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## IMPACT ASSESSMENT REPORT

### eLAJ Smart Clinics

Implemented by: Biocon Foundation

 **SoulAce**  
Path to Sustainability

SOULACE CONSULTING PVT. LTD.



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### SOCIAL IMPACT ASSESSMENT CERTIFICATE

This is to certify that SoulAce Consulting Pvt Ltd has carried out Impact Assessment of eLAJ Clinic Initiative undertaken by Syngene International Ltd. as part of the Corporate Social Responsibility for the Financial Year FY 24-25.

The impact assessment was carried out in April 2026

Place: Kolkata, West Bengal

Date: 06/05/2026



For SOULACE CONSULTING (P) LTD.  
Authorised Signatory

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# EXECUTIVE SUMMARY

## PROJECT BACKGROUND

The eLAJ Smart Clinic Initiative, supported by Sygene International's CSR programme, was established to strengthen access to high-quality primary healthcare services for underserved and vulnerable communities, particularly elderly populations and individuals with chronic non-communicable diseases(NCDs).

The programme was designed to address critical gaps in accessible diagnostics, continuity of care, treatment affordability, and structured follow-up systems. Many beneficiaries previously relied on overcrowded government hospitals or expensive private clinics, leading to inconsistent monitoring and financial strain. The eLAJ model integrates doctor consultations, diagnostic services, medicine distribution, patient record tracking, and referral linkages into a single, structured platform.

The initiative has significantly improved early diagnosis, treatment adherence, continuity of care, and reduced out-of-pocket expenditures. By combining accessibility, affordability, and structured monitoring, the programme has contributed to improved health outcomes and enhanced well-being among elderly and economically dependent populations.

To ensure long-term sustainability and scalability, the programme the medicine supply chain, and replicating the model in additional underserved districts.

## PROJECT DETAILS



### Assessment Year

FY 2025-2026



### Supporting Organisation

Sygene International Ltd.



### Implementing Agency

Biocon Foundation



### Beneficiaries

Geriatric, Diabetes and Hypertension Patients, Women and Child



## Location

Bangalore- Austin town, Hennagara and Huskur



## Sample Size for Assessment

150 beneficiaries



## Alignment with SDGs



## PROJECT ACTIVITIES



Establishment and operationalization of eLAJ Smart Clinics in 2015.



Provision of doctor consultations and primary healthcare services



Regular diagnostic services (Blood sugar ,CBC, LFT, RFT, HBA1C, etc..)



Chronic disease (NCD) management and monitoring



Household screening which includes registration of patients and vital screening



Structured follow-up and referral coordination with distribution of essential medicines



Maintenance of patient health records (printed and digital IDs)



Community awareness on health monitoring and adherence



### Periodic monitoring and impact assessment



# KEY FINDINGS

## ACCESS AND DEMOGRAPHIC PROFILE



**68.0%**

of beneficiaries are above 50 years, indicating a strong focus on elderly healthcare.



**56.67%**

of beneficiaries are women, reflecting equitable access and trust.



**69.0%**

reside within 1 km of the clinic, indicating ease of accessibility to Patients.



**30.0%**

of households have a monthly income below ₹5,000, indicating that the intervention is effectively reaching a significant proportion of economically vulnerable, low-income populations. 20.7% households have a monthly income of ₹5000-10000. The remaining respondents were observed to be of middle-class income.

## HEALTH PROFILE AND SERVICE UTILISATION



Among the NCD patients, 85.33% were diagnosed with diabetes and 83.33% with hypertension, underscoring the high burden of NCDs within the community. The other ailments were seen to spread across heart and respiratory ailments.



More than half of the respondents (54.67%) were first diagnosed at eLAJ, highlighting the platform's strong role in proactive screening and early detection of chronic conditions.



Service utilisation levels are notably high, with 93.33% of respondents fixed laboratory diagnosis, 88.0% receiving blood pressure check, and 87.33% consulting with a doctor—reflecting comprehensive and accessible care delivery.



Regular engagement with services is evident, as 74.67% of beneficiaries reported visiting the clinic monthly, indicating consistent follow-up and adherence to treatment protocols.



An overwhelming 95.33% of respondents reported that their treatment is better monitored and tracked at eLAJ than at other healthcare facilities, reinforcing the system's effectiveness in maintaining continuity of care and patient management.

## TREATMENT ADHERENCE AND BEHAVIOURAL CHANGE



A strong 85.33% of beneficiaries reported taking their medications daily as prescribed, reflecting high levels of treatment adherence and a growing sense of responsibility towards managing their health.



About 84.67% experienced improved regularity in medication intake after enrolling in eLAJ, suggesting that the intervention has positively influenced discipline in treatment routines and reduced the risk of complications.



More than half (54.0%) now proactively visit eLAJ clinics for regular monitoring, rather than waiting for severe symptoms to appear, indicating a clear shift from treatment to preventive healthcare-seeking behaviour, as reported by beneficiaries themselves.



Around 42.0% have adopted healthier lifestyle practices such as improved diet and regular exercise, highlighting increased awareness and behavioural change towards long-term disease management.



A significant 88.0% prefer eLAJ as their first point of healthcare contact, demonstrating high trust, perceived reliability, and satisfaction with the services, along with improved accessibility and continuity of care.

## REFERRAL AND CONTINUITY OF CARE



Nearly one-third of beneficiaries (31.33%) were referred to higher-level healthcare facilities when required, indicating that appropriate clinical judgement and timely escalation of care are integral to the service delivery model.



Among those referred, an overwhelming 97.87% adhered to the referral advice, reflecting strong trust in the guidance provided and confidence in the care pathway suggested by eLAJ.



Further, 93.47% of referred beneficiaries returned for follow-up consultations, demonstrating continuity of care and sustained engagement with the system even after accessing higher-level services.



Collectively, these findings highlight robust care coordination, seamless referral linkages, and a high degree of patient trust, ensuring that beneficiaries remain connected to the continuum of care throughout their treatment journey.

## FINANCIAL IMPACT



A significant 94.67% of beneficiaries reported a reduction in their overall healthcare expenditure after enrolling at eLAJ, indicating substantial cost savings at the household level.



This reduction is largely driven by a decreased reliance on private healthcare facilities, resulting in notable financial relief—particularly for low-income households—while also improving access to free, consistent care.

## SERVICE QUALITY AND SATISFACTION



**93.33%**  
received laboratory diagnosis during initial visit at eLAJ clinic.



**71.33%**  
reported shorter waiting times.



**84.67%**  
rated staff behaviour as respectful.



**88.67%**  
expressed strong trust in doctors.



**74.0%**  
are "very satisfied," and 22.67% are moderately satisfied with services.  
Overall satisfaction exceeds 96.0%, indicating strong service acceptance.

# KEY IMPACTS



## IMPROVED ACCESS TO FREE HEALTHCARE

The clinic model has significantly enhanced accessibility through proximity, structured follow-ups, and integrated diagnostics, reducing reliance on distant government or costly private hospitals.



## STRENGTHENED CHRONIC DISEASE MANAGEMENT

Regular monitoring, improved adherence, and systematic tracking have contributed to better management of diabetes and hypertension, preventing complications and promoting long-term health stability.



## FINANCIAL RISK PROTECTION

Reduced out-of-pocket expenditure has alleviated economic strain on vulnerable households, particularly elderly and economically dependent individuals.



## BEHAVIOURAL TRANSFORMATION IN HEALTH-SEEKING PRACTICES

Beneficiaries now demonstrate proactive healthcare behaviour, improved medication adherence, and increased awareness regarding lifestyle management.



## ENHANCED TRUST AND COMMUNITY OWNERSHIP

High satisfaction levels and word-of-mouth referrals indicate strong community trust and acceptance of the model.

