IMPACT ASSESSMENT SUMMARY REPORT

MARCH - 2026

SoulAce
Path to Sustainability

SOULACE CONSULTING PVT. LTD.

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ABBREVIATIONS

CSR	Corporate Social Responsibility
FY	Financial Year
KII	Key Informant Interview
MIS	Management Information System
MTA	Medical Treatment Assistance
NGO	Non-Governmental Organisation
OECD–DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
OOP	Out-of-Pocket (Expenses)
SDG	Sustainable Development Goal
H-PAP	Haemophilia Patient Assistance Program
BBUP	Blood Bank Upliftment program

ABOUT THE INTAS FOUNDATION

Intas Foundation is the Corporate Social Responsibility (CSR) arm of Intas Pharmaceuticals Ltd., one of India's leading pharmaceutical companies. Established with a commitment to creating sustainable social impact, the Foundation focuses on healthcare, education, and community development initiatives across India. The Foundation operates under the provisions of Section 135 of the Companies Act, 2013, and Schedule VII.

The flagship programs of Intas Foundation collectively focus on improving access, affordability, and continuity of healthcare for vulnerable populations. The Medical Treatment Assistance Programme provides end-to-end financial support for patients through hospital partnerships, while Apna Ghar offers safe accommodation and essential care for cancer patients and their families during treatment. Complementing this, the Blood Bank Upliftment Program (BBUP) strengthens blood banking infrastructure across India, and the Hemophilia Patient Assistance Program (HPAP) ensures access to life-saving therapies and support for individuals with bleeding disorders, together creating a holistic and inclusive healthcare support system.

Intas Foundation's approach to CSR is characterised by systematic programme design, robust monitoring mechanisms, and a commitment to evidence-based decision-making. The commissioning of this independent impact assessment reflects the Foundation's dedication to transparency, accountability, and continuous programme improvement.

ABOUT THIS REPORT

The Impact Assessment Summary Report has been prepared by SoulAce to evaluate the outcomes of Corporate Social Responsibility (CSR) programmes implemented by the Intas Foundation. The assessment is based on both primary research (conducted through on-site visits and virtual interactions) and secondary data analysis. A mixed-method approach, guided by the OECD framework, has been adopted to ensure a comprehensive understanding of the holistic impact created by these initiatives.

Each programme has been assessed individually, outlining its key interventions, data collection methodologies, and the insights derived from the findings. The report reflects the broader vision of the Intas Foundation to provide quality healthcare services to socially and economically vulnerable communities.

The document presents a comprehensive impact assessment of CSR programmes, Medical Treatment Assistance (MTA), Haemophilia Patient Assistance Programme (H-PAP) & Blood Bank Upliftment Programme (BBUP) implemented by the Intas Foundation between FY 2022 - 23 and FY 2024 - 25. It highlights both the tangible and intangible outcomes generated through these initiatives and the meaningful changes experienced by beneficiaries.

By offering a holistic perspective on the transformative potential of CSR interventions, this report serves as a valuable resource for stakeholders, policymakers, and practitioners. It provides critical insights that can support evidence-based decision-making and inform future strategic planning.

MEDICAL TREATMENT ASSISTANCE PROGRAMME

Project Period: FY 2022 - 23 to FY 2023 - 24

BACKGROUND AND NEED OF THE PROGRAM

The MTA Programme is implemented through a network of empanelled hospitals, serving as a key partner in the Ahmedabad region. Empanelled under the Intas Foundation MTA Programme since 2019, hospitals have developed robust systems for beneficiary identification, treatment delivery, and programme coordination. The hospital conducts regular screening camps in remote villages across the surrounding districts, identifying patients with eye conditions who require medical intervention. Patients identified through these camps are provided with scheduled appointments for diagnosis and surgery at the hospital facility. The service delivery model under the MTA Programme extends beyond clinical treatment to include comprehensive support services. Beneficiaries receive free transportation from their villages to the hospital, accommodation during their treatment stay, and meals throughout their hospitalisation. This holistic approach addresses the multiple barriers that typically prevent rural populations from accessing quality healthcare, including financial constraints, transportation challenges, and the indirect costs of treatment.

The partnership between Intas Foundation and empanelled hospital exemplifies a collaborative model where corporate CSR resources are channelled through specialised healthcare providers to reach underserved populations. The hospital's dedicated staff, simplified documentation processes, and patient-centric approach have contributed to the programme's success in achieving high treatment completion rates and beneficiary satisfaction.

India faces a significant burden of preventable blindness, with cataract remaining the leading cause of visual impairment, particularly among the elderly population. According to the National Blindness and Visual Impairment Survey (2015–2019), cataracts account for a staggering 66.2% of all blindness cases among the population aged 50 and above. Rural communities bear a disproportionate share of this burden due to limited access to quality eye care services, financial constraints, and a lack of awareness about available treatment options. The situation is exacerbated by the absence of adequate health insurance coverage among economically weaker sections, leaving households vulnerable to catastrophic health expenditure when medical emergencies arise.

In Gujarat, despite improvements in healthcare infrastructure, significant gaps persist in ensuring equitable access to specialised medical care for rural and tribal populations. Many families earning below the poverty line are forced to choose between seeking medical treatment and meeting basic household needs. The indirect costs associated with treatment, including transportation, accommodation, and lost wages, further compound the financial barriers to healthcare access. Without targeted interventions, treatable conditions progress to irreversible complications, perpetuating cycles of poverty and disability.

The Medical Treatment Assistance Programme was conceived to address these systemic gaps by creating an enabling environment for quality care, continuous treatment, and reduced out-of-pocket expenses for patients from economically weaker sections. The programme recognised that financial assistance alone was insufficient; a comprehensive approach addressing multiple barriers to healthcare access was essential for achieving meaningful health outcomes.

PROJECT DETAILS

Implementation Year
FY 2022 - 23 to FY 2023 - 24

Assessment Year
FY 2025-2026

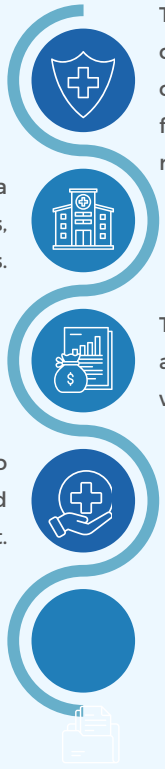
Total Beneficiaries
2,827

Location
Ahmedabad, Gujarat

Implementing Partner
Intas Foundation

PROJECT OBJECTIVES

The Medical Treatment Assistance Programme was designed with the following key objectives:



To create an enabling environment for quality care, continuous treatment, and reduced out-of-pocket expenses (OOP) for patients suffering from chronic medical conditions and other medical emergencies.

To provide accessible healthcare through a network of empanelled hospitals, doctors, and medical service providers.

To support diagnostics, consultations, surgeries, and ongoing treatment for economically weaker sections.

To extend quality medical care to underserved communities in rural and semi-urban areas of Gujarat.

To ensure transparent and accountable utilisation of CSR funds through robust monitoring and documentation systems.

PROJECT ACTIVITIES

The MTA Programme undertook the following key activities:

MEDICAL CONSULTATIONS AND SCREENING CAMPS

Regular eye screening camps were organised in remote villages to identify patients with eye problems, cataracts, and other chronic conditions. Patients identified during camps were provided scheduled appointments for detailed diagnosis and treatment at the empanelled hospital.

SURGICAL INTERVENTIONS

Eye care was the main focus of surgical interventions, primarily involving cataract surgeries. Other procedures included pterygium removal, glaucoma treatment, YAG capsulotomy, and vitrectomy, along with specialized treatments for conditions like cancer, renal transplant, and acute lymphoblastic leukaemia.

DIAGNOSTIC AND THERAPEUTIC SERVICES

Comprehensive diagnostic services, including CT scans, MRI, blood tests, and other laboratory investigations, were provided to beneficiaries. Physiotherapy services, including electrotherapy (TENS, IFT, ultrasound) and therapeutic exercises, were offered for musculoskeletal conditions requiring rehabilitation support.

COMPREHENSIVE BENEFICIARY SUPPORT

Beyond medical treatment, the programme provided comprehensive support services to address barriers to healthcare access. Free transportation was arranged for patients. Accommodation and food were provided during the treatment stay. This holistic support model ensured that indirect costs did not impede treatment completion.

FINANCIAL DISBURSEMENT AND DOCUMENTATION

CSR contributions were made to approved hospitals and doctors upon submission of patient details and supporting documents. Payments were directly transferred to the bank accounts of patients, hospitals, or pharmacies after verification. The Programme ensured that all claims adhered to the required accuracy and eligibility standards. To improve accessibility for individuals with limited literacy, the documentation process was simplified.

MONITORING AND QUALITY ASSURANCE

Regular monitoring was conducted, and monthly MIS reports and programme documents maintained as per program requirements. Photographs and video documentation were maintained for records of medical camps and programme activities.

