Strictly Private & Confidential

Hindalco Industries Limited
One International Center, Tower 4, 21st Floor, Senapati Bapat Marg
Prabhadevi, Mumbai-400013

Date: 6th July 2026

Subject: Final Impact Assessment report of Curative Healthcare CSR Programme for Hindalco Industries Limited (HIL) in units: Renukoot, Renusagar, Lohardaga, Samri and Belagavi

Dear Mr Avijit,

This refers to our [engagement letter/engagement contract] dated 2nd December, 2025 with Hindalco Industries Limited("you") ('the Contract').

We appreciate the opportunity to assist Hindalco Industries Limited in providing Impact assessment services to Hindalco Industries Limited for their CSR programmes in units: Renukoot, Renusagar, Lohardaga, Samri and Belagavi

This is our final impact assessment report of the Curative Healthcare CSR Programme supported by HIL. The performance of our Services and the report issued to you pursuant to the Services are based on and subject to the terms of the Contract.

This report is solely for your benefit and information and is not to be referred to in communications with or distributed or disclosed for any purpose to any third party without our prior written consent. We have been engaged by you for the Services and to the fullest extent permitted by law, we will not accept responsibility or liability to any other party in respect of our Services or the report.

It has been our privilege to work with you, and we look forward to continuing our relationship with you.

Yours sincerely

Full Signature
Jignesh Thakkar
Partner – ESG, KPMG India
KPMG Assurance and Consulting Services LLP

KPMG

Impact Assessment Report

Theme: Healthcare
Name of Project: Curative Healthcare Program (Project AAROGYA)

Hindalco Industries Limited

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2026

Notice to readers

- *Our report shall be prepared solely for Hindalco Industries Limited. KPMG does not accept or assume any liability, responsibility, or duty of care for any use of or reliance on this report by anyone, other than our Client, to the extent agreed in the Agreement.*
- *Impact assessment is limited to the projects allocated by Hindalco Industries Limited.*
- *OECD DAC framework has been used in preparing the report as detailed herein. No professional assurance standards ex. ISAE, SSAE etc. have been applied while preparing this report and accordingly the rigors applicable under such standards are not applicable for the scope covered by our report.*
- *Procedures, analysis and recommendations, if any, are advisory in nature basis the information collected from various sources both publicly and those provided by the client.*
- *Our observations represent our understanding and interpretation of the facts based on reporting of beneficiaries and stakeholders.*
- *Our report, by its very nature, may involve numerous assumptions, inherent risks, and uncertainties, both general and specific. The conclusions drawn shall be based on the information available with us at the time of preparing the report.*
- *We shall not perform an audit and shall not express an opinion or any other form of assurance. Further, comments in our report are not and shall not be intended, nor should they be interpreted to be legal advice or opinion. Client shall be fully and solely responsible for applying independent judgment, with respect to the findings included in the report, to make appropriate decisions in relation to future course of action, if any. We shall not take responsibility for the consequences resulting from decisions based on information included in the report.*
- *While information obtained from the public domain or external sources has not been verified for authenticity, accuracy, or completeness, we have obtained information, as far as possible, from sources generally considered to be reliable. However, it must be noted that some of these websites/third party sources may not be updated regularly. We assume no responsibility for the reliability and credibility of such information.*
- *Our work shall be limited to the specific procedures described in this Engagement Letter and shall be based only on the information and analysis of the data obtained through interviews of beneficiaries supported under the programme, selected as sample respondents and discussions with Hindalco Industries Limited team and stakeholders of the programme. Accordingly, changes in circumstances or information available after the review could affect the findings outlined in our report.*
- *In no circumstances shall we be liable, for any loss or damage, of whatsoever nature, arising from information material to our work being withheld or concealed from us or misrepresented to us by any person to whom we make information requests.*
- *In accordance with its policy, KPMG advises that neither it nor any of its partner, director or employee undertakes any responsibility arising in any way whatsoever, to any person other than Client in respect of the matters dealt with in this report, including any errors or omissions therein, arising through negligence or otherwise, howsoever caused.*
- *In connection with our report or any part thereof, KPMG does not owe duty of care (whether in contract or in tort or under statute or otherwise) to any person or party to whom the report is circulated to and KPMG shall not be liable to any party who uses or relies on this report. KPMG thus disclaims all responsibility or liability for any costs, damages, losses, liabilities, expenses incurred by such third party arising out of or in connection with the report or any part thereof.*
- *By reading our report, the reader of the report shall be deemed to have accepted the terms mentioned hereinabove.*

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Abbreviations

AAY	Antyodaya Anna Yojana
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
BPL	Below Poverty Line
CHC	Community Health Centre
CSR	Corporate Social Responsibility
DPDP	Digital Personal Data Protection Act
FGD	Focus Group Discussion
IDI	In-Depth Interview
HIL	Hindalco Industries Limited
KII	Key Informant Interview
MO	Medical Officer
NCD	Non- Communicable Diseases
OECD DAC	Organisation for Economic Cooperation and Development - Development Assistance Committee
PHC	Primary Health Centre
ToC	Theory of Change
WaSH	Water, Sanitation and Hygiene
UN-SDG	United Nations - Sustainable Development Goals

About Hindalco Industries Limited

About Hindalco Industries Limited

Hindalco, part of the Aditya Birla Group, ranks among the world's largest aluminium rolling and recycling companies. It is a global leader in copper and a key player in specialty alumina and hydrates. With a presence in 10 countries and 48 manufacturing facilities, Hindalco is India's leading copper producer.

Corporate Social Responsibility (CSR) at Hindalco

HIL's top priority is to empower individuals within our communities and deliver meaningful value to them. Through their CSR programs, they have positively impacted over 2.5 million lives across India, implementing projects in five key areas: Education, Healthcare, Sustainable Livelihood, Infrastructure Development, and Social Change.

HIL's CSR Areas

Education

Initiatives work to empower children from economically weaker backgrounds and focus on:

- Pre-school education
- Educational support programme
- Vocational and technical education training
- Adult literacy programme
- School infrastructure development

Healthcare

Improving access to healthcare and building a strong healthcare infrastructure in and around local communities with a focus on:

- Preventive healthcare
- Curative healthcare
- Mother and child-care
- Quality/support programmes
- Healthcare infrastructure

Sustainable Livelihood

Developing interventions that help create sustainable and long-lasting livelihood for the communities with a focus on:

- Vocational trainings
- Trainings on technical skills with a special focus on women and farmers.
- Watershed development & irrigation projects

Infrastructure Development

Facilitating all-round development of communities with a focus on:

- Roads
- Community halls/kitchens
- Sports and recreation centres

Social Change

Countering social evils such as exploitation, inequality and trafficking in remote corners with a focus on:

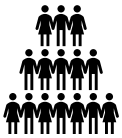
- Social Welfare, Inclusion & Community Development
- Culture, Heritage & Nation-Building
- Health, Sports, Fitness & Safety

Executive Summary

KPMG has been appointed as an impact evaluation agency by Hindalco Industries Limited to assess the impact of their Curative Healthcare program. In this report, KPMG India is evaluating the progress of the program across CSR units over the year 2022-23 and understanding its relevance, coherence, effectiveness, efficiency, impact, and sustainability.

The study employed a cross-sectional research design utilising a mixed-method framework for data collection. Qualitative and Quantitative data was gathered through surveys and focus group discussions (FGDs) during discussions with participants.

Under this study, respondents from 5 CSR units across 14 villages were covered.



A total of 189 respondents were surveyed for this study along with other key stakeholders.

6 IDIs were conducted with medical staff, village sarpanches and staff from ABRTP.

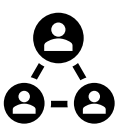
Key Insights from the Impact Assessment

76% Reported improved access to quality healthcare due to affordable healthcare services.

98% Reported satisfaction with specialised health-camps due to fast diagnosis of health issues.

100% Opined that the program played a critical role in reducing spread of TB and any deaths due to the condition

90% Shared that they liked the Hindalco operated health facilities due to free medicines availability



100% Reported that they would recommend the company operated hospitals to others in their community

100% Reported improved management of condition and holistic well being due to Ayurvedic/Homeopathic camps

Executive Summary

OECD DAC Evaluation

The various components/outcomes of the program were evaluated using the OECD DAC criteria, which include relevance, effectiveness, efficiency, impact, and sustainability. The findings of the study are categorised as follows:

The Curative Healthcare Program fills long-standing gaps in timely treatment for rural communities that previously struggled with limited doctors, poor diagnostics and long travel to facilities. By offering general and specialised health camps, company-run facilities, eye care and TB services, the programme responds directly to the community's need for dependable, affordable and immediate treatment options.