## OVERALL CONCLUSION

The eLAJ Smart Clinic Initiative has successfully delivered accessible, free, and high-quality primary healthcare services, particularly for elderly patients and those with chronic diseases. The integrated service model has led to measurable improvements in health outcomes, financial protection, treatment adherence, and patient satisfaction. With strengthened digital systems and strategic expansion, the programme holds strong potential for scalable, sustainable community healthcare impact.

# 01. INTRODUCTION

## NEED FOR THE PROGRAM

Rural and peri-urban communities in Karnataka continue to experience structural healthcare challenges that go beyond the mere availability of services. Although Primary Health Centres (PHCs) are physically present in many areas, they often function with limited diagnostic capability, insufficient equipment, and weak follow-up systems. These operational gaps lead to longer waiting times, inconsistent chronic disease management, and reduced confidence in public facilities. Consequently, many patients bypass PHCs and seek care from private clinics despite higher costs, primarily due to perceived efficiency and better access to diagnostics.

At the same time, the burden of Non-Communicable Diseases (NCDs), particularly diabetes and hypertension, has been steadily increasing. However, early detection at the primary level remained inadequate, as screening was largely opportunistic and symptom-driven rather than systematic and preventive. This resulted in delayed diagnosis and poor continuity of care for chronic conditions.

Recognising these interconnected gaps, the idea of establishing dedicated clinics was conceived to specifically reach NCD-affected populations. Locations were strategically selected in areas with no or limited PHC presence, thereby reducing travel time and improving accessibility. The intervention was designed not as a parallel healthcare model, but as a systems-strengthening approach—aimed at reinforcing public health infrastructure, enhancing diagnostic capability, building staff capacity, and promoting preventive health behaviour. By addressing structural weaknesses rather than temporary service gaps, the programme sought to ensure early detection, continuous management, and long-term improvement in NCD outcomes at the community level.

## OBJECTIVES

### Short-term goal

Enhancing accessibility, continuity, and comprehensiveness of primary healthcare services with a specific thrust on non-communicable diseases. The program is also committed to ensuring continuity of care for patients with chronic conditions, while promoting preventive care services for women and children through dedicated well-women and well-baby initiatives

### Long-term goal

The eLAJ program seeks to strengthen the public health system by integrating technology, data, and service delivery to improve health outcomes for vulnerable populations.

# 02 RESEARCH METHODOLOGY

Syngene International mandated SoulAce to conduct an impact assessment study of the eLAJ Smart Clinic Centres to evaluate the effectiveness of the CSR-supported primary healthcare intervention. The study aimed to assess the impact of eLAJ clinics on improving access to free healthcare, strengthening chronic disease (NCD) management, enhancing healthcare awareness, improving treatment adherence, reducing out-of-pocket expenditure, and contributing to the overall health and well-being of the beneficiary communities, particularly elderly and economically underprivileged sections of the community.

## OBJECTIVES OF THE STUDY

The primary objectives of the study were:



To evaluate the sustained and immediate impacts of the eLAJ Smart Clinic intervention on beneficiary health outcomes.



To assess improvements in access to primary healthcare services, diagnostic facilities, and affordability of care.



To measure changes in treatment adherence, health-seeking behaviour, follow-up practices, and referral compliance among NCD patients.



To examine the reduction in healthcare expenditure and financial burden on beneficiary households.



To identify strengths, operational gaps, and areas for improvement in programme implementation.

## USE OF MIXED METHOD APPROACH

The evaluation adopted a comprehensive mixed-methods approach, integrating both quantitative and qualitative research methodologies to ensure a holistic assessment.

The qualitative component enabled in-depth exploration of beneficiary experiences, satisfaction levels, behavioural changes, and perceptions regarding service quality and accessibility. It captured contextual realities and nuanced insights into how the intervention influenced health practices and financial security.

Simultaneously, quantitative methods facilitated structured data collection from beneficiaries through surveys, enabling statistical analysis of key indicators, including visit frequency, disease prevalence, diagnostic uptake, medication adherence, cost reduction, and overall satisfaction.

By combining qualitative narratives with quantitative evidence, the study ensured triangulated, robust, and multidimensional findings that strengthened the validity of conclusions drawn about the eLAJ programme's impact.

## APPLICATION OF QUALITATIVE TECHNIQUES

Qualitative methods were used to gain deeper insights into the lived experiences of beneficiaries and stakeholders. Focus group discussions and Semi-structured interviews were conducted with:

- NCD patients (diabetes and hypertension beneficiaries)
- Elderly patients
- Women beneficiaries
- Clinic staff and Program Management Team

These engagements helped explore perceived improvements in health status, changes in healthcare-seeking behaviour, challenges faced before eLAJ enrollment, satisfaction with services, referral experiences, and financial relief. Testimonials provided real-life narratives illustrating the programme's transformative impact on accessibility and affordability of healthcare.

## APPLICATION OF QUANTITATIVE TECHNIQUES

Quantitative techniques were used to measure programme outcomes objectively. Structured questionnaires were administered to beneficiaries to collect numerical data on:

- Age, gender, and socio-economic profile
- Distance from clinic and frequency of visits
- Prevalence of diabetes, hypertension, and other conditions
- Diagnostic uptake and treatment adherence
- Referral compliance and follow-up tracking
- Healthcare expenditure before and after eLAJ enrollment.
- Satisfaction levels and service quality ratings

The collected data were analysed statistically to identify patterns, trends, and measurable improvements attributable to the intervention.

## ENSURING TRIANGULATION

To enhance reliability and validity, the study adopted multiple triangulation strategies:

Data triangulation was ensured by collecting information from diverse sources, including beneficiaries, clinic staff, programme records, and referral documentation.

Methodological triangulation was implemented by combining surveys, interviews, focus group discussions, and document review. This cross-verification minimised biases and strengthened the credibility of findings.

Through triangulation, the study ensured a comprehensive, balanced, and evidence-based evaluation of the eLAJ Smart Clinic programme.

## DESIGN SNAPSHOT



### Name of the project

eLAJ Smart Clinic



### Supporting Organisation

Syngene International Ltd.



### Implementing Agency

Biocon Foundation



### Research Design Used

Descriptive research design



### Sampling technique

Combination of purposive and random sampling



### Sample size

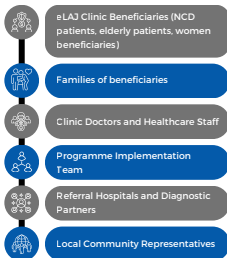
150 beneficiaries



## Qualitative Methods Used

Semi-structured interviews, beneficiary testimonials, and focus group discussions with beneficiaries and clinic staff

## KEY STAKEHOLDERS



## STUDY TOOLS STRUCTURED QUESTIONNAIRES FOR BENEFICIARIES

Comprehensive questionnaires were designed based on predefined indicators aligned with programme objectives. Indicators covered access, affordability, diagnostics, adherence, referral systems, and satisfaction levels.

**Semi-Structured Interview Guides:** Used for qualitative discussions with beneficiaries and staff to explore experiences, operational strengths, and implementation challenges.

**Focus Group Discussion (FGD) Framework:** FGDs were conducted to understand collective community perceptions, behaviour change patterns, and awareness levels regarding chronic disease management.

**Secondary Data Review:** Clinic records, diagnostic registers, referral data, and service utilisation reports were reviewed to validate primary findings.

## ETHICAL CONSIDERATIONS

The impact evaluation was conducted under a strong ethical framework to ensure participant rights, dignity, and confidentiality.

- **Informed Consent:** Participants were fully informed about the procedures, purpose, potential benefits, and voluntary nature of the study before participation.
- **Confidentiality and Privacy:** Personal identifiers were anonymised, and collected data were securely stored with restricted access.
- **Voluntary Participation:** Respondents participated without coercion and were free to withdraw at any stage.
- **Respect and Dignity:** Special care was taken while engaging elderly beneficiaries and individuals with chronic conditions, ensuring respectful and sensitive interactions.

By adhering to these ethical principles, the study maintained transparency, credibility, and integrity throughout the evaluation process.

