




Impact Assessment Report

Telemedicine Center Project

FY 2024 - 25

legrand®

SGS
sgs.com

Disclaimer

This report sets forth our views based on the completeness and accuracy of the facts stated to SGS and any assumptions that were included. If any of the facts and assumptions is not complete or accurate, it is imperative that we be informed accordingly, as the inaccuracy or incompleteness thereof could have a material effect on our conclusions.

While performing the work, we assumed the genuineness of all signatures and the authenticity of all original documents. We have not independently verified the correctness or authenticity of the same.

We have not performed an audit and do not express an opinion or any other form of assurance. Further, comments in our report are not intended, nor should they be interpreted to be legal advice or opinion.

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. We assume no responsibility for such information.
Our views are not binding on any person, entity, authority or Court, and hence, no assurance is given that a position contrary to the opinions expressed herein will not be asserted by any person, entity, authority and/or sustained by an appellate authority or a Court of law.
Performance of our work was based on information and explanations given to us by the Client. Neither SGS nor any of its partners, directors or employees undertake responsibility in any way whatsoever to any person in respect of errors in this report, arising from incorrect information provided by the Client.

Our report may make reference to 'Assessment Findings and Analysis'; this indicates only that we have (where specified) undertaken certain analytical activities on the underlying data to arrive at the information presented; we do not accept responsibility for the veracity of the underlying data. In accordance with its policy, SGS 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, SGS 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 SGS shall not be liable to any party who uses or relies on this report. SGS 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 here in above.

Acknowledgements

SGS would like to place on record its sincere appreciation to Group Legrand India for the opportunity to undertake this impact assessment of the telemedicine Programme me. We are grateful for the trust placed in us and for the consistent guidance, strategic direction, and constructive engagement provided throughout the study period. The Group Legrand India's commitment to strengthening access to quality healthcare in underserved communities provided a strong foundation for this assessment.

We extend our heartfelt thanks to the Programme me implementing partner and the telemedicine centre teams for their invaluable cooperation during fieldwork. Their support in facilitating site visits, coordinating beneficiary interactions, sharing operational data, and explaining on-ground processes enabled the assessment team to gain a comprehensive understanding of Programme me implementation and service delivery.

We are particularly grateful to the doctors, nurses, and healthcare staff associated with the telemedicine centres who generously shared their time and professional insights. Their reflections on clinical practices, patient management, and the evolving role of telemedicine were central to understanding the Programme me's effectiveness and quality of care.

We also wish to acknowledge with deep gratitude the beneficiaries who participated in surveys, focus group discussions, and informal interactions. Their willingness to share personal experiences, challenges, and outcomes provided the most valuable evidence for assessing Programme me relevance, impact, and sustainability. The voices of beneficiaries remain at the core of this assessment.

Finally, we acknowledge the dedicated efforts of the SGS field investigators, researchers, and analysis team, whose professionalism, rigour, and commitment ensured the quality, integrity, and timely completion of this study. Their contributions were essential in bringing together diverse sources of evidence into a coherent and credible assessment.

Table of Contents

1. Introduction and context setting.....05
2. About the Organizations.....07
3. About the project.....08
4. Program ratings.....09
5. SDGs Alignment.....10
6. Approach and Methodology.....11
7. Assessment - Deep Dive 14
8. Assessment Findings and Analysis.....15
9. Key Learnings and Recommendations.....21
10. Case Studies.....22
11. Executive Summary.....24



Introduction

India's healthcare system operates at an extraordinary scale, serving a population of over 1.4 billion people. While the country has made significant strides in expanding healthcare infrastructure, access to timely and quality healthcare remains highly uneven across geographies and socio-economic groups. The challenge is not merely one of availability, but of equitable distribution and accessibility of services, particularly in rural and underserved regions.

At a national level, India's doctor-to-population ratio has improved to approximately 1:811, meeting and even surpassing the World Health Organization benchmark of 1:1000. However, this aggregate figure masks deep structural disparities. A substantial proportion of qualified healthcare professionals estimated at nearly 70 to 75% remain concentrated in urban centers, while the majority of the population resides in rural areas. As a result, rural communities often face acute shortages of doctors, limited access to diagnostic facilities, and inadequate infrastructure, significantly constraining healthcare access.

Evidence suggests that this imbalance leads to long travel distances, delayed treatment, and higher out-of-pocket expenditure for rural households. In many cases, patients are required to travel significant distances, sometimes over 100 kilometers to access basic or specialized care

This not only imposes financial stress but also discourages timely healthcare-seeking behaviour, exacerbating disease burden and leading to avoidable complications.

The situation is further compounded by systemic challenges at the primary healthcare level. Many Primary Health Centres (PHCs) and Community Health Centres (CHCs) face shortages of specialists, with reports indicating a 79.5% deficit of specialist doctors in rural CHCs. Additionally, limited access to diagnostic services, inadequate digital infrastructure, and capacity constraints continue to weaken service delivery. These barriers disproportionately affect vulnerable populations, particularly those in remote, tribal, or geographically challenging regions.

The relevance of telemedicine becomes even more pronounced when viewed through a state-level lens. States such as Maharashtra, Haryana, and Uttarakhand illustrate the diverse yet persistent nature of healthcare access challenges in India:

Maharashtra, despite being one of the most developed states, continues to exhibit disparities between urban and rural districts. In states like Haryana, proximity to urban healthcare hubs coexists with gaps in last-mile delivery, particularly in peripheral and semi-rural blocks where specialist access remains limited (insight based on national rural healthcare patterns and distribution inequalities).

Public spending on healthcare in India remains relatively low, at around 2.1% of GDP, compared to a global average of nearly 6%. As a result, a large share of healthcare costs about 60% is paid directly by individuals from their own pockets. This high out-of-pocket expenditure places a significant financial burden on economically vulnerable households and often discourages them from seeking timely and preventive healthcare services.