The programme significantly improved access to essential curative services across all locations. Company-operated facilities alone recorded over 43,000 visits, indicating strong utilisation. Camps provided fast diagnosis, specialist consultations and free medicines, with very high satisfaction, routinely above 85%. TB services ensured 100% screening and treatment access, leading to visible recovery and reduced infection spread. Eye camps enabled early detection of cataracts and vision issues, helping many regain functional independence.

Sustainability is reinforced through reliable availability of doctors, regular camps, consistent medicine supply and established company-run facilities that communities return to repeatedly. TB services demonstrated strong adherence mechanisms, while broader coherence with public systems increases long-term feasibility. Continued investment in diagnostics and staffing will help preserve momentum and keep essential curative care accessible.

The programme delivered clear improvements in health and wellbeing. Respondents reported faster recovery, better management of chronic and acute illnesses, early diagnosis of NCDs and strengthened ability to resume daily activities. Eye-care interventions improved vision and independence, while TB support reduced infection within households and stabilised incomes by preventing treatment-related work loss. Consistent use of company-operated facilities reflects strong trust and sustained behavioural change.
.

Care delivery became more efficient as diagnostics, consultations and medicines were brought directly to villages. Families experienced a major reduction in financial burden, with annual healthcare spending dropping from INR 6,218 to INR 1,153 after programme support. Free medicines, shorter waiting times and proximity to care further reduced travel and wage losses, making treatment significantly more affordable

The programme works in strong alignment with government health systems. Specialist camps, cataract referrals, diagnostic linkages and TB management integrate smoothly with PHCs, CHCs and national disease-control efforts. Community trust increased as Hindalco's services complemented public health infrastructure and helped create a more reliable care ecosystem.

Does not meet expectation | Partially meets expectations | Meets expectations

The program evaluation above on OECD-DAC parameters effectively communicate the program's strengths and areas for improvement, providing a comprehensive overview for stakeholders and decision-makers.

UN-SDG Alignment

The Curative Healthcare Programme contributes directly to SDG 3 (Good Health & Well-Being) by improving access to affordable and quality healthcare services through health camps, TB management, eye-care interventions, alternative medicine camps, and company-operated healthcare facilities. The programme advances SDG 10 (Reduced Inequalities) by reaching underserved rural communities and reducing healthcare access barriers. Through collaboration with public health systems, frontline healthcare workers, and government institutions, it supports SDG 17 (Partnerships for the Goals). By significantly lowering out-of-pocket healthcare expenditure and enabling beneficiaries to maintain their livelihoods, the programme also indirectly contributes to SDG 1 (No Poverty) and SDG 8 (Decent Work & Economic Growth).

SDG	Alignment with Programme
SDG 1 – No Poverty	Reduction in out-of-pocket healthcare expenditure (average annual spending reduced from INR 6,218 to INR 1,153), helping vulnerable households avoid financial distress due to medical expenses.
SDG 3 – Good Health & Well-Being	Primary contribution through general health camps, specialised health camps, eye-care services, tuberculosis screening and treatment, homeopathic/ayurvedic camps, and company-operated hospitals providing affordable healthcare, diagnostics, medicines, and referrals.
SDG 8 – Decent Work & Economic Growth *(Indirect)*	Better disease management, improved vision, TB recovery support, and reduced illness-related absenteeism enable beneficiaries to resume livelihood activities and improve productivity.
SDG 10 – Reduced Inequalities	Improved healthcare access for rural, underserved, BPL and AAY households through doorstep services, affordable treatment, specialist consultations, and free medicines.
SDG 17	Collaboration with ASHAs, ANMs, PHCs, CHCs, district hospitals and national TB-control systems to strengthen healthcare delivery and referral mechanisms.

Impact Assessment: Approach & Methodology

Study Objectives:

The purpose of this study is to assess the impact of Hindalco's CSR project, ***Curative Healthcare Program,*** across their 5 units: Renusagar, Renukoot, Lohardaga, Samri & Belagavi implemented during FY 2022-23.
The primary objectives are:

i. **Assess Healthcare Accessibility:** Evaluate the extent to which the Curative Healthcare Programme has improved access to affordable, timely, and quality healthcare services among underserved rural communities
ii. **Evaluate Service Effectiveness:** Assess the effectiveness of general health camps, specialised health camps, eye-care interventions, TB services, and company-operated healthcare facilities in addressing healthcare needs and improving treatment outcomes
iii. **Measure Health Outcomes**: Examine the programme's contribution to early diagnosis, disease management, treatment adherence, recovery, and overall health and wellbeing of beneficiaries.
iv. **Assess Financial Relief:** Evaluate the programme's role in reducing out-of-pocket healthcare expenditure and minimising economic barriers to healthcare access
v. **Review Programme Performance:** Assess the programme's performance across OECD-DAC criteria: relevance, effectiveness, efficiency, impact, coherence, and sustainability, and identify opportunities for future improvement and scale-up.
vi. **Inform future CSR strategy and sustainability:** To generate insights that guide programme refinement, long-term sustainability, and potential scale-up or replication.

Study Approach:
The key steps in the approach are as below:

Consultation and Scoping

- An initial scoping and inception meeting was held with Hindalco team to establish the parameters and objectives of the engagement.
- A comprehensive project plan was subsequently formulated to guide the overall programme of work.
- Mapping of internal and external stakeholders, was undertaken to identify an appropriate sample for consultation.

A review of secondary data was conducted to contextualise Hindalco's strategic contributions within its wider CSR framework.

Study design:

- A mixed approach, consisting of both quantitative and qualitative methods, was adopted for the assessment to provide a more comprehensive understanding of the project impact across multiple time points.
- A theory of change-based impact framework was developed to articulate the intended outcomes and impact parameters.

Study tools:

Semi-structured survey tools were developed, grounded in the research questions and objectives of the assessment, designed to capture both quantitative and qualitative data were developed. All tools were finalised after consultation with Hindalco team. Tools for the study included:

- One-to-one surveys
- Focus Group Discussion
- Key Informant Interviews

Impact Assessment: Approach & Methodology

Stakeholder Consultation:
Data was collected during field visits to all 5 study locations.

Sampling:
A mix of stratified random and purposive sampling methods was employed to ensure a structured, representative sample reflective of the target geography.

Data Analysis:
The data collected through stakeholder consultations was subjected to both qualitative and quantitative analyses. Triangulation of data was done through:

- Comparing quantitative findings with other data sources such as qualitative interviews or focus group discussions.
- The OECD-DAC evaluation framework has been applied to assess the programme's impact, encompassing dimensions such as design, planning, implementation, monitoring, and evaluation.

Report Preparation

- The results of the study are compiled in a detailed final report, encompassing key findings and actionable recommendations for improving future research and practices.
- The report has been structured in accordance with the OECD-DAC framework to ensure consistency and rigour in evaluation.

Ethical Considerations for Data Privacy

KPMG has followed the guidelines outlined as per the latest Digital Personal Data Protection (DPDP) Act guidelines by implementing robust data governance frameworks, conducting internal compliance reviews and ensuring protection of data.

For the data collection process, KPMG has adhered to ethical considerations for data privacy:

a. Informed Consent: All participants were briefed about the purpose of data collection and asked for consent before participating.
b. Confidentiality: Personal identifiers were removed or anonymised to protect participants' identity.
c. Secure Data Storage: All collected data has been stored in secure, access-controlled environments to prevent unauthorised access.
d. Limited Access: Only authorised personnel involved in the project have access to the project data.
e. Use of Data: Data is used solely for research and program evaluation purposes, in line with the consent provided by participants.

Key Assumptions & Limitations of the Study

Assumptions:

1. The analysis is based on the assumption that responses provided by beneficiaries and stakeholders reflect their actual experiences and outcomes.
2. Data collected through surveys and interviews is assumed to be accurate, consistent, and representative of broader programme impact.
3. Findings rely on the premise that programme design and implementation were carried out as intended and that observed changes can be reasonably linked to interventions.
4. External data and secondary sources used in the study are considered reliable, though not independently verified.
5. The theory of change framework assumes a logical linkage between inputs, outputs, outcomes, and long-term impact.

