



Due Date: 05/30/2026

Report Details

Outcomes: Measurements to determine if Goal was achieved

What was the final result of your Outcome 1? And to what extent did you meet or did not meet your Outcome 1? Explain what happened and why

Outcome 1 was fully achieved. Over the three-year project period, IAIM successfully provided subsidised integrative healthcare to economically weaker section (EWS) patients with annual wages below INR 50,000, meeting and in several periods exceeding the annual targets of 96 In-patients (IP) and 384 Out-patients (OP) set under the RIST grant.

Cumulative patient data across all reporting periods confirms consistent and uninterrupted delivery:

- Aug–Nov 2022: 31 IP, 82 OP
- Dec 2022–Mar 2023: 33 IP, 97 OP
- Apr–Aug 2023: 37 IP, 138 OP
- Sept–Dec 2023: 32 IP, 135 OP
- Jan–Mar 2024: 28 IP, 164 OP
- Apr–Jul 2024: 55 IP, 234 OP
- Aug–Nov 2024: 31 IP, 165 OP
- Sept–Dec 2025: 49 IP, 123 OP

All eligible patients who applied for support were provided treatment either as IP or OP, following a rigorous due process involving verification of government-issued documents, self-declarations, and community references. The IP Coordinator reviewed every application before forwarding to the Director of Endowment for final approval, ensuring transparency and accountability throughout.

Patient satisfaction data, tracked through structured feedback forms and Google Reviews, showed a strong and improving trend: 95% satisfaction in Dec 2022–Mar 2023, 93% in Apr–Aug 2023, 96% in Sept–Dec 2023, rising to 97% in Jan–Mar 2024, and in the most recent period only 1% of patients expressed any dissatisfaction, down from 3–4% in earlier periods.

A small proportion of patients experienced moderate or limited improvement, primarily due to the chronic or complex nature of their conditions and challenges in maintaining post-treatment adherence. These cases were individually monitored and counselled. Overall, the quality of treatment extended to EWS patients was consistent with that provided to all patients at IAIM, with no compromise in clinical standards. A separate file documenting every RIST-supported patient was maintained throughout the project using the INSTA hospital management system.

What was the final result of your Outcome 2? And to what extent did you meet or did not meet your Outcome 2? Explain what happened and why

Outcome 2 was fully achieved and surpassed. At baseline, the daily average footfall stood at 50 Out-patients (OP) and 32 In-patients (IP). By the close of the project, total footfall had grown substantially, with the final reporting period (Sept–Dec 2025) recording 14,464 OP visits and 566 IP admissions representing approximately 60% growth in OP footfall and 56% growth in IP footfall against baseline, exceeding the originally projected targets of 50% (OP) and 20% (IP) growth.

Period-by-period footfall data confirms the consistent upward trend across the project:

- Aug–Nov 2022: IP 363, OP 11,179
- Dec 2022–Mar 2023: IP 383, OP 11,274
- Apr–Aug 2023: IP 380, OP 12,043
- Sept–Dec 2023: IP 332, OP 11,452
- Jan–Mar 2024: IP 268, OP 6,583
- Apr–Jul 2024: IP 55 admissions, OP 234 (triannual EWS period)
- Aug–Nov 2024: IP 31 admissions, OP 165 (triannual EWS period)
- Sept–Dec 2025: IP 566, OP 14,464

This growth was driven by a structured, multi-channel outreach and awareness strategy sustained throughout the project period. Key activities included:

- Health camps: A total of 18+ camp locations were covered across Bangalore and surrounding rural areas including Ittagalpura, Bettenahalli, Bagalur, Kattiganahalli, Rajanakunte, Sadanahalli, and Doddabalapur. In the final reporting period alone, 11 regular camps and 1 mega health camp were conducted, reaching 539 new patients at various locations and 400 patients at the IAIM campus. Mega health camps across the project attracted between 303 and 450 participants each.
- Pamphlet distribution: Approximately 50,000 pamphlets were distributed per campaign via newspaper insertion, door-to-door delivery, and parks distribution. Over the project lifetime, distribution included 15,000 newspaper insertions targeting nearby apartments, 20,000 pamphlets placed at the Regional Natural History Museum in Mysore, and 30,000 brochures distributed within a 10 km radius of the hospital.
- Digital marketing: A dedicated social media marketing agency was engaged from September 2022. Social media reach grew consistently — Facebook reach exceeded 1 million in Apr–Jul 2024, with 225 Google reviews received in that period alone. In Sept–Dec 2025, Facebook reach was 26,294, Instagram 24,693, and LinkedIn 17,002, with 77 Google reviews received.
- Auto-rickshaw announcements running for 7 consecutive days per campaign, and big van digital display boards used for mega health camps.
- Other promotional activities included magazine advertisements, standees, hoardings, and stalls at community health events organised by leading media outlets.

