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Impact Practice
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Executive Summary

Project Sanjeevani

FY 2025-26

Introduction

Project Sanjeevani, supported by RBL Bank during FY 2023–24, is a healthcare systems strengthening initiative aimed at enhancing emergency response and referral transport capacity across partner hospitals serving economically vulnerable populations. The programme focused on bridging critical gaps in pre-hospital care by providing Advanced Life Support (ALS) ambulances, Basic Life Support (BLS) ambulances, and outreach vehicles tailored to institutional needs.

By improving access to timely, safe, and affordable emergency transport, particularly for long-distance and interstate transfers, the initiative addressed systemic barriers such as geographical inaccessibility, high transport costs, and limited availability of equipped ambulances. Embedded within hospital systems, the intervention enabled continuity of care, reduced referral delays, and expanded access to tertiary healthcare services.

Beyond emergency transport, the programme also supported preventive and promotive healthcare through outreach activities in rural and underserved communities. Overall, Project Sanjeevani contributes to improved patient outcomes, reduced financial distress during medical emergencies, and strengthened healthcare delivery systems.

Relevance of the Project

Emergency medical transport remains a critical gap in India's healthcare system, particularly for low-income and rural populations. High out-of-pocket costs, limited availability of equipped ambulances, and delays in referral transport often result in poor health outcomes, treatment delays, or avoidable mortality. Existing government ambulance systems, while valuable, face limitations in coverage, equipment readiness, and long-distance referral capacity. Additionally, private ambulance services are often expensive and unregulated, creating financial barriers for vulnerable households.

Project Sanjeevani directly addresses these specific medical challenges by aligning interventions with institution-specific needs, ensuring contextual relevance while strengthening both emergency and community healthcare delivery.

Project Objectives

The primary objectives of Project Sanjeevani were as follows:

1. To improve access to emergency medical transport for economically vulnerable populations
2. To reduce referral delays and ensure continuity of emergency care
3. To alleviate financial burden and reduce dependence on expensive private ambulance services
4. To enhance overall well-being of beneficiaries and caregivers through reliable emergency transport
5. To strengthen institutional mechanisms for efficient emergency response and outreach delivery

Geographic Coverage of the Programme

Tamil Nadu	Karnataka	Kerala	Bihar
Chennai	Bangalore / Bagalkot	Thiruvananthapuram	Patna

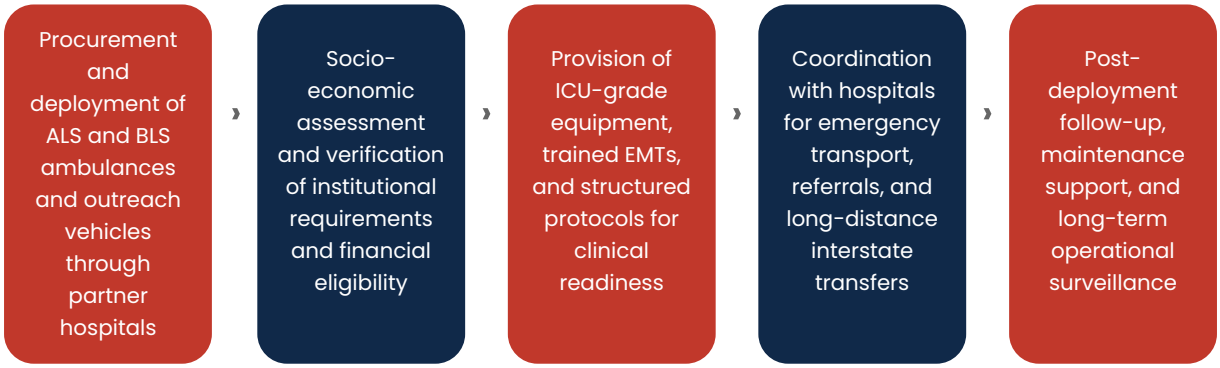
Programme States: Tamil Nadu | Karnataka | Kerala | Bihar

Despite being stationed in hospitals, the ambulances and outreach vehicles served a wide geographic area, including rural and remote villages, hilly and difficult-to-access regions, and interstate travels for long-distance patient transfers.

This institutional model enabled both local emergency response and nationwide referral connectivity, particularly benefiting migrant populations and patients requiring specialised care across state boundaries.

Project Activities

Key activities undertaken under the programme included:



Sampling

A qualitative research design was adopted for the Impact Assessment. A purposive sampling method was used to capture diverse stakeholder perspectives.