Limitations:

1. The assessment is restricted to selected programmes and sample respondents, and may not fully capture the impact across all beneficiaries or locations.
2. Findings are based on self-reported data, which may be subject to recall bias or respondent perception.
3. The study does not constitute an audit or formal assurance exercise, and conclusions are indicative rather than definitive.
4. Outcomes are assessed based on information available at the time of the study, and may change with evolving programme implementation.
5. External sources and publicly available data were not independently validated, which may affect reliability in certain cases.
6. The study involves assumptions and inherent uncertainties, and results should be interpreted within these constraints.

These considerations should be taken into account when interpreting the findings and applying them for decision-making or future programme design.

About the project: Curative Healthcare Program

Project Rationale:

India's healthcare landscape has undergone significant transformation over the past decades, yet large segments of the population-particularly in rural and underserved regions, continue to face profound barriers in accessing timely and effective curative healthcare.

The burden of disease further amplifies this inequity. Rural communities experience disproportionately higher rates of both communicable and non-communicable diseases due to inadequate diagnostic facilities, shortage of healthcare professionals, and poor awareness of early treatment.

These challenges collectively contribute to poorer health indicators among rural and underserved populations, including higher maternal and infant mortality, lower immunization rates, and greater prevalence of malnutrition and chronic illnesses.

Central to these efforts is a robust network of company-run hospitals, dispensaries, and clinics that deliver both general and specialised healthcare. These facilities play a critical role in supporting communities largely dependent on agriculture and informal employment, offering essential medical care that contributes to improved health outcomes. The initiative is further strengthened through regular health camps and mobile medical units, ensuring consistent, wide-reaching, and comprehensive healthcare access.

FY 2022-23

Implementation year under Impact Assessment study

FY 2025-26

Assessment year

5 CSR units

Study locations: Renusagar, Renukoot, Lohardaga, Samri & Belagavi

72,069

Project beneficiaries across study locations

Stakeholders

Community

Healthcare officials/ ASHA/ANM

Healthcare centres

Program Activities and Outreach (FY 2022-23)

General Health camps: 9,022	Specialised Health camps: 3,758
Eye camps: 1,577	Homeopathic/ Ayurvedic camps: 13,948
Surgical camps: 12	Tuberculosis: 387
Company-operated hospitals, dispensaries, and clinics: 43,365	Total: 72,069

Project's Theory of Change

Table 1: Theory of change of the project				
Strategic planning		The effects		
Intervention	Activities	Output	Outcomes	Impact
General Health camps	OPD consultations (common illnesses), vitals & basic screening (BP, sugar, BMI), referrals, treatment	Number of OPD consultations conducted. Number of patients screened for BP, sugar, BMI 9,022 beneficiaries reached through general health camps	- Increased access to primary healthcare services - Increased awareness about NCDs (Non-Communicable Diseases).	Reduced morbidity, stronger primary care linkage
Specialised Health Camps	On-site tests (Hb, malaria, dengue)	Number of diagnostic tests performed Number of high-risk cases identified Number of positive cases identified.	• Timely specialist care access for underserved populations • Improved patient health conditions • Reduced need for long-distance travel for specialised care • Enhanced trust in healthcare services	Reduced complications and disability burden in target specialty
	Distribution of essential medicines	Number of patients receiving prescribed medicines		
	Specialised consultations	Number of specialist consultations provided 3,758 beneficiaries accessed specialised healthcare services		
Eye camps	Vision screening, cataract identification and surgeries (free of cost), and referrals to specialised care facilities.	1,577 beneficiaries screened through eye camps Number of cataract cases identified	• Improved vision, reduced avoidable blindness • Detection of refractive errors and eye diseases.	Enhanced productivity and quality of life
Tuberculosis	Providing diagnostic services, nutritional kit distribution, and continuous care to predominantly male patients who are daily wage labourers or farmers	387 beneficiaries supported through TB screening and treatment services Number of sputum samples collected and tested. Number of TB cases confirmed and started on treatment.	• Identification of presumptive TB cases • Higher case detection and treatment success; reduced transmission • Reduced TB-related morbidity and mortality.	TB incidence and mortality reduction
Homeopathic/Ayurvedic Camps	Setting up of alternative homeopathic & ayurvedic camps	13,948 beneficiaries reached through homeopathic and ayurvedic camps	• Improved management of chronic conditions through alternative therapies	Holistic wellbeing and reduced dependence on acute care for chronic ailments
Surgical camps	NSV camp for male vasectomy	12 beneficiaries covered through surgical camps Number of major cases referred	• Increased Uptake of Male Sterilization Services	Increased Male Involvement in Family Planning
Company-operated hospitals, dispensaries, and clinics	Facilities offer specialised and general health services, ensuring that vital medical care is available to predominantly agricultural and informally employed populations	43,365 patient visits recorded across Hindalco-operated hospitals, clinics and dispensaries Number of services delivered Number of referrals	• Reliable access to comprehensive care for employees/ communities	Health system strengthening and improved community wellbeing

Study Outreach

The table below presents the number of beneficiaries engaged under each intervention and project activity. Since several respondents participated in multiple interventions, there is an overlap in beneficiary counts across activities. To ensure accurate representation and avoid duplication, a unique beneficiary count has also been provided.

Table 2: Study outreach for the impact assessment study

Intervention	Renusagar	Renukoot	Lohardaga	Samri	Belagavi	Total
General Health Camps	40	19	38	0	26	123
Specialised Health Camps	0	0	13	0	20	33
Eye Camps	40	2	0	0	15	57
Homeopathic/ Ayurvedic Camps	0	5	0	0	10	15
Tuberculosis	13	5	0	0	10	28
Company operated hospitals/ dispensaries/ clinics	40	12	38	58	28	176
Total	133	43	89	58	109	432
Unique Respondents	41	20	40	58	30	189
Grand Total	***432 Surveys (189 respondents) + 6 IDI (195 Respondents)***					

IDIs were conducted with 2 Medical Officers, 2 ABRTP staff and 2 village sarpanches.

Respondent Profile

This profile summarises the 189 respondents surveyed for the Curative Healthcare program across 14 villages and five Hindalco CSR units - Samri, Renukoot, Belagavi, Lohardaga and Renusagar. Respondents are predominantly women from priority (BPL/AAY) households.

Total Respondents
189
surveyed across 14 villages in 5 Hindalco CSR units

Women Respondents
58%
109 of 189 respondents are women

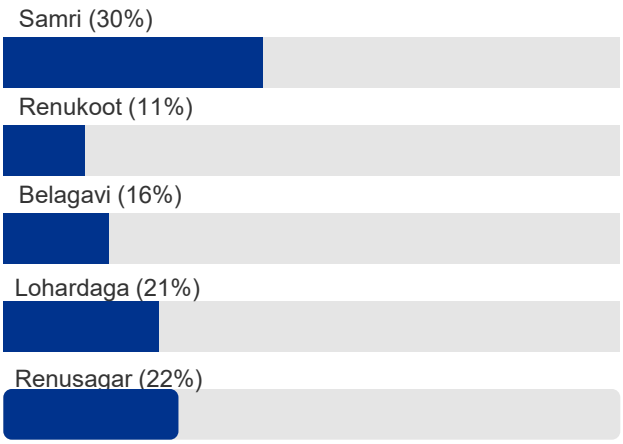
Community Members
97%
183 community members; 3% are healthcare workers

Priority Households
94%
hold BPL (84%) or AAY (10%) ration cards

Low Annual Income
57%
earn under ₹75,000/year; 36% earn ₹50,000–75,000

Mean Age
36 yrs
working-age adults; ages range 13–59

Respondent Distribution by CSR Unit



Pre-intervention status

10-15 km: Average distance travelled to nearest health center

45 minutes - 1 hour: Average time taken to reach the nearest healthcare facility

Key Insight:
The program reaches a predominantly female, low-income base - 58% of respondents are women and 94% hold a BPL or AAY priority ration card. Coverage spans 14 villages across five units, weighted toward Samri (30%, 58 respondents) and Renusagar (22%, 41), while Renukoot contributes 11% (20). Most respondents are working-age adults (mean age 36) with schooling up to Class 10 or below (74%).

Key Outcome Indicators

The following indicators capture the Curative Healthcare program's performance across general health camps, specialised camps, eye camps, TB management, homeopathic/ayurvedic care, and company-operated facilities as reported by 183 respondents across five Hindalco CSR units (Belagavi, Lohardaga, Renukoot, Renusagar, Samri).

