

**Wockhardt (FY22-23)**  
**Project duration – April 2022 to July 2023**  
**(KMBL Project ID - KMBL202223011)**

**Impact assessment report**  
**May 2025**

**Kotak Mahindra Bank Limited**



**Prepared by - Crisil Limited**



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**Informed consent:** The interviews were done after the respondents gave their consent. Even after the interviews were completed, their permission was sought to proceed with their responses.

**Confidentiality:** The information provided by participants has been kept private. At no point were their data or identities disclosed. The research findings have been quoted in a way that does not expose the respondents' identities.

**Comfort:** The interviews were performed following the respondents' preferences. In addition, the interview time was chosen in consultation with them. At each level, respondents' convenience and comfort were considered.

**Right to reject or withdraw:** Respondents were guaranteed safety and allowed to refuse to answer questions or withdraw during the study.

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## Abbreviations

<b>KMBL</b>	Kotak Mahindra Bank Limited
<b>MMU</b>	Mobile medical unit
<b>CSR</b>	Corporate social responsibility
<b>ToC</b>	Theory of change
<b>SWOT</b>	Strength, weakness, opportunity, threat
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>DAC</b>	Development Assistance Committee
<b>SDGs</b>	Sustainable Development Goals
<b>NGOs</b>	Non-governmental organisations

# Overview of the healthcare system in India



The challenges in India's healthcare system are multifaceted. One of the most significant issues is the urban-rural divide, where 65% of the population lives in rural areas, but most medical resources are concentrated in urban regions. Additionally, public healthcare facilities are often overburdened and lack essential medical equipment, staff, and medicine. The shortage of medical personnel is another significant concern, with India having only 9.3 physicians per 10,000 people, significantly lower than the global average. Furthermore, healthcare services are largely unaffordable for the urban poor, with 55 million Indians pushed into poverty due to high out-of-pocket expenses in 2019. The country also faces a high prevalence of both communicable and non-communicable diseases, with 77 million individuals having diabetes in 2019.

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To address these challenges, the government has launched initiatives like the Ayushman Bharat Scheme, National Urban Health Mission, and Pradhan Mantri Bhartiya Janaushadhi Pariyojana. Additionally, the Clinic on Wheels, or mobile medical vans, is a cost-effective solution to provide primary healthcare services to underserved populations in urban areas. This initiative is flexible and scalable, allowing it to be deployed to areas with emerging health crises or changing healthcare needs. By treating minor ailments and conducting preventive screenings, the Clinic on Wheels can reduce the number of patients seeking care at government hospitals, thereby reducing the burden on public healthcare. This initiative can also improve health outcomes by ensuring timely access to primary care and reducing out-of-pocket expenditures for the urban poor.

In conclusion, India's healthcare system faces significant challenges, but government initiatives and innovative solutions like the Clinic on Wheels can help bridge the gap in healthcare access and improve health outcomes. With adequate support, the Clinic on Wheels can become a cornerstone of healthcare delivery in India's cities, particularly for those who need it the most.

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# Overview of the program



Managed by

**WOCKHARDT** **LIFE**  
FOUNDATION **WINS**  
A SOCIAL INITIATIVE

A CSR initiative by



**kotak**

Kotak Mahindra Bank

కోటక్ మహింద్రా బ్యాంక్

ఉచిత సంచార వైద్య వాహనం



Program ID	KMBL202223011
Ongoing Project for FY	FY 2022-23
Program duration	April 2022 to July 2023
Partner organisation	Wockhardt
Location	Hyderabad

Kotak Mahindra Bank Ltd (KMBL), as part of its corporate social responsibility (CSR) initiative, collaborated with Wockhardt Foundation on the Mobile Medical Unit (MMU) program that delivered healthcare services to India's underserved communities from 2018 to 2023. The primary objective of this initiative was to provide comprehensive primary healthcare services to underserved populations. By deploying fully equipped mobile clinics, the program ensured essential health services—such as routine check-ups, and preventive care—reached communities where permanent medical facilities were either scarce or non-existent.

Moreover, it focused on health education, preventive counselling, awareness campaigns, educating patients about hygiene practices, nutritional needs, and the importance of early intervention in the case of health abnormalities. The goal was to empower communities with knowledge that led to healthier lifestyles and better disease management practices over time.

The MMU initiative achieved remarkable success in terms of outreach and impact. It served patients, with each encounter contributing to better health outcomes and improved quality of life.

By delivering healthcare directly to the communities in need, the program addressed one of India's most pressing healthcare challenges—**the lack of access to basic services in underserved areas**. With a strong focus on preventive care and early diagnosis, the program was able to significantly improve health outcomes and reduce disparities in urban healthcare access.

To gain a deeper understanding of the program's impact and outcomes, we have developed a theory of change (ToC)—a framework that outlines the underlying assumptions, causal links, and desired outcomes of the program. The ToC provides a comprehensive and visual representation of how the program's interventions are expected to have led to long-term change, ultimately contributing to improved healthcare outcomes. By mapping out the program's logic and pathways to change, the ToC helps us better understand its dynamics, identify potential challenges, and make informed decisions to optimise its impact.