RESEARCH METHODOLOGY

RESEARCH DESIGN

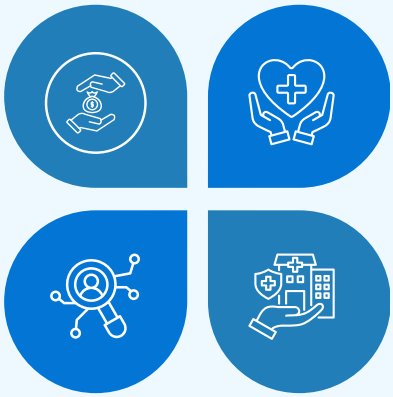
The impact assessment employed a cross-sectional research design combining quantitative and qualitative methods to evaluate the Medical Treatment Assistance Programme. The mixed-methods approach enabled a comprehensive assessment of programme outcomes through beneficiary surveys while capturing contextual insights through stakeholder interviews. The assessment focused on beneficiaries who received financial assistance during the project period FY 2022 - 23 to FY 2023 - 24 with data collection conducted at a single point in time to capture post-intervention outcomes.

STUDY OBJECTIVES

The impact assessment was guided by the following objectives:

To assess the effectiveness of the MTA Programme in reducing out-of-pocket health expenditure among beneficiaries.

To identify strengths, weaknesses, opportunities, and challenges for programme improvement and sustainability.



To evaluate the programme's impact on healthcare access, treatment continuity, and health outcomes for economically weaker sections.

To examine beneficiary satisfaction with programme services, hospital facilities, and staff interactions.

DATA SOURCES

The assessment drew upon multiple data sources to ensure comprehensive coverage and triangulation of findings:

Primary Data:
Structured surveys were administered to programme beneficiaries to capture quantitative data on demographics, financial support utilisation, economic impact, health outcomes, and satisfaction levels. Key Informant Interviews (KIIs) were conducted with hospital staff to gather qualitative insights on programme implementation, coordination mechanisms, and stakeholder perspectives.

Secondary Data:
Programme documentation, including beneficiary records, financial disbursement data, and monitoring reports, was reviewed. Institutional records from the empanelled hospital provided information on treatment, completion rates, and service delivery patterns.

Government and Contextual Data:
Relevant health system data and contextual information on healthcare access in Gujarat were referenced to situate programme findings within the broader landscape of healthcare delivery for economically weaker sections.

DESIGN SNAPSHOT

Name of the Project
Medical Treatment Assistance (MTA) Programme

Implementing Organisation
Intas Foundation

Research Design
Cross-sectional mixed-methods design

Sampling Technique
Simple Random and Purposive Sampling

Sample Size
107 beneficiaries (Confidence Interval - 95% & Margin of Error ± 5)

Geographic Coverage
Ahmedabad, Gujarat

Assessment Period
FY 2025-2026

Data Collection Methods
Beneficiary surveys, Key Informant Interviews, Secondary data review

Jasiben Baldevbhai Chauvan, Rural Beneficiary
The financial support was fully adequate for my cataract treatment. By covering the entire cost, it ensured my care was completed without any financial interruptions.

KEY STAKEHOLDERS

The following key stakeholders were engaged during the assessment:

Programme Beneficiaries

Patients who received assistance under the MTA Programme.

Hospital Nursing Staff

Frontline healthcare workers involved in patient care and programme coordination.

CSR Department Head

Senior hospital management responsible for partnership oversight and institutional coordination.

Intas Foundation CSR Team

Programme managers and staff responsible.

Caregivers and Family Members

Accompanying persons who supported beneficiaries through the treatment process.

STUDY TOOLS

The assessment utilised the following data collection instruments:

Structured Beneficiary Questionnaire:
A comprehensive survey instrument covering demographic profile, financial support details, economic impact, emotional well-being, healthcare access, and treatment outcomes. The questionnaire employed a mix of closed-ended questions with predefined response categories and Likert-scale items for satisfaction and perception measures.

Key Informant Interview Guide:
A semi-structured interview protocol for hospital staff covering programme coordination, fund disbursement processes, patient care experiences, institutional efficiency, and recommendations for improvement. The guide allowed for in-depth exploration of implementation dynamics and stakeholder perspectives.

Secondary Data Extraction Template:
A structured format for extracting relevant information from programme documents, beneficiary records, and institutional reports to complement primary data collection.

ETHICAL CONSIDERATIONS

The assessment adhered to established ethical principles for research involving human subjects. Informed consent was obtained from all survey respondents prior to data collection, with a clear explanation of the assessment purpose, voluntary nature of participation, and confidentiality protections. Respondent anonymity was maintained in all data analysis and reporting. Beneficiaries were assured that their participation or non-participation would not affect their access to programme services. Special sensitivity was exercised when discussing health conditions and financial circumstances, ensuring a respectful and non-intrusive approach to data collection.

DATA VALIDATION AND INTERPRETATION APPROACH

Data quality was ensured through systematic validation procedures, including completeness checks, consistency verification, and range validation for quantitative responses. Qualitative data from key informant interviews were analysed thematically to identify patterns and triangulate with survey findings. Interpretation followed an evidence-based approach, with analytical statements grounded in verified data and contextualised within the programme's operational environment.

KEY FINDINGS

95.3%
of the respondents found the financial support fully adequate for their treatment needs, with none reporting inadequacy.

97.2%
of the respondents expressed being very satisfied with the hospital and Foundation team, reflecting high service quality.

93.5%
of the respondents experienced smooth treatment continuity without interruptions.

82.2%
of the respondents were unaware of treatment options before joining the programme, highlighting its role in bridging information gaps.

99.1%
of the respondents received assistance with documentation and paperwork, facilitating healthcare system navigation.

94.4%
of the respondents belonged to households with annual incomes below Rs 1,00,000, confirming appropriate targeting of economically vulnerable populations.

85.0%
of the respondents lacked health insurance coverage, underscoring the critical need for the programme's financial protection.

100%
of the respondents found communication with hospital staff easy or very easy, indicating strong patient-provider relationships.

77.6%
of the respondents rated the programme as extremely useful, with an additional 10.3% rating it as very useful.

Kanji Desai, Farm Laborer

My vision was failing, and without this program, I was at severe risk of losing my sight permanently. By covering the surgery and medications promptly, the intervention completely halted my deterioration and allowed for a rapid, safe recovery.

KEY IMPACTS

96.2%
of the respondents reported more than 50% reduction in out-of-pocket health expenditure as a result of programme support.

99.1%
of the respondents observed faster recovery or improvement in health condition as the primary programme impact.

95.3%
of the respondents reported significantly improved access to quality healthcare through the programme.

93.5%
of the respondents experienced greatly reduced stress and anxiety levels following programme support.

89.7%
of the respondents perceived a greatly reduced risk of health deterioration due to timely treatment intervention.

88.8%
of the respondents demonstrated significantly improved treatment adherence after receiving programme support.

68.2%
of the respondents reported a reduction in household financial burden (59.8% significant, 8.4% moderate reduction).

87.9%
of the respondents reported reduced travel and diagnostic test costs, demonstrating the programme's impact on indirect expenses.

Cataract surgeries restored functional vision, generating quality-of-life improvements and productivity restoration for working-age beneficiaries.

The programme's approach of providing free transportation, accommodation, and food alongside surgical services addressed multiple potential points of treatment discontinuation. This holistic model ensured that geographic distance and ancillary costs did not impede treatment completion for rural beneficiaries.

Alignment with SDGs

Alignment with National and State Policies

Ayushman Bharat - Pradhan Mantri Jan Aarogya Yojana

National Health Mission (NHM)

National Programme for Health Care of Elderly (NPHCE)

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

Cataract Blindness Free Gujarat

KEY INTERPRETATION OF SROI (2.08:1)

SROI Ratio: For every ₹1 invested under the Medical Treatment Assistance (MTA) Programme, ₹2.08 of measurable social value was generated.

Financial Protection for Vulnerable Households

The programme significantly reduced out-of-pocket medical expenses, including hospitalisation and procedure costs, while also lowering indirect costs such as travel, food, accommodation, and follow-up consultations.

Prevention of Catastrophic Health Expenditure

Financial support helped uninsured and low-income households avoid distress borrowing, medical debt, and long-term financial instability.

Health and Productivity Gains

Medical interventions, particularly cataract surgeries, restored functional vision, leading to improved quality of life and recovery of productivity among working-age beneficiaries.

Income and Caregiver Protection

Timely treatment reduced short-term wage losses for both patients and caregivers and lowered stress-related health burdens.

Key Value Drivers

Major contributors to social value included catastrophic expenditure avoided, emergency treatment prevention, hospitalisation cost savings, and productivity restoration.

Conservative Valuation Approach

The analysis includes only one-year outcomes, excludes most intangible benefits, and applies deductions to account for overlap with government healthcare systems and alternative treatment pathways.

Role as a Financial Safety Net

The programme functions as a critical healthcare safety mechanism, enabling timely treatment and preventing medical debt among economically vulnerable families.