General Health Camps
58%
of respondents availed general health camp services (n=106/183)

Eye Camps
38%
availed eye camp services; Belagavi and Renusagar lead uptake (n=70)

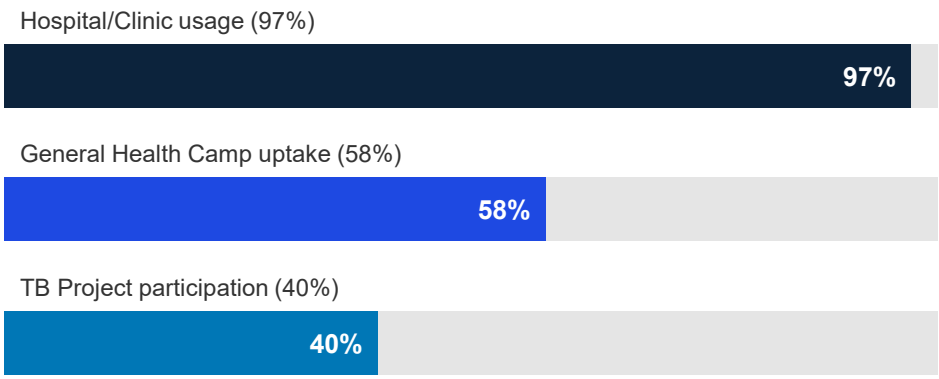
Hospital/Clinic Usage
97%
of respondents used Hindalco hospitals/clinics; 100% recommend them (n=176)

TB Management
40%
availed TB project services; 79% believe project reduced TB spread (n=73)

Healthcare Spend
77–91%
reduction in annual healthcare spend (Lohardaga 91%, Samri 77%)

Specialised Camps
22%
availed specialised camp services; concentrated in Belagavi and Lohardaga (n=41)

Service Utilisation Across Interventions



Key Insight:
The program demonstrates strongest traction through Hindalco-operated hospitals/clinics (97% usage, 100% recommendation rate) and general health camps (58% uptake). Belagavi is the benchmark unit with 100% participation across all service lines. Healthcare spending reduced by 77–91% where data is available, confirming significant financial relief. The TB project shows promising outcomes - 79% of participants believe it reduced TB spread - but uptake is concentrated in Belagavi and Renukoot. Specialised and homeopathic camps have the lowest reach (22% and 15% respectively), largely confined to Belagavi. Samri, despite contributing the largest respondent base (n=58), shows zero uptake across all non-hospital interventions, indicating a critical coverage gap.

Key findings and Impacts

This report provides a detailed overview of the curative health care initiative undertaken by Hindalco. Under the curative healthcare program, Hindalco organised general health camps, specialised health camps, Eye camps, Ayurvedic camps, Tuberculosis, and company operated dispensaries for the welfare of the respondents. Majority of the people availing these services belonged to the BPL and were engaged in Agriculture for income and survival. This healthcare programme was reported to be highly beneficial by beneficiaries. As compared to earlier, their annual spending on healthcare substantially reduced. Some improvements reported by the respondents included enhanced availability of doctors and improvement in the infrastructure.

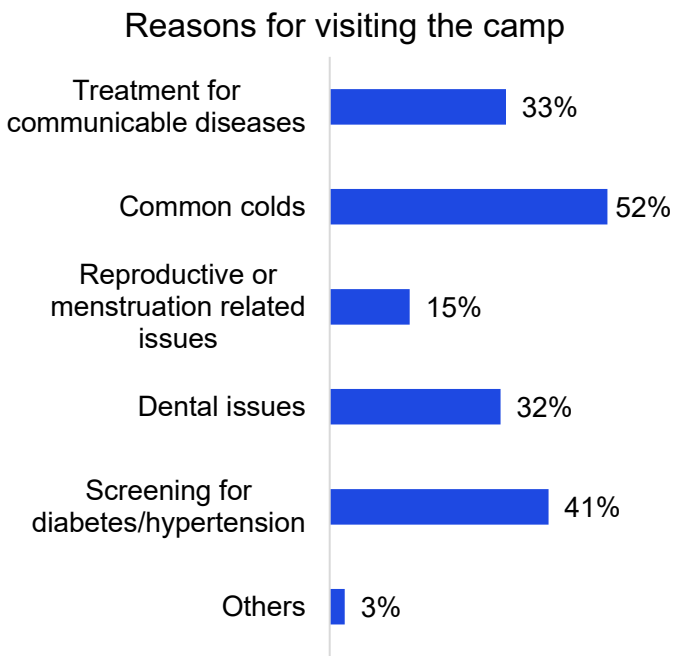
General Health Camps

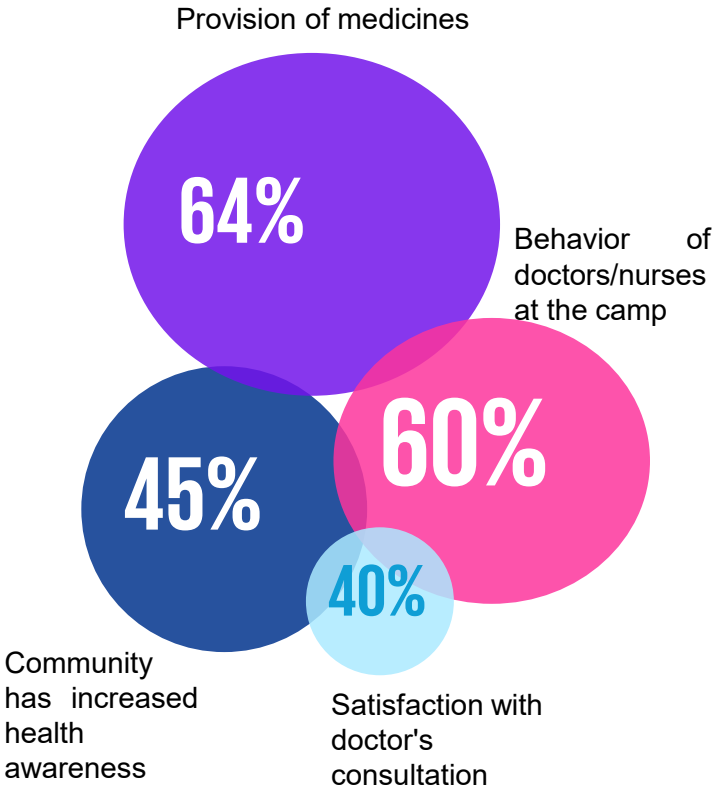
Of the respondents, 41 % visited the general health camp for diabetes and hypertension screening, making NCD care the top reason for attendance even within a preventive health setting. A comparable share sought treatment for common colds, highlighting strong parallel demand for routine primary care.

95%
shared that they were satisfied and willing to recommend the services to others.

General Health Camps

Hindalco organised general health camps that provided screening for common illnesses, communicable diseases, hypertension, and diabetes. The general health camps proved to be highly successful as almost everyone found this initiative to have improved their access to quality healthcare because of free and affordable healthcare services and quality healthcare in remote areas.





Camp features most appreciated by respondents

Health outcomes

The camp significantly improved access to quality health care, with 76% of respondents citing free or affordable services as the primary enabler. More than half reported improved access to quality care within remote areas. About 83% highlighted the elimination of long-distance travel, reinforcing the camp's role in lowering access barriers. Early diagnosis and timely referrals further strengthened the overall care pathway for underserved communities.

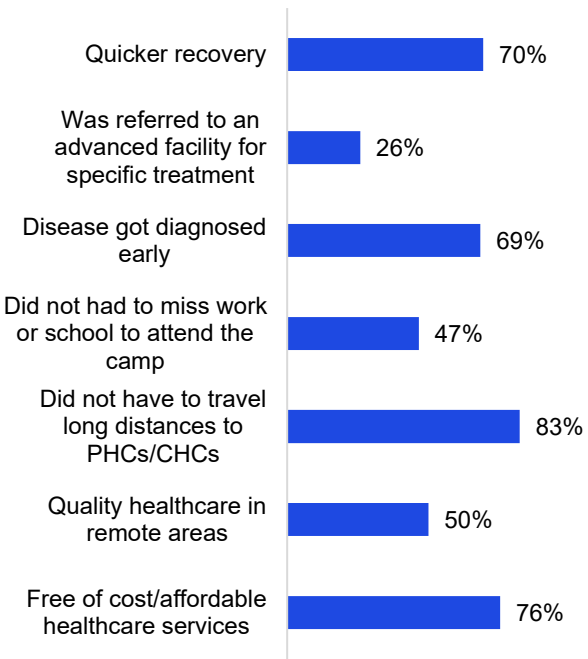
76%
Respondents shared receiving affordable healthcare as the most useful project impact

Experience at the health camp

Participants liked the camp most for providing practical care. Access to medicines was the top benefit at about two thirds of respondents, followed by the respectful behavior of doctors and nurses at around 60%. Community health awareness rose to roughly half, and about two in five were satisfied with the doctor's consultation. Diagnostic tests were valued by about 30%, while close to a quarter appreciated the regularity of camps.