## 03. KEY FINDINGS

### PRE-INTERVENTION SCENARIO

Before the intervention, PHCs were not available in the target locations. Patients frequently preferred private practitioners, even for minor ailments, due to perceptions of better service and quicker diagnostics. Diagnostic infrastructure at PHCs was either outdated or insufficient, forcing patients to travel to secondary facilities for routine tests such as haemoglobin and blood glucose levels. This increased both direct and indirect healthcare costs.

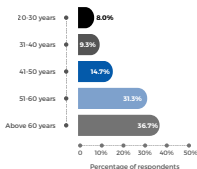
NCD detection was largely reactive. Many cases of hypertension and diabetes were identified only after complications emerged. Follow-up mechanisms were weak, and medication adherence was inconsistent due to insufficient systematic monitoring. Also the absence of PHCs in these particular locations posed a great challenge.

Overall, the pre-intervention scenario reflected structural inefficiencies, a limited preventive orientation, and fragmented continuity of care.



## AGE-WISE UTILISATION PATTERNS AND ASSOCIATED HEALTH BENEFITS

**CHART 1: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY AGE**



### Higher Engagement among Elderly (Above 60 years – 36.7%)

The largest proportion of beneficiaries falls in the 60+ age group, indicating that eLAJ is effectively reaching those with the highest need for continuous care. Beneficiaries in this group reported better management of chronic conditions such as hypertension and diabetes, along with reduced need for frequent hospital visits through regular monitoring and medication support.

### Strong Coverage of Pre-Elderly Population (51-60 years – 31.3%)

A significant share of respondents are in the 51-60 age bracket—an age where NCD risks typically increase. Beneficiaries in this group highlighted the benefit of early diagnosis and routine check-ups, which helped them initiate timely treatment and avoid complications.

### Moderate Representation of Middle-Aged Group (41-50 years – 14.7%)

This group reflects growing health awareness, with beneficiaries reporting that access to screening services enabled early identification of risk factors. Many indicated adopting preventive behaviours such as regular check-ups, improved diet, and lifestyle changes.

### Emerging Preventive Health-Seeking Behaviour (31-40 years – 9.3%)

Though smaller in proportion, this group demonstrates a shift towards preventive care. Beneficiaries reported visiting clinics not just for illness but also for periodic monitoring, which helps detect early risks and plan for long-term health.

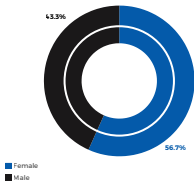
### Limited but Positive Youth Engagement (20-30 years – 8.0%)

The lowest representation is among younger individuals, as expected, given their lower immediate health needs. However, those engaged reported benefits, such as increased awareness of healthy practices and early screening, which contributed to prevention and long-term well-being.

The age distribution suggests that eLAJ is strongly aligned with the needs of older and high-risk populations while also gradually encouraging younger groups to engage in preventive healthcare. This balanced reach enhances both immediate disease management and long-term health outcomes within the community.

## GENDER-WISE REACH AND ENHANCED BENEFITS FOR WOMEN

CHART 2: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY GENDER



### Higher Participation of Women (56.7%)

The majority of beneficiaries are women, indicating that eLAJ has successfully improved healthcare access for women, who often face barriers to timely care. Women reported that the proximity and affordability of services enabled them to prioritise their own health, which is often neglected.

### Improved Access and Autonomy in Health-Seeking

Women beneficiaries highlighted that the availability of local, reliable services reduced their dependence on male family members for travel and decision-making. This has contributed to greater autonomy and confidence in seeking care, particularly for regular check-ups and chronic disease management.

### Better Management of Chronic Conditions

A significant number of women reported benefiting from regular screening and follow-ups for conditions such as diabetes and hypertension. Continuous access to medicines and monitoring has helped them maintain stable health, reducing fatigue and improving their ability to manage household responsibilities.

### Reduction in Financial and Time Burden

Women emphasised that reduced healthcare costs and shorter travel distances have eased both financial and time-related pressures. This has been particularly beneficial for women managing households, as it minimises disruptions to daily routines.

### Increased Preventive Care and Health Awareness

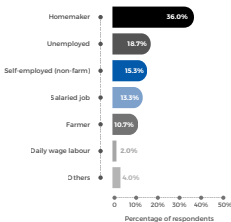
Many women reported a shift towards preventive healthcare practices, including routine check-ups, improved diet, and medication adherence. This reflects enhanced awareness and long-term health consciousness.

### Overall Inference

The gender distribution demonstrates that eLAJ is not only inclusive but also particularly empowering for women—improving their access, decision-making capacity, and overall health outcomes, while reducing systemic and socio-economic barriers to care.

## OCCUPATIONAL PROFILE

**CHART 3: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY OCCUPATION**



Homemakers (36.0%) and unemployed individuals (18.67%) together form more than half of the respondents. This demonstrates that the clinic serves economically dependent groups who may otherwise struggle with regular healthcare expenses. The inclusion of self-employed individuals (15.33%) and salaried individuals (13.33%) indicates that services are not limited to low-income groups. Instead, the clinic appears to serve a socially diverse population, reinforcing its inclusive and community-wide outreach model.

**CHART 4: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY MONTHLY HOUSEHOLD INCOME**



The income distribution indicates that a large share of beneficiaries fall into economically

constrained segments, with nearly half earning less than ₹10,000 per month and only a small proportion in higher-income brackets.

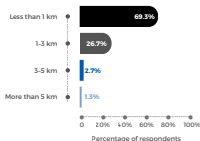
Even among those earning above ₹20,000, healthcare expenses can pose a significant financial burden, especially for chronic conditions requiring long-term care. This suggests that, in practical terms, most groups represented are economically vulnerable to varying degrees. Across these groups, beneficiaries consistently reported that access to eLAJ has reduced their out-of-pocket healthcare expenditure, primarily by minimising dependence on costly private facilities. The free consultations done, diagnostics, and medicines has enabled them to seek timely care without delaying treatment due to financial concerns.

Many also highlighted that predictable and no healthcare costs have helped them better manage household finances, avoiding sudden, high medical expenses that often lead to borrowing or financial stress. For those with chronic illnesses, the ability to access regular follow-ups and medications at low cost was reported as particularly beneficial, ensuring continuity of care without compromising other household needs.

Overall, across income categories, beneficiaries experienced tangible financial relief, improved affordability of care, and greater confidence in seeking healthcare—indicating that eLAJ effectively addresses economic barriers across community.

## PROXIMITY TO SERVICES AS A KEY DRIVER OF HEALTHCARE ACCESS AND UTILISATION

CHART 5: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY DISTANCE TO ELAJ CLINIC



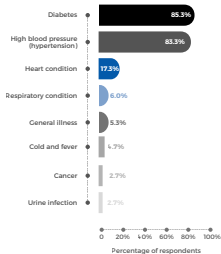
The distribution clearly highlights that physical proximity plays a critical role in enabling access to healthcare. With 69.3% of beneficiaries residing within 1 km of the eLAJ clinic and another 26.7% within 1-3 km, the vast majority can easily and quickly reach services. This close accessibility was reported as a key factor in encouraging regular visits, timely consultations, and adherence to follow-up schedules.

Beneficiaries emphasised that shorter distances significantly reduce travel time, transportation costs, and dependency on others—particularly benefiting elderly individuals, women, and those with chronic conditions who require frequent monitoring. The convenience of nearby services has also led to a shift from delayed, need-based visits to more proactive and preventive health-seeking behaviour.

The very small proportion of respondents living more than 3 km away (just about 4.0%) further reinforces that eLAJ has been strategically located to maximise reach and usability. Overall, the findings demonstrate that improved geographical access directly translates into higher service utilisation, better continuity of care, and more consistent health outcomes, making accessibility a cornerstone of effective healthcare delivery.