Overall Impact

With an SROI of 2.08:1, the MTA Programme delivers reduced healthcare expenditure, improved health recovery, restored productivity, and stronger household financial resilience, demonstrating strong social value within a single reporting year.

OECD FRAMEWORK

Relevance | Coherence | Effectiveness | Efficiency | Impact | Sustainability

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RELEVANCE

The Medical Treatment Assistance Programme demonstrated exceptional relevance to the needs of the target population. The programme addressed a critical gap in healthcare access for economically vulnerable populations in rural Gujarat. With 94.4% of respondents belonging to households with annual incomes below Rs 1,00,000, 85.0% lacking health insurance, and 82.2% unaware of treatment options prior to programme intervention, the programme was precisely targeted at populations with the greatest need. The focus on eye care, particularly cataract surgery, aligned with the high prevalence of preventable blindness in the elderly rural population, as evidenced by 71.0% of respondents being above 60 years of age.

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COHERENCE

The programme exhibited strong internal and external coherence. Internally, the programme design integrated multiple support components, including financial assistance, transportation, accommodation, and food, creating a coherent package that addressed the various barriers to healthcare access. The partnership model with empanelled hospitals ensured consistent service delivery standards. Externally, the programme aligned with national health priorities of reducing out-of-pocket expenditure and improving healthcare access for economically weaker sections. The programme complemented existing government schemes by filling gaps in coverage, particularly for those who did not qualify for or could not access public programmes. However, scope exists for enhanced convergence with government health insurance schemes such as Ayushman Bharat.

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EFFECTIVENESS

The programme achieved exceptional effectiveness in meeting its stated objectives. The primary objective of reducing out-of-pocket expenditure was substantially achieved, with 96.2% of respondents reporting more than 50% reduction in health expenditure. The objective of ensuring treatment continuity was met, with 93.5% of respondents experiencing smooth treatment without interruptions. The programme successfully facilitated healthcare navigation for respondents, with 98.1% reporting improved understanding of the treatment process. The self-reported treatment completion rate of 97% from hospital staff, corroborated by 93.5% of surveyed respondents reporting smooth treatment continuity, indicated high programme effectiveness in achieving treatment outcomes.

Index : 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

★★★★

EFFICIENCY

The programme demonstrated good efficiency in resource utilisation and process management. The documentation requirements were streamlined to ID Proof and income proof, reducing administrative burden on respondents. Payment turnaround of 1–1.5 months was reported by both hospital management and nursing staff and described as adequate for continuous service delivery. The case processing time of 1-2 days per patient indicated efficient administrative systems. The hospital partnership model leveraged existing infrastructure, avoiding capital expenditure on facilities. However, the administrative burden reportedly increased proportionally with patient numbers, suggesting potential for process optimisation at scale.

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IMPACT

The programme achieved outstanding impact across multiple dimensions. The health impact was evident from 99.1% of respondents reporting faster recovery or improvement in health condition, and 89.7% perceiving a greatly reduced risk of health deterioration. The economic impact was demonstrated through a significant reduction in household financial burden for 59.8% of respondents and reduced indirect costs (travel, diagnostics, medicines) for over 85% of respondents. The psychosocial impact was reflected in 93.5% of respondents reporting greatly reduced stress and anxiety levels.

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SUSTAINABILITY

The programme showed moderate sustainability, with strengths in institutional partnerships but dependence on continued CSR funding. The partnership , demonstrated institutional sustainability through ongoing collaboration. The hospital's increased reputation and patient trust created a foundation for continued service delivery. The simplified processes and established coordination mechanisms were replicable and sustainable. However, the programme's financial sustainability remained contingent on continued CSR allocation, as beneficiaries lacked the financial capacity to access services independently. The 85.0% of respondents without health insurance highlighted the ongoing need for financial support mechanisms. Sustainability would be strengthened through convergence with government insurance schemes and capacity building for community-level health awareness.

Index : 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

CONCLUSION

The impact assessment of Medical Treatment Assistance (MTA) Programme indicates that the intervention has been highly effective in enabling timely, affordable, and complete treatment for economically vulnerable patients, in Gujarat. The respondent profile reflects that the programme reached those with the least capacity to absorb health shocks: predominantly rural households, a largely elderly cohort, low annual incomes, and high levels of uninsured status. Within this context, the programme's design of combining treatment support with patient navigation and indirect cost coverage appears to be the decisive factor that prevented common points of drop-off in the care journey.

Across the surveyed beneficiaries (N = 107), findings consistently point to improved access to quality care, strong continuity of treatment, and high satisfaction with service delivery. Beneficiaries reported substantial reductions in out-of-pocket expenditure and indirect costs, alongside meaningful psychosocial relief for patients and caregivers. Qualitative insights further suggest that the programme has created a demonstration effect in surrounding communities: successful treatment experiences and respectful patient handling strengthened trust in formal healthcare and increased willingness to seek care early, rather than postponing treatment until impairment becomes severe.

At the same time, the assessment highlights specific operational realities that should shape the way forward. These are predictable friction points in rural health delivery that can be addressed through stronger follow-up protocols, clearer document-resolution procedures, and light-touch digitisation for case tracking and reporting. Sustainability will also be strengthened by deeper convergence with government health coverage mechanisms, so that CSR support functions as a bridge and top-up rather than the only safety net.

The MTA Programme demonstrates a credible, patient-centred CSR model that reduces financial barriers, simplifies access, and supports treatment completion for populations that would otherwise remain excluded from quality care. By sharpening last-mile follow-up systems, streamlining administrative workflows, and building stronger institutional convergence, the programme can deepen its impact and scale responsibly while continuing to protect vulnerable households from avoidable disability and distress.

HAEMOPHILIA PATIENT ASSISTANCE PROGRAMME

Project Period: FY 2022 - 23 to FY 2024 - 25

BACKGROUND AND NEED OF THE PROGRAM

Haemophilia is a lifelong genetic bleeding disorder caused by the deficiency of clotting factors, primarily Factor VIII (Haemophilia A) or Factor IX (Haemophilia B), which are essential for normal blood clotting. As a result, even minor injuries can lead to prolonged and spontaneous bleeding into joints and muscles. Repeated bleeding episodes, especially in joints, can cause chronic pain, reduced mobility, long-term disability, and significantly affect the overall well-being and quality of life of affected individuals. Effective haemophilia management requires timely access to clotting factor treatment, regular monitoring, physiotherapy, and informed disease management.

In India, haemophilia care continues to face significant systemic and access- related challenges. According to the World Federation of Haemophilia, India has over 24,000 registered persons with haemophilia, making it one of the countries with the highest reported burden globally; however, this number represents only diagnosed and registered cases, indicating substantial gaps in diagnosis and access to care . Access to clotting factor remains uneven, and many patients continue to depend on episodic or emergency-based treatment due to high treatment costs and limited availability, which can increase the risk of complications and long-term disability. Comprehensive haemophilia care services, including specialised diagnostics, physiotherapy, and clinical management, are primarily available in urban tertiary centres, creating geographical and financial barriers for patients living in underserved regions. These challenges contribute to delayed treatment, increased financial burden, and disruptions in continuity of care.

To address these critical gaps, the Haemophilia Patient Assistance Program (H-PAP) was implemented by the Intas Foundation to strengthen access to comprehensive haemophilia care and improve patient outcomes. The program operationalises a Continuum-of-Care model through structured outreach camps, diagnostic support through empanelled laboratories and haemophilia treatment centres, facilitation of treatment access, physiotherapy linkages, and structured self-infusion training. Beneficiaries are supported through coordinated referral pathways, regular follow-up interactions, counselling sessions, and program staff facilitation, ensuring continuity of care beyond one-time interventions. This structured co-ordination between beneficiaries, healthcare providers, and treatment centres strengthens treatment continuity and enables timely clinical support.

The need for such an intervention is driven by the complex, ongoing nature of haemophilia care, which requires coordinated medical, rehabilitative, and self- management support. Without structured systems, patients face delays in treatment, increased financial burden, and long-term health complications. H-PAP addresses these challenges by strengthening access to treatment, building patient and caregiver capacity, and facilitating coordinated care through partnerships with healthcare providers and institutions.

Global clinical evidence indicates that integrated haemophilia care models combining treatment access, physiotherapy, self-management training, and regular follow-up are associated with reduced bleeding complications, improved functional outcomes, and better quality of life among persons with haemophilia. In India, access to such comprehensive and coordinated care remains limited, particularly in resource-constrained settings. H-PAP addresses gap by establishing a patient-centred care model that improves treatment continuity, strengthens care systems, and enables persons with haemophilia to manage their condition better.

PROJECT DETAILS

Implementation Year
FY 2022 - 23 to FY 2024 - 25

Assessment Year
FY 2025 – 2026

Total Beneficiaries
Over 13,000 patients and caregivers

Locations
PAN India

Implementing Partner
Intas Foundation

Pransanta Kumar Sana, Haemophilia A – Moderate, Beneficiary

Since childhood, I have been facing problems due to haemophilia. Even small injuries would lead to bleeding, and it would take a long time to stop. This affected my daily life and made it difficult to do normal activities. Earlier, proper treatment and support were not easily available. Now, with better access to factors and regular support, my condition is under better control. I feel more confident and can live my life with less fear.