Theory of change	
<b>Problem statement</b>	In Hyderabad, a significant gap in access to basic healthcare services leads to poor health outcomes and increased morbidity and mortality rates, particularly in underserved areas. Limited healthcare infrastructure and inadequate healthcare professionals exacerbate these issues
<b>Long-term goal</b>	To improve the health and well-being of underserved populations in Hyderabad by increasing access to comprehensive primary healthcare services and health awareness through MMUs.
<b>Outcome</b>	Increased patient outreach
	Reduced healthcare disparities
	Increased health awareness and knowledge
	Improved health outcomes
<b>Impact</b>	Increased access to healthcare services
	Improved health knowledge and awareness
	Enhanced preventive care
	Empowered communities

This report provides an impact assessment of the targeted city—Hyderabad. It aims to understand the extensive effect of the MMUs—free healthcare services to people from an underprivileged background in Hyderabad—from April 2022 to July 2023.



# Study methodology

The study adopted a concurrent mixed method design, in which quantitative and qualitative data collected from key program stakeholders, allowing for a comprehensive assessment of the intervention by capturing quantitative evidence, backed by qualitative experiences.

The following key stakeholders were considered for the analysis:

- i. Community members
- ii. Medical staff/health van operators
- iii. KMBL CSR team
- iv. Wockhardt foundation officials

**Quantitative data** was collected through a semi-structured survey questionnaire, administered to the direct beneficiaries (community members). The survey focused on the impact and effectiveness of the program. **Qualitative data** was collected through in-depth discussions with other key stakeholders. The data focuses on understanding the overall impact of the program and gaps in the intervention, as well as the challenges faced.

Findings from the quantitative and qualitative data were integrated to provide a comprehensive assessment of the impact of intervention. The integration involved **comparing and contrasting the findings** from the two data sources to identify converging or diverging evidence.

The evaluation also maps the impact of the program with the **Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) framework** to determine the merit of an intervention on the basis of six defined evaluation criteria – relevance, coherence, effectiveness, efficiency, impact and sustainability. We have also aligned the impact of the program with the United Nations Sustainable Development Goals (SDGs) and the contribution of the intervention to global efforts.

## Sampling framework

The sampling strategy for primary beneficiaries uses Cochran's formula, suitable for small populations, with 90% confidence level and 5% margin of error to ensure accurate and representative sample as the study adopts a mixed method approach. This method ensures that population is represented proportionally in the final sample, making the assessment comprehensive and reliable. For qualitative assessment, a purposive sampling approach with stakeholder mapped across all **6 locations across Jubilee Hills (2 locations were defined in Jubilee Hills), Kukatpally, Malakpet, and Nacharam (2 locations – Hayatnagar and Begumpet were defined under Nacharam)** forms a crucial part for the effective evaluation of the Mobile Medical Units program.

Stakeholders	Sample	Data Collection Tool
Community members	259	Structured survey questionnaires
Medical staff	4	Key Informant Interviews
Wockhardt officials	1	Key Informant Interviews
KMBL CSR Team	1	Key Informant Interviews

# Primary findings

**MEDICAL RECORD**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

This section presents key findings from a survey that was conducted among 259 community members across Hyderabad who had been utilising the KMBL-Wockhardt MMU during its operational years i.e. April 2022 to July 2023. The analysis was organised thematically to reflect the critical dimensions of community care and the MMU's performance, providing a structured evaluation based on direct responses from community members that had been collected.

## Key findings

### Demographic details

The survey was conducted among 259 community members across Jubilee Hills, Kukatpally, Malakpet, Hayatnagar and Begumpet in Nacharam. The sample comprised 72% male and 28% female respondents. A majority had been mid-aged, with 46% having been aged 30-44 years and 23% having been between 45–59 years, indicating that the MMU services had been primarily utilised by middle-aged individuals.

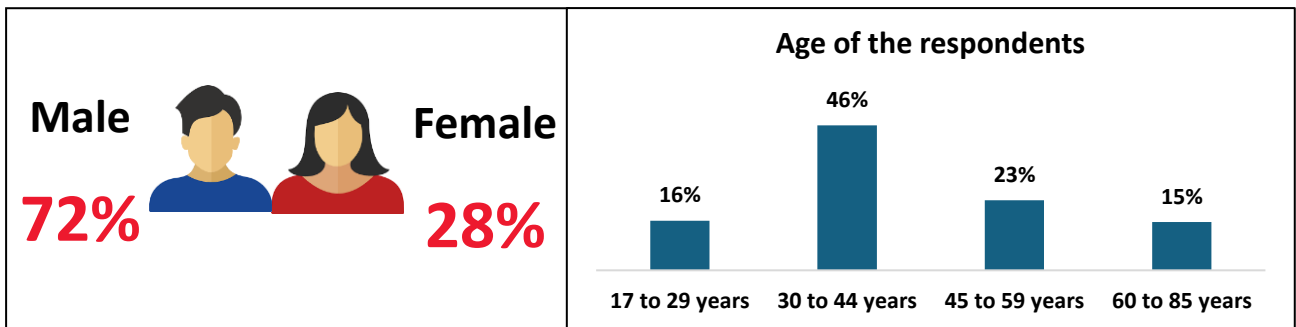


Figure 1 Bifurcation of sample based on gender and age

*The survey highlighted the financial vulnerability of the population, with most households earning between ₹50,001 to ₹1 lakh per year. The average household size was six members, comprising two men, two women, and two children. This demographic profile underscores the financial fragility of a substantial segment of the population, stressing the need for healthcare services that are affordable and easily accessible.*