## PREVALENT HEALTH CONDITIONS

CHART 6: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY DIAGNOSED HEALTH CONDITIONS



### Disease Burden Profile and Implications for Care

The distribution of diagnosed conditions clearly indicates that non-communicable diseases (NCDs) dominate the health profile of beneficiaries, with 85.3% reporting diabetes and 83.3% hypertension. This reflects a high and overlapping burden of chronic conditions within the community, requiring sustained, long-term management rather than episodic care. Beneficiaries reported that regular access to screening, medication, and follow-ups has helped them better control these conditions and avoid complications.

A notable 17.3% also reported heart-related conditions, suggesting progression or comorbidity linked to unmanaged or long-standing NCDs. In such cases, beneficiaries highlighted the importance of continuous monitoring and timely referrals, which have enabled them to seek appropriate higher-level care when needed.

In contrast, relatively smaller proportions reported acute or less severe conditions such as respiratory issues (6.0%), general illness (5.3%), cold and fever (4.7%), cancer (2.7%), and urinary infections (0.7%). While these conditions are present, they are not the primary drivers of healthcare utilisation. However, beneficiaries noted that access to immediate consultation and treatment for such conditions has reduced discomfort and prevented further deterioration of their health.

Overall, the findings suggest that eLAJ is effectively aligned with the community's primary healthcare needs—particularly the management of chronic diseases. Beneficiaries consistently reported improved health stability, fewer complications, and greater confidence in managing their conditions due to the availability of continuous, accessible, and comprehensive care.



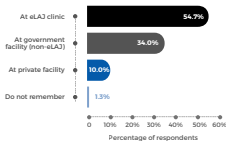
#### Testimonial from Community Health Workers - Austin Town

As community health workers, we see ourselves as the bridge between families and the clinic. Every week, we walk through lanes and households, checking blood pressure, identifying symptoms, and encouraging people to seek care early. Many residents used to ignore minor health issues, but now they trust us when we say that consultation, medicines, and tests are free at the eLAJ clinic. The structured camp schedule—whether it's NCD, Well Baby, or Mental Health—has made healthcare predictable and accessible. What motivates us most is seeing patients who once feared diagnosis now come forward confidently, knowing they will be cared for without financial burden.



## ROLE OF ELAJ IN EARLY DIAGNOSIS OF NCDs

CHART 7: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY TIME SINCE DIAGNOSIS OF MAIN CONDITION



The data shows that a majority of beneficiaries (54.7%) were first diagnosed with their primary health condition at eLAJ clinics, highlighting the platform's strong role in early detection of non-communicable diseases (NCDs). This indicates that eLAJ is not just a point of treatment, but a critical entry point into the healthcare system, enabling timely identification of conditions that might otherwise remain undiagnosed.

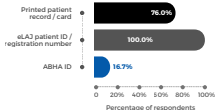
A significant proportion (34.0%) were initially diagnosed at other government facilities, suggesting that while the public health system plays an important role, eLAJ complements and strengthens it by ensuring continued access to screening and follow-up care. Beneficiaries often reported that even if diagnosed elsewhere, they rely on eLAJ for regular monitoring and management.

Only 10.0% reported first diagnosis at private facilities, reinforcing that cost and accessibility barriers often limit initial engagement with private healthcare, particularly among the economically disadvantaged population.

Overall, the findings demonstrate that eLAJ has substantially expanded access to early diagnosis, especially for chronic conditions like diabetes and hypertension. Beneficiaries reported that timely detection at eLAJ enabled them to start treatment earlier, better manage their condition, and prevent complications—underscoring its critical role in shifting care from late-stage treatment to early intervention.

### STRENGTHENING CONTINUITY OF CARE THROUGH HEALTH RECORD AVAILABILITY

CHART 8: AVAILABILITY OF HEALTH RECORDS AT CLINIC



The findings indicate that a majority of beneficiaries (76.0%) possess printed patient records or cards, making it easier for them to track their treatment history and share information during consultations. Beneficiaries reported that having a physical record improves clarity on medications, previous diagnoses, and follow-up schedules, thereby enhancing continuity and consistency in care.

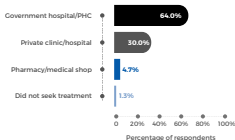
All the patients have a registered eLAJ patient ID or registration number, indicating a structured system for maintaining patient information at the clinic level. This enables better tracking of patient history, regular monitoring of chronic conditions, and more personalised care during each visit.

A smaller proportion (16.7%) reported having an ABHA ID, and this was specifically to one centre as a pilot initiative. However, as per the discussion, only one centre, which is piloted for the eLAJ 2.0 version of EMR, is capable of generating ABHA ID, affecting this finding.

Overall, beneficiaries experienced clear benefits from the availability of health records—particularly better treatment tracking, reduced risk of missed or duplicated interventions, and improved communication with healthcare providers. The combination of physical and system-based records ensures that care remains continuous, organised, and responsive to patient needs.

### SHIFT IN HEALTHCARE-SEEKING PATTERNS AND ADDED VALUE OF ELAJ

CHART 9: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY PREVIOUS HEALTHCARE FACILITY USED



The data shows that before accessing eLAJ, a majority of beneficiaries (64.0%) relied on government hospitals or PHCs, while 30.0% sought care from private clinics or hospitals. A smaller proportion depended on pharmacies (4.7%) or did not seek treatment at all (1.3%). This indicates that while public systems were the primary source of care, gaps in accessibility, convenience, or continuity may have persisted.

With the introduction of eLAJ, beneficiaries reported a more accessible and reliable alternative that combines the affordability of public healthcare with improved convenience and regularity. Those who previously relied on government facilities highlighted reduced waiting times, greater proximity, and more consistent follow-ups at eLAJ.

For beneficiaries who previously used private facilities, the shift to eLAJ has resulted in significant cost savings without compromising the quality of basic care, particularly in chronic disease management.

Importantly, the small segment that either relied on pharmacies or avoided treatment altogether reflects barriers such as cost, distance, or lack of awareness. Beneficiaries from these groups reported that eLAJ enabled them to formally enter the healthcare system, access proper diagnosis, and begin structured treatment.

Overall, the findings suggest that eLAJ has not replaced existing systems but has strengthened healthcare access by bridging critical gaps—improving affordability, continuity of care, and regular engagement with formal health services.



#### Testimonial from Community Health Workers - Huskur

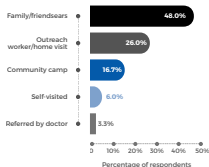
Our role is not just about screening or referrals—it's about building trust. In Huskur, families used to delay treatment because of travel costs or fear of hospitals. Now that the eLAJ clinic is nearby, we can reassure them that help is available. We visit households regularly, especially those with elderly members or those with chronic conditions, and remind them about their medications and follow-ups. Sharing stories of patients who improved through regular care has encouraged others to take their health seriously. The free services and monthly camps have changed health-seeking behaviour in our community, and we feel proud to be part of that transformation."



**INTERACTION WITH THE COMMUNITY HEALTH WORKER AT HUSKUR**

## AWARENESS SOURCE

CHART 10: SOURCE OF AWARENESS ABOUT ELAJ CLINIC

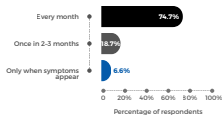


Nearly half (48.0%) learned about eLAJ through family and friends. This strong word-of-mouth diffusion reflects high community trust and satisfaction. Such organic awareness indicates positive patient experiences and social endorsement of services.

Also, observations suggest that ASHA workers play a significant role in generating awareness among the community.

## SHIFT TOWARDS REGULAR AND PREVENTIVE HEALTHCARE UTILISATION

CHART 11: FREQUENCY OF VISITS TO ELAJ CLINIC



The data shows that a substantial majority of beneficiaries (74.7%) visit the eLAJ clinic every month, indicating strong adherence to regular follow-ups and structured care. Beneficiaries reported that these routine visits help with continuous monitoring of their conditions, timely medication adjustments, and the prevention of complications—especially for chronic diseases like diabetes and hypertension.