OBJECTIVES OF THE PROGRAM

To improve access to clotting factor support for persons with haemophilia, enabling timely management of bleeding episodes and reducing the risk of complications.

To strengthen the ability of persons with haemophilia and caregivers to manage the condition independently, through structured self-infusion training and genetic counselling support.

To enhance musculoskeletal health and functional mobility by promoting physiotherapy and rehabilitation as an integral part of haemophilia care.

To improve access to diagnostic services and medical consultation, enabling timely diagnosis, appropriate treatment planning, and ongoing disease monitoring.

To strengthen awareness and understanding of haemophilia among patients, caregivers, and healthcare providers, supporting informed disease management and treatment adherence.

To promote continuity of care and adherence to treatment plans through regular follow-up, monitoring, and coordinated support with healthcare providers.

To reduce the financial and logistical burden associated with haemophilia care by improving access to essential treatment and support services.

To improve overall health outcomes and quality of life of persons with haemophilia, by strengthening access to comprehensive and sustained care support.

PROJECT ACTIVITIES

Provided clotting factor support to eligible persons with haemophilia to enable timely treatment and prevent complications during bleeding episodes.

Facilitated access to diagnostic services, including factor assays and inhibitor testing, to support accurate diagnosis and appropriate treatment planning.

Conducted physiotherapy sessions and rehabilitation support to improve joint health, mobility, and long-term physical functioning.

Delivered self-infusion training to strengthen emergency preparedness and enable timely home-based management of bleeding episodes.

Organised genetic counselling and awareness sessions to improve understanding of haemophilia, treatment adherence, and caregiver preparedness.

Strengthened clinical capacity through expert guidance, case discussions, and protocol support to ensure standardised and evidence-based haemophilia care.

Facilitated co-ordination between healthcare providers, diagnostic centres, and physiotherapy services to improve continuity and accessibility of care.

Provided financial relief by reducing out-of-pocket expenses related to clotting factor, diagnostics, hospital visits, and rehabilitation services.

Virendar Marandi, Haemophilia A – Moderate, Beneficiary

It was difficult to manage the condition before the support from the program because treatment was not always available when needed. After joining the program, access to treatment and medical support has become easier. This has helped me manage haemophilia better and continue my daily routine with more confidence.

RESEARCH METHODOLOGY

This chapter outlines the methodology adopted to assess the effectiveness and impact of the Haemophilia Patient Assistance Project (H-PAP) implemented by Intas Foundation. The methodology was designed to capture both quantitative outcomes and qualitative experiences of persons with haemophilia, caregivers, and healthcare providers. It describes the study approach, data collection methods, sampling framework, and analytical processes used to evaluate changes in treatment access, disease management, caregiving experience, and overall quality of life.

OBJECTIVES OF THE STUDY

The impact assessment was guided by the following objectives:

- To measure the impact of the project on the health, functional ability, and quality of life of persons with haemophilia, and the caregiving experience of their families.
- To assess the effectiveness of the Haemophilia Patient Assistance Project (H-PAP) in improving access to treatment and related healthcare services for persons with haemophilia.
- To understand the contribution of the project in strengthening patient and caregiver capacity for independent and informed disease management.
- To evaluate the extent to which the project strengthened disease management practices, including timely treatment, self-infusion, physiotherapy utilisation, and continuity of care.
- To assess the sustainability of project-supported care systems and identify key learnings, challenges, and recommendations to strengthen future program implementation.

RESEARCH DESIGN

The study adopted a descriptive research design using a mixed-method approach to assess the impact of the H-PAP implemented by Intas Foundation. This design enabled a systematic assessment of changes in treatment access, disease management practices, caregiving experience, and quality of life among persons with haemophilia and their families. The study focused on capturing both measurable outcomes and lived experiences of program stakeholders. Key stakeholders involved in the assessment included persons with haemophilia enrolled in the program, their caregivers, and healthcare providers associated with haemophilia care and program implementation.

APPLICATION OF QUANTITATIVE TECHNIQUES

Quantitative data were collected using structured survey tools administered to persons with haemophilia and their caregivers enrolled under the program. The structured questionnaires captured information on access to treatment, timeliness of care, physiotherapy utilisation, self-infusion practices, caregiving burden, and overall health and quality-of-life outcomes. The quantitative approach enabled systematic measurement of respondents' changes and provided a clear understanding of program-level outcomes across the study population.

APPLICATION OF QUALITATIVE TECHNIQUES

Qualitative methods were used to capture in-depth perspectives on program impact, care experiences, and changes in disease management. This included in-depth interviews with selected beneficiaries, caregivers, and healthcare providers, along with documentation of case studies and testimonials. These qualitative insights provided a contextual understanding of how program interventions influenced treatment access, caregiving practices, and overall disease management at the individual and family levels.

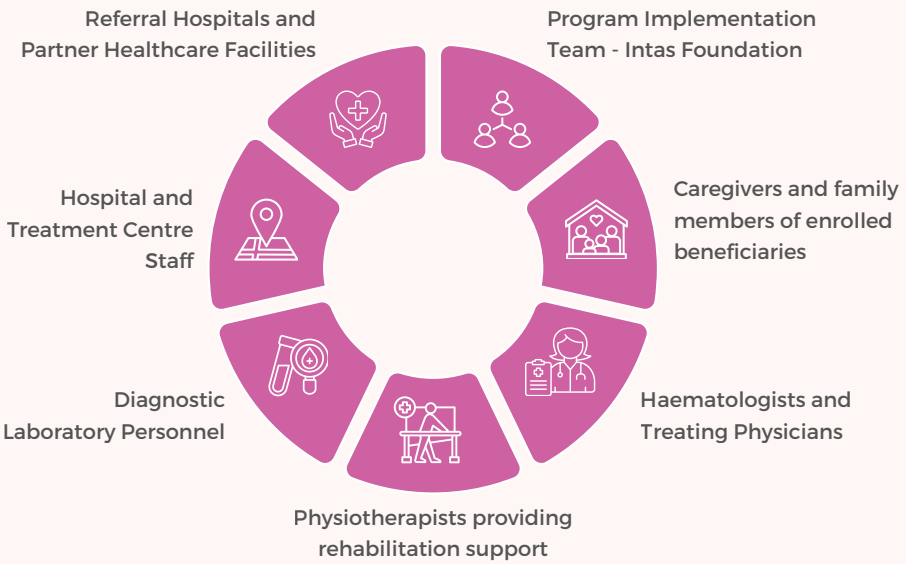
ENSURING TRIANGULATION

Triangulation was applied by integrating findings from multiple data sources and stakeholder perspectives. Quantitative survey findings were complemented with qualitative insights from interviews, testimonials, and stakeholder interactions. This approach helped validate observed outcomes, strengthen the credibility of findings, and ensure a comprehensive understanding of program impact from both outcome-based and experience-based perspectives.

STANDARDISED FRAMEWORK FOR EVALUATION

The assessment applied the OECD–DAC evaluation framework to guide analysis across relevance, effectiveness, efficiency, impact, and sustainability dimensions. The framework provided a structured basis for interpreting programme outcomes, assessing performance across components, and generating policy-relevant conclusions and recommendations.

KEY STAKEHOLDERS COVERED



SAMPLING FRAMEWORK

A purposive sampling strategy was adopted to select beneficiaries and stakeholders across districts and components.

Component	Respondent Category	Description	Sampling Technique	Sample Size	Purpose of Inclusion
Component 1	Persons with Haemophilia (PwH)	Individuals enrolled under the Haemophilia Patient Assistance Programme receive support, physiotherapy, self-infusion training, and related services	Purposive Sampling	145	To assess changes in treatment access, disease management practices, health outcomes, and quality of life
Component 2	Caregivers of Persons with Haemophilia	Primary caregivers are responsible for supporting treatment, home-based care, and management of bleeding episodes	Purposive Sampling	70	To assess caregiver burden, confidence in disease management, emotional and financial impact, and caregiving experience
Qualitative Component	Selected PwH, Caregivers, and Healthcare Providers	A subset of respondents and healthcare providers engaged in haemophilia care and program implementation	Purposive Selection	Subset within total sample	To capture in-depth insights on program impact, care practices, service accessibility, and implementation experiences

DESIGN SNAPSHOT

Name of the Project
Haemophilia Patient Assistance Programme (H-PAP)

Implementing Organisation
Intas Foundation

Research Design
Descriptive research design using a mixed-method approach

Sampling Technique
Purposive sampling of persons with haemophilia caregivers, healthcare providers

Sample Size
215 respondents (Confidence Interval - 95% & Margin of Error ± 5)

Geographic Coverage
PAN India

Assessment Period
FY 2025 - 2026

Data Collection Methods
Beneficiary surveys, Key Informant Interviews, Secondary data review

UPHOLDING RESEARCH ETHICS

INFORMED CONSENT

Prior informed consent was obtained from all participants before initiating data collection. Participants were clearly informed about the study's purpose, the nature of their involvement, and the intended use of the collected information.

