



Impact

Assessment Report

Healthcare at Door Step
through Mobile Medical
Units in Telangana

Project ID: KMBL202122029

Prepared for



Prepared by



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Ethical Consideration

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.

Executive Summary

While significant progress has been made in recent years to improve healthcare accessibility and quality, several challenges persist. Disparity in healthcare infrastructure often exacerbates health inequities, as those in underserved areas struggle to access timely and quality care. Infrastructure gaps, including inadequate medical equipment, outdated facilities, shortage of professionals and insufficient funding for maintenance and upgrades, pose additional challenges.

The Mobile Medical Unit (MMU) project aimed to address healthcare disparities in underserved communities in Telangana. Recognising the critical need for accessible and quality healthcare services, especially in remote and marginalised areas, the MMU project sought to bring essential medical care directly to the doorsteps of those in need.

Mobile Medical Units were equipped with modern facilities and staffed by dedicated healthcare professionals. These units were strategically deployed to reach areas with limited access to healthcare, providing a wide range of services, including primary care, preventive screenings, diagnostics, and health education. Six MMUs were stationed across various areas in Medchal, including Jubilant Hills, Kuktapally, Malakpet, and Nacharam. Over 145,000 individuals have gained from this initiative.

Through the generous support and commitment of Kotak Mahindra Bank Limited, these units have served communities with limited access to healthcare services, delivering a wide range of services, including primary care, preventive screenings, diagnostics, and health education. Through its holistic approach to healthcare delivery and community empowerment, the project exemplified Kotak Mahindra Bank Limited's commitment to corporate social responsibility and making a positive difference in the lives of those who need it the most.

Impact At Glance



76% Respondents
acknowledged need
for MMU



91% Respondents
confirmed weekly
mobile unit visit to
their area



95% Respondents confirmed on
receiving medicines free of cost



87% Respondents confirmed reduced
health care related expenditure
Among which 89% have confirmed on
reduction in health care expenses by 2 -
5K per year



59% Respondents confirmed on
no dependency on private
practitioner for generic diseases

Introduction

India's large population has long struggled with accessing basic healthcare services, and despite efforts to enhance public healthcare infrastructure, significant gaps remain. The rural healthcare system faces acute challenges due to a severe shortage of medical staff and infrastructure, leading to a notable disparity in healthcare access and quality between urban and rural areas and among different socio-economic groups. This disparity worsens health outcomes for vulnerable populations.

The latest Rural Health Statistics for 2021-2022 highlight a critical shortage of medical professionals in rural areas, with 83.2% of surgeon positions, 74.2% of obstetrician and gynecologist positions, 79.1% of physician positions, and 81.6% of pediatrician positions unfilled. With only 6,399 doctors available for India's vast population, many people resort to expensive primary healthcare options or self-care for common illnesses.

Many public healthcare facilities are deficient in proper infrastructure, including essential medical equipment, medications, and specialized treatment facilities, which adversely affects the quality of care patients receive. In rural and semi-urban areas, access to healthcare facilities is often limited, forcing many individuals to travel long distances to the nearest hospital or clinic. This inaccessibility disproportionately impacts marginalized communities. Resource constraints and overcrowding further contribute to the variability in the quality of care in public healthcare facilities, often resulting in patients not receiving timely and appropriate treatment, thereby leading to poorer health outcomes.

About the Intervention

Using its CSR fund, Kotak Mahindra Bank partnered with the Wockhardt Foundation to launch Mobile Medical Units in Medchal, Telangana. Six MMUs were deployed across different areas of Medchal to provide underserved communities access to high-quality healthcare services.

The Mobile Medical Units (MMUs) offered essential healthcare services to the communities they served. Staffed by MBBS-qualified doctors, the MMUs provided free consultations, ensuring that individuals receive expert medical advice regardless of their ability to pay. Additionally, the units distributed medicines at no cost, addressing immediate healthcare needs.