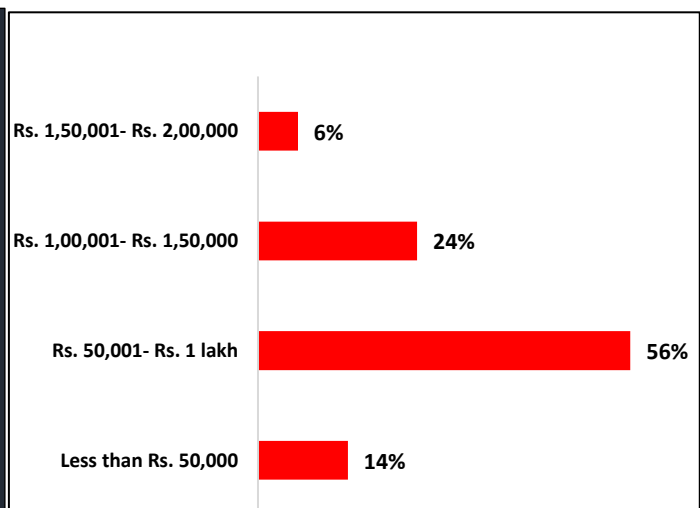


Figure 2 Annual income of household

In terms of occupation, **60% of respondents were daily wage labourers, making them highly vulnerable to health-related disruptions.** Besides this, other occupations 15% had been in private jobs, 14% had been in agriculture, and a smaller percentage had been in business, animal husbandry, and government roles. Also, **86% of the respondents' group had held BPL (Below Poverty line) cards, showcasing that the MMU had served the economically disadvantaged population during its operation.**

“Poverty and health vulnerabilities are deeply interconnected, forming a cycle where one reinforces the other. Chronic illnesses and untreated health conditions can drive families deeper into debt, especially in the absence of robust public health systems. Without targeted interventions, this cycle continues across generations, perpetuating inequality and poor health outcomes.”

In terms of literacy and education, a significant portion of the beneficiaries had limited formal education. While 93% of respondents were able to write their name, a significant proportion (19%) had no formal education and 17% studied below the 4th standard, nearly one-third of the respondents had minimal literacy, potentially affecting their ability to seek timely medical care.

Regarding the duration of residence in the community, **77% of the respondents were native residents, indicating deep-rooted community engagement.** Moreover, 13% lived in the area for over a decade, and 6% resided in the city for 6-10 years, 4% resided in the city for 1-5 years, indicating that the program also impacted individuals who gradually integrated into the community.

**The community was predominantly affected by chronic health conditions like diabetes, hypertension, and gastric problems, with public healthcare centres being the preferred choice for treatment due to their affordability.**

### Knowledge and awareness about MMU

**When asked about their initial reaction to the MMU, 92% of respondents had recalled that they had been happy,** while 8% had been curious. However, 98% of respondents had been aware of the MMU, indicating strong outreach and visibility. The majority (77%) of respondents had gotten to know about the MMU through community leaders, and 11% had been informed through home visits by the MMU team. This had suggested that community-driven awareness strategies, particularly through trusted local figures, had played a significant role in promoting healthcare services and ensuring effective engagement with the target population.

Awareness about MMU service	
Community leaders	77%
Home visits by MMU team	11%
Local health workers	9%
Friends and family	3%

### Access and utilisation of MMU services

The MMU was widely accepted and utilised by the community, with 100% of respondents visiting the unit, indicating its essential role in meeting healthcare needs. The MMU was conveniently located and arrived every week at the designated location and time with 53% of respondents reporting it was under 10 minutes from their homes. Within the sample, 56% informed that there was no waiting period at MMU highlighting the Mobile Medical Unit (MMU)'s efficiency and quick healthcare access.

**Regarding the availability of doctors and pharmacists at the Mobile Medical Unit (MMU), 100% confirmed they were available ensuring consistent healthcare support.**

### Quality of MMU service

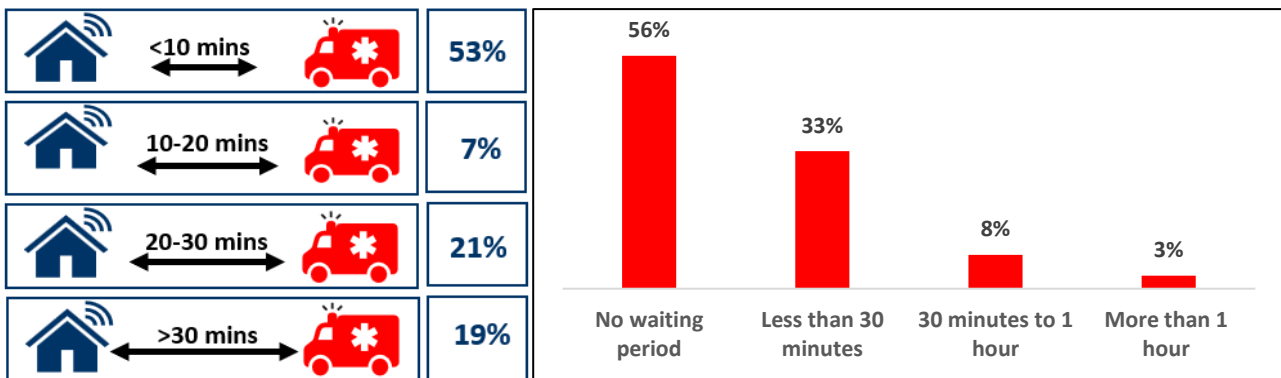


Figure 3 Time consumed to travel from respondents' home to MMU and waiting periods at MMU

The following table represents the responses of the community members regarding their experiences with doctors under the "Mobile Medical Units" program. The responses are based on a Likert scale, with options ranging from "To great extent" to "To no extent". Given that no participants selected "To no extent", this option is not represented in the data below.