The pattern shows a clear value stack built on medicines and a positive care experience, with meaningful gains in awareness. Diagnostics matter but rank lower, suggesting room to expand point-of-care testing and proactive screening. Keeping medicine supply reliable and sustaining staff quality will protect trust, while tighter scheduling and more diagnostics can deepen impact.

Impact experienced due to improved accessibility to quality healthcare

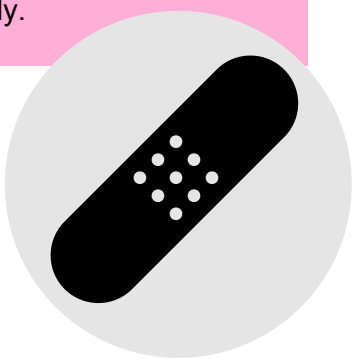


Belagavi overview

In Belagavi, people were highly satisfied with the general health camps. All were happy with the regularity of camps, doctor's consultation, nurses, free medicines, and diagnostic tests.

Renusagar overview

In Renusagar, the general health camps were well-received, especially for providing quick check-ups, timely diagnosis and free medicines. People appreciated that the camps reduced travel to distant facilities and made routine care more convenient. Many also highlighted that the supportive behaviour of medical staff and regular availability of doctors helped them seek care more confidently.



Lohardaga overview

In Lohardaga, beneficiaries found the general health camps useful for routine illnesses and screenings, and many valued the availability of essential medicines. Satisfaction levels were moderate, with respondents appreciating the doctor's consultation and medicines provided, though some felt diagnostic tests and camp frequency could be strengthened. Overall, the camps improved access in an area with basic infrastructure and limited nearby facilities.

Samri overview

Beneficiaries particularly valued eye-care screenings and basic consultations, which helped identify health issues early and enabled timely referrals to government hospitals. Free medicines and affordable services reduced the need for frequent travel, while the presence of doctors during camps increased trust and regular utilisation. Overall, the camps provided reliable access to essential care in a remote setting.

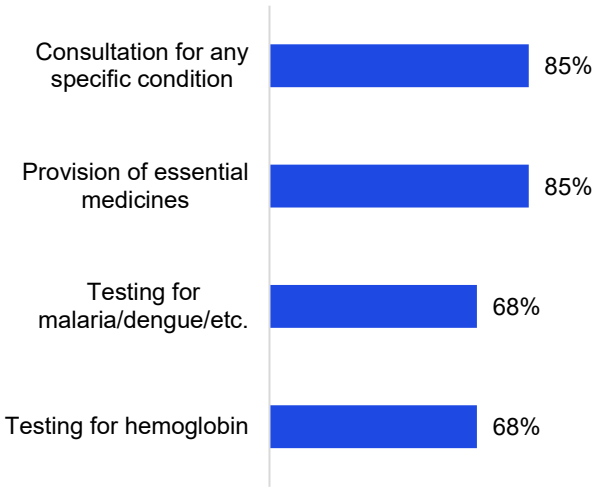
Specialised Health Camps

Specialised health camps offered by Hindalco provided focused medical support for conditions requiring deeper attention, such as hemoglobin testing, malaria and dengue screening, provision of essential medicines and consultations for specific health concerns. Beneficiaries valued the expertise of specialist doctors, the clear guidance on treatment, shorter waiting times and ready availability of diagnostic tests and medicines. Several participants shared that early diagnosis through these camps helped prevent complications, enabling quicker and more effective treatment. The initiative allowed community members to access specialised care close to home, improving confidence in seeking timely and appropriate healthcare.

Reasons for visiting the camp

The specialised health camps were mainly used for two important needs: meeting a doctor for a specific health issue and getting the right medicines, with most people coming for these services. Many also came for tests like malaria, dengue, and hemoglobin, showing that families relied on the camp for timely checks and early detection. These services helped people understand their health better and get support that is often hard to find in remote areas.

Reasons for visiting the camp



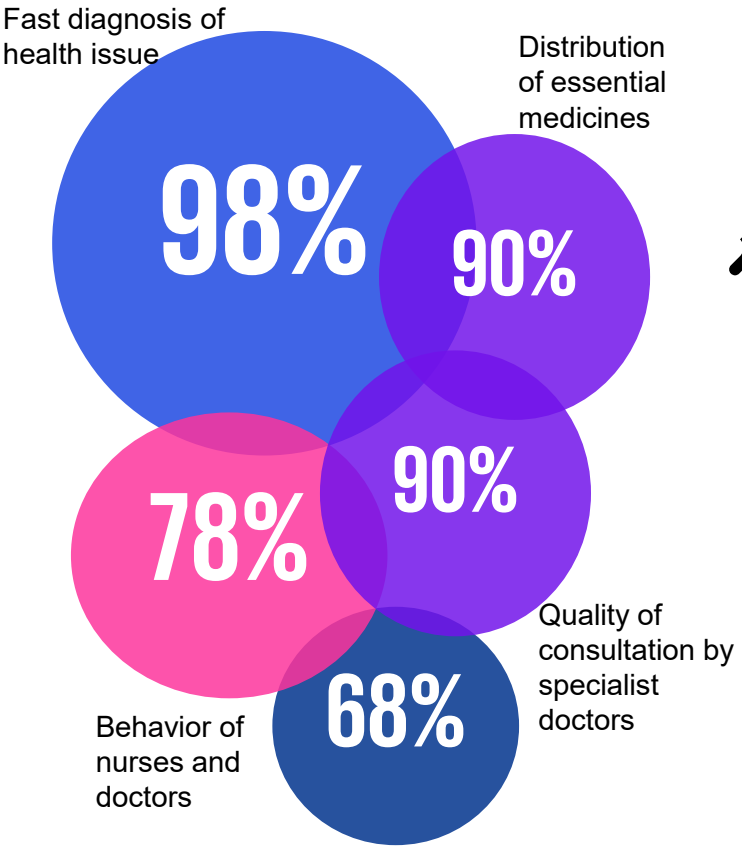
Health outcomes experienced due to the camp

Each healthcare camp organised in the rural areas was highly effective. The doctors were very professional and guided patients in providing essential medical support to families. Many participants reported significant improvement and recovery after attending the camps. Additionally, veterinary services were also made available to support the health and well-being of animals, further benefiting households in these communities.

95%
shared that they were satisfied and would recommend others in the community to benefit from them.

Attending the camp led to fewer disease complications because conditions were identified at an early stage. Early diagnosis enables timely treatment, which helps prevent the illness from progressing or becoming severe.

Improved health outcomes experienced due to the camps



Lohardaga

People in Lohardaga attended the specialised health camps due to the provision of essential medicines and consultation for any specific condition. Most of them were motivated to attend the camp because of the provision of subsidised or free-of-cost medicines.

- Clarity on medicine schedule
- Less waiting period
- Availability of diagnostic tests

Belagavi

In Belagavi, the specialised health camps were extremely well-received, especially because they offered advanced services that are otherwise expensive or difficult to access in rural settings. People appreciated the quality of consultation from specialist doctors, the clear instructions about treatment, and the swift diagnosis made possible through on-site diagnostic tests. The distribution of essential medicines further strengthened trust in the camps. Several respondents noted that issues like hemoglobin deficiency or suspected vector-borne diseases were identified early, which helped them begin treatment sooner and avoid complications. Overall, the camps in Belagavi stood out for their professional care, quick service delivery and strong community reassurance.

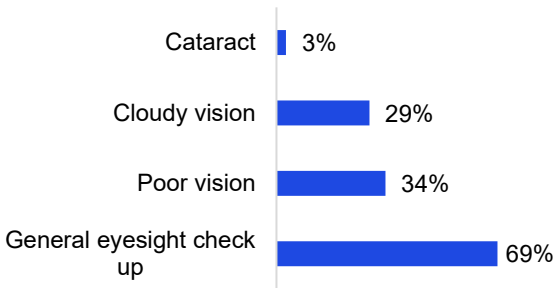
Eye Camps

Eye camps helped community members address vision-related challenges through early detection and timely support. Participants who were identified with eye issues received basic aids and were guided to appropriate care. The camps assisted people in finding vision problems early, spotting cataracts, identifying complications that could lead to blindness and referring patients to better hospitals or free surgical services when required. Many reported clearer vision, improved ability to manage daily activities and greater independence, reflecting a positive shift in overall wellbeing.