6 MMUs
87.36% Van Up-time



More than 1.45 Lakhs Lives
Impacted

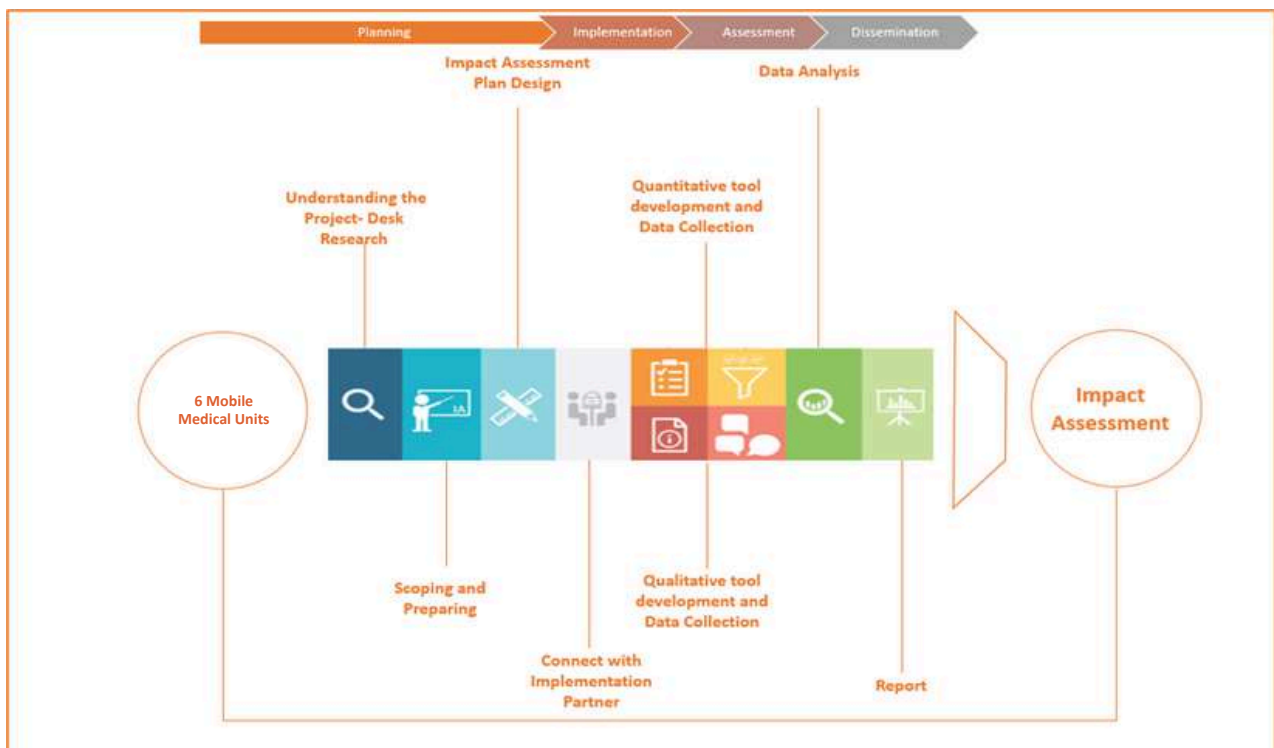


Medchal District,
Telangana

Recognising the importance of timely and appropriate care, the MMUs also facilitated referrals to other healthcare facilities for advanced medical interventions when necessary. Furthermore, the MMUs were engaged in health education and awareness activities, empowering individuals with knowledge to make informed decisions about their health and well-being. Through these comprehensive services, the MMUs strived to improve health outcomes and promote a culture of wellness within underserved communities.

Study Design and Methodology

The impact assessment study employed combined data collection methods through participatory assessment tools to obtain all information required to analyse impact comprehensively. SGS's approach to the study was guided by providing insights to enable Kotak Mahindra Bank Limited to gauge the project's overall impact and understand stakeholder sentiments and strategies for future implementation.