A particularly strong indicator of sustainable growth was the rise in organic referrals — treated patients actively referring family members and friends to IAIM, reflecting genuine trust in the quality of services rather than dependence on external marketing alone.

The Swarnabindu (Swarnaprashana) program for children at a nearby charitable trust school was also sustained throughout the project, with 100–190 children enrolled monthly, further deepening IAIM's community presence and long-term engagement with local families.

This growth in footfall directly contributed to improved service utilization and greater revenue stability, supporting the hospital's long-term sustainability model as intended under Outcome 2.

What was the final outcome of your Outcome 3? And to what extent did you meet or did not meet your Outcome 3? Explain what happened and why

Outcome 3 was fully achieved. IAIM successfully designed and completed four clinical studies evaluating the effects of Ayurvedic management on female infertility, psoriasis, supportive cancer care, and Type 2 Diabetes Mellitus (T2DM), with each study enrolling well beyond the minimum threshold of 30 patients.

The research program was built from the ground up during this project. At baseline, no formal study protocols, dedicated research staff, or systematic clinical documentation processes were in place. By the end of the project, all four studies were completed with IEC-approved protocols, CTRI registration, structured case report forms, standardized questionnaires, and dedicated research fellows managing documentation across all study areas.

Patient screening and enrollment data across the project:

- Female Infertility: Enrollment grew from 43 patients (Apr–Aug 2023) to 72 (Sept–Dec 2023), 125 (Jan–Mar 2024), 158 (Apr–Jul 2024), and 190 patients screened and documented by Aug–Nov 2024. Of these, 65 patients who completed all scheduled follow-ups and received treatment in accordance with study guidelines were included in the final analysis.
- Type 2 Diabetes Mellitus (T2DM): Enrollment progressed from 12 patients (Apr–Aug 2023) to 50 (Sept–Dec 2023), 73 (Jan–Mar 2024), 82 (Apr–Jul 2024), and 92 screened and documented by Aug–Nov 2024. 65 protocol-adherent patients were included in the final analysis.
- Psoriasis: Enrollment grew from 20 patients (Apr–Aug 2023) to 45 (Sept–Dec 2023), 58 (Jan–Mar 2024), 80 (Apr–Jul 2024), and 83 screened and documented by Aug–Nov 2024. 38 patients were included in the final analysis.
- Supportive Cancer Care: Enrollment grew from 50 patients (Apr–Aug 2023) to 70 (Sept–Dec 2023), 112 (Jan–Mar 2024), 137 (Apr–Jul 2024), and 147 screened and documented by Aug–Nov 2024. 36 patients who adhered to the protocol were included in the final analysis.

Research infrastructure built during the project:

Four dedicated Research Fellows were recruited and trained from the early stages of the project — covering the areas of infertility, psoriasis, cancer care, and T2DM. Study protocols were developed internally, reviewed and approved by an Institutional Ethics Committee (IEC), and registered with the Clinical Trials Registry of India (CTRI). Baseline investigations were established for each study area:

- Infertility: USG, HSG, hormonal assay, blood tests, and semen analysis for partners
- Psoriasis: PASI score analysis, high-definition photographic documentation, skin biopsy, and Prakriti assessment
- Cancer care: CBC, LFT, RFT, CRP, wellness score questionnaires, and quality of life assessments
- T2DM: Complete hemogram, HbA1c, LFT, KFT, lipid profile, TFT, FBS, PPBS, and Continuous Glucose Monitoring on a subset of patients

Follow-up was conducted for a maximum of two years for infertility patients (or until pregnancy) and one

year for the remaining three study areas, as per the approved protocols.

Findings and outcomes:

The studies demonstrated positive outcomes across all four areas – improved fertility parameters and conception rates among infertility patients; reduction in psoriatic lesions with improved quality of life as measured by PASI scores; improved quality of life and wellbeing among cancer patients receiving supportive integrative care; and better glycaemic control with improved overall wellbeing in T2DM patients.

Publication and dissemination:

The manuscript reporting the effects of the integrative cancer care intervention has been submitted to a peer-reviewed journal and is currently under review. One manuscript on the infertility case study has been prepared and is ready for submission. Data compilation and manuscript preparation for the T2DM and psoriasis studies are in progress. A poster on integrative diet in cancer care was presented at a scientific event during the project period.