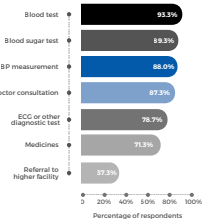
A smaller proportion (18.7%) visits once every 2-3 months, suggesting moderate engagement while still maintaining periodic monitoring. These beneficiaries indicated that even less frequent visits are now more planned and intentional, rather than irregular or need-based.

Only 6.6% reported visiting the clinic only when symptoms appeared, suggesting limited reliance on reactive care. Compared with typical healthcare-seeking patterns, in which treatment is often delayed until illness worsens, this low percentage highlights a clear behavioural shift.

Overall, beneficiaries emphasised that easy access, affordability, and trust in services have encouraged them to move from episodic, symptom-driven care to regular, preventive healthcare practices. This shift has resulted in better disease control, reduced health risks, and improved overall well-being.

## COMPREHENSIVE HEALTH CARE ACCESS

CHART 12: SERVICES RECEIVED AT ELAJ



A majority of beneficiaries reported availing blood tests (93.3%), blood sugar tests (89.3%), and BP measurements (88.0%), indicating strong access to essential diagnostics.

Beneficiaries shared that regular testing helps them stay informed about their health status and manage conditions proactively.

#### Regular Doctor Consultations

Among beneficiaries who received doctor consultations, 87.3% highlighted the importance of consistent medical guidance. They reported a better understanding of their condition, their medications, and lifestyle changes as a result of regular interactions with healthcare providers.

#### Access to Advanced Diagnostics

About 78.7% underwent ECG or other diagnostic tests, reflecting the availability of extended services beyond basic care. Beneficiaries noted that such services, which are usually available only at higher facilities, are now accessible closer to their homes.

#### Availability of Medicines

Around 71.3% of beneficiaries received medicines at the clinic, which they reported as a major relief. Easy access to prescribed drugs has reduced out-of-pocket expenses and ensured continuity in treatment, especially for chronic illnesses.

#### Effective Referral Linkages

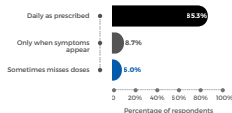
A notable 37.3% were referred to higher facilities when required. Beneficiaries emphasised that timely referrals, along with proper guidance, helped them access specialised care without confusion or delay.

#### Overall Experience

Beneficiaries consistently reported that the wide range of services available at eLAJ has made healthcare more accessible, free, and reliable—enabling them to manage their health more effectively and with greater confidence

## STRENGTHENING MEDICATION ADHERENCE THROUGH ACCESSIBLE AND CONTINUOUS CARE

CHART 13: CURRENT MEDICINE INTAKE PRACTICES



The data indicate that a strong majority of beneficiaries (85.3%) now take their medicines daily as prescribed, indicating high treatment adherence. Beneficiaries consistently reported that regular follow-ups, clear guidance from doctors, and easy access to medicines at eLAJ have played a crucial role in helping them maintain this discipline.

A smaller proportion (8.7%) still takes medicines only when symptoms appear, and 6.0% reported occasionally missing doses. However, even within these groups, beneficiaries noted improvements over earlier practices, attributing this change to increased awareness and consistent counselling at the clinic.

eLAJ's role in ensuring adherence is particularly critical in the context of chronic conditions such as diabetes and hypertension, where uninterrupted medication is essential to prevent complications. Beneficiaries highlighted that reminders during visits, monitoring of health parameters, and trust in the healthcare providers have reinforced the importance of taking medicines regularly.

Overall, the findings demonstrate that eLAJ not only provides access to treatment but also actively supports behavioural change—transforming irregular or symptom-based medication practices into consistent, prescribed adherence. This shift is crucial for effective disease management, improved health outcomes, and reduced long-term health risks.



### Testimonial 3: Community Health Worker - Hennagara

For over a decade, I have been visiting households in Hennagara, checking blood pressure, sugar levels, and guiding families about preventive care. Earlier, people hesitated to seek treatment, but today they understand the importance of early diagnosis. The eLAJ clinic has provided us with a reliable place to refer patients, and the monthly camps have made healthcare more inclusive for women, children, and even adolescents. We see more people attending check-ups even when they are not sick, which is a big change. The trust we have built with families is our greatest achievement.



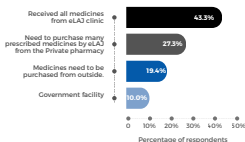
At the same time, a considerable number of beneficiaries can access medicines through multiple reliable channels, including private pharmacies (27.3%), external purchases (19.4%), and government facilities (10.0%). This indicates a well-supported ecosystem in which beneficiaries can obtain their medicines without disruption.

Beneficiaries highlighted that even when medicines are sourced from outside, the guidance and prescriptions provided by eLAJ ensure that they procure the right medicines, avoiding confusion and inappropriate treatment. This has improved confidence in managing their conditions effectively.

Overall, the availability of medicines through eLAJ, complemented by other accessible sources, has enhanced continuity of care, reduced uncertainty, and improved health management, while also easing financial pressures associated with long-term treatment.

## IMPROVED ACCESS TO MEDICINES AND REDUCED FINANCIAL BURDEN

CHART 14: SOURCES OF MEDICINES ACCESSED BY RESPONDENTS



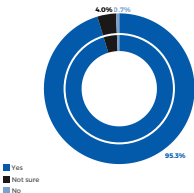
The findings reflect that a substantial proportion of beneficiaries (43.3%) receive all their medicines directly from the eLAJ clinic, ensuring immediate access to prescribed treatment. Beneficiaries reported that this availability significantly reduces delays in starting or continuing medication and supports consistent adherence.

## PANCHAYAT MEMBER INTERACTION



## ENHANCED TREATMENT TRACKING AND CONTINUITY OF CARE

CHART 15: TREATMENT COMPARISON ELAJ CLINICS VS OTHERS



An overwhelming majority of beneficiaries (95.3%) reported that their treatment is better tracked at eLAJ compared to other healthcare facilities. This strong response reflects the clinic's effective systematic record-keeping, regular follow-ups, and continuous monitoring.

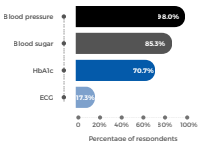
Beneficiaries shared that consistent documentation of their health parameters, medications, and visit history helps doctors make more informed decisions, leading to accurate and personalised treatment. This has been particularly beneficial for those managing chronic conditions, where ongoing tracking is essential.

A small proportion (4.0%) expressed uncertainty, which may reflect limited exposure to other systems for comparison. In comparison, an almost negligible share (0.7%) did not perceive a difference—further reinforcing the overall positive perception.

Overall, beneficiaries experienced greater confidence and reassurance in their care, as improved tracking at eLAJ ensures continuity, reduces the chances of missed or duplicated treatment, and supports better long-term health outcomes.

## EFFECTIVE NON-COMMUNICABLE DISEASE MANAGEMENT

CHART 16: NCD TESTS CONDUCTED



The data reflects very high coverage of essential diagnostic tests, particularly for non-communicable diseases. Almost all beneficiaries (98.0%) reported having their blood pressure measured, while a large majority also received blood sugar testing (85.3%) and HbA1c testing (70.7%). This indicates a strong focus on regular monitoring of chronic conditions such as hypertension and diabetes.

Beneficiaries reported that frequent, accessible testing has helped them stay informed about their health status, enabling timely adjustments to medication and lifestyle. The availability of HbA1c testing, in particular, was highlighted as valuable for understanding long-term blood sugar control, which is often difficult to access in low-resource settings.

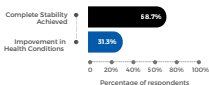
A smaller proportion (17.3%) underwent ECC, suggesting that more advanced diagnostics are also available when clinically required. Beneficiaries appreciated that these services are more accessible to their community, reducing the need for referrals for basic cardiac assessments.

Overall, the availability and utilisation of a wide range of diagnostic services at eLAJ have strengthened early detection, effective management and continuous monitoring of chronic diseases.