The study included:

Stakeholder Group	Details
Beneficiaries & Caregivers	Accessed ambulance and outreach services
Hospital Staff	Administrators, EMTs, drivers, transport staff
RBL Bank CSR Team	Programme design and oversight team
Total Interactions	47 in-depth interactions across 4 partner hospitals

Secondary data sources and programme documents were also reviewed to triangulate findings.

Key Findings – Objective Achievement Status

Key Objective	Achievement Status	Remark
Equity in Access	**Fully Achieved**	The programme reached diverse and vulnerable populations, including migrant workers, low-income households, and rural communities. It ensured socio-economic and geographical inclusiveness, extending services to hard-to-reach and hilly areas.
Alignment with Institutional Needs and Gaps	**Fully Achieved**	A demand-driven approach ensured vehicles were allocated based on hospital-specific requirements (ALS, BLS, outreach van), effectively addressing gaps including limited outreach capabilities.
Strengthening Emergency and Referral Systems	**Fully Achieved**	The programme significantly enhanced hospital capacity for emergencies and referrals, particularly for long-distance and interstate transfers, reducing delays in accessing specialised treatment.
Timeliness and Quality of Service Delivery	**Fully Achieved**	Ambulances were reported to be prompt and reliable, supported by trained EMTs, ICU-grade equipment, and structured protocols ensuring safe, clinically supervised transport.
Financial Accessibility and Cost Efficiency	**Partially Achieved**	Structured and subsidised pricing improved affordability. However, some beneficiaries continued to incur expenses and remained unaware of available concessions.
Reduction in Logistical and Psychological Burden	**Fully Achieved**	Availability of reliable ambulance services reduced stress and uncertainty associated with arranging emergency transport, enabling families to focus on patient care.
Expansion of Outreach and Preventive Healthcare	**Fully Achieved**	The vehicle provided by RBL Bank strengthened rural health engagement through camps, screenings, and awareness programmes, expanding access to preventive healthcare.
Operational Efficiency and Sustainability	**Partially Achieved**	While ambulance integration improved efficiency, operational challenges such as driver shortages and limited accessibility of larger vehicles in remote areas affected optimal utilisation.

IRECS Framework Analysis

The impact assessment, conducted using the IRECS Framework, evaluated the programme's inclusiveness, relevance, expectations, convergence, and service delivery through qualitative insights from key stakeholders.

IRECS Parameter	Analysis
Inclusiveness *(The extent to which communities equitably access the benefits of assets created and services delivered)*	**Demographic and Socio-economic Reach:** The programme reached migrant workers, daily-wage labourers, farmers, and small business owners, ensuring strong inclusion of economically vulnerable populations. **Support to Migrant Populations:** Ambulance services played a critical role in enabling interstate transfers, allowing migrant workers to access treatment in their home states. **Geographical Accessibility:** Despite being stationed in urban centres, services extended effectively to rural, peri-urban, and hilly regions, improving last-mile access. **Responsiveness to Diverse Health Needs:** The ambulances catered to trauma, cardiac emergencies, chronic illnesses, and critical care transfers, demonstrating adaptability. **End-of-Life and Dignified Care:** The programme enabled dignified transport for terminally ill patients while facilitating safe return to hometowns.
Relevance *(The extent to which the project is geared to respond to the felt needs of the community)*	**Need-based Institutional Alignment:** The programme adopted a demand-driven approach, tailoring vehicle allocation based on specific hospital requirements (ALS, BLS, outreach van). **Strengthening Preventive and Outreach Priorities:** Provision of a minivan at Saveetha Medical College enabled outreach services such as health camps, screenings, and awareness programmes in rural areas. **Addressing Emergency Transport Gaps:** Introduction of a hospital-owned ambulance at Moogambigai reduced dependence on private providers and improved equitable access. **Improving Affordability:** The intervention addressed cost-related barriers by reducing reliance on expensive and unregulated private ambulance services. **Enhancing Interstate Referral Capability:** The programme addressed critical gaps in long-distance and interstate transport, particularly in Karnataka-based hospitals.