Reasons for visiting the camp

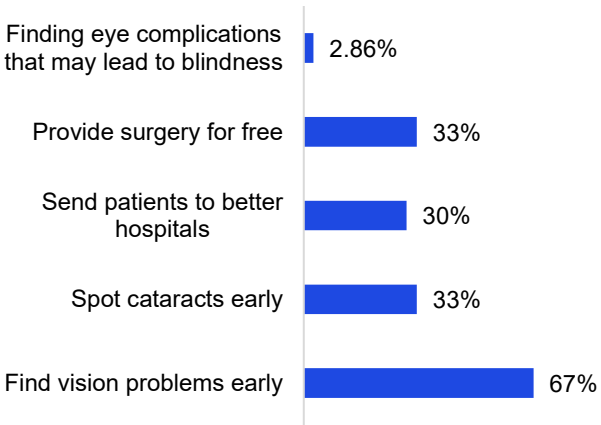
The eye camps were very helpful for people in the community. Most participants, nearly 70%, came for a general eyesight check-up, which helped them understand their vision issues early. Many others also visited because they were facing issues like poor or cloudy vision, together making up more than half of the attendees.

Reasons for visiting the camp

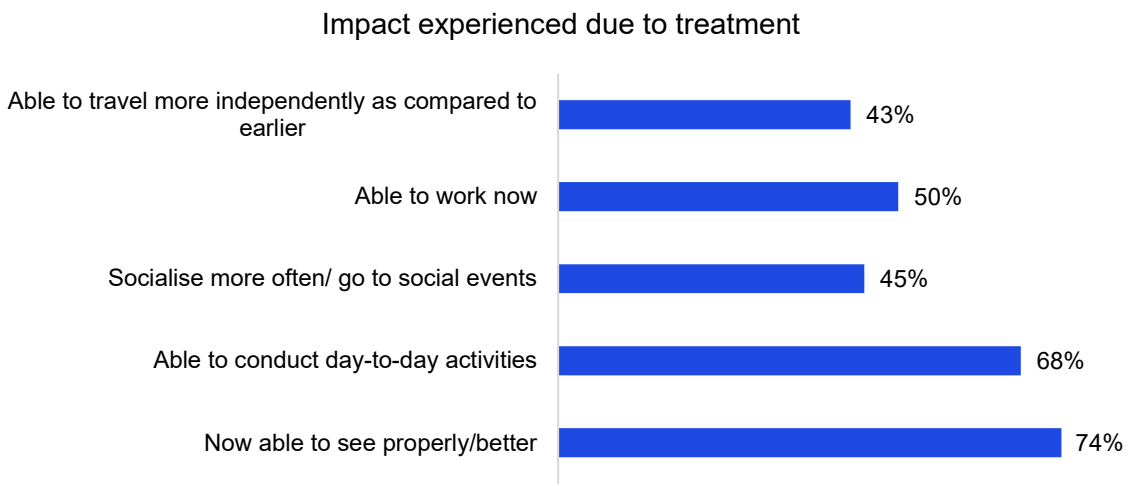


The eye camps made a clear difference in helping people overcome their vision-related challenges. More than half of the participants, around 57 %, shared that they were now able to manage their day-to-day activities with ease. Around one-third of the people felt more confident in travelling alone on their own and taking part in social events. Around 30 % were also able to return to work.

Outcomes experienced due to the camp



The eye camps solved problems mainly through early detection. About 67% said the camps helped find vision issues early, which set up quick advice and treatment. Around one in three had cataracts spotted early and a similar 33% received free surgery, while 30% were referred to better hospitals for advanced care. Only about 3% reported serious complications being caught, suggesting timely checks are preventing cases from becoming severe.



74%
Respondents were able to see properly after detection of issue from the camp.

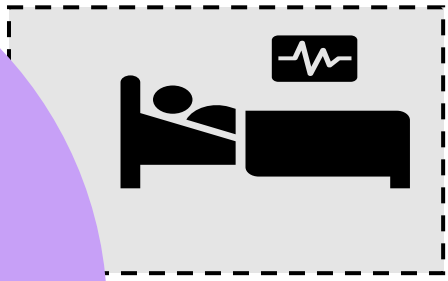
Treatment at the camp impacted respondents in multiple ways with improvement in vision the most crucial aspect as reported by 74% respondents.

This was followed by 68% who mentioned their improved ability to perform day-to-day activities. Their participation in community events has also improved and about 50% of working age group have now resumed their work.

Figure 1: Hindalco operated dispensary in Sonbhadra, Renukoot

Renusagar Initiatives

Those who attended eye camps detected poor vision as the main eye issue and some also found cataract. To diagnose those issues, they were provided with Medicines at the Hindalco operated eye camp. The eye camp proved to be highly beneficial for respondents in Renusagar, as they were able to detect eye vision problems sooner and could act upon resolving such issues. They also reported that they were able to spot cataracts early as well. The camps also provided for free surgery which also helped the respondents.



Belagavi Initiatives

In Belagavi, all the respondents attended the eye camps because they wanted a general eyesight check up done. The eye camp improved their overall well-being as they were now able to see properly, able to travel more independently, and able to work properly.

Renukoot Initiatives

The services provided to respondents in Renukoot included eye screening, cataract surgery, and referral services. These proved to be highly beneficial for the respondents in Renukoot. The most valuable aspect of this initiative as reported by the beneficiaries was that these surgeries and medicines were provided free of cost.

Samri Initiatives

The eye screenings in Samri were done by the doctors from district hospitals who came to the Hindalco hospital in Samri. People who came to get their eyes screened and detected complicated eye issues requiring surgeries were sent to better hospitals. This initiative is a testament to Hindalco's motivation to provide access to best medical services to the people.

Homeopathic/ Ayurvedic Camps

Hindalco's Homeopathic and Ayurvedic camps offered communities a familiar and holistic way to manage everyday health concerns. Many shared that these camps helped them handle their conditions more comfortably and strengthened their overall sense of wellbeing. People also noted that they began relying less on allopathic medicines, as traditional remedies aligned closely with the kind of care they were already accustomed to at home. For some, these treatments even reinforced trust in non-allopathic options, including for veterinary needs. The initiative made holistic and accessible care a natural part of community health practices.

Health impact due to the camps

Respondents who attended the Homeopathic and Ayurvedic camps shared that the camps helped them manage their condition better and improved their overall sense of well-being. Few shared that their dependence on allopathic medicines had reduced, which shows that these camps were seen as supportive care rather than a replacement for regular treatment.

Overall, the camps strengthened holistic wellness and comfort but did not shift many people away from allopathic care.

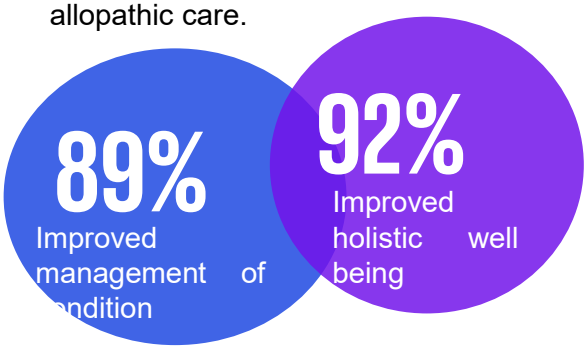


Figure 2: Family welfare centre in Jharokhurd, Dudhi, Renukoot

Company-operated hospitals, dispensaries, and clinics

Hindalco's company-operated hospitals, dispensaries and clinics played a crucial role in addressing long-standing gaps in community healthcare by offering dependable and nearby medical services. Before this support, people struggled with limited services, long distances to facilities, poor infrastructure and long waiting times. With the establishment of these centres, communities began experiencing quicker check-ups, better quality doctors and low-cost or free treatment close to their villages. Residents appreciated the reliable care, shorter waiting periods and improved accessibility, which together reduced the burden of travel and made timely healthcare a part of their everyday lives. The initiative strengthened trust in institutional healthcare and created a steady point of support for families who previously faced barriers in seeking treatment.