Extent of MMU doctors ensured the following	To great extent	To some extent
Understanding of health issues	93%	7%
Attention to medical history	89%	11%
Accuracy of diagnosis	90%	10%
Treatment effectiveness	87%	13%
Good communication (discussion with patients on their illness)	88%	12%
Respect and courtesy to patients	91%	9%
Empathy and compassion with patients	92%	8%
Ensured timely referrals to hospital in case of serious cases	92%	8%
Ensured good overall experience	83%	17%

Patient interactions with MMU staff were unanimously positive. All respondents (100%) rated staff behaviour as "excellent," indicating a consistently professional, respectful, and empathetic approach

by the healthcare personnel. *The majority of the respondents (83%) had assured that the doctors and pharmacists had been always available*, while the remaining had reported that there had been rare occasions when doctors and pharmacists had not been available. Regarding the availability of medicines, 91% of the respondents had confirmed that prescribed medicines had been always available and 88% had found the supply had been sufficient, highlighting the reliability of the MMU's medicine supply.

### Socio-economic impact of MMU

*The MMU improved healthcare accessibility, saved time for all respondents, reduced transportation costs for 80%*, and improved access to timely medical care for 20%. The MMU also reduced physical strain for 20% of respondents and provided quality medical care, contributing to improved health outcomes. With the introduction of the MMU, respondents agreed that it provided easier access to medical services, more affordable healthcare, quicker diagnosis and treatment, and better quality of care. *The majority of the respondents reported that they saved in the range of ₹500 to ₹2,000 per month.*

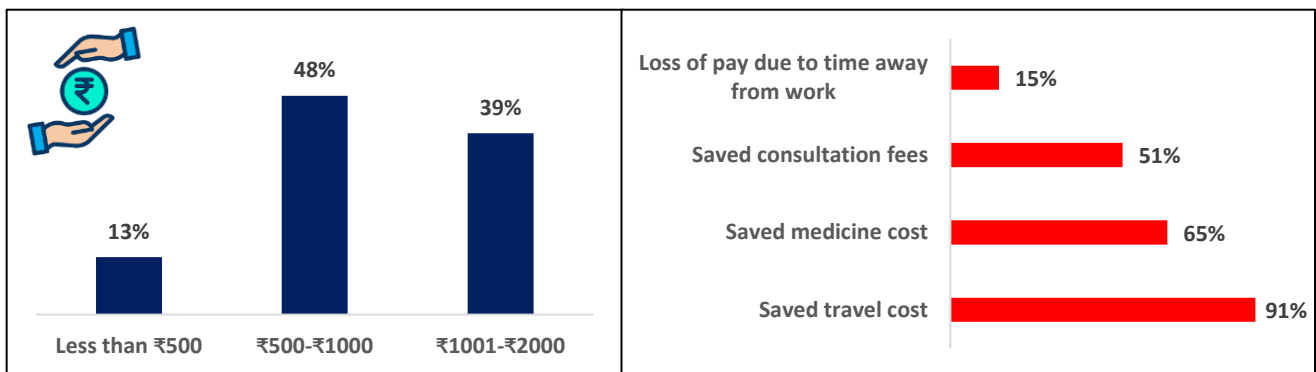


Figure 4 Savings per month and factors leading to savings on availing services of MMUs

Apart from initial checkups, the MMU also provided health awareness/education sessions, addressed health misconceptions and myths, distributed educational materials, and provided personalized healthcare advice, which helped to educate the community on various health topics, promote preventive care, and dispel misconceptions, ultimately improving community health awareness and knowledge.

**The MMU was beyond mere diagnosis, it served as a catalyst for transformative health empowerment through comprehensive education and awareness initiatives**

To enhance equitable access to MMU service, 73% emphasized targeted outreach, while 37% advocated for additional services for underserved groups. 31% highlighted the need for better communication, 23% suggested improved transportation, and 12% recommended home visits.

**89% of the respondents confirmed that everyone in their community had equal access to the MMU. This showed that the MMU ensured equitable access to healthcare is essential for inclusive community well-being.**



When asked if MMU could serve as the primary healthcare contact, 93% of respondents had agreed definitively, while 7% had supported it with some reservations. To enhance its effectiveness and sustainability, 52% had emphasized the need for better medicines, diagnostic facilities like blood tests and X-rays, 19% had advocated for sugar testing, dermatology services, and paediatric specialists, 12% had requested a minimum of two service days per week, 8% had highlighted the need for free dialysis for kidney patients, and 3% had stressed the importance of maintaining regular services.

### Preference of MMU over other healthcare

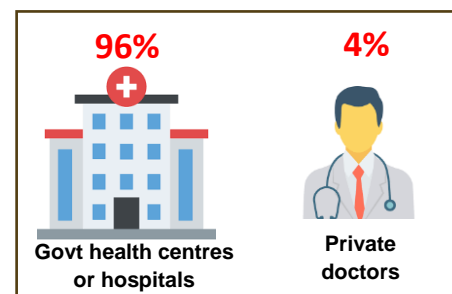
The preference for MMU over other healthcare options was evident among the respondents who had utilized its services.