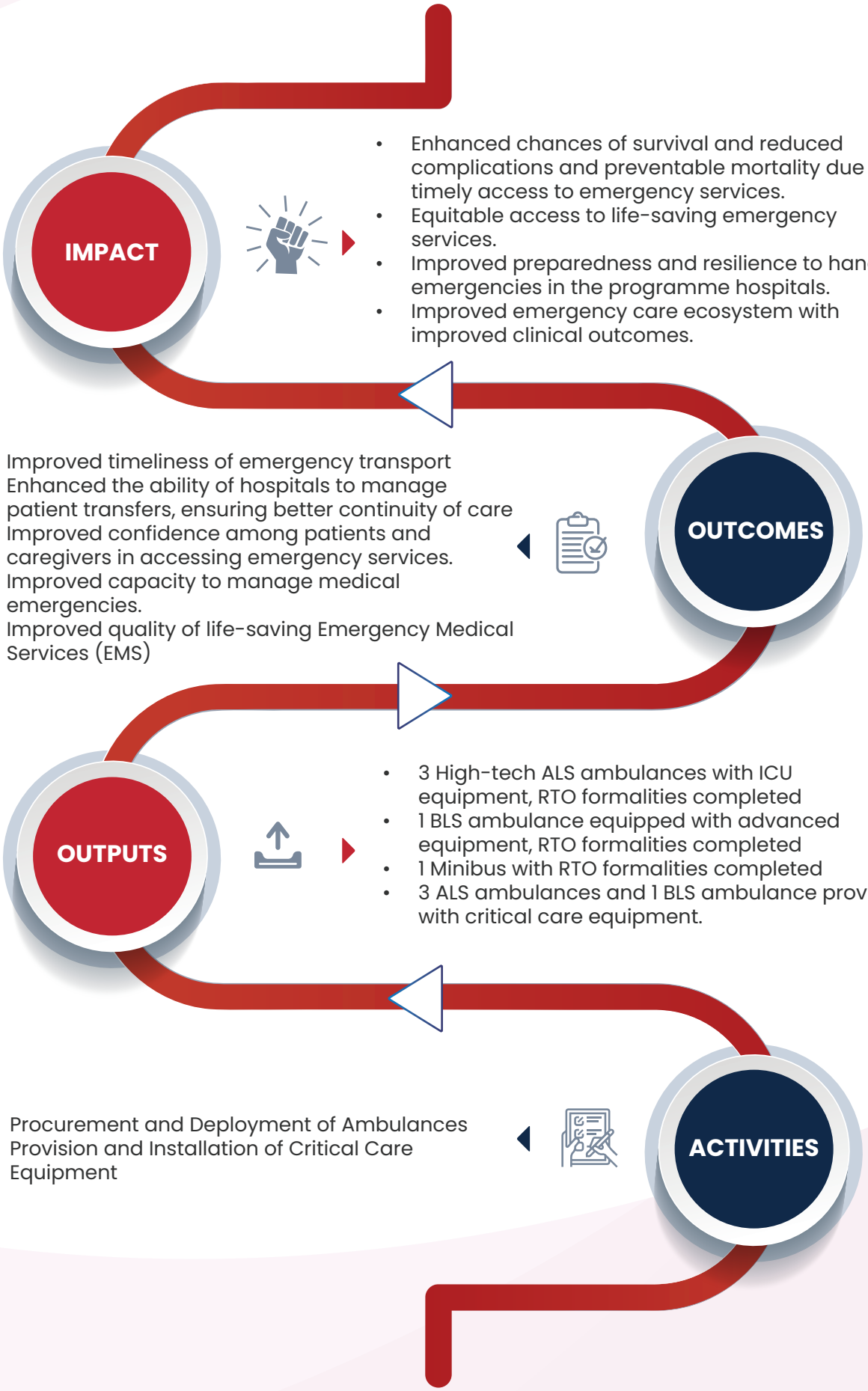
Expectations *(The extent of intended and unintended benefits and outcomes for stakeholders)*	**Strengthened Emergency and Referral Systems:** The programme enhanced hospital capacity to manage emergencies and coordinate referrals, including long-distance and interstate transfers. **Improved Timeliness and Reliability:** Ambulance services were prompt and dependable, supported by structured dispatch systems, trained personnel, and established protocols. **Enhanced Clinical Quality During Transit:** Availability of ICU-grade equipment and trained EMTs ensured safe and high-quality patient care during transport. **Reduction in Financial Burden:** Structured pricing mechanisms significantly reduced transport costs compared to private providers, improving affordability. **Awareness Gaps in Financial Support:** Despite subsidies and concessions, limited awareness led to continued reliance on borrowing in some cases.
Convergence *(Alignment with policies, frameworks, and broader development goals)*	**Support to Universal Health Coverage Goals:** By strengthening emergency transport and referral systems, the programme contributes to improved continuity of care and equitable healthcare access. **Complementarity with Government Systems:** The initiative complements national ambulance services and public health programmes by augmenting capacity in underserved regions. **Alignment with National Health Priorities:** The programme supports the National Health Policy (2017), National Ambulance Scheme, and NP-NCD by strengthening referral transport. **CSR and ESG Alignment:** The intervention aligns with CSR Schedule VII provisions on healthcare and reducing inequalities, supporting broader ESG principles.
Service Delivery *(The degree to which cost- and time-efficient methods and processes were employed to achieve results)*	**Integration with Hospital Systems:** Ambulance services were effectively embedded within hospital workflows, ensuring seamless coordination and utilisation. **Clinical Preparedness:** Regular equipment checks, defined protocols, and availability of ICU-grade devices ensured high levels of clinical readiness. **Trained Human Resources:** EMTs and drivers were trained and experienced, with periodic refresher training ensuring continued quality. **Operational Constraints:** Driver shortages, especially for long-distance transfers requiring multiple drivers, affected scheduling and operational efficiency. **Vehicle Maintenance:** While routine maintenance was well-managed, breakdowns during long-distance travel and specialised repair limitations posed challenges.