As a result, beneficiaries experienced greater confidence in their treatment, improved health awareness, and better control over their conditions.

## EXTENT OF CONTROL OF NCDs AFTER ELAJ INTERVENTION

CHART 17: IMPROVED HEALTH AND STABILITY



### Extent of Control of NCDs After eLAJ Intervention

- **Controlled and Stable – 68.7%**
- **Improved in Health Condition – 31.3%**

#### Inference

The findings indicate that a significant majority of beneficiaries (68.7%) have achieved good control over their non-communicable diseases, reflecting the effectiveness of regular monitoring, consistent medication, and continuous medical guidance provided through eLAJ. Beneficiaries reported greater stability in key health parameters, such as blood sugar and blood pressure, as well as reduced symptoms and health-related complications.

The remaining 31.3% reported partial control of their conditions, suggesting ongoing improvement and gradual stabilisation. Beneficiaries in this group noted that although their conditions have not yet been fully controlled, they have observed noticeable progress through regular follow-ups, improved adherence to treatment, and lifestyle modifications.

Overall, the shift towards a high proportion of well-controlled cases demonstrates that eLAJ is playing a critical role in enabling effective long-term management of chronic diseases.

Beneficiaries experienced better health outcomes, increased confidence in managing their conditions, and reduced risk of severe complications—underscoring the programme's impact in moving from disease burden to disease control.

## STRONG REFERRAL COMPLIANCE AND CONTINUITY OF CARE

CHART 18: ACTION TAKEN AFTER REFERRAL

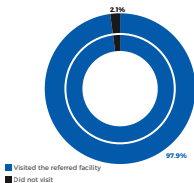


CHART 19: FOLLOW-UP AT ELAJ AFTER REFERRAL



The findings demonstrate exceptionally high adherence to referral advice, with 97.9% of beneficiaries reporting visiting the higher facility to which they were referred. This reflects strong trust in eLAJ's guidance and clarity in the referral process. Beneficiaries reported that clear instructions and confidence in the system motivated them to seek advanced care without hesitation.

Equally important is the high follow-up rate: 93.5% of beneficiaries returned to eLAJ after visiting the referred facility. This highlights effective continuity of care, where beneficiaries remain connected to the primary care system even after accessing specialised services.

Together, these trends indicate a well-functioning referral ecosystem—where patients not only comply with onward referrals but also reintegrate into the eLAJ system for ongoing monitoring and support. Beneficiaries experienced a seamless care pathway, reduced confusion, and improved overall management of their conditions through coordinated, continuous care.



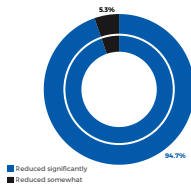
**Testimonial of Facility Medical Officer - Hennagara**

“Over the past five years, I have seen healthcare behaviour in Hennagara change dramatically. People now come for preventive check-ups, not just when they are sick. The clinic’s free consultations, medicines, and screenings have reduced financial stress for families. Our outreach workers ensure that even the elderly and economically vulnerable are not left behind. The EMR system helps us track patients and maintain continuity of care. What sets this model apart is its focus on inclusivity—special camps for women, children, and those with mental health needs ensure that no group is overlooked. It is a system that truly puts the community first.”



## REDUCTION IN HEALTHCARE EXPENSES

**CHART 20: CHANGE IN HEALTHCARE EXPENDITURE COMPARED TO EARLIER**



### Substantial Reduction in Healthcare Expenditure

The findings indicate that the vast majority of beneficiaries (94.7%) experienced a significant reduction in healthcare expenditure after accessing eLAJ services, while an additional 5.3% reported a moderate reduction. This near-universal decline in expenses underscores the intervention's significant financial impact.

Beneficiaries reported that the availability of free consultations, diagnostics, and medicines at eLAJ has considerably lowered their out-of-pocket spending. The reduced need to visit costly private facilities and the ability to access services closer to home have further contributed to these savings.

Importantly, beneficiaries emphasised that no healthcare costs have enabled them to seek care more regularly without financial hesitation, particularly for chronic conditions requiring ongoing treatment. Many also noted that the savings have eased household financial pressure, allowing them to allocate resources towards other essential needs.

Overall, the data show that eLAJ has played a critical role in improving financial protection and making healthcare more frand sustainable, especially for economically vulnerable populations.



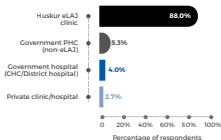
#### Testimonial of Facility Medical Officer - Huskur

"At the Huskur clinic, we ensure that every patient receives structured, respectful, and timely care. From registration to consultation, diagnostics, and medicine dispensing, the process is seamless. What makes this model unique is the integration of outreach and technology—community health workers bring patients in, and the EMR system helps us track their history and follow-ups. Patients appreciate that consultations and medicines are free, and that even the most underprivileged receive full treatment support. The biggest difference I see compared to traditional systems is the emphasis on preventive care and continuity, which is truly changing health outcomes."



## HIGH PREFERENCE FOR ELAJ AS PRIMARY HEALTHCARE PROVIDER

CHART 21: PREFERRED FACILITY FOR TREATMENT



The data clearly show that the vast majority of beneficiaries (88.0%) prefer the eLAJ clinic as their primary treatment facility. This strong preference reflects high levels of trust, satisfaction, and perceived quality of care among users.

Only a small proportion continue to prefer other facilities—5.3% for government PHCs, 4.0% for higher-level government hospitals, and just 2.7% for private clinics—indicating that eLAJ has effectively positioned itself as the first point of contact for most healthcare needs.

Beneficiaries reported that multiple factors, including proximity, affordability, regular service availability, and consistent follow-up care, drive this preference. The ease of accessing diagnostics, medicines, and doctor consultations through a single system has made eLAJ a convenient and reliable choice.

Overall, the findings highlight that eLAJ has successfully shifted healthcare-seeking behaviour towards a more accessible, continuous-care model, with beneficiaries demonstrating strong confidence and sustained reliance on the clinic for their health needs.



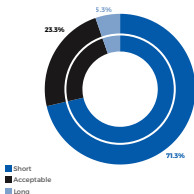
### Testimonial of Facility Medical Officer – Austin Town

"Working at the Austin Town clinic has shown me how impactful a structured, community-linked model can be. Patients arrive knowing they will be treated with dignity, and the EMR system ensures their records are maintained without hassle. Outreach workers bring in high-risk individuals, and we initiate treatment immediately, often providing full-course medicines for those who cannot afford them. The monthly camps—whether for NCDs, women, or mental health—extend our reach beyond the clinic walls. This model is not just about treating illness; it is about building a healthier, more confident community."



## EFFICIENT SERVICE DELIVERY AND REDUCED WAITING TIME

CHART 22: RATING OF WAITING TIME



The findings indicate that a large majority of beneficiaries (71.3%) perceive the waiting time at eLAJ as short, while an additional 23.3% consider it acceptable. This means that over 94.0% of beneficiaries are satisfied with the time taken to access services, reflecting efficient clinic operations and streamlined patient flow.

Beneficiaries reported that shorter waiting times enable them to seek care without disrupting their daily routines, particularly for those engaged in livelihood activities or managing household responsibilities. This convenience has also encouraged more frequent and timely visits, especially for routine check-ups and follow-ups.

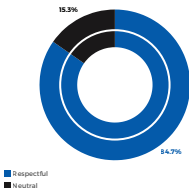
Only a small proportion (5.3%) perceived the waiting time as long, which remains minimal compared with typical experiences at other healthcare facilities. Overall, the reduced waiting time at eLAJ enhances accessibility, improves patient experience, and supports regular healthcare utilisation—contributing to better adherence and health outcomes.

### ELAJ SMART CLINIC, AUSTIN TOWN



## POSITIVE PATIENT EXPERIENCE THROUGH RESPECTFUL STAFF BEHAVIOUR

CHART 23: STAFF BEHAVIOUR



The findings show that a significant majority of beneficiaries (84.7%) perceive eLAJ staffs behaviour as respectful, indicating a strong culture of patient-centric care. This positive interaction plays a crucial role in building trust, comfort, and openness among beneficiaries while seeking healthcare services.