VOLUNTARY PARTICIPATION

Participation in the study was entirely voluntary. Respondents were free to decline to participate or withdraw from the study at any stage, without obligation or consequences.

CONFIDENTIALITY AND ANONYMITY

Strict confidentiality was maintained throughout the study. Personal identifiers were excluded from the dataset, and all findings have been presented in a manner that protects respondents' anonymity.

PRIVACY AND RESPECT

All interviews and interactions were conducted respectfully, ensuring privacy and creating a comfortable environment for participants to share their experiences openly.

NON-MALEFICENCE

The study was conducted with due care to ensure that no physical, emotional, psychological, or social harm was caused to any participant during data collection.

DATA PROTECTION AND SECURITY

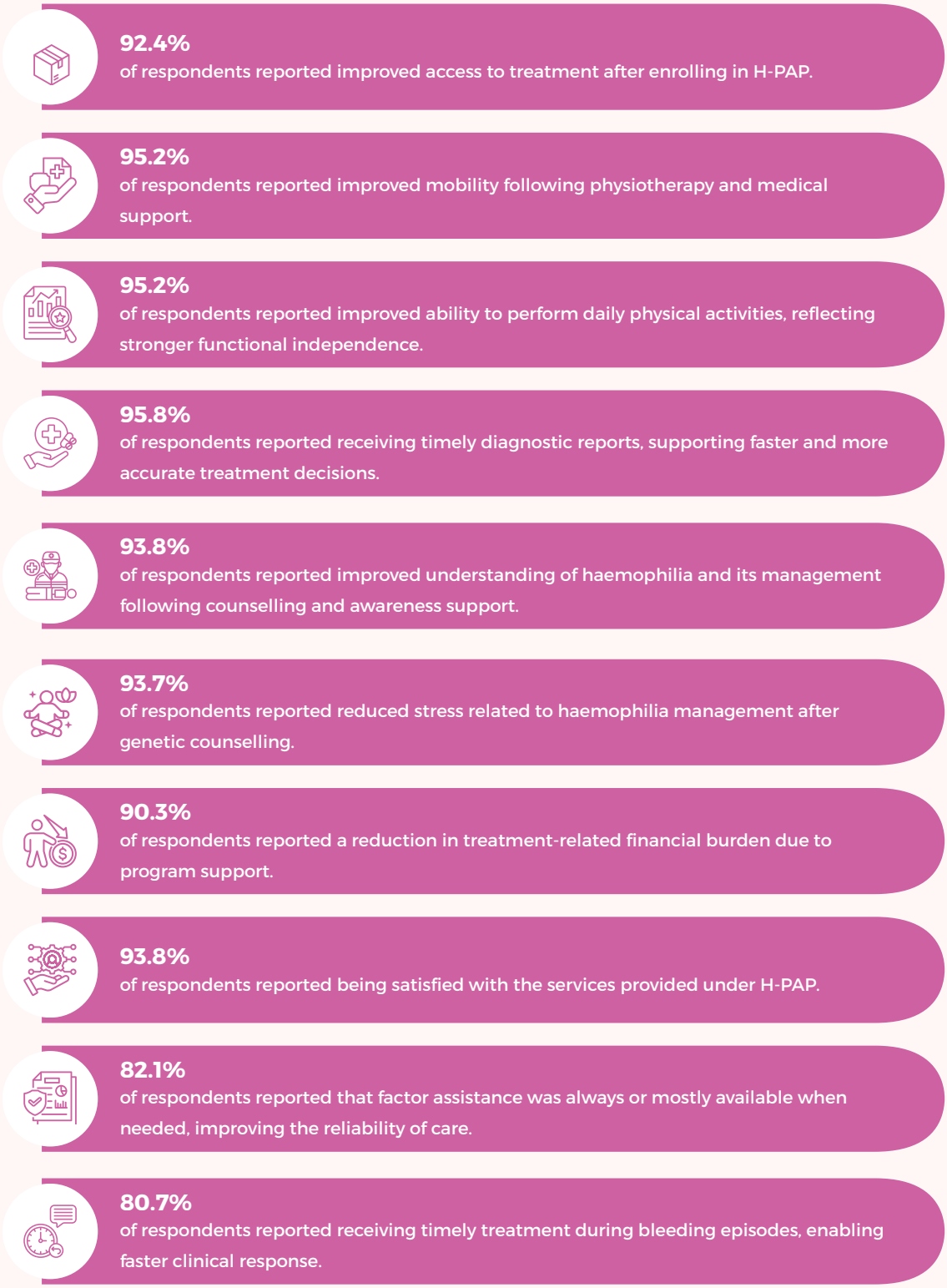
Strict confidentiality was maintained throughout the study. Personal identifiers were excluded from the dataset, and all findings have been presented in a manner that protects respondents' anonymity.

INTEGRITY AND TRANSPARENCY

The study's findings have been presented objectively and accurately, without distortion, omission, or selective interpretation, thereby ensuring the integrity and credibility of the assessment.

KEY FINDINGS

COMPONENT 1: TREATMENT ACCESS AND HEALTH OUTCOMES AMONG PERSONS WITH HAEMOPHILIA



KEY IMPACTS

89.6%
of respondents reported a reduction in bleeding episodes after receiving program support.

91.7%
of respondents reported that bleeding episodes became less severe, improving clinical stability.

95.2%
of respondents reported a reduction in joint pain following physiotherapy and treatment support.

95.2%
of respondents reported improved ability to perform routine daily activities and maintain physical functioning.

91.7%
of respondents reported increased confidence in performing self-infusion, strengthening treatment independence.

91.7%
of respondents reported improved emergency preparedness through self-infusion training and treatment support.

71.0%
of respondents reported improved diagnostic clarity, enabling more informed treatment decisions.

93.8%
of respondents reported improvements in overall quality of life following program support.

95.7%
of respondents reported improved access to diagnostic tests and specialist services, enabling timely medical care and better treatment planning.

100.0%
of respondents reported receiving effective support from program staff in coordinating hospital visits and treatment services.

KEY IMPACTS

100.0%
of respondents reported a reduction in financial burden related to haemophilia care, improving household financial stability and treatment continuation.

100.0%
of respondents reported improvement in overall family well-being after joining the program, strengthening emotional stability and family functioning.

100.0%
of respondents reported satisfaction with H-PAP services, demonstrating strong acceptance and effectiveness of program support.

94.3%
of respondents reported reduced caregiver workload during bleeding episodes due to self-infusion training, improving caregiving efficiency and emergency response.

95.7%
of respondents reported improvement in child mobility and daily functioning after physiotherapy support, reducing caregiving effort and improving independence.

100.0%
of respondents reported improved access to medical specialists through the program, strengthening continuity of care and treatment outcomes.

100.0%
of respondents reported improvements in family well-being, including reduced stress, improved emotional stability, and greater confidence in managing haemophilia.

The largest contributors to overall value were self-infusion capability, avoided hospital admissions, prevention of corrective surgery, and productivity gains for patients and caregivers.

Alignment with SDGs

Alignment With National and State Policies

- National Health Mission (NHM)
- Ayushman Bharat – Health and Wellness Centres (HWCs)
- National Policy for Rare Diseases (NPRD)
- Rashtriya Bal Swasthya Karyakram (RBSK)

KEY INTERPRETATION OF SROI (1.78:1)

SROI Ratio: For every ₹1 invested in the H-PAP programme, ₹1.78 of measurable social value was generated.

Clinical Impact

The programme helped avoid hospital admissions, reduce emergency escalation, prevent joint complications, and improve treatment autonomy through self-infusion capability.

Improved Disease Management

Self-infusion and physiotherapy training strengthened patients' ability to manage haemophilia independently, reducing dependence on emergency care and specialised facilities.

Household Financial Protection

The intervention reduced out-of-pocket expenditure, travel costs, and treatment-related financial burden for beneficiary households.

Productivity and Caregiver Relief

Improved treatment continuity supported productivity of patients and caregivers, while also reducing caregiving strain.

Key Value Drivers

Major contributors to overall value included self-infusion capability, avoided hospital admissions, prevention of corrective surgeries, and productivity gains.

Conservative Valuation Approach

The analysis includes only one-year outcomes, with no monetisation of lifetime productivity gains, mortality reduction, or long-term disease progression benefits. Intangible outcomes such as improved confidence, reduced stress, and quality of life were also excluded.

Addressing Structural Gaps in Care

The programme helps address gaps in irregular factor supply and limited access to specialised haemophilia services, particularly in non-metro regions.

Strengthening Household Stability

Improved continuity of care and reduced emergency dependence contributed to greater confidence in disease management and enhanced household economic resilience.