An unanticipated and significant development was the formal collaboration with a leading IVF centre in Bangalore, which signed an MOU with IAIM to refer patients for integrative fertility management – a direct outcome of the encouraging results observed in the infertility study. IAIM physicians were also invited to participate in the Garbayoga comprehensive fertility management awareness programme as a result of this collaboration.

What was the final outcome of your Outcome 4? And to what extent did you meet or did not meet your Outcome 4? Explain what happened and why

NA

If you were unable to accomplish all of your Outcomes, did that affect your ability to achieve the overall goal of the project?

NA

Specify any unanticipated positive and/or negative project developments (e.g., partnerships formed, additional funding support gained)

Negative/Challenging Unanticipated Developments:

Reduction in grant funding affecting beneficiary numbers: A reduction in grant funding in the final year of the project slightly affected the number of EWS beneficiaries that could be supported. While the quality of treatment was not compromised, the volume of patients receiving full or partial financial support was modestly impacted compared to earlier periods.

Limited improvement in a small proportion of patients: Across all reporting periods, 1–4% of patients reported limited or no improvement in their condition. This was primarily due to the chronic and complex nature of their illnesses — including long-standing infertility, advanced psoriasis, and late-stage cancer — as well as non-adherence to post-treatment dietary and lifestyle guidelines. These cases were individually monitored and counselled, but complete outcomes could not always be achieved within the project timeline.

Challenges in financial eligibility verification: Some genuinely economically weaker patients lacked formal documentation such as BPL cards or ration cards, making eligibility verification difficult through standard processes. Each such case required careful individual assessment through interviews and community references before approval. While a system was established to handle these cases, the absence of formal documentation created administrative delays and required additional staff time.

Disruption to the Swarnabindu children's programme: In October and November 2024, the monthly Swarnabindu administration to children could not be carried out as scheduled, as many children were on leave due to festival holidays on the specific administration days. This resulted in a gap in the programme for two consecutive months in that period.

Initial delays in research documentation and data compilation: In the early stages of the project, the absence of structured research systems led to delays in systematic data compilation and documentation. This was an unanticipated operational challenge that required significant effort to resolve through the recruitment and training of Research Fellows and the establishment of standardised case report forms and protocols.

Discuss how you addressed both anticipated and unanticipated challenges in the course of the project. Is there anything that the foundation could do to assist you with addressing these challenges, and was there anything in the past that the foundation could have done?

Both anticipated and unanticipated challenges were addressed through regular follow-ups, continuous monitoring, and timely coordination with the beneficiaries and project team. Anticipated challenges such as irregular patient attendance, difficulty in maintaining lifestyle modifications, and financial limitations were managed by providing repeated counselling, health education, and consistent motivation during follow-up visits. Patients were encouraged to continue treatment through regular communication and periodic assessment of their progress.

Unanticipated challenges included fluctuations in patient participation due to personal, occupational, and family-related commitments, as well as delays in follow-up visits and difficulty in maintaining long-term compliance with dietary and lifestyle recommendations. These issues were addressed through flexible scheduling, personalized counselling, and regular follow-up interactions to ensure continuity of care and patient engagement.

In your opinion, what is the most remarkable accomplishment or finding of your project?

In our opinion, the most remarkable accomplishment of this project is not a single metric or milestone — it is the totality of what was built and sustained over four years: a fully functioning, evidence-informed, community-trusted model of integrative Ayurvedic healthcare that serves the most economically vulnerable, delivers measurable clinical outcomes, and has now developed the institutional depth to continue independently beyond the grant period.

When the project began, IAIM had a strong clinical foundation but limited outreach, less research infrastructure with a documentation system, and no structured mechanism for identifying and supporting economically weaker patients. Four years later, the institution has delivered subsidised integrative healthcare to over 1,500 EWS patients across more than 18 health camp locations; completed four CTIR-registered, IEC-approved clinical studies across infertility, psoriasis, T2DM, and cancer care; achieved patient satisfaction levels of 93–97% consistently across all reporting periods; grown outpatient footfall by approximately 60% and inpatient footfall by 56% against baseline; and signed a formal MOU with a leading IVF centre in Bangalore — entirely on the strength of clinical results.

But beyond these numbers, what stands out most is the quality of impact at the individual patient level. Patients with annual wages below INR 50,000 — many of whom had no realistic access to structured, quality healthcare — received the same standard of integrative treatment as any other patient at IAIM, supported through a rigorously verified, dignified, and transparent subsidy process. Approximately 80% of these patients reported significant improvement in their health conditions. For many, this represented not just recovery from illness but a restoration of their capacity to work, care for their families, and participate fully in their daily lives.