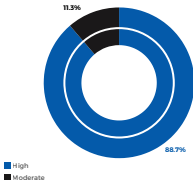
Beneficiaries reported that respectful communication, attentive listening, and supportive guidance from staff made them feel valued and encouraged them to share their health concerns more freely. This has contributed to a better understanding of their conditions and improved adherence to treatment.

The remaining 15.3% described staff behaviour as neutral, suggesting a generally acceptable experience across the board, with no major concerns reported.

Overall, the emphasis on respectful and empathetic staff behaviour enhances patient satisfaction, strengthens trust in the healthcare system, and promotes continued engagement with eLAJ services—ultimately supporting better health outcomes.

## HIGH TRUST IN MEDICAL CARE AND TREATMENT OUTCOMES

CHART 24: TRUST IN DOCTOR'S TREATMENT



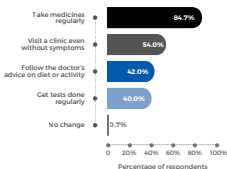
The findings reveal that a broad majority of beneficiaries (88.7%) have high trust in the treatment provided by doctors at eLAJ, indicating strong confidence in the quality, accuracy, and effectiveness of care. This high level of trust is a critical factor in ensuring sustained engagement with healthcare services. Beneficiaries reported that clear explanations, consistent monitoring, and positive health improvements have reinforced their confidence in the doctors' advice and treatment plans. This trust has also contributed to better adherence to medications and follow-up visits.

The remaining 11.3% expressed moderate trust, indicating a generally positive perception of care and no dissatisfaction.

Overall, the strong trust in doctors at eLAJ enhances patient compliance, encourages timely care-seeking, and fosters long-term relationships with the healthcare system—ultimately leading to improved health outcomes and effective management of chronic conditions.

## POSITIVE BEHAVIOURAL SHIFT IN HEALTHCARE PRACTICES

CHART 25: CHANGES IN HEALTHCARE PRACTICES AFTER ELAJ



The findings indicate significant, multidimensional improvements in healthcare practices among beneficiaries following engagement with eLAJ. A significant 84.7% reported taking medicines regularly, reflecting a major shift towards disciplined adherence to treatment—crucial for effective management of chronic conditions.

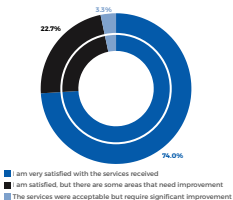
More than half (54.0%) now visit clinics even in the absence of symptoms, highlighting a clear transition from reactive to preventive healthcare behaviour. Beneficiaries reported that regular check-ups help in early identification of issues and better control of existing conditions.

Additionally, 42.0% reported actively following doctors' dietary and physical activity advice, indicating growing awareness and adoption of healthier lifestyles. Around 40.0% now get diagnostic tests regularly, further strengthening continuous monitoring and timely intervention. The negligible proportion reporting no change (0.7%) reinforces the intervention's widespread impact.

Overall, beneficiaries experienced a meaningful shift towards proactive, preventive, and informed healthcare practices—leading to better disease management, improved health outcomes, and reduced risk of complications.

## OVERALL SATISFACTION

CHART 26: OVERALL EXPERIENCE DURING LAST VISIT



With 74.0% very satisfied and 22.67% moderately satisfied, overall satisfaction exceeds 96.0%. Minimal dissatisfaction (3.33%) indicates strong service acceptance and scope only for incremental improvement.



**BENEFICIARY GOING THROUGH BLOOD PRESSURE CHECKUP**

## CASE STUDY 1: HUSKUR – TRANSFORMING PRIMARY HEALTHCARE ACCESS



### **Background:**

Huskur village, under Huskur Panchayat, faced significant challenges in accessing healthcare. Residents relied on distant government hospitals or private clinics, resulting in long travel times, high costs, and treatment delays. Preventive care was almost absent, and chronic conditions often went undiagnosed until complications arose.



### **INTERVENTION:**

The establishment of the Biocon-run eLAJ Smart Clinic marked a turning point. It introduced locally accessible primary healthcare services, including free doctor consultations, basic diagnostics such as BP and sugar testing, and medicine dispensing. Monthly thematic health camps—covering non-communicable diseases, maternal and child health, and mental health—extended specialised services to the community. Community health workers strengthened the system by conducting door-to-door screenings and mobilising households for regular check-ups.



### **IMPACT:**

The eLAJ clinic quickly became the first point of care for most households. Early detection of diabetes and hypertension improved through proactive screenings, while women and adolescents began accessing services independently. Out-of-pocket expenses were significantly reduced, lowering dependence on private hospitals.



### **CHALLENGES & SUGGESTIONS**

Despite progress, gaps remain. The absence of X-ray, scanning, and injection facilities limits the scope of care. Laboratory services are restricted, and referrals to higher hospitals pose challenges due to travel and waiting times. Suggested improvements include expanding diagnostic capabilities, introducing injection services, and increasing full medical support for underprivileged families.



# CHAPTER 4: IMPACT

## 4.1 IMPACT ON SERVICE UTILISATION AND ACCESS TO CARE



The sustained increase in OPD footfall (Refer to Chart 1) reflects a structural improvement in access to primary healthcare services. Before the intervention, underutilisation of PHCs was largely attributed to limited diagnostic capability and low community trust. Post-intervention, eLAJ centres have enhanced institutional credibility, resulting in higher patient turnout. This shift indicates not merely improved access but also a behavioural transformation in health-seeking practices, in which public facilities are increasingly perceived as reliable and capable.

The reduction in referral rates to secondary and tertiary facilities (see Chart 2) further demonstrates the strengthening of primary-level care. Improved in-house diagnostic capacity has been better than PHCs to manage cases locally, reducing patient travel burden and associated financial costs. This has enhanced the gatekeeping function of primary healthcare, leading to greater system efficiency and continuity of care.

## 4.2 IMPACT ON NON-COMMUNICABLE DISEASE (NCD) DETECTION AND MANAGEMENT



The increase in NCD screening coverage (Refer to Chart 3) has significantly strengthened early detection mechanisms. Previously, hypertension and diabetes were often diagnosed at advanced stages due to the absence of routine screening. The institutionalisation of screening protocols has facilitated the early identification of high-risk individuals, enabling the timely initiation of treatment.

The initial spike in newly diagnosed hypertension cases (Refer to Chart 4) represents the successful identification of previously undiagnosed cases. This indicates that the intervention addressed hidden morbidity within the community. Over time, stabilisation of new case detection suggests that systematic screening has begun to normalise early diagnosis rather than reactive detection.

Improved follow-up compliance among NCD patients (Refer to Chart 5) demonstrates enhanced chronic disease management. Strengthened counselling, improved drug availability, and systematic monitoring have increased patient adherence to treatment regimens. This continuity of care is critical in preventing long-term complications such as stroke, kidney disease, and cardiovascular events, thereby contributing to long-term reduction in morbidity.

#### 4.3 IMPACT ON DIAGNOSTIC EFFICIENCY AND FINANCIAL BURDEN



The increased utilisation of laboratory services (Refer to Chart 9) indicates the effective operationalisation of the upgraded diagnostic infrastructure. In-house testing has reduced diagnostic delays and eliminated the need for external referrals for routine investigations.

The reduction in diagnostic turnaround time (Refer to Chart 10) has improved treatment initiation timelines, contributing to better clinical management.

Additionally, by reducing external referrals and dependence on private diagnostics, the intervention has helped lower out-of-pocket expenditures. This financial impact is particularly significant for vulnerable households, as reduced healthcare spending improves overall economic resilience.

