaining and enhancing the long-term impact of this initiative.

ABOUT RIGHT DOTS

With a rich industry experience spanning more than a decade, we have embraced a transformative journey fuelled by our unwavering commitment to creating positive change. Our purpose at Right Dots is to empower individuals and organizations to reach their full potential. We provide a comprehensive suite of services that encompass

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