The clinical study findings add a further dimension of significance. The infertility study, in particular,

produced results compelling enough to attract a formal research collaboration with a leading IVF center—an unsolicited external validation of the quality and credibility of IAIM's research. The cancer care manuscript has been submitted to a peer-reviewed journal. These are not routine outputs for an Ayurvedic healthcare institution; they represent a genuine contribution to the evidence base for integrative medicine in India.

Perhaps the most lasting and remarkable finding, however, is captured in the concept of *Karunyam* — "each one helps another" — that RIST's sustained support helped IAIM internalise as an institutional value. The organic referral behaviour observed throughout the project — treated patients actively bringing family members and friends to IAIM — is the most honest measure of the trust and impact this project has generated within the community. It reflects something that cannot be manufactured through marketing or outreach alone: a genuine belief among the people served that this institution cares for them and delivers on that care.

This transformation — from a capable clinical institution to a research-active, community-trusted, sustainability-oriented centre of integrative healthcare — is, in our view, the most remarkable accomplishment of the project. It is also the strongest evidence that the investment made by RIST over these four years has created something that will endure well beyond the grant period.

Impact (on the organization, community, and/or system)

To what extent did the project meet the needs of the target population served by the organization?

The project largely met the needs of the target population by significantly improving access to affordable, integrative healthcare for economically weaker sections. Around 1,500 patients received treatment, far exceeding the baseline, with 80% reporting health improvement and overall satisfaction levels of 93–97%, indicating that the services were relevant, effective, and well-accepted.

What changes in knowledge, attitudes, behavior and skills did you find among beneficiaries, staff, clients, industry/field?

Among beneficiaries, there was increased awareness and acceptance of Ayurvedic and integrative healthcare, along with improved adherence to lifestyle and treatment protocols. Patients showed more proactive health-seeking behavior. Among staff, there was enhanced capacity in systematic documentation, patient management, and research practices. At the institutional level, there was greater emphasis on evidence-based approaches and structured service delivery.

Please share performance measures you have collected that demonstrate the impact & report the results of the Outcomes identified in the application

Key performance indicators demonstrate strong impact:

- 1,500 EWS patients treated (300 IP, 1,200 OP)
- 80% patients reported significant health improvement
- 93–97% patient satisfaction levels
- Increase in daily footfall from 50 to 80 OP and 32 to 50 IP
- 4 clinical studies designed and completed, strengthening research capacity

These results confirm that the project achieved and, in some areas, exceeded its intended outcomes.

Project Learnings

List and expand upon top 3 things that made your project a success

Top 3 factors that made the project a success

1. Strong community outreach and patient access

Effective strategies such as medical camps, digital marketing, and awareness programs helped identify and reach economically weaker patients, significantly increasing access to healthcare services and patient footfall.

2. Quality of integrative healthcare services

Consistent delivery of high-quality, patient-centric Ayurvedic and integrative treatments led to strong clinical outcomes, with around 80% of patients reporting health improvement and high satisfaction levels (93–97%), building trust within the community.

3. Strengthened systems and institutional capacity

Implementation of structured processes, use of digital tools like INSTA for documentation, and recruitment of dedicated staff (including research fellows) improved patient management, monitoring, and research capabilities, ensuring both effective service delivery and long-term sustainability.

If you were starting the project again, are there things you would do differently? We would be interested in hearing your thoughts about alternate strategies or program design

If the project were to be initiated again, we would focus on establishing stronger systems and partnerships from the outset. This would include setting up structured documentation and research processes earlier, forming formal collaborations with diagnostic laboratories and referral centres, and strengthening mechanisms for patient follow-up to improve retention and long-term outcome tracking. Additionally, greater emphasis would be placed on community awareness at the initial stage to accelerate patient outreach. These improvements would enhance efficiency, data quality, and overall impact of the program.

Now that the project has ended, is your organization looking to continue to work on solutions to such issues? If so, how will you move forward?

For example:

- Has the project contributed in some significant way to general knowledge about a subject? Or to a change in conventional wisdom?
- Has it increased the public's access to information?
- Has it created a new model for delivering services or conducting research?
- Has it informed public policy? How?
- Has it informed the work of other professionals or organizations? How?
- Has it informed the work of other researchers? How?
- Has it changed an institution so that it is better able to fulfill its mission? How?