**A significant 93% of respondents who used MMU services stated that it was their preferred healthcare option for basic illnesses and care, while 7% said they preferred it sometimes. This strong preference was attributed to the MMU's ability to provide easier access to medical services, with 86% of respondents agreeing that it made healthcare more accessible.**

Additionally, 71% of respondents had acknowledged having received more affordable healthcare and quicker diagnosis and treatment, and 57% had experienced better quality of care. The MMU had also been improving health education and awareness, with 14% of respondents having agreed to this benefit.

### Current alternatives to MMU and challenges

Since MMU is not operational since July 2023, people have been opting for other healthcare options. When asked if MMU should continue to operate and serve the community in future almost **83% respondents said yes - MMUs should be operational.**



The majority of respondents (96%) have resorted to government healthcare centres or hospitals, reflecting a reliance on traditional healthcare services

The respondents have been facing challenges in accessing healthcare centres in the absence of MMU for initial check-ups, with high cost of healthcare (100%), long waiting hours (86%), and long distance to healthcare facilities (71%) being the major concerns.

Challenges in accessing healthcare centres in absence of MMU for initial check-ups	To great extent
High cost of healthcare	100%
Long waiting hours	86%
Long distance to healthcare facilities	71%
Lack of trust in healthcare facilities	14%
Lack of awareness of available services	14%

Figure 5 Respondents' current preferred primary healthcare in absence of MMUs

As the MMU provided healthcare services, all respondents agreed that it saved them time, while 80% reported a reduction in transportation costs, 20% experienced less physical strain, and 20% agreed to improved access to timely medical care.

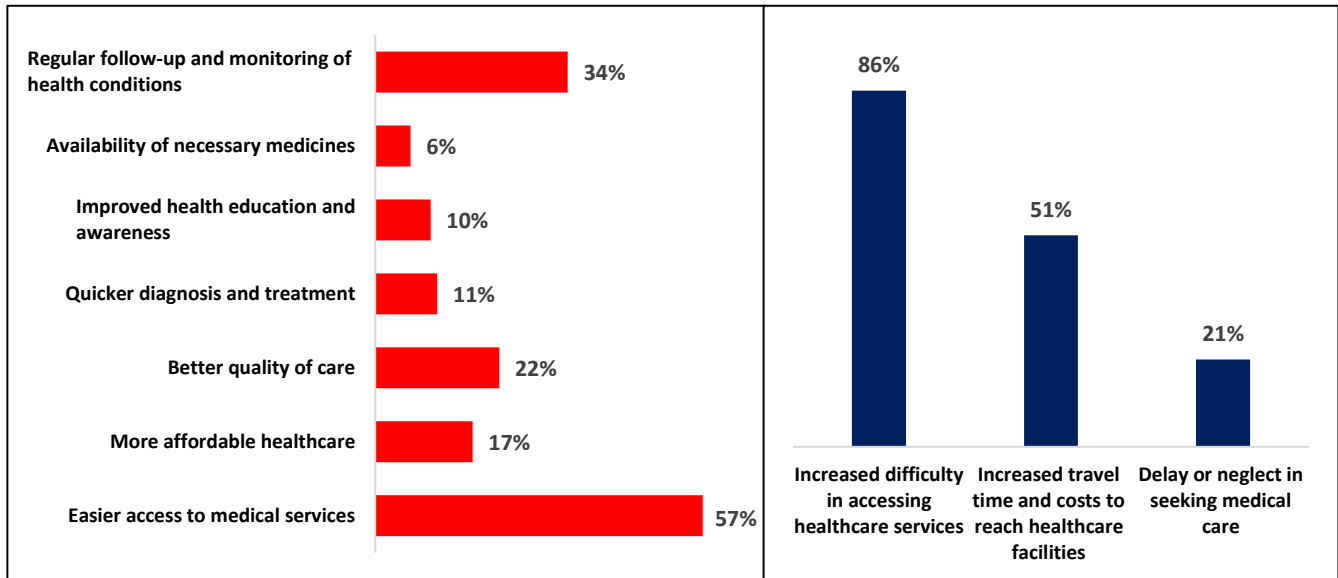


Figure 6 Respondents' view on the benefits of continuing the operation of the MMU in the community

Figure 7 Changes observed by respondents in absence of MMUs

These findings had highlighted strong community support for MMU as a primary healthcare provider and emphasized the need for expanded services and improved medical facilities to enhance accessibility, reliability, and overall impact.