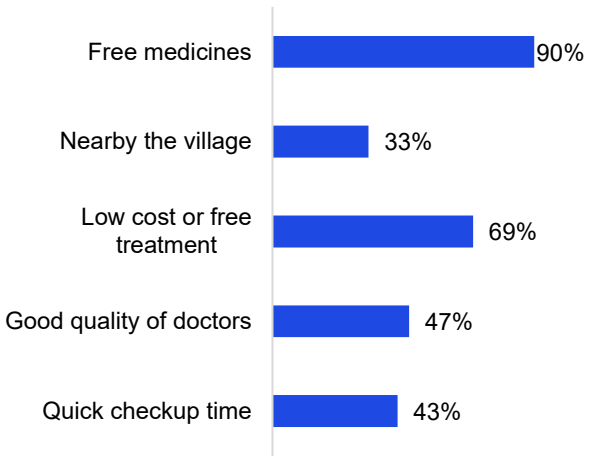
Key Appreciated Features of Hindalco Health Facilities

Before this project, people faced numerous healthcare-related challenges. But the Hindalco health facilities were appreciated most for affordability and access to medicines. Free medicines stood out at 90%, and low-cost free treatment at 69%. Service experience was strong too, with 47% valuing the quality of doctors and 43% noting quick checkup time. Overall, the Hindalco services were satisfactory because of cost-effectiveness, reliable and fast care.

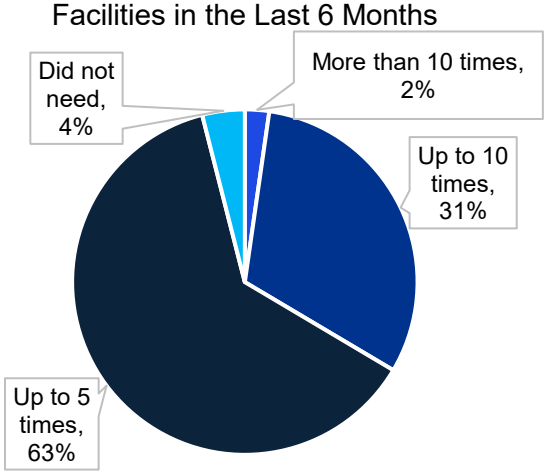
100%

Respondents shared recommending the facility to other community members

Key Appreciated Features of Hindalco Health Facilities



Frequency of Visits to Health Facilities in the Last 6 Months



Most families used the company-operated hospitals in the last six months, with 96 % visiting at least once. The majority went up to five times and about a third went up to ten, which shows steady use for routine care rather than serious illness. Very few needed more frequent visits, and only a small share did not need to go at all. Overall, the facilities are regularly used and trusted by the community

Belagavi Initiatives

Everyone availed the services of the company operated hospitals in Belagavi. Before the curative healthcare program, they faced numerous challenges like lack of required services, distance from the village, poor infrastructure, and long waiting time for consultation. They reported that the company operated hospitals helped them significantly and benefited a majority of the families.

Lohardaga Initiatives

In Lohardaga, respondents liked the Company-operated hospitals, dispensaries, and clinics because of the low cost or free treatment and because these clinics were nearby the village. Before this intervention, they were facing a lot of challenges like poor infrastructure, large distance from village, and ill maintained washrooms.

Samri Initiatives

In Samri, respondents mostly liked the company operated hospitals for the good quality of doctors and free medicines. They visited these hospitals as often as 5 to 10 times. All of them also reported that they would highly recommend these services to others.

Renukoot Initiatives

Before this intervention, respondents in Renukoot mainly faced challenges because of the lack of the required services. They were highly satisfied with the services of Hindalco operated hospitals as they reported that they liked these health facilities because of the quick checkup time, good quality of doctors, and low cost of the treatment.

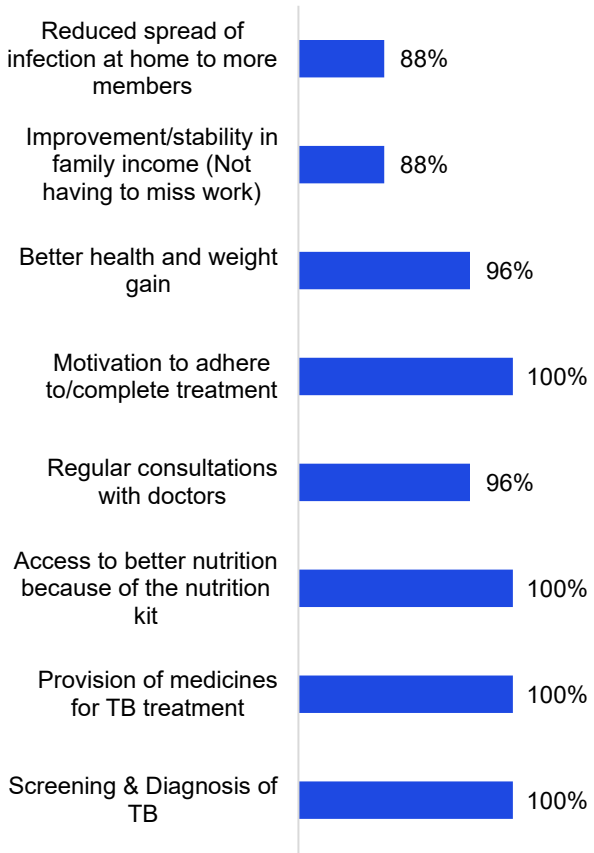
Tuberculosis

Hindalco's tuberculosis initiative offered families dependable support at every stage of TB management, combining medical care with practical, day-to-day assistance. Community members shared that the program helped them stay motivated to complete treatment through regular doctor consultations, steady access to medicines and nutrition kits that made recovery easier. Screening and early diagnosis played an important role, helping prevent infection from spreading to other family members. As health improved and weight gain became visible, many households also experienced greater income stability because fewer workdays were lost. Together, these efforts created a structured and reassuring pathway for families dealing with TB, strengthening both recovery and resilience at home

Project Impact

The TB project helped participants with screening, diagnosis, medicines and nutrition support, giving full coverage at 100%. Regular doctor consultations and noticeable health improvements, including weight gain, were reported by 96%. Families felt safer with 88% people reporting reduced spread of infection. More stable incomes were reported by the same share as they no longer had to miss work for the treatment.

Positive health outcomes due to the intervention



100%

Respondents shared receiving screening & diagnosis services and support of medicines from the project. All participants appreciated the project to motivate them to complete the treatment course.

Project's Impact on Healthcare Spends

The curative healthcare intervention has significantly reduced the financial burden of medical expenses for community members. Before receiving support, households were spending an average of INR 6,218 annually on healthcare. Following the intervention, this amount dropped sharply to INR 1,153, indicating a substantial decline in out-of-pocket healthcare expenditure.

This reduction reflects improved access to timely medical services, subsidised treatments, and strengthened community-level health support provided under the initiative. With better diagnosis, early treatment, and availability of affordable care, families are now less reliant on expensive external healthcare options. The intervention has not only improved health outcomes but has also enhanced financial security by preventing medical costs from becoming a source of economic stress.

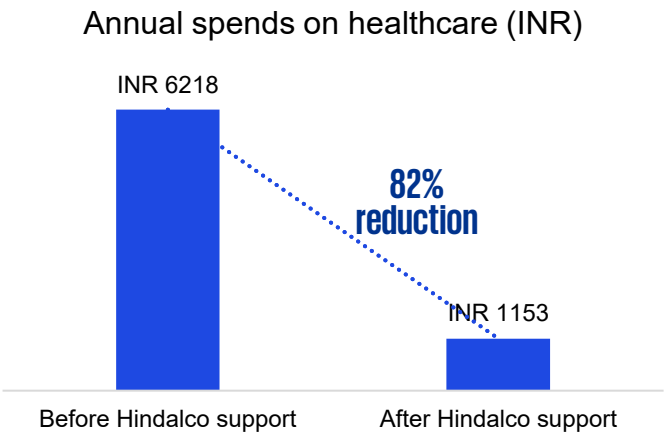


Figure 3: Hindalco operated dispensary in Sonbhadra, Renukoot

Comparative Analysis by CSR Unit

Table 3: Comparative Analysis by Hindalco CSR Unit

Indicator	Belagavi (n=30)	Lohardaga (n=40)	Renukoot (n=20)	Renusagar (n=41)	Samri (n=58)	Overall (n=189)
General Health Camp Uptake	100%	100%	0%	100%	0%	58%
Specialised Camp Uptake	100%	34%	0%	0%	0%	22%
Eye Camp Uptake	100%	0%	11%	100%	0%	38%
TB Project Uptake	100%	0%	26%	100%	0%	40%
Hospital/Clinic Usage	100%	100%	63%	100%	100%	97%
Homeopathic Camp Uptake	100%	0%	0%	0%	0%	15%
Free Medicine Appreciation	100%	100%	83%	60%	100%	86%
Would Recommend	100%	100%	100%	100%	100%	100%

**N/A: These units did not have applicable responses for enrolment awareness campaigns. Green = Strong (80%+), Yellow = Moderate (13%-80%), Red = Weak (<13%). Gray = Not Applicable.*

Key Takeaways

•**Belagavi** is the clear benchmark - 100% uptake across all seven intervention categories (general camps, specialised camps, eye camps, TB, homeopathic, hospitals). It is the only unit delivering the full ToC pathway.
•**Samri** (n=58) shows 0% uptake across all non-hospital services despite being the largest respondent group, indicating a hospital-only delivery model with no preventive/camp-based interventions.
•**Renusagar** delivers general camps, eye camps, and TB but lacks specialised and homeopathic interventions. TB uptake is 100% but reported outcomes are negligible, suggesting data quality or implementation gaps.
•**Hospital recommendation is universally 100%** across all five units, confirming strong community trust in Hindalco-operated healthcare facilities as the anchor of the curative healthcare program.