WHO-QOL Framework Analysis

The World Health Organisation's WHOQOL framework was used to assess Project Sanjeevani's impact on overall well-being beyond clinical outcomes. Across domains such as physical health, psychological well-being, independence, social relationships, and environment, the analysis showed that improved ambulance access reduced emergency-related stress, enhanced safety, and strengthened access to support systems, particularly for migrant populations.

Physical Health	Improved timely access to emergency and specialised care through equipped ALS/BLS ambulances with EMT support and continuous monitoring. Strengthened stabilisation, referral continuity, survival outcomes, and safe long-distance/end-of-life transfers.
Psychological Well-being	Reduced anxiety and uncertainty through assured ambulance availability, regulated pricing, and trained clinical accompaniment. Interstate transfers provided emotional reassurance, especially for migrant families.
Social Relationships	Enabled patients to remain closer to family and social support networks during critical illness. Supported culturally sensitive and dignified end-of-life and interstate transfers.
Level of Independence	Improved timely access to emergency and specialised care through equipped ALS/BLS ambulances with EMT support and continuous monitoring. Strengthened stabilisation, referral continuity, survival outcomes, and safe long-distance/end-of-life transfers.
Environment	Improved affordability and predictability through structured pricing mechanisms. Enhanced healthcare accessibility via integration into hospital systems despite operational constraints.

Theory of Change



Recommendations

Sr.	Impact Findings	Way Forward
1.	Biomedical teams handle minor equipment repairs but require external assistance for major repairs and dysfunctions (e.g., Moogambigai requested RBL Bank support for major issues).	Formalise an annual comprehensive equipment maintenance contract (AMC). Provide access to centralised technical support for advanced repairs.
2.	Warranty and insurance expired after one year; renewal handled by partner hospitals. Sustainability depends on hospital budgets.	Establish a dedicated maintenance corpus fund. Develop a long-term financial sustainability plan with shared-cost models or partial CSR renewal mechanisms.
3.	Breakdown management during long-distance travel remains challenging due to sensorised systems that local service centres cannot repair.	Identify and empanel authorised service centres along major interstate routes. Develop emergency roadside assistance tie-ups at the state and interstate level.
4.	Despite subsidised pricing, some beneficiaries reported borrowing money to afford ambulance services, particularly for interstate shifting.	Provide timely guidance and linkage to relevant government health insurance schemes. Strengthen hospital-based social work mechanisms to facilitate enrolment under applicable public insurance schemes.
5.	No major repairs reported so far, but long-term wear and tear are inevitable with high interstate usage.	Plan preventive maintenance scheduling based on kilometres travelled rather than reactive repair. Maintain a contingency backup vehicle plan where feasible.
6.	Driver shortages reported across hospitals, especially for long-distance transfers requiring two drivers. Overtime management remains a concern.	Develop a dedicated ambulance driver pool with rotational staffing. Consider contractual or on-call backup drivers for long-distance referrals. Introduce fatigue management and structured shift policies.
7.	Limited post-deployment engagement between donor and partner hospitals. No structured updates on utilisation, performance, or operational challenges are currently reported.	Institute periodic review mechanisms (quarterly or biannual reporting) between donor and partner hospitals. Develop a simple utilisation dashboard capturing trips, case types, distance, and maintenance status.

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