**Kotak Mahindra Bank's CSR project's recall value** had been an important aspect of the study, as it had been measuring the extent to which respondents had been able to recall the MMU services and their experiences with the program. The results showed that **98% respondents had been able to recall the MMU services. This indicates a high level of recall value, suggesting that the MMU services had been having a lasting impact on the community.**

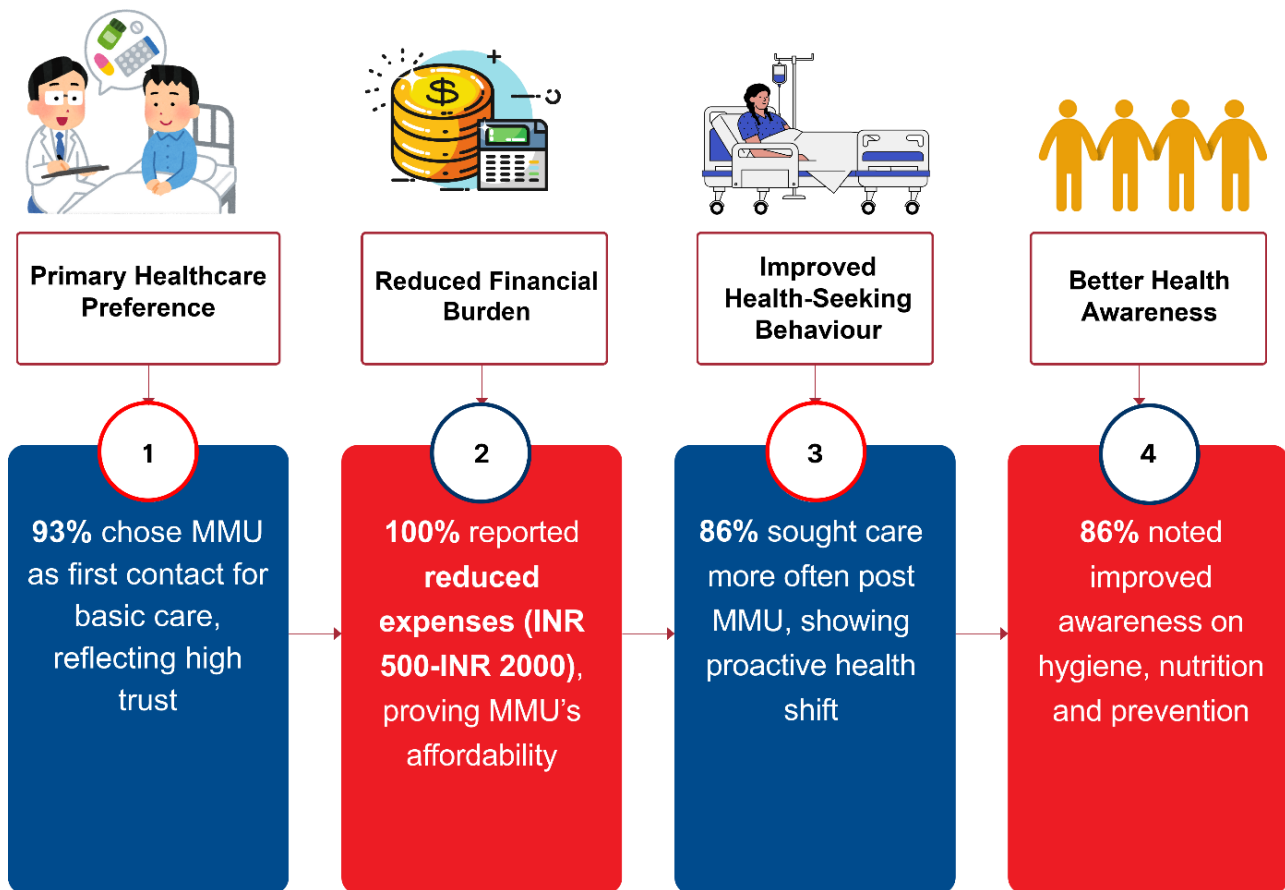
- **Satisfaction:** 93% of respondents were satisfied with the MMUs while they had been operating.
- **Preference:** 93% of respondents were preferring the MMUs while they had been operating.
- **Impact:** 88% of respondents had reported a significant reduction in household healthcare expenses while the MMUs had been operating.
- **Equity:** 89% of respondents believed that everyone in the community had had equal access to the MMUs while they had been operating.

**TESTIMONIAL**

I am grateful for the Mobile Medical Unit (MMU) that came to our community. They gave us free medicine, checked our health, and taught us how to stay healthy. When they stopped coming, it was a big loss. Now, we go to the Primary Health Units (PHUs) which are far away and expensive. We spend a lot of money on transportation and medicines.

The PHUs are crowded and the doctors are not as caring as the MMU team. I wish we had a service like the MMU again, it would make a big difference for us. We would be able to get the healthcare we need without having to travel so far and spend so much money.

**Summary of the key findings**



*Figure 8 Key findings summary*

## SWOT analysis of the program

SWOT analysis is a strategic planning technique used to identify and evaluate the Strengths, Weaknesses, Opportunities, and Threats of an initiative. It is a framework that helps to assess the internal and external factors that can impact the impact and sustainability of a program. It helps in identifying potential risks and develop effective strategies for making informed decisions to enhance the impact and sustainability of the program. It also supports in streamlining the monitoring and evaluation process and improve accountability.



### Strengths

- Improved overall care and treatment
- Accurate and early diagnosis
- Affordable and accessible healthcare
- Increased patient satisfaction and retention



### Weaknesses

- Limited medical and diagnostic services accessibility
- Limited geographical reach



### Opportunities

- Enhancing service availability and accessibility
- Strengthening community engagement and awareness
- Enhanced accessibility for economically disadvantaged patients
- Workforce expansion and continuous staff training



### Threats

- Staff retention and training
- Management and maintenance of equipment

*Figure 9 SWOT Analysis*

# Program through the lens of stakeholders



## Impact of MMU in Hyderabad through the lens of stakeholders

### KII with Medical Staff

A general physician with an MBBS qualification shared her experiences from her year with Kotak's Mahindra Bank Limited's project in Hyderabad. Her insights provide valuable feedback on the initiative's impact on underserved communities, focusing on healthcare delivery, outcomes, and operational challenges.