Narrative Interpretation: Unit-Level Divergence

Belagavi (n=30)

Belagavi is the benchmark unit with 100% participation across all seven intervention categories. All 30 respondents utilised general camps, specialised camps, eye camps, TB services, homeopathic care, and hospital facilities. Camp satisfaction is universal - regularity, doctor quality, medicine provision, and diagnostics all rated 100%. Every respondent reported improved accessibility through free/affordable care, quality in remote areas, reduced travel, and early diagnosis. This validates the full ToC pathway from intervention to impact.

Renusagar (n=41)

Renusagar delivers general camps (100%), eye camps (100%), TB (100%), and hospitals (100%) but has zero specialised or homeopathic camps. Eye camps show moderate wellbeing impact - 38% see better, 43% manage daily activities. Hospital users value low cost (85%) and free medicines (60%).

Lohardaga (n=40)

Lohardaga delivers general health camps and hospital services to 100% of respondents, with 91% healthcare spend reduction (₹4,684→₹426). Specialised camp uptake is moderate at 34%. Key gaps: no eye camps, TB, or homeopathic services. Camp users value medicine provision (66%) and staff behaviour (74%) but cite low regularity awareness (0%). Hospital facilities see high repeat usage - 32% visited 10+ times in 6 months. Free medicines are the top driver (100%).

Samri (n=58)

Samri is the largest respondent group but operates a hospital-only model - 100% hospital usage but 0% across all camp-based and TB interventions. Despite no formal project services, all 58 respondents reported 'No' to availing services under the project. Hospital repeat usage is the highest among all units (74% visited 10+ times in 6 months). Healthcare spend reduced by 77% (₹7,224→₹1,629). The absence of preventive services represents the biggest coverage gap in the program.

Renukoot (n=20)

Renukoot operates primarily through hospital/clinic services (63% uptake) and a small TB project (26%, n=5). No general camps, specialised camps, or homeopathic services are available. Eye camp uptake is minimal (11%, n=2). TB outcomes are strong among participants - 100% screening, 100% medicine access, 80% adherence - but the small sample limits generalisability. Hospital users appreciate quick checkups (83%) and low cost (92%).

Cross-Unit Synthesis

The divergence across units reveals a two-tier program: Belagavi delivers the full ToC pathway (all 7 interventions), while remaining units operate fragmented models - Lohardaga (camps + hospital), Renusagar (camps + TB + hospital), Renukoot (hospital + limited TB), and Samri (hospital-only). Hospital/clinic services are the universal anchor (97% overall). The program's aggregate performance masks critical coverage gaps - 3 of 5 units have zero camp-based preventive services, undermining the ToC's emphasis on early detection and community-level health awareness.

Mapping to Theory of Change

Table 4: Mapping Outcomes to Theory of Change

Intervention	Outcome (Theory of Change)	Finding from Study	Assessment
General Health Camps	Increased primary care access; NCD awareness	58% uptake. Belagavi, Lohardaga, Renusagar at 100%. Free care is top accessibility driver.	**Partially Meets**
Specialised Health Camps	Timely specialist care; reduced travel burden	22% uptake; only in Belagavi (100%) and Lohardaga (34%). Zero in 3 units.	**Below Expectations**
Eye Camps	Improved vision; reduced avoidable blindness	38% uptake. 75% in Belagavi report improved vision. Cataract referral pathways active.	**Partially Meets**
Tuberculosis	Higher case detection; reduced TB transmission	40% uptake. Renusagar: 100% enrolment but 0% outcomes. 79% believe TB spread reduced.	**Partially Meets**
Homeopathic/Ayurvedic	Improved chronic condition management	15% uptake; Belagavi only. 100% report improved condition management.	**Below Expectations**
Company Hospitals/Clinics	Reliable comprehensive care access	97% usage, 100% recommendation. Spend reduced 77-91%. Free medicines top driver.	**Meets Expectations**
Surgical Camps	Reduced surgical backlog	No data collected in survey instrument.	**Not Assessed**

Recommendations

01 Expand Multi-Service Delivery to Samri

Priority: Samri (Hospital-only model)

Samri (n=58) has zero coverage across all camp-based and preventive interventions despite being the largest respondent group. Introduce general health camps, eye camps, and specialised camps to activate the preventive healthcare pathway of the ToC. Leverage existing hospital infrastructure as a launchpad for outreach camps in surrounding villages.

02 Address TB Data Quality Gap in Renusagar

Priority: Renusagar (100% enrolment)

Renusagar shows 100% TB project enrolment but 0% across all outcome indicators (screening, medicines, nutrition, adherence). This suggests either data collection errors or a fundamental gap between registration and active service delivery. Conduct an immediate data audit and implement outcome-linked tracking to validate the TB intervention pathway.

03 Scale Specialised Camps Beyond Belagavi

Priority: Renukoot, Renusagar, Samri (0% uptake)

Specialised camps (22% overall) are concentrated in Belagavi (100%) and Lohardaga (34%). Three units have zero coverage. Prioritise haemoglobin testing and malaria/dengue diagnostics in Renusagar and Samri where general camps are already operating, creating a natural escalation pathway from primary to specialist care.

04 Replicate Homeopathic/Ayurvedic Model

Priority: Lohardaga, Renukoot, Renusagar, Samri

Homeopathic/ayurvedic camps exist only in Belagavi (100% report improved condition management and holistic wellbeing). Given the ToC emphasis on reducing dependence on acute care for chronic ailments, pilot alternative medicine camps in Lohardaga and Renusagar where general camps already demonstrate community trust.

05 Strengthen Eye Camp Outcomes Tracking

Priority: Renusagar (moderate impact perception)

While Belagavi eye camp users report 75% improved vision and daily activity gains, Renusagar users show lower impact (38% see better, 43% daily activities). Implement post-camp follow-up protocols to track surgical referral completion, spectacle adoption, and long-term vision outcomes to strengthen the evidence base for the eye care ToC pathway.

06 Increase Camp Regularity Awareness

Priority: Lohardaga, Renusagar (0% regularity awareness)

In Lohardaga and Renusagar, 0% of general camp users cited regularity as a valued feature, suggesting camps may be perceived as irregular or ad-hoc. Establish fixed monthly camp schedules communicated through ASHA workers and PRI members (key ToC stakeholders) to build predictability and sustained utilisation.

Cross-Cutting Recommendations

•**Convergence with Government Schemes:** Align TB interventions with Ni-kshay Poshan Yojana for nutrition support, integrate eye camps with the National Programme for Control of Blindness (NPCB), and link general health camps with Ayushman Bharat-HWC for primary care strengthening.

•**Gender-Sensitive Programming:** 59% of respondents are women. Introduce gender-specific indicators - reproductive health camp uptake, maternal screening, women's time saved on healthcare access - and disaggregate all outcome data by gender to track differential programme impact.

•**Unified MIS for Outcome Tracking:** The Renusagar TB data anomaly (100% enrolment, 0% outcomes) highlights the need for a standardised, real-time MIS across all units to ensure outcome data integrity, enable cross-unit benchmarking, and support evidence-based programme iteration.

Glimpses from the ground

Figure 4: Cardiac machinery in Hindalco operated hospital, Samri

Figure 5: Interaction with nurse in Tatijhariya, Samri

Figure 6: Visit to Hindalco operated dispensary in Tatijhariya, Samri

Thank you

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