#### 4.4 IMPACT ON BEHAVIOURAL CHANGE AND PREVENTIVE HEALTH PRACTICES



The improvement in the ratio of preventive to curative visits (Refer Chart 13) signifies a gradual behavioural shift toward preventive healthcare. Community members are increasingly engaging in routine screenings and check-ups rather than waiting until symptoms develop. This preventive orientation strengthens long-term public health outcomes.

The increase in female participation in health camps and screening activities (Refer to Chart 14) reflects improved inclusivity and targeted outreach. Women's enhanced engagement contributes positively to maternal and child health and to household-level health decision-making.

#### 4.5 IMPACT ON INSTITUTIONAL STRENGTHENING AND SYSTEM EFFICIENCY



Improved reporting compliance and data management (Refer to Chart 15) demonstrate enhanced administrative capacity within PHCs. Timely and accurate reporting strengthens accountability, monitoring, and evidence-based decision-making.

Overall beneficiary satisfaction scores (Refer Chart 16) indicate improved perception of service quality. Reduced wait times, increased medicine availability, and improved staff responsiveness have contributed to a positive user experience.

Collectively, these institutional improvements signify strengthened governance, improved operational efficiency, and enhanced sustainability of public healthcare services.

## 4.6 OVERALL IMPACT SUMMARY



The intervention has generated a multi-level impact:

- **Individual Level:** Early diagnosis, improved treatment adherence, reduced financial burden.
- **Institutional Level:** Reduced referrals, improved diagnostics and reporting systems.
- **Community Level:** Increased preventive health-seeking behaviour, improved NCD health indicators, and enhanced trust in public healthcare infrastructure.



ONE ON ONE BENEFICIARY INTERACTION

## CASE STUDY 2: HENNAGARA – BUILDING TRUST IN PREVENTIVE CARE



### **Background:**

In Hennagara Panchayat, which covers several villages, residents previously had to travel long distances for even minor health issues. This led to delays, financial strain, and limited preventive care.



### **INTERVENTION:**

The Biocon eLAJ clinic brought primary healthcare closer to the community. Services included regular OPD consultations, BP and sugar testing, and free medicines for common illnesses. Monthly camps—NCD, Well Baby, Well Women, and Mental Health—ensured inclusivity. ASHA workers and Biocon Foundation staff conducted household visits, screenings, and awareness programmes, making healthcare more approachable and trusted.



### **IMPACT:**

The community shifted from reactive to proactive healthcare. Families now seek preventive check-ups, and awareness of chronic disease management has grown. Women increasingly visit clinics independently, and adolescents engage through camps and school-level outreach. Dependency on private facilities has reduced, lowering household healthcare costs. Panchayat members highlighted improved mobilisation, accountability, and stronger community participation.



### **CHALLENGES & SUGGESTIONS**

Challenges include limited availability of certain medicines, financial and travel constraints for referrals, and occasional delays in accessing higher-level facilities. Suggested improvements include strengthening referral support and ensuring a consistent supply of medicines to sustain trust and continuity of care.



## 05. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



### RELEVANCE

The intervention demonstrates exceptional relevance by directly addressing critical gaps in rural primary healthcare systems, including limited diagnostic infrastructure, delayed detection of non-communicable diseases (NCDs) and low preventive awareness. By strengthening existing government PHCs rather than creating parallel structures, the programme aligns strongly with community health needs, National Health Mission priorities, and SDG 3 (Good Health & Well-being).



### COHERENCE

The programme reflects strong coherence through seamless work with government health systems, ASHA outreach mechanisms, and state reporting frameworks. Its internal components – infrastructure upgrades, diagnostics, screening, and awareness – are strategically interconnected and mutually reinforcing.



### EFFECTIVENESS

The intervention demonstrates high effectiveness, with measurable improvements in OPD utilisation, NCD screening coverage, institutional deliveries, and preventive health visits. Behavioural indicators such as improved follow-up compliance and increased female participation in health camps indicate that outputs have translated into tangible outcomes.



### EFFICIENCY

The intervention is operationally efficient, with a sub-centre level clinic set-up at locations where there is no existing PHC, optimising targeted investments in diagnostics and capacity building. Reduced referral burdens, improved turnaround times, and increased population based surveillance indicate effective resource utilisation.



### IMPACT

The programme has generated a significant multi-level impact. At the individual level, early detection of hypertension and diabetes reduces long-term morbidity risks. Institutionally, eLAJ clinics demonstrate improved credibility and strengthened service capacity. The shift toward institutional care and preventive visits reflects durable behavioural transformation and systemic strengthening.



### SUSTAINABILITY

Sustainability prospects are strong due to the institutional embedding through creating eLAJ clinics, staff training for continued operation, and behavioural adoption of preventive healthcare practices. Integration into public systems reduces dependency on ongoing CSR funding.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

## CASE STUDY 3: PANCHAYAT LEADERSHIP – SUSTAINING COMMUNITY HEALTHCARE



### Background:

Local governance plays a pivotal role in sustaining healthcare initiatives. Interviews with Huskur Sarpanch Mr Papanna and Hennagara Panchayat Member Mr Chandrakala reveal how Panchayat leadership has supported the eLAJ model.



### INTERVENTION & ROLE OF PANCHAYAT:

Panchayats facilitated infrastructure, mobilised communities for health camps, and promoted awareness campaigns. They acted as grievance redressal platforms and coordinated with Biocon team and government to ensure smooth referrals. Their involvement ensured accountability and strengthened trust between the community and healthcare providers.



### IMPACT:

This collaboration strengthened the utilisation of eLAJ clinics and improved equity. Underprivileged households, elderly individuals, and women received targeted support, while preventive care expanded through structured outreach and digital record systems. Panchayat leaders emphasised that the clinics reduced reliance on private healthcare and improved families' financial protection.



### CHALLENGES & SUGGESTIONS

Sustaining services requires scaling infrastructure and medicine supply to meet rising demand. Advanced diagnostics, such as X-rays and scans, remain unavailable, limiting comprehensive care. Leaders recommend stronger digital integration between outreach and clinic records, sustained funding, and deeper government partnerships to ensure long-term impact.



## 06.

# RECOMMENDATIONS



### INTRODUCTION TO TELEMEDICINE INTEGRATION

Introducing telemedicine services would strengthen access to specialists, particularly for patients requiring cardiology, endocrinology, or other advanced consultations. Through virtual consultations, patients can receive timely expert opinions without incurring travel costs or long waiting periods at tertiary hospitals. Telemedicine can also support follow-up reviews for stable NCD patients, medication adjustments, and counselling sessions. This integration would improve accessibility, reduce system burden, and enhance the quality of care, especially in geographically distant or resource-constrained areas.



### INTRODUCE COMMUNITY HEALTH CHAMPIONS

Community health champions, chosen from local residents or long-term beneficiaries, can serve as trusted representatives of the clinic within the community. They can help spread awareness about the importance of early screening, regular medicine intake, healthy lifestyle practices, and timely referrals. Because they are familiar and respected members of the community, they are better positioned to motivate hesitant individuals—especially the elderly and socially or economically disadvantaged groups—to seek care and continue treatment. This approach builds stronger community ownership, increases trust in services, and supports positive health behaviour change at the grassroots level.



### EXPAND TO ADDITIONAL UNDERSERVED DISTRICTS

Scaling the eLAJ model to additional underserved districts would extend accessible primary healthcare to vulnerable populations who lack structured chronic care services. Expansion should prioritise regions with high NCD burden, limited diagnostic infrastructure, and poor healthcare accessibility. Replicating the integrated model—combining diagnostics, consultation, follow-up, and affordability—can significantly reduce out-of-pocket expenditures and improve long-term health outcomes at the population level.

# 07

# CONCLUSION —

The Biocon Foundation initiative demonstrates a mature, replicable model for strengthening public health systems. By addressing structural gaps, institutionalising preventive screening, and rebuilding trust in public healthcare, the intervention contributes to long-term systemic transformation rather than short-term service delivery gains. The model is scalable, sustainable, and aligned with national priorities for strengthening primary healthcare.