**Primary Responsibilities:** The physician provided primary care services, including routine checkups for conditions like blood pressure and diabetes, patient follow-ups, and health awareness on hygiene. She served an average of 150-200 patients per location, with cases related to infections, chronic diseases. A 90% success rate was observed in monitoring patient health improvements.

**Health Outcomes:** The clinic significantly impacted patient health:

- **Improved Chronic Condition Management:** Effective treatment for diabetes, hypertension, and gastric issues enhanced the quality of service.
- **Economic Relief:** Monthly healthcare expenses for patients reduced by approximately 50-60%.
- **Reduction in malnutrition:** Treating child with severe malnutrition who were fully recovered after continuous monitoring.

**Challenges:** The initiative led to positive shifts, including:

- **Impact of Medical Supply Shortages:** Inadequate availability of medical supplies and diagnostic equipment affects the quality of healthcare services.
- **Transportation Challenges:** Poor road infrastructure and fuel shortages occasionally cause disruptions in service schedules.
- **Weather-Related Accessibility Issues:** Adverse weather conditions can make it difficult to reach remote areas, affecting service delivery.

**Community Changes:** The initiative led to several positive shifts:

- **Increase in Early Medical Intervention:** More individuals are proactively seeking medical care at the onset of symptoms rather than delaying treatment.
- **Growing Trust in Modern Medicine:** Confidence in modern healthcare has improved, encouraging better health-seeking behaviours.
- **Reduction in Out-of-Pocket Expenses:** Lower personal healthcare costs have contributed to an improved standard of living.

**Improvements Needed:** The need for the improvement:

- **Enhanced Medical Resources:** Improved diagnostic technologies and a wider selection of medications
- **Expanded Mental Health and Specialist Care:** Access to mental health support and specialist consultations.
- **Improved Patient Monitoring and Follow-Ups:** Stronger systems for tracking patients and ensuring follow-up care.

KMBL's Mobile Medical Units had positively impacted healthcare access, costs, and health-seeking behaviours in Hyderabad's underserved communities.

### **KII with Medical Staff**

A general surgery specialist with an MBBS qualification, was dedicated to provide accessible healthcare through the “Mobile Medical Units” initiative in Nacharam, Hyderabad. Dr. Munuswamy had contributed two years to this project.

**Role and responsibilities:** The specialist's primary role involved diagnosing patients and prescribing medications, with a focus on managing chronic conditions. He saw a variety of cases, primarily infections, chronic health issues, and childcare. His commitment and extensive experience ensured effective treatment for these common yet critical health issues.

**Medical record management:** The specialist used a combination of manual and digital methods to keep track of patient records, manually managed patient records, successfully tracked 90% of beneficiaries for follow-up care. This approach ensured that patients with chronic conditions received attention, which was vital for effective long-term healthcare.

**Community needs and challenges:** The most prevalent health issues in the community include respiratory infections, diabetes, hypertension, malnutrition and skin disease. The specialist emphasized the need for preventive care, especially when it came to hygiene education, vaccinations, and maternal-child health. In cases of emergency, patients were referred to nearby hospitals, ensuring they were tracked until admission.

**Impact of mobile medical units:** The mobile medical clinic has had a positive impact on community health, especially in controlling chronic diseases such as diabetes, hypertension, and skin conditions and reducing preventable illnesses. Additionally, the project had contributed to better community hygiene practices and had reduced healthcare expenses by approximately about 70%, making quality healthcare more accessible to all.

### **KII with pharmacist**

A 34-year-old pharmacist with six years of experience, played a vital role in KMBL’s Mobile Medical Units in Hyderabad. Krishna with a specialisation in general pharmacy management, managed medication dispensing and inventory control, ensuring timely access to essential medicines for the community.

**Responsibilities:** The pharmacist was responsible for dispensing medicines as per doctor prescriptions and maintaining both manual and digital stock records. He provided regular updates on medicine availability, coordinating closely with Wockhardt Foundation to ensure a steady stock flow.

**Challenges and needs:** The pharmacist faced challenges in maintaining a steady stock of essential medicines, with occasional stockouts disrupting treatment continuity for patients. Limited resources constrained him from increasing stock beyond the specified indent, sometimes making it difficult to meet the growing healthcare needs of the community. Additionally, procuring certain medicines—especially those for chronic conditions and paediatric care—remained a persistent challenge. Recognizing these issues, pharmacist emphasized the need for improved inventory forecasting, better coordination with suppliers, and the implementation of a more responsive procurement system. He also highlighted the importance of leveraging digital inventory management tools, establishing buffer stock mechanisms, and fostering stronger partnerships with pharmaceutical distributors to ensure a more reliable and consistent supply of essential medicines.

**KII with social worker**

The team member played a key role in the KMBL's Mobile Medical Units in Hyderabad, contributing 1 year and 10 months of experience to managing daily operations, community outreach, and scheduling. Their work ensured that healthcare services were efficiently delivered to underserved communities.