OECD FRAMEWORK

★★★★★

RELEVANCE

H-PAP addressed a critical gap in haemophilia care—timely access to clotting factor treatment, diagnostics, physiotherapy, and specialised support. Program data show that **82.1% of beneficiaries reported that factor support was always or mostly available**, and **80.7% reported receiving treatment promptly during bleeding episodes,** demonstrating improved reliability of treatment access. Diagnostic access was also strengthened, with **95.8% reporting timely receipt of diagnostic reports**, enabling faster, more accurate clinical decisions. Caregivers similarly reported improved treatment access, with **98.6% reporting easier access to factor support**, confirming the program's relevance in addressing access barriers.

★★★★★

COHERENCE

H-PAP was implemented through existing healthcare institutions, including hospitals, physiotherapy centres, and diagnostic facilities, thereby aligning with and strengthening existing care systems. Program outcomes demonstrate improved utilisation of healthcare services, with **64.8% of beneficiaries reporting easier access to physiotherapy, 46.2% reporting timely diagnostic testing, and 43.4% reporting reduced waiting time at physiotherapy centres.** Additionally, **95.7% of caregivers reported improved access to diagnostic services,** confirming strengthened linkage between patients and existing healthcare providers. This integration supported continuity of care while reinforcing existing healthcare delivery mechanisms.

★★★★½

EFFECTIVENESS

The program was effective in improving access to treatment, disease control, and functional outcomes. A total of **92.4% of beneficiaries reported improved access to prophylaxis or on-demand treatment, 89.6% reported reduced bleeding episode frequency, and 91.7% reported reduced bleeding episode** severity, indicating improved clinical stability. Physiotherapy support contributed to improved physical functioning, with 95.2% reporting improved mobility and **95.2% reporting improved ability to perform daily physical activities.** Caregivers also reported reduced burden, with **97.1% reporting a reduction in caregiving burden during bleeding episodes,** demonstrating improved disease management at the household level.

Index : 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

★★★★½

EFFICIENCY

The program improved treatment efficiency by enabling faster access to factor support and reducing the need for hospital-dependent care. Among beneficiaries, **62.8% reported faster access to factor during bleeding episodes, and 49.7% reported fewer delays in obtaining treatment,** reducing time to intervention. Caregiver data also shows improved treatment management efficiency, with **53.0% reporting fewer hospital visits, and 51.5% reporting reduced dependence on caregivers for infusion after self-infusion training**. Financial efficiency was also evident, with **77.2% of beneficiaries reporting reduced expenditure on factor treatment and 53.8% reporting reduced hospital admission costs,** reducing economic burden on families.

★★★★½

IMPACT

The program contributed to significant improvements in clinical outcomes and overall quality of life. A total of **93.8% of beneficiaries reported improvement in overall quality of life, while 95.2% reported reduced joint pain and 61.4% reported improved ability to participate in daily activities**. Caregivers reported positive family-level impact, with **100% reported improvement in overall family well-being and 70.0% reported reduced stress in the household.** Clinical stability improvements were also reflected in reduced emergency care needs, with **42.1% of beneficiaries reporting fewer emergency hospital visits,** indicating stronger disease control and improved treatment readiness.

★★★★

SUSTAINABILITY

H-PAP strengthened long-term care capacity by improving knowledge of treatments, self-management skills, and caregiver preparedness. Among beneficiaries, **93.8% reported improved understanding of haemophilia management, and 91.7% of those trained reported confidence in performing self-infusion,** enabling more independent treatment. Caregivers also reported sustained capacity improvements, with **90.0% reporting increased independence due to self-infusion training, and 100% reporting confidence in supporting daily care needs.** Improved adherence was also observed, **58.6% reported more regular infusion schedules, and 47.6% reported consistent physiotherapy adherence,** supporting sustained treatment continuity. Continued strengthening of service access and monitoring systems will further support long-term sustainability.

Index : 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

CONCLUSION

The impact assessment indicates that H-PAP, supported by the Intas Foundation, has played a significant role in strengthening access to essential haemophilia care services, including clotting factor support, physiotherapy, diagnostics, and self-infusion training. Program data shows that **82.1% of beneficiaries reported that factor support was always or mostly available, and 80.7% reported receiving timely treatment during bleeding episodes,** reflecting improved reliability and responsiveness of care. In addition, **93.8% of beneficiaries reported an improvement in overall quality of life, and 95.2% reported improved mobility and ability to perform daily activities**, demonstrating meaningful improvements in functional health outcomes. These changes have enabled individuals to manage bleeding episodes more effectively, reduce complications, and maintain greater stability in their daily lives.

The program has also contributed to reducing caregiving burden and strengthening household-level preparedness, with **97.1% of caregivers reporting reduced burden during bleeding episodes** and increased confidence in managing care at home. At the systems level, the program has strengthened linkage with healthcare providers, improved treatment adherence, and enhanced access to diagnostic and specialist services, contributing to more coordinated and proactive disease management.

One key limitation observed is that, while overall access and outcomes have improved significantly, **some respondents continued to report occasional delays or variability in service access**, particularly in geographically distant or resource-constrained areas. This indicates the need for continued efforts to strengthen decentralised access and ensure more uniform service availability.

Overall, the findings demonstrate that H-PAP has made a meaningful contribution to improving treatment access, clinical stability, caregiver preparedness, and overall quality of life for persons with haemophilia. Continued focus on capacity strengthening, treatment continuity, and expanding access across underserved areas will be important to sustain these gains and further strengthen long-term haemophilia care outcomes.

BLOOD BANK UPLIFTMENT PROGRAMME

Project Period: FY 2022 - 23 to FY 2024 - 25

BACKGROUND AND NEED OF THE PROGRAM

Safe and timely access to whole blood and blood components is a critical requirement for effective healthcare delivery. Blood transfusion services support a wide range of medical needs, including emergency care, maternal health, surgical procedures, and the treatment of chronic conditions such as thalassemia, hemophilia, and cancer. In India, strengthening blood transfusion services has been identified as a national health priority, with coordinated efforts led by the National AIDS Control Organisation (NACO) and the National Blood Transfusion Council (NBTC) to improve blood safety, availability, and quality across healthcare institutions.

Despite these efforts, operational and infrastructure gaps continue to affect the ability of blood banks, particularly those in government and charitable sectors, to consistently meet clinical demand. According to the Directorate General of Health Services (DGHS), Government of India, the country requires approximately 14.6 million units of blood annually to meet healthcare needs, highlighting the scale and importance of strengthening blood transfusion systems. However, many blood banks continue to face constraints related to storage capacity, component separation infrastructure, equipment availability, and digital blood bank management systems. Government-led digital initiatives such as e-RaktKosh, the national blood bank management system, were introduced to improve traceability, inventory management, and coordination across blood centres, yet gaps in software availability and operational integration persist in several institutions. The National Blood Policy of India also emphasizes the need to modernize blood bank infrastructure, strengthen component preparation systems, and enhance institutional capacity to ensure safe and reliable transfusion services.

PROJECT DETAILS

Implementation Year

FY 2022 - 23 to FY 2024 - 25

Assessment Year

FY 2025 – 2026

Total Blood Banks

43 government and charitable blood banks.

Location

PAN India

Implementing Partner

Intas Foundation

PROJECT OBJECTIVES

The Intas Foundation Blood Bank Upliftment Program was designed with the following objectives:

To strengthen blood bank infrastructure in government and charitable healthcare institutions through the provision of need-based equipment such as blood storage systems, component preparation equipment, and related operational infrastructure.

To enhance the operational capacity of supported blood banks to improve blood collection, component preparation, storage, and distribution processes within institutional settings.

To support the adoption and integration of blood bank management systems, including software and digital tools, to improve blood unit traceability, documentation, and operational management.

To strengthen the institutional readiness of blood banks to support patients requiring transfusion services, including those dependent on regular blood component support such as thalassemia, haemophilia, and cancer patients.

To support institutional capacity strengthening through technical and operational improvements, including equipment support, knowledge-building initiatives, and need-based system strengthening interventions.

To contribute to strengthening the overall reliability, quality, and continuity of blood services within supported healthcare institutions.

To compliment national efforts in blood services by enhancing the functional capacity of blood banks to provide safe, timely, and reliable blood and blood components to patients.

PROJECT ACTIVITIES

To provide need-based blood bank equipment tailored to institutional requirements, including centrifuge machines, walk-in cold storages and cryofuge, deep freezers and blood bank management software, platelet agitator, FFP thawing bath, and table-top centrifuge and blood storage and diagnostic equipment such as ID readers and ELISA-related systems.

To support the installation and operational use of blood bank management software and digital systems, including barcode-based blood unit identification and digital record management, to strengthen traceability, documentation, and blood unit tracking,

To strengthen blood component preparation and storage infrastructure by enabling supported blood banks to conduct component separation, maintain required storage conditions, and manage blood inventory facilities.

To enhance operational readiness of supported blood banks by providing equipment required for blood collection support, component processing, storage, and laboratory-based technical functions as part of routine transfusion service delivery.