NITI Aayog (2019). Strategy for New India @75.
NITI Aayog (2020).

Uttarakhand, characterized by hilly and difficult terrain, faces logistical barriers in healthcare delivery, where physical access to facilities is constrained by geography. Telemedicine is particularly relevant in such contexts, as it offers a means to bridge distances and connect remote populations with qualified medical professionals.
In this context, telemedicine emerges as a critical enabler of equitable healthcare delivery. By leveraging digital technologies, telemedicine allows for remote consultations, diagnostics, and follow-up care, significantly reducing the need for physical travel and improving service reach.

In summary, telemedicine is not merely a technological innovation but a strategic response to structural challenges in India's healthcare system. It offers a scalable, cost-effective, and inclusive pathway to address disparities in access, particularly for rural and underserved populations.



About the Organizations

Group Legrand India

Group Legrand is a global specialist in electrical and digital building infrastructures, offering products and solutions that enhance electrical safety, energy efficiency, and connectivity across residential, commercial, and institutional spaces. With a strong presence in India and globally, the company focuses on enabling sustainable and future-ready infrastructure through innovation in electrical systems and smart solutions. Group Legrand's operations are complemented by a commitment to responsible business practices, integrating sustainability and community development into its broader organizational vision.

Group Legrand India's Social Initiatives are aligned with its global sustainability roadmap, with a strong emphasis on climate action, healthcare access, and community development. The company drives impact through projects such as renewable energy deployment promoting the transition to clean energy and contributing to reduced carbon emissions and telemedicine initiatives that expand access to quality healthcare in underserved regions. Additionally, Group Legrand India supports livelihood and community resilience through interventions like water conservation and skill development Programme s, with a focus on creating scalable, sustainable, and measurable outcomes for communities.

Apollo Foundation

Apollo Foundation is the social impact arm of the Apollo Hospitals Group, committed to improving the health and well-being of underserved communities across India. Guided by its vision of "Touching Lives, Spreading Smiles," the Foundation has positively impacted more than 4.5 million lives through initiatives focused on accessible and affordable healthcare, education, and community development. Recognizing health as a cornerstone of sustainable development, the Foundation implements Programme mes that promote disease prevention, early diagnosis, timely treatment, and improved access to essential healthcare services.

As a pioneer in technology-enabled healthcare delivery, the Foundation supports telemedicine initiatives that bridge the gap between healthcare providers and underserved populations. Through teleconsultations, digital health platforms, diagnostic support services, and community-based healthcare Programme mes, the Foundation enables timely access to qualified medical professionals irrespective of geographical barriers. These interventions contribute to improved healthcare accessibility, reduced travel and treatment costs, strengthened primary healthcare systems, and better health outcomes for vulnerable populations, particularly in rural and remote areas.

About the Project

Phase wise implementation



Phase 1
Project sites were finalised in consultation with district health authorities following community needs assessments and health facility assessments to ensure infrastructure, service demand, and connectivity readiness.

Phase 2
Telemedicine equipment, diagnostic tools, and digital platforms were installed and integrated at selected Health and Wellness Centres.

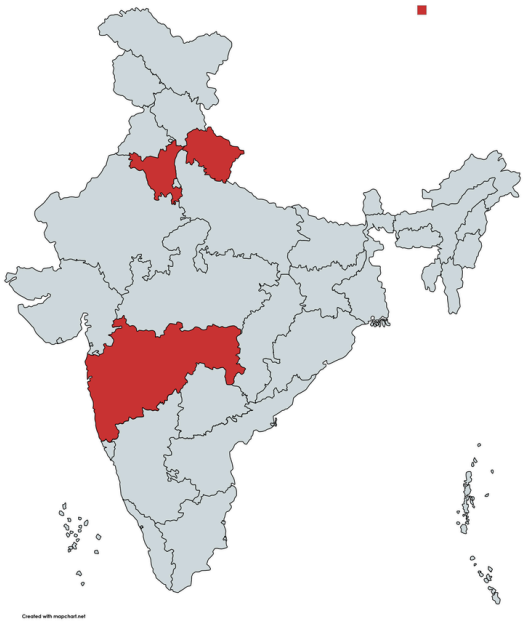
Phase 3
Healthcare staff were trained, and tele-consultation services for general and specialist care were operationalised at the centres.

Phase 4
Service delivery, equipment performance, and data reporting were regularly monitored to ensure quality, continuity, and system compliance.

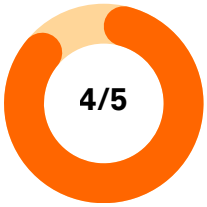
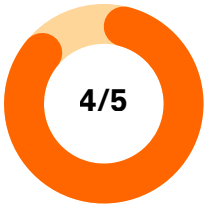
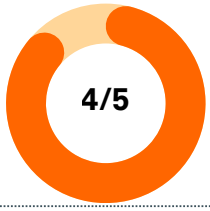
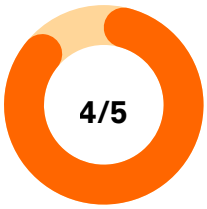
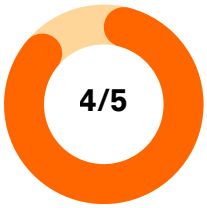
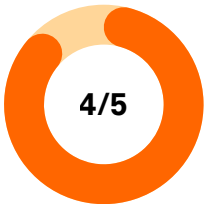
Group Legrand India's support in establishing telemedicine centres, equipped with essential medical equipment, ICT infrastructure, furniture, and auxiliary provisions such as UPS systems and refrigeration, along with trained personnel, contributes meaningfully to the Government of India's healthcare priorities. The initiative presents a sustainable and scalable model of healthcare delivery that places technology integration and community-centric service provision at the core of strengthening rural health systems.

The project was conceptualised with a strong emphasis on operational simplicity, service reliability, and long-term sustainability. Its design approach incorporated meticulous planning, timely deployment of infrastructure, capacity building of healthcare personnel, and continuous monitoring mechanisms to ensure seamless and uninterrupted tele-consultation services.

The intervention was implemented across Rohad in Haryana, Haridwar in Uttarakhand, and Jalgaon in Maharashtra. While the centres in Rohad and Haridwar primarily serve rural populations, the Jalgaon centre caters to an urban residential community.



Program Ratings

PARAMETER	KEY OBSERVATIONS	SCORES
Relevance	The project directly addressed critical healthcare access gaps in rural and semi-urban communities where 44% of beneficiaries previously relied on over-the-counter medication and 54% earned below Rs. 10,000 per month. All three centres serve low to lower-middle income populations where out-of-pocket expenditure on private consultations ranged from Rs. 300 to over Rs. 1,500 per visit.	
Coherence	The intervention contributes to improving equitable access to healthcare by leveraging technology to bridge gaps in service delivery. It aligns with Sustainable Development Goal (SDG) 3 (Good Health and Well-being), while also supporting SDG 1 (No Poverty), SDG 9 (Industry, Innovation and Infrastructure), and SDG 10 (Reduced Inequalities).	
Effectiveness	92% of beneficiaries reported reduced delays in accessing healthcare and 78% now use the TMC as their primary point of care. With 96% repeat usage and 83,237 total consultations recorded, the centres have demonstrably shifted health-seeking behaviour from self-medication and informal providers to formal, qualified medical care.	
Efficiency	81% of beneficiaries reported reduced travel time and 91% reported reduced out-of-pocket expenditure, with savings in the range of Rs. 200 to Rs. 1,000 per visit. The co-location of consultations, diagnostics and medicines at a single centre has maximized value delivery per visit, reducing both time and financial costs for beneficiaries.	
Impact	94% of beneficiaries perceived improved health outcomes and 78% reported increased confidence in managing their health. The intervention has demonstrably reduced dependence on higher-level hospitals and self-medication, particularly benefiting women, elderly and daily wage workers for whom travel and cost were the primary barriers to care.	
Sustainability	96% of beneficiaries reported repeat use of the facility and 78% identify telemedicine as their first point of care, reflecting strong community adoption and integration into routine health-seeking behaviour. Service integration within existing Health and Wellness Centres and alignment with national digital health priorities provide a conducive environment for long-term continuation and potential scale-up of the intervention.	
Overall	The telemedicine intervention has delivered strong, measurable outcomes across access, affordability and health behaviour change, serving 83,237 beneficiaries across three states through a scalable, community-embedded model with high beneficiary satisfaction and strong repeat engagement.	

**Ratings are based on the OECD-DAC five-point performance rating scale, where 5 = Very High and 1 = Very Low. For detailed rating methodology, refer to the OECD-DAC Framework section on Page 15.*

SDGs Covered

SDG	Target	Contribution Pathway
	Target 3.8 – Universal health coverage	Improves access to quality medical consultations and early treatment in underserved communities through telemedicine.
	Target 1.5 – Reduce vulnerability to economic shocks	Reduces household healthcare spending by lowering travel, time, and out-of-pocket costs.
	Target 10.2 – Promote social inclusion	Bridges rural–urban gaps in access to specialist healthcare through digital connectivity.
	Target 9.c – Expand access to ICT	Uses digital health platforms to strengthen healthcare delivery in remote areas.

APPROACH & METHODOLOGY

Approach & Methodology

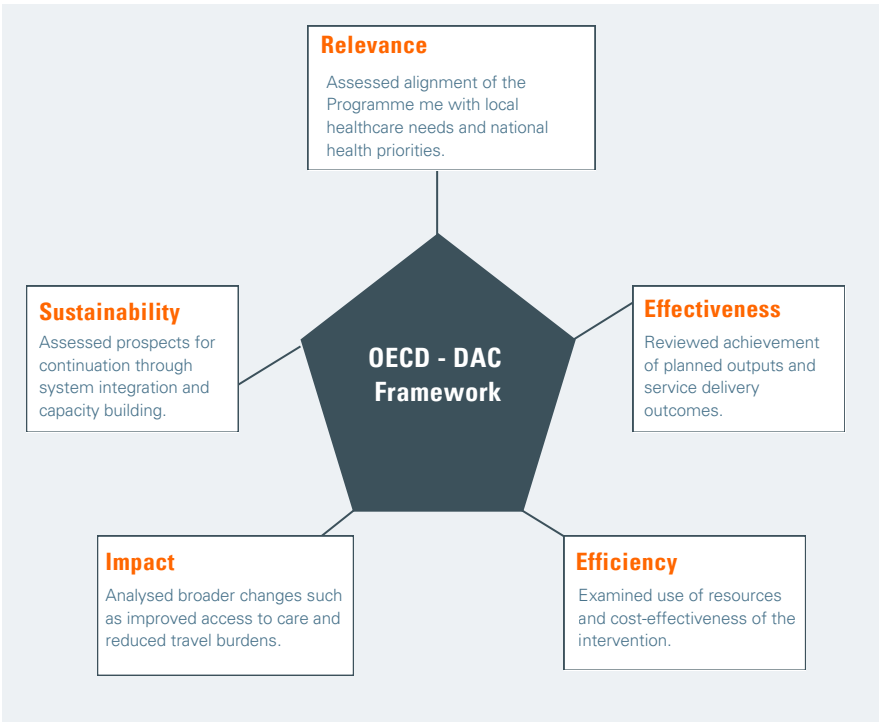
The impact assessment of the Programme me was undertaken using a mixed-methods approach, combining both quantitative and qualitative techniques to capture a comprehensive picture of Programme me performance and outcomes. The assessment focused on understanding how the telemedicine services were implemented, how they were utilised by beneficiaries, and the extent to which the intervention contributed to improved access to healthcare in rural settings. Emphasis was placed on gathering evidence from multiple sources to ensure balanced and credible findings.

Secondary data review formed a key component of the assessment. Monthly data registers, consultation data and other relevant documents maintained by the implementing agency were reviewed to analyse trends in patient footfall, types of consultations, and service delivery patterns across the telemedicine centres. Project documents, including the Memorandum of Understanding, guidelines, were also examined along with the visits to the centers to understand the intended design, scope, and implementation processes of the intervention.



SGS Team Interacting with Beneficiaries

OECD DAC Dimensions



OECD–DAC Framework

The impact assessment was guided by the OECD–DAC evaluation framework to ensure a structured and widely accepted approach to assessing Programme me performance and outcomes. This framework provided a clear lens to examine the relevance, effectiveness, efficiency, impact, and sustainability of the telemedicine intervention. By using these dimensions, the assessment was able to systematically review both the design and implementation of the Programme me, as well as its contribution towards improving access to healthcare in rural communities.

Theory of Change

Inputs

- Telemedicine equipment and diagnostic devices.
- Trained medical and paramedical staff
- Medicines and consumables.

Activities

- Comprehensive need assessment of healthcare gaps and telemedicine requirements.
- Installation of telemedicine systems.
- Training of healthcare staff.
- Delivery of general and specialist tele-consultations.
- Diagnostics, referrals, and follow-ups.

Outputs

- Functional telemedicine centres.
- Increased number of consultations.
- Availability of specialist
- Improved facility-level service capacity.

Outcomes

- Improved access to healthcare services.
- Reduced travel time and costs for patients.
- Better continuity of care.

Impact

- Improved health-seeking behaviour.
- Early diagnosis and treatment.
- Strengthened primary healthcare systems
- Reduced healthcare inequities in rural areas.

The Theory of Change establishes linkages with telemedicine investments and service delivery activities to improved access, continuity of care, and strengthened primary healthcare systems, ultimately contributing to better health outcomes for rural communities.



Assessment - Deep Dive

TABLE 2 Stakeholder Coverage and Methods Used

STAKEHOLDER GROUP	PURPOSE OF ENGAGEMENT	METHOD USED	SAMPLE / COVERAGE
Beneficiaries (patients)	Capture service experience and satisfaction	Surveys	68
Beneficiaries (patients)	Understand perceptions, challenges, suggestions	Focused Group Discussions	3 FGDs covering 32 Beneficiaries
Healthcare Staff at Centres	Assess service delivery and operational issues	Key Informant Interviews and Centre observations	3 Staff Members (1 at each location)
Group Legrand India CSR team	Understand project rationale, implementation approach, and oversight perspective	Key Informant Interviews	1

To gain a deeper understanding of how the telemedicine Programme me was working on the ground, SGS adopted a focused field-based assessment approach. The study combined beneficiary feedback, stakeholder inputs, and direct observation of telemedicine operations to capture real-time service experience, system performance, and implementation quality.

The assessment emphasised live centre visits, direct user interactions, and observation of consultations. This helped validate how services were actually being delivered and experienced at Health and Wellness Centres.



Assessment Findings & Analysis



Relevance

This section presents the key findings of the impact assessment based on beneficiary surveys, field observations, and stakeholder interactions. It highlights how telemedicine services are being utilized, how they are experienced by beneficiaries, and what changes they have brought about in access to healthcare. The section also draws on qualitative insights and on-ground observations to interpret the data and provide a balanced understanding of Programme me performance and early outcomes.

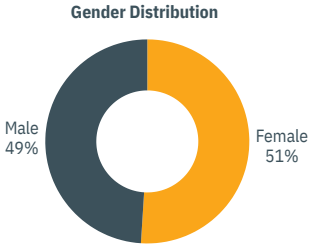


Fig. 1

Demographic Profile

The beneficiary survey encompassed a wide age range, indicating that telemedicine services are reaching diverse population groups. The distribution suggests that utilisation spans across different life stages, with particularly strong uptake among working-age and middle-aged individuals.

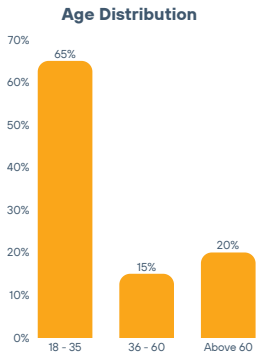


Fig. 2

In terms of gender, the survey reflected balanced representation, with equal participation from both male and female respondents.

The income profile of beneficiaries indicates that the telemedicine services are largely reaching low- to lower-middle income groups, with a majority of respondents (54%) earning up to INR 10,000 per month and an additional 32% earning between INR 10,000–20,000. Only a small proportion (13%) falls in the higher income bracket.

The data indicates that a significant proportion of beneficiaries (44%) relied on over-the-counter (OTC) medication from pharmacies as their primary source of healthcare prior to the intervention, followed by private clinics (29%) and government hospitals (24%), while a small percentage (3%) sought care from informal providers (quacks).

Overall, the findings highlight the critical need for accessible, affordable, and reliable healthcare solutions, underscoring the relevance of telemedicine in shifting beneficiaries from self-medication and unregulated providers towards formal, qualified medical care.

> “Earlier, even minor health issues required me to travel to the government hospital, which would take 2–3 hours and involved long waiting times due to overcrowding. Despite the effort, availability of doctors was still uncertain.
>
> - Sudha, 55, Aneki Village

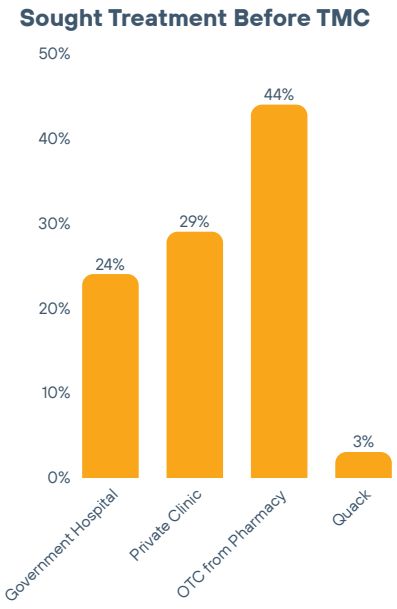


Fig. 3

The data indicates that prior to the establishment of the telemedicine centre, a significant majority of beneficiaries (72%) accessed healthcare services within a 5 km radius, while 15% traveled 5–10 km and a smaller proportion (13%) traveled beyond 10 km, including 3% who traveled more than 20 km.

The data indicates that a majority of beneficiaries (51%) incurred consultation costs in the range of INR 300–700, while a significant proportion (32%) spent between INR 701–1500. Only a small share (9%) reported spending less than INR 300, whereas 7% incurred costs exceeding INR 1500 before Telemedicine centers were established. This is with respect to the private consultations.

This distribution suggests that private healthcare consultations represented a moderate to high financial burden for most beneficiaries, particularly for those in lower and lower-middle income segments. The concentration of expenses in the INR 300–1500 range highlights that even routine consultations involved noticeable out-of-pocket expenditure. This reinforces the importance of telemedicine as a cost-effective alternative that can help reduce out-of-pocket expenses and improve affordability of healthcare services.

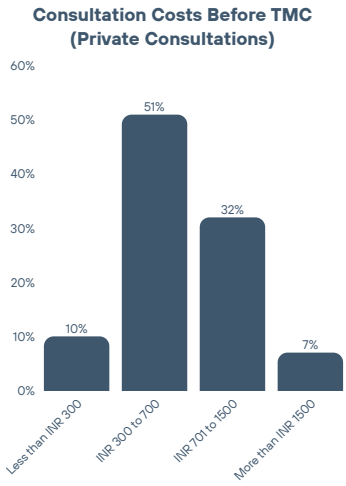


Fig. 4

Chauhan, A. S., Prinja, S., Mohan, P., et al. (2022). Cost of hospital services in India: A multi-site study to inform provider payment rates and health technology assessment. BMC Health Services Research, 22(1), 1–14

Overall, the diversity of institutions supported demonstrates the intervention's relevance to varied community needs. For example, Iqraa Med and Spine Institute supports differently abled students through specialised education and therapy, while Sathya Special School provides affordable education, transportation, medical assistance, and livelihood opportunities for children with special needs. This focus on underserved institutions highlights the intervention's potential to strengthen community welfare while reducing operational costs.

Effectiveness

The assessment findings indicate that the Telemedicine Centre project has been largely effective in delivering against its intended objectives. Data collected through beneficiary surveys, field observations and stakeholder interactions suggest that the centres have been operationally consistent in providing teleconsultations, specialist consultations, diagnostic services, pharmacy support and community outreach activities across all three locations.
According to data shared by the implementation partner, the project has cumulatively reached over 83,237 individuals across the three centres in Jalgaon, Haridwar and Rohad, with each centre reportedly serving more than 4,000 community members annually. Beneficiaries are able to access general and specialist doctor consultations free of cost at the centres, where equivalent private sector consultations would typically cost between INR 1,000 and INR 1,500 per visit, representing a notable reduction in financial burden for low-income households.

Beneficiary survey data corroborates the operational effectiveness of the centres. An overwhelming majority of beneficiaries, 92%, reported reduced delays in accessing healthcare and 78% identified the TMC as their primary point of care. As reflected in (Fig. 5), telemedicine has addressed critical gaps across multiple dimensions including avoiding long hospital queues, providing access to specialist consultations, saving travel time and offering more convenient care closer to home. With a repeat usage rate of 96% and a dominant share of beneficiaries reporting more than 3 visits as shown in (Fig. 6), the centres appear to have moved beyond initial adoption to becoming a sustained healthcare access point within the communities.

Stakeholder interactions with the CSR team indicate that monthly review meetings and regular progress reporting have been in place to monitor service delivery and address operational challenges.

Efficiency

The assessment findings suggest that the Telemedicine Centre project has delivered meaningful efficiency gains for beneficiaries, primarily through reductions in travel time, consultation costs and associated opportunity costs such as wage loss for daily wage workers.

A significant majority of beneficiaries, 81%, reported a reduction in travel time to healthcare facilities following the establishment of the telemedicine centre, as reflected in (Fig.7). This reduction in travel not only improves convenience but also lowers indirect costs associated with healthcare seeking, including transportation expenses and loss of daily wages, which are particularly significant for low-income and daily wage earning households in rural and semi-urban settings

> Due to my age, accessing crowded government hospitals had become increasingly difficult for me. Telemedicine has truly been a boon, making healthcare easily accessible and convenient.
>
> Avatar Singh, Aneki

A multi-site study reported that outpatient visit costs in private hospitals ranged up to around ₹1,251 per visit (median), significantly higher than visits at public district hospitals.

Gaps Filled by Telemedicine

(n= 68)

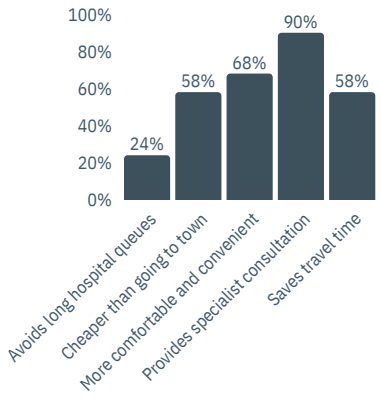


Fig. 5

Frequency of Telemedicine Centre Visits

(n=68)

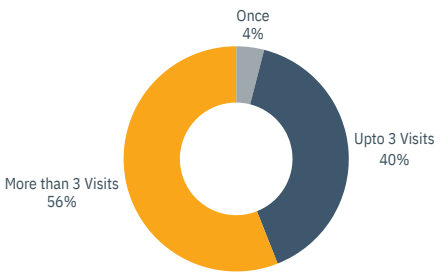


Fig. 6

Reduced Travel Time to Hospitals

(n=68)

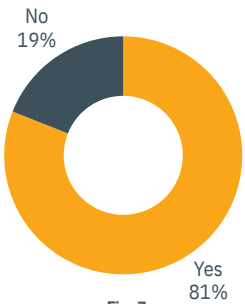


Fig. 7

In terms of direct cost savings, 91% of beneficiaries reported a reduction in out-of-pocket expenditure following the introduction of telemedicine services, with the majority reporting savings in the range of INR 200 to INR 500 per visit. Prior to the establishment of the centres, beneficiaries incurred consultation costs ranging from INR 300 to over INR 1,500 per private sector visit. At the telemedicine centres, general and specialist consultations are available free of cost, where equivalent Apollo Hospitals specialist consultations would typically cost between INR 1,000 and INR 1,500 per visit in the private sector. This represents a substantial per-visit saving for beneficiaries, particularly for those requiring recurring consultations for chronic conditions. As reflected in (Fig. 8), 78% of beneficiaries now consider the telemedicine centre as their first point of care, further indicating a meaningful shift in healthcare seeking behaviour driven by the efficiency and accessibility of the service.

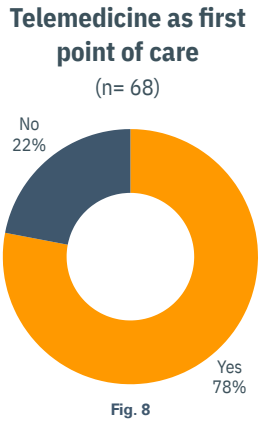


Fig. 8

For beneficiaries, the centres function as a one-stop healthcare access point, offering teleconsultations, diagnostic support and pharmacy services at a single location. This consolidation of services has eliminated the need for multiple facility visits, with each centre reaching more than 4,000 community members annually and delivering measurable time and cost efficiencies for households that previously had to travel long distances for each component of care.

Coherence

The telemedicine intervention strengthens access to healthcare by reducing geographical barriers and enabling timely medical consultations, particularly for rural and underserved communities. Through technology-enabled service delivery, the project improves healthcare accessibility, supports continuity of care, and contributes to more equitable health outcomes.



At the global level, the intervention aligns with Sustainable Development Goal (SDG) 3 (Good Health and Well-being) by improving access to essential health services, while also contributing to SDG 10 (Reduced Inequalities) through enhanced healthcare access for underserved populations.

Impact

Secondary data reviewed as part of this assessment indicates that the three Telemedicine Centres have collectively reached a significant number of beneficiaries across Jalgaon, Haridwar and Rohad since inception, demonstrating both the scale and sustained community acceptance of the programme. Interactions with the CSR team further revealed that the model has been effective in addressing multiple barriers simultaneously, including accessibility, affordability and availability of quality medical care, making it particularly impactful for low-income and geographically isolated populations.

Reduced Dependence on Higher-Level Hospitals

The qualitative analysis suggests that one of the most notable outcomes of the telemedicine programme is the shift in how beneficiaries engage with the healthcare system. Telemedicine is no longer seen merely as an add-on service but is increasingly emerging as a primary point of care. As reflected in (Fig. 8), a substantial majority of beneficiaries, 78%, now consider the telemedicine centre as their first point of care, reflecting a clear shift in healthcare seeking behaviour. Most beneficiaries highlighted a decline in their dependence on other healthcare facilities, with many reporting a significant reduction and others indicating a moderate decrease, while only a small proportion observed no change.

The introduction of telemedicine has significantly reduced the access barriers and enabled earlier and more regular Healthcare-seeking behaviour.

Reduced Out of Pocket Expenditures

The data indicates that a substantial proportion of beneficiaries experienced notable cost savings following the establishment of the telemedicine centres. As shown in (Fig. 9), the majority, 66%, reported savings in the range of INR 200 to INR 500, while a smaller segment, 29%, reported savings below INR 200, and only a limited proportion, 4%, indicated higher savings between INR 501 and INR 1,000. Prior to the establishment of the centres, beneficiaries incurred private consultation costs ranging from INR 300 to over INR 1,500 per visit. At the telemedicine centres, general and specialist consultations are available free of cost, where equivalent private sector consultations would typically cost between INR 1,000 and INR 1,500 per visit, representing a meaningful and sustained reduction in financial burden for low-income households.

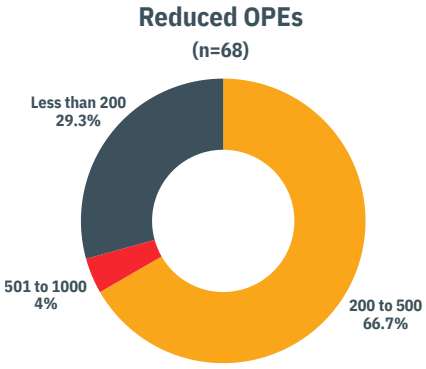


Fig. 9

Improved Health Outcomes

The findings indicate that a strong majority of beneficiaries have perceived improvements in their health outcomes following the adoption of telemedicine services. As reflected in (Fig. X), 94% of beneficiaries reported improved or significantly improved health outcomes, with only a small proportion reporting no change. This could be attributed to timely consultations, continuation of care and increased access to medical advice. A substantial majority of beneficiaries also reported feeling more confident in managing their health concerns, as shown in (Fig. 11), with 78% indicating improved self-assurance in understanding and addressing their health needs. This suggests that the intervention has played a meaningful role in fostering greater independence and more proactive engagement with healthcare services among the communities it serves.

The findings present a mixed but overall positive shift in awareness regarding disease prevention, with a significant proportion of beneficiaries acknowledging improvement. While a sizeable segment remained neutral, this suggests that although the intervention has been effective in enhancing health awareness among a large section of beneficiaries, there is still scope to further strengthen health education and behaviour change initiatives to convert neutral perceptions into more definitive positive outcomes.

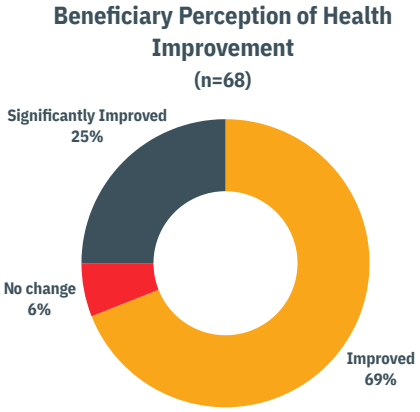


Fig. 10

Disease Trend Tracking and Preventive Health

A particularly notable aspect of the programme's impact is the systematic tracking of disease trends across all three centres by the implementation partner on a monthly basis. This enables proactive identification of prevalent health conditions within the community, allowing for targeted outreach, health education and preventive interventions. The availability of this data represents a meaningful step towards shifting community health management from a curative to a preventive approach, with positive long-term implications for overall community health outcomes.



Fig. 11

Sustainability

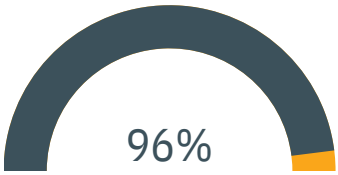
The assessment findings indicate strong prospects for the long-term sustainability of the Telemedicine Centre initiative, supported by evidence across three key dimensions: community adoption, institutional integration and programme governance.



Medicine stock at telemedicine centre

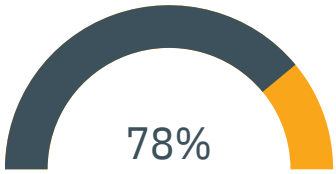
Community Adoption and Demand

The strongest indicator of sustainability is the growing integration of telemedicine into routine healthcare seeking behaviour among beneficiaries. A significant majority of beneficiaries, 96%, reported repeat use of the facility, while 78% identified the telemedicine centre as their first point of care. These findings suggest that beneficiaries perceive the service as accessible, reliable and valuable in addressing their healthcare needs. Such sustained demand demonstrates that telemedicine is no longer viewed as a temporary alternative but as a trusted and dependable component of regular healthcare access within the communities served.



Repeat use of the facility

Fig. 12



Identified telemedicine as their first point of care.

Fig. 13

Programme Governance and Monitoring

A structured governance mechanism has been established between Group Legrand India and Apollo Hospitals to ensure consistent programme oversight and performance monitoring. Monthly review meetings, detailed progress reports and timely operational updates form the backbone of this governance structure. As part of the monitoring framework, comprehensive monthly MIS reports are generated covering key performance indicators including daily teleconsultation numbers, specialty consultations, laboratory investigations, pharmacy utilization, outreach activities and beneficiary demographics. The CSR team also has direct access to the implementation partner's software dashboard, enabling real-time visibility into service utilization and operational performance across all three centres.

Additionally, disease trend data is tracked across all three centres on a monthly basis, enabling proactive identification of prevalent health conditions and timely preventive interventions within the community. This systematic approach to data collection and monitoring strengthens the programme's ability to adapt to evolving community health needs and maintain service relevance over time.

The strongest indicator of sustainability is the growing integration of telemedicine into routine healthcare seeking behaviour. Beneficiaries highlighted reduced travel time, lower healthcare expenditure, easier access to medical consultations and improved convenience as key reasons for continued utilisation. Such sustained demand demonstrates that telemedicine is no longer viewed as a temporary alternative but as a trusted and dependable component of regular healthcare access. Furthermore, the integration of services within existing Health and Wellness Centres and alignment with national digital health priorities provide an enabling environment for long-term continuation and scale-up of the intervention.

Key learnings & Recommendations

1. Strengthen Lab Testing Capabilities

Expanding lab testing capabilities and strengthening infrastructure at the centres would improve the quality and comprehensiveness of care. In addition, enhancing counselling services and conducting regular community outreach through door-to-door visits can increase awareness, drive utilisation, and extend the reach of telemedicine services.

2. Increasing Outreach

Enhancing the promotion and visibility of the Telemedicine Centre within Jalgaon city remains a critical area for improvement, as it would significantly strengthen beneficiary awareness, increase service utilisation and expand the overall reach and impact of the programme across the urban residential community it serves.

3. Enhancing Long-Term Community Health Impact

Ensuring sustained community engagement around preventive healthcare remains a key challenge, particularly in rural and semi-urban settings where health seeking behaviour tends to be curative rather than preventive. Strengthening follow-up mechanisms, conducting periodic health screenings and investing in regular health education programmes would help shift this behaviour over time. Additionally, formalising a transition plan in partnership with district health authorities and exploring convergence with government schemes such as Ayushman Bharat would strengthen long-term institutional continuity and reduce dependence on CSR funding beyond the current programme cycle.



Case Study

Mamta's Experience with Telemedicine Center, Bahadurgarh

Mamta, a 37-year-old homemaker from Bahadurgarh, Haryana, represents many women in semi-urban and rural settings who struggle to prioritize their health alongside household responsibilities. With limited formal education and a demanding daily routine, accessing healthcare was often a challenge for her. Visiting a hospital required advance planning, arranging care for her children, and depending on her husband or another family member to accompany her due to the distance and unfamiliarity with hospital systems. These constraints, coupled with travel costs and loss of income when her husband missed work, frequently led to delays in seeking treatment or reliance on over-the-counter medicines instead of proper medical consultation.



The establishment of the Group Legrand India-supported Telemedicine Center (TMC) has significantly transformed Mamta's access to healthcare. Located within walking distance, the centre provides consultations with qualified doctors through video calls, along with basic health check-ups and access to medicines. The presence of trained staff who assist patients throughout the process has made the experience simple and approachable, even for individuals with limited education. Mamta no longer needs to depend on her husband or worry about logistics—she can independently visit the centre whenever needed. The reduced waiting time, absence of travel costs, and availability of free medicines have made healthcare both accessible and affordable for her.

As a result, Mamta now seeks timely medical attention without hesitation, leading to better management of her health and that of her family. The intervention has not only reduced the financial and logistical burden associated with healthcare but has also enhanced her confidence and sense of independence. Her experience highlights how community-based telemedicine solutions can address critical barriers to healthcare access, particularly for women, by making services more convenient, affordable, and user-friendly.

Case Study

Improving Healthcare Access – Karan Singh's Story, Aneki

Karan Singh, a 68 -year-old daily wage labourer from Aneki village, faced significant challenges in accessing healthcare prior to the establishment of the Telemedicine Center. As his income depended entirely on daily work, taking time off meant a direct loss of earnings, making health a secondary priority. Seeking medical care involved travelling long distances, incurring travel expenses, and often missing 2–3 days of work. While private healthcare was unaffordable due to high consultation fees, government hospitals, though free, required long waiting times. As a result, he frequently resorted to self-medication or avoided treatment altogether, which posed risks to his overall health and well-being.

The introduction of the Telemedicine Center has brought a noticeable shift in Karan Singh's healthcare-seeking behaviour. With the centre located within his village, he can now access consultations without losing workdays or spending on travel. The availability of free consultations, basic diagnostic services, and medicines at a single location has significantly reduced both financial and logistical barriers. The presence of trained staff ensures that even individuals without prior exposure to digital systems can easily navigate the consultation process. Karan Singh particularly values the time doctors take to understand his concerns and provide clear guidance, including advice on medication, diet, and preventive care.

This intervention has enabled him to seek timely medical attention without hesitation, ensuring better management of his health while maintaining his livelihood. Reduced dependence on self-medication and increased awareness about preventive healthcare have further strengthened his overall well-being. Karan Singh's experience highlights how telemedicine can effectively address access, affordability, and time-related barriers, making it especially impactful for daily wage workers in rural settings.



Executive Summary

Access to timely and affordable healthcare remains a persistent challenge in rural and semi-urban India. Out-of-Pocket Expenditure (OOPE) accounted for 48.8% of Total Health Expenditure in 2018–19, placing a heavy financial burden on households. At the same time, the availability of doctors in rural areas remains limited, with the national doctor-to-population ratio estimated at around 1:1500, below the World Health Organization norm of 1:1000.

In this context, telemedicine has emerged as an important approach to strengthen primary healthcare delivery by bringing medical expertise closer to underserved communities.

Group Legrand India supported the establishment and operation of 3 telemedicine centres in Haryana, Maharashtra and Uttarakhand with the objective of improving access to medical consultations, reducing avoidable hospital visits, and enabling early diagnosis and treatment. This impact assessment was undertaken by SGS to examine the relevance, effectiveness, efficiency, impact, sustainability, and overall value for money of the telemedicine Programme

The assessment adopted a mixed-methods approach combining a review of project documents with primary data collection across three telemedicine centres. Primary data included 68 beneficiary surveys, focus group discussions, key informant interviews with healthcare staff and the implementation partner team, and direct observations of centres operations and live teleconsultations. The analysis was guided by the OECD-DAC evaluation framework.

Key insights:

The assessment indicates that the telemedicine initiative has significantly improved access to healthcare by reducing travel time, consultation costs and waiting periods for beneficiaries. High repeat utilisation and increased reliance on telemedicine as a primary point of care reflect strong acceptance of the service within the communities. Beneficiaries are able to access general and specialist doctor consultations free of cost at the centres, where equivalent private sector consultations would typically cost between INR 1,000 and INR 1,500 per visit, representing a meaningful reduction in financial burden for low-income households. Beneficiaries also reported improved affordability, particularly through reduced out-of-pocket healthcare expenditure in the range of INR 200 to INR 500 per visit, making specialist consultations more accessible for economically vulnerable households.

Beyond improving access, the intervention has contributed to positive behavioural changes, including increased health awareness, greater willingness to seek timely medical care and reduced dependence on self-medication. The systematic tracking of disease trends across all three centres enables proactive identification of prevalent health conditions, supporting targeted outreach and preventive interventions within the community. Overall, the findings suggest that the telemedicine centres have become a trusted healthcare access point for many beneficiaries and demonstrate the potential of technology-enabled healthcare to strengthen equitable and sustainable healthcare delivery in underserved regions.



Total Consultations

83,237



Reduced Out of Pocket Expenditure

91%

Beneficiaries feel reduced expenditures in a range of INR 200 - 1000



Telemedicine as Primary Point of Care

78%



Repeat Usage of the Facility

96%



Perceive Improved Health Outcomes

94%

- National Health Accounts (NHA), 2018–19
- WHO (2022). Global Health Expenditure Database – India Profile.

© SGS Société Générale de Surveillance SA (2026)

gis.india@sgs.com

SGS India Private Limited
SGS House4B, Adi Shankaracharya Marg,
Vikhroli (West), Mumbai,
Maharashtra 400 083, India

sgs.com