**Operational management:** The team member coordinated the van's schedule and distributed flyers to inform the community about the clinic's availability. They also maintained both manual and digital records and worked closely with the team and the Wockhardt Foundation to ensure smooth operations. Their proactive approach helped to improve community awareness and engagement with the clinic's services

**Impact on MMUs on community health:** The project significantly benefited local residents by providing free medicines for chronic conditions such as hypertension, diabetes, and skin diseases. The team received encouraging feedback, with community members expressing 100% satisfaction with the services provided. This feedback reflects the MMU's positive impact on health access and affordability in the region.

# Alignment with OECD DAC Framework



The OECD DAC framework provides guidelines to determine the worth of an intervention on which evaluations are made. Under its ambit, the study will analyse the key components of the overall program.

## Relevance

The initiative played a vital role in bridging healthcare access gaps in underserved urban areas where medical facilities were limited. These communities often struggle with inadequate healthcare infrastructure, leading to low immunization rates, insufficient antenatal care, and untreated chronic diseases. By delivering mobile healthcare services, the program offered a direct, customized solution to address the urgent medical needs of these vulnerable populations.

## Coherence

The program aligned seamlessly with government health priorities, focusing on expanding healthcare access, reducing maternal and child mortality, and addressed non-communicable diseases. By bringing essential medical services directly to underserved communities, it reinforced the government's mission of "Health for All" and strengthened public health initiatives. Furthermore, the MMUs contributed significantly to the SDGs by improving access for marginalized populations.

## Efficiency

The program demonstrated efficiency through its multidisciplinary team, community-based approach, and strong partnerships with local stakeholders, ensuring responsive, culturally sensitive, and need-based healthcare services that were well-utilized and trusted by the community, ultimately leading to improved health outcomes.

## Effectiveness and Impact

The MMU program demonstrated efficiency and impact. It provided equitable access to healthcare, improving health outcomes. The program reduced healthcare costs and increased health awareness. High beneficiary satisfaction was reported, with reduced disease prevalence. Overall, it was an effective model for delivering healthcare to underserved populations.

## Sustainability

The MMU program ensured sustainability through community-led initiatives and partnerships. Local capacity was strengthened, and the program was integrated within existing frameworks. The low-cost model ensured financial viability.

# Alignment with SDGs





The United Nations introduced the Sustainable Development Goals (SDGs) with the aim of fostering global peace, improving human welfare, and safeguarding the environment in 2015 and establish a universal roadmap for achieving social, economic, and environmental sustainability. This report provides an in-depth analysis of how this initiative aligns with the Sustainable Development Goals (SDGs).

Goal	Goal Remarks	Programmatic Alignment
<b>Goal 1</b> <b>End poverty in all its forms everywhere</b>	Eradicate extreme poverty by ensuring no one lives on less than \$1.25 a day and reduce poverty in all its dimensions by half	The MMUs program was aligned with SDG 3 by providing free medical consultations and medications, ensuring timely referrals for critical cases, and raising awareness about health practices and preventive measures among the community, thereby promoting health and well-being
<b>Goal 3</b> <b>Good Health and Well-Being</b>	Ensure healthy lives and promote well-being for all at all age	The program was aligned with SDG 3 by providing free medical consultations and medications, ensuring timely referrals for critical cases, and raising awareness about health practices and preventive measures among the community, thereby promoting health and well-being
<b>Goal 10</b> <b>Reduced Inequalities</b>	Reduce inequality within and among countries	The MMUs program was aligned with SDG 10 by catering to marginalized and disadvantaged communities, including those from backward castes, scheduled tribes, scheduled castes, and minority groups, thereby addressing systemic barriers to healthcare access and promoting inclusivity.
<b>Goal 17</b> <b>Partnership for the Goals</b>	Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	The program fostered effective partnerships among public and private organizations. It brought together local government officials, healthcare providers, NGOs, and community-based health workers to expand healthcare access in underserved regions. This collaboration leveraged the unique strengths and resources of each partner, enhancing the program's reach, quality, and sustainability.

A photograph of several healthcare professionals, likely nurses or doctors, wearing scrubs. They are standing in a line, and their arms are visible. A dark blue banner is overlaid on the image, containing the text "Conclusion and way forward" in white, bold, sans-serif font. The background is slightly blurred, showing what appears to be a clinical setting.

## Conclusion and way forward

The Mobile Medical Unit (MMU) played a transformative role in improving healthcare access and affordability for the community, particularly for those facing geographic and financial barriers. By providing free and accessible primary healthcare services, MMU reduced healthcare costs, improved early diagnosis, and increased health awareness. It served as a first point of contact for medical needs, ensuring that even the most underserved populations received timely care.

The MMU offered a range of essential services, including general health check-ups, medicine distribution, preventive care, health education, and specialized medical consultations. Through these services, the initiative addressed key healthcare challenges such as long distances to health centers, high treatment costs, and lack of awareness about preventive measures.

Overall, the MMU had a positive impact on health-seeking behaviour, with more people accessing care regularly, experiencing fewer work or school days lost due to illness, and reporting a stronger sense of health security. However, gaps remained in outreach to vulnerable groups such as remote households, elderly individuals, and people with disabilities.

Although, the MMU program of KMBL has been discontinued, the following recommendations can be referred to enhance the effectiveness and reach of any such future programs:



**Expansion of medical services with diagnostic tools such as blood tests, X-rays, and sugar testing facilities**



**Enhancing service availability - increased frequency of MMU visit**



**Strengthening community engagement and awareness**



**Enhanced accessibility for economically disadvantaged patients**



**Staff retention and continuous training**