To support institutional strengthening through the provision of infrastructure aligned with operational gaps identified by blood banks, enabling integration of equipment into routine institutional workflows and supporting continued transfusion service delivery.

RESEARCH METHODOLOGY

This chapter outlines the methodological approach adopted to conduct the impact assessment of the Intas Foundation Blood Bank Upliftment Program. The methodology was designed to generate credible, evidence-based insights into how the program was implemented and how it contributed to strengthening blood bank operations across supported institutions. The assessment relied primarily on qualitative field interactions, supported by institutional records and program documentation, to understand operational changes and institutional experiences following program implementation.

OBJECTIVES OF THE STUDY

To assess the extent to which the Intas Foundation Blood Bank Upliftment Program strengthened the infrastructure and operational capacity of supported blood banks.

To understand institutional experiences and perspectives regarding the operational changes resulting from program support.

To measure the contribution of the program in improving blood component preparation, storage, and transfusion service functioning within supported institutions.

To assess the extent to which the program contributed to strengthening the ability of supported blood banks to sustain transfusion service delivery.

To evaluate the integration and utilisation of program-supported equipment and systems within routine blood bank operations.

To evaluate the sustainability of program-supported infrastructure and systems within institutional operational frameworks.

To identify institutional strengthening opportunities and formulate evidence-based strategic recommendations to support the continued strengthening and long-term sustainability of blood bank operations.

RESEARCH DESIGN

The study adopted a qualitative research design, appropriate for assessing institutional-level changes and operational outcomes in healthcare service settings. This design enabled an in-depth understanding of how program-supported infrastructure and systems were integrated into routine blood bank functioning, and how they contributed to strengthening transfusion service delivery.

A qualitative approach was particularly relevant given the program's focus on institutional capacity strengthening rather than individual-level behavioural change. The design allowed the assessment to capture operational realities, institutional experiences, and functional changes as reported directly by blood bank administrators and technical staff responsible for managing transfusion service operations.

APPLICATION OF QUANTITATIVE TECHNIQUES

While the study was primarily qualitative in nature, quantitative information available at the institutional level was reviewed to support contextual understanding of operational changes. This included data related to blood storage capacity, blood processing volumes, and component preparation activities, where available through institutional records and stakeholder responses.

These quantitative inputs were used to support and contextualise qualitative findings and were not used as the sole basis for impact assessment, ensuring that interpretation remained grounded in institutional operational experiences.

APPLICATION OF QUALITATIVE TECHNIQUES

The assessment relied extensively on qualitative data collection methods to understand institutional experiences and operational changes resulting from program support. The primary qualitative technique used was in-depth interviews with key stakeholders directly involved in blood bank operations.
Interviews were conducted with:

Blood bank in-charges and administrative leadership are responsible for managing institutional services.

Laboratory technicians involved in routine blood bank operational processes.

Technical officers and blood bank technologists are responsible for blood component preparation, storage, and operational management.

These interactions provided first-hand insights into equipment utilisation, operational integration, workflow changes, and institutional strengthening resulting from program support.

SAMPLING FRAMEWORK

The sampling framework followed a purposive sampling approach, selecting blood banks that had received infrastructure and system support under the Intas Foundation Blood Bank Upliftment Program. The selected institutions represented a mix of government and charitable healthcare settings where program-supported equipment and systems were actively integrated into blood bank operations.

Within each institution, key personnel directly involved in blood bank functioning were selected for interviews to ensure that findings were based on informed operational perspectives.

ENSURING TRIANGULATION

To ensure the reliability and credibility of findings, the study adopted a triangulation approach by integrating multiple sources of evidence. Findings were derived through cross-verification of:

Institutional operational information and responses shared during field interactions.

Stakeholder interviews were conducted with blood bank administrators and technical staff.

Program documentation, including the project concept note and implementation records.

This approach helped ensure that findings reflected actual institutional experiences and operational realities rather than relying on a single source of information.

STANDARDISED FRAMEWORK FOR EVALUATION

The assessment applied the OECD–DAC evaluation framework, which provides internationally recognised criteria for evaluating development and CSR programs. The framework guided analysis across the following dimensions:

The use of this framework ensured a structured and systematic approach to assessing program performance, interpreting institutional outcomes, and developing evidence-based conclusions and recommendations.

DESIGN SNAPSHOT

Name of the project
Blood Bank Upliftment Programme (BBUP)

Implementing Organisation
Intas Foundation

Research Design
Qualitative Research Design

Sampling Technique
Purposive Sampling

Sample Size
10 supported blood banks across government and charitable healthcare institutions (Confidence Interval - 95% & Margin of Error ± 5)

Geographic Coverage
PAN India

Assessment Period
FY 2025 - 2026

Data Collection Methods
Beneficiary surveys, Key Informant Interviews, Secondary data review

KEY STAKEHOLDERS COVERED

The study covered stakeholders directly involved in blood bank operations and transfusion service delivery. These included:

Blood Bank In-Charges and Administrative Leadership

Blood Bank Technologists

Laboratory Technicians and Technical Staff

These stakeholders provided operational insights based on their direct involvement in blood collection, component preparation, storage, and transfusion service management.

UPHOLDING RESEARCH ETHICS

The study was conducted in accordance with established ethical principles to ensure responsible and respectful engagement with participants.

Informed Consent

Prior informed consent was obtained from all participants before conducting interviews. Participants were informed about the purpose of the study, the nature of their involvement, and how the information would be used.

Voluntary Participation

Participation was voluntary, and respondents were free to decline participation or withdraw at any stage without any obligation.

Confidentiality and Anonymity

Confidentiality was maintained throughout the study. Personal identifiers were excluded, and findings have been presented in a manner that protects respondent anonymity.

Privacy and Respect

Interviews were conducted in a respectful and professional manner, ensuring that participants could share their experiences openly.

Non-Maleficence

The study ensured that no physical, emotional, or social harm occurred to participants during data collection.

Data Protection and Security

All collected information was securely stored and used solely for research, analysis, and reporting.

KEY FINDINGS

Essential blood bank equipment and digital systems were provided and integrated into routine operations across supported blood banks, with institutions receiving need-based infrastructure such as centrifuges, storage units, platelet agitators, thawing baths, ID readers, and software based on operational requirements. **Evidence basis: All blood banks interviewed/studied.**

At Charitable Blood Bank, Mumbai, the installation of an additional centrifuge increased blood processing capacity from approximately 125–150 units per month to 250–300 units per month, enabling faster component preparation following blood donation camps. **Evidence basis: All blood banks interviewed/studied.**

At Government Medical College and Hospital, in Maharashtra, the installation of a walk-in cooler expanded blood storage capacity from approximately 1,000–1,500 blood bags to over 3,000 blood bags. Institutional records also showed an increase in blood component issuance from 20,837 units pre-intervention to 22,533 units post-intervention, indicating increased operational utilisation of blood components.
Evidence basis: Blood bank checklist and administrator interview.

Digital blood bank management systems improved traceability and retrieval of blood unit information, enabling faster identification, tracking, and inventory management of blood units. Staff at Hospital, Pune, specifically reported that barcode-based software enabled quicker access to blood unit records compared to manual systems.
Evidence basis: Hospital interview, Pun - Maharashtra and Karnataka site software and ID reader integration.

Equipment provided under the program was actively used for routine blood component preparation, including separation and storage of plasma, platelets, and red blood cells. Technical staff at Trauma Centre, govt. blood bank Delhi, Charitable Blood Bank at Aurangabad confirmed routine operational use of the provided equipment.
Evidence basis: Direct technologist confirmation at these blood bank sites.

Supported blood banks continued to serve hospital patients and the surrounding regions, including patients requiring regular transfusion support. At Aurangabad, blood units issued to Thalassemia and Haemophilia patients increased from 2,038 units pre-intervention to 2,341 units post-intervention, indicating continued operational service delivery supported by installed infrastructure. (Blood banks assessed with quantitative evidence; operational service delivery confirmed across all sites)
Evidence basis: Quantitative checklist and service continuation evidence across interviews.

Equipment provided under the program remained functional and supported through institutional maintenance mechanisms, including vendor servicing, warranty support, and institutional maintenance systems. Staff at hospital Trauma Centre, Delhi confirmed maintenance support from Intas Foundation, while other blood banks reported vendor and institutional maintenance arrangements.

Evidence basis: Govt, and Charitable Hospital interviews.

KEY IMPACTS

Strengthened institutional capacity of supported blood banks, as reflected in expanded storage and component management capability. At Government Medical College and Hospital, storage capacity increased from approximately 1,000–1,500 blood bags to over 3,000 blood bags, and blood component issuance increased from 20,837 to 22,533 units, based on institutional logbook and checklist records. These improvements were directly linked to programme supported installation of walk-in cooler and cryofuge equipment, with no parallel storage infrastructure upgrades reported during the assessment period.

Improved operational efficiency and blood processing capability, demonstrated by increased processing volume capacity. At Charitable Blood Bank, Mumbai, monthly blood processing capacity increased from approximately 125–150 units to 250–300 units following installation of an programme -supported centrifuge machine, as confirmed through blood bank operational records and staff interviews. This increase was attributed specifically to additional equipment provided under the program.

Improved reliability and continuity of blood storage and transfusion service delivery, supported by strengthened storage infrastructure and component preparation systems. Institutional records and administrative interviews at Govt, and Charitable Hospital, confirmed sustained ability to accept and manage larger blood donation volumes following installation of programme-supported storage equipment, with no government-funded parallel storage expansion reported.

Strengthened readiness of supported blood banks to continue transfusion services for patients requiring routine and emergency blood support, including Thalassemia and Haemophilia patients. Institutional records at Govt, and Charitable Hospitals showed an increase in blood units issued to transfusion-dependent patients from 2,038 units to 2,341 units post-intervention, indicating continued service delivery supported by programme provided infrastructure.

Improved institutional management and traceability of blood bank operations through integration of digital blood bank management systems. At Pune Hospital, blood bank software and a deep freezer provided under Intas support enabled barcode-based blood unit tracking and faster retrieval of blood unit information, as confirmed through software system records and staff interviews. No parallel software upgrade from other sources was reported during the assessment period.

Strengthened operational sustainability of blood bank infrastructure, as evidenced by continued functionality and maintenance of programme-supported equipment. Maintenance records, vendor servicing arrangements, and staff interviews at Trauma Centre blood bank, Delhi and other supported institutions confirmed that equipment such as platelet agitators, centrifuges, and thawing baths remained functional and were maintained through institutional and vendor-supported maintenance systems.

Major contributors to social value included improved blood availability, reduced treatment delays, operational efficiency gains, and financial protection for households.

Alignment with SDGs

Alignment with National and State Policies

National Blood Policy (Government of India)

National AIDS Control Programme (NACP) – Blood Transfusion Services Component

National Blood Transfusion Council (NBTC) and State Blood Transfusion Council (SBTC) Framework

National Health Mission (NHM)

Ayushman Bharat – Strengthening Public Health Infrastructure

KEY INTERPRETATION OF SROI (2.09:1)

SROI Ratio: For every ₹1 invested under the Blood Bank Upliftment Programme (BBUP), ₹2.09 of measurable social value was generated during the reporting year.

Institutional Strengthening

The intervention improved blood bank infrastructure, operational efficiency, component processing capacity, and transfusion safety, while reducing wastage.

Improved Blood Availability

Strengthened infrastructure enhanced availability and timely access to blood components, reducing emergency shortages.

Household Financial Protection

Improved access reduced out-of-pocket expenditure, borrowing for treatment, wage losses, and travel burden for patients and caregivers.

Key Value Drivers

Major contributors to social value included improved blood availability, reduced treatment delays, operational efficiency gains, and financial protection for households.

Conservative Valuation Approach

The analysis includes only one-year outcomes, without accounting for the 5–10 year lifespan of installed equipment, long-term productivity gains, mortality reduction, or intangible benefits.

Strengthening Health System Capacity

The programme addressed structural capacity gaps in public blood banks, improving system resilience rather than providing temporary relief.

Reduced Financial Vulnerability

Beneficiary interactions highlighted lower financial stress and reduced travel-related costs, particularly among low-income households during blood shortages.

OECD FRAMEWORK

The OECD DAC framework was applied to assess the program across six evaluation criteria: Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability. This assessment draws on qualitative field interactions with blood bank administrators and technical personnel, as well as a review of institutional operational practices and program documentation. The analysis examines how the program aligned with institutional operational needs, strengthened transfusion service functioning, and contributed to sustained institutional service delivery capacity.

★★★★★

RELEVANCE

The program responded directly to operational requirements experienced by supported blood banks. Strengthened systems addressed functional constraints related to blood component storage, preparation, and management. This alignment is reflected in institutional operational shifts observed during field interactions. For instance, staff at Government Hospital Blood Bank, Shambhaji nagar, reported that earlier storage limitations prevented them from accepting larger blood donation camps, whereas strengthened storage systems enabled them to manage higher volumes of collected blood within their facility. Similarly, technical personnel at Pune Hospital, Blood Bank noted that structured digital tracking systems allowed blood unit information to be accessed immediately, reducing dependence on manual record verification. These observations confirm that the program responded to clearly identified institutional operational needs.

★★★★★

COHERENCE

The program complemented existing hospital-based transfusion service structures and strengthened institutional operational systems without altering or duplicating existing service arrangements. Supported blood banks continued functioning within their institutional clinical support role while strengthened systems reinforced their operational functioning. This integration was evident where staff at Trauma Centre Blood Bank, New Delhi confirmed that strengthened operational systems were incorporated into routine blood component preparation and storage processes within the institutional transfusion service unit. Similarly, staff at Charitable Blood Bank, Mumbai reported continued use of strengthened operational systems as part of routine transfusion service delivery supporting hospital-based clinical requirements. Some institutions indicated limited availability of structured training support, which suggests opportunities for deeper internal integration.

★★★★½

EFFECTIVENESS

The program contributed to strengthening the institutional functioning of supported blood banks by enabling sustained transfusion service delivery. Evidence of strengthened operational functioning is reflected in institutional service output and continued operational use of strengthened systems. For example, institutional records from Government Hospital, Blood Bank, Shambhaji nagar showed an increase in blood component issuance from 20,837 units to 22,533 units, along with an increase in blood units issued to Thalassemia and Haemophilia patients from 2,038 to 2,341 units. Additionally, technical staff at Charitable Blood Bank, Mumbai reported an increase in institutional processing capacity from approximately 125–150 blood bags per month to 250–300 blood bags per month following strengthened operational capability. These institutional changes demonstrate strengthened operational functioning aligned with program objectives.

★★★★½

EFFICIENCY

Strengthened operational systems enabled blood banks to perform transfusion service functions within existing institutional operational structures. Institutional workflow processes became more structured, enabling continued transfusion service functioning without requiring expansion of institutional systems. Field interactions confirmed operational efficiency improvements where technical staff at Pune Hospital, Blood Bank reported that strengthened digital systems enabled immediate retrieval and management of blood unit information as part of routine institutional workflow. Similarly, staff at Mumbai Hospital, Blood Bank reported strengthened ability to manage blood component preparation activities within routine operational timelines. At the same time, staff at Government Hospital, blood bank, Shambhaji nagar noted that manpower availability could be constrained during high-volume donation camps, reflecting operational realities that influence efficiency.

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IMPACT

The program contributed to strengthening the institutional role of blood banks as functional transfusion service providers. Strengthened operational systems enabled blood banks to continue supporting routine and critical transfusion service requirements within their healthcare settings. This institutional strengthening is reflected in continued transfusion service support, where supported blood banks reported sustained ability to provide blood component support for patients requiring ongoing transfusion care, including Thalassemia and Haemophilia patients. Additionally, staff across supported institutions confirmed continued use of strengthened systems as part of routine transfusion service delivery. These changes reflect institutional-level strengthening of transfusion service capability.

★★★★

SUSTAINABILITY

Strengthened operational systems remain fully integrated within the institutional workflow and continue supporting transfusion service functioning. Field interactions confirmed that supported institutions have retained operational ownership and continue to use strengthened systems as part of routine service delivery. For example, staff at Trauma Centre, New Delhi, Blood Bank confirmed continued institutional use of strengthened component preparation and storage systems as part of routine transfusion service functioning. Similarly, supported blood banks reported maintaining operational responsibility for system usage and management within their institutional structure. These observations confirm that strengthened operational capacity continues to function as part of institutional transfusion service systems.

CONCLUSION

The Blood Bank Upliftment Program implemented by Intas Foundation has contributed to strengthening the operational functioning of blood banks across government and charitable healthcare institutions. Field interactions with blood bank administrators and technical staff confirmed that the equipment and systems provided under the program, such as centrifuges, storage units, and digital management tools, are actively used as part of routine blood bank operations. Respondents described these systems as integrated into their day-to-day workflow, enabling them to manage blood collection, component preparation, storage, and issuance more effectively within their institutional settings.

Blood banks supported under the program continue to serve both hospital patients and surrounding communities, including individuals requiring regular transfusion support. Staff indicated that the availability of appropriate equipment and systems has enabled them to maintain blood component inventories, manage donation activities, and carry out essential transfusion service functions without operational disruption. The continued use and maintenance of the installed infrastructure reflect institutional ownership and sustained operational integration.

At the same time, stakeholders identified specific areas where continued technical guidance, training, and need-based equipment support could further strengthen institutional capacity. These inputs reflect practical operational experience and indicate opportunities to reinforce and sustain the gains achieved under the program.

This assessment, based on qualitative field interactions and institutional observations, indicates that the program has contributed to strengthening the functional readiness of supported blood banks. The program has enabled institutions to continue performing their transfusion service responsibilities within their existing healthcare environments, while establishing a stronger operational foundation for sustained service delivery.