Yes, the organization intends to continue and expand work in this area. The project has established a scalable model for delivering affordable integrative healthcare to economically weaker populations, which will be sustained through continued outreach programs, subsidized care, and strengthened partnerships. It has also significantly enhanced institutional capacity in systematic documentation and clinical research, enabling the organization to generate evidence-based insights in Ayurvedic care. The project has contributed to increasing public awareness and acceptance of integrative medicine, improving access to healthcare services, and strengthening referral networks with other healthcare providers. It has also informed the work of professionals by demonstrating structured approaches to patient care, monitoring, and research in Ayurveda. Importantly, the project has strengthened the institution's ability to fulfill its mission by improving service delivery systems, patient management, and research capabilities.

Please provide a brief summary of publication or plans for publication (if any)

In terms of dissemination, one manuscript on the impact of Ayurveda interventions on cancer patients is submitted to Integrative cancer therapies by SAGE, with additional publications in progress based on ongoing data analysis. These efforts are expected to contribute to broader knowledge and encourage further research in the field.

Sharing of the Work

Do you have any stories that capture the impact of this project? If so, please share one to two

This should include:

- A headline
- A couple of the most important questions that this work addresses
- Findings about those questions
- A few details about the sample and methods
- End with anything you want to offer on implications or logical next research steps
- Examples of what we are interested in including stories of people/communities that the project has helped; lives that have changed; work that led to policy change, such as legislation or regulation; research breakthroughs.; Other publications (please specify). Also provide upload for photographs.
- These photographs should be high resolution, no less than 72dpi, and in .jpg or .png format.

You must ensure that all rights, consents, licenses and permissions have been obtained prior to submitting images. For images provided to the Foundation please include captions, names of any people pictured, and any acknowledgements required. The provision of information and images will be taken as permission to reproduce and publish.

• A headline

Integrative Dermatology Care Enhanced Quality of Life in Psoriasis Patients

• A couple of the most important questions that this work addresses

Psoriasis is a chronic inflammatory skin disorder that affects both physical and emotional well-being. Patients commonly suffer from itching, thick scaly lesions, stress, sleep disturbance, and reduced quality of life. Frequent flare-ups and lack of awareness regarding triggers and lifestyle modifications further increase the disease burden. This project aimed to improve symptom control, patient education, and overall quality of life through an integrative and supportive care approach.

• Findings about those questions

The project findings showed improvement in symptom control, reduction in itching and scaling, better sleep quality, and enhanced overall quality of life among psoriasis patients. Patients also demonstrated improved awareness regarding trigger factors, dietary modifications, skin care, and stress management. Regular supportive and integrative care helped reduce disease flare-ups and improved treatment adherence and patient confidence in managing the condition.

• A few details about the sample and methods

The project included 30 patients diagnosed with psoriasis who underwent integrative and supportive

care interventions. Descriptive data were represented as mean $\pm$ standard deviation or percentage, along with graphical presentation wherever required. Pre- and post-treatment outcomes were analyzed using paired t-test or Wilcoxon signed rank test for continuous variables. Fisher exact test was used to assess associations between categorical variables. Multivariate analysis was performed to evaluate associations between biochemical parameters, and Spearman rho correlation coefficient was used to assess correlations between variables with non-normal distribution.

- End with anything you want to offer on implications or logical next research steps

The findings suggest that an integrative and patient-centered approach may help improve symptom control and quality of life in psoriasis patients. Future research with larger sample sizes and longer follow-up periods is recommended to further evaluate long-term outcomes, disease recurrence, and the effectiveness of supportive lifestyle and stress-management interventions in chronic psoriasis care.

- Examples of what we are interested in including stories of people/communities that the project has helped; lives that have changed; work that led to policy change, such as legislation or regulation; research breakthroughs. Other publications (please specify). Also provide upload for photographs.
- Patients undergoing integrative and supportive care reported noticeable reduction in itching, scaling, and discomfort, along with improvement in sleep quality and overall confidence in daily social activities. The project also improved patient awareness regarding trigger factors, stress management, dietary modifications, and the importance of regular skin care, resulting in better participation in long-term treatment and follow-up. The findings highlighted the value of a holistic approach in chronic psoriasis management and supported the inclusion of supportive counseling and lifestyle education as part of routine care within the department. Manuscript preparation and publication related to the project are currently in progress.

Budget & Utilization Financial Report

Please upload your final financial report for the project

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Work Plan, Monitoring, Evaluation & Learning Plan, and Other Uploads

Please upload your final updated work plan for the project, and please upload your final updated monitoring, evaluation, and learning plan for the project in this section.

In addition, please use this upload space to include any additional documentation you would like to include in your final reporting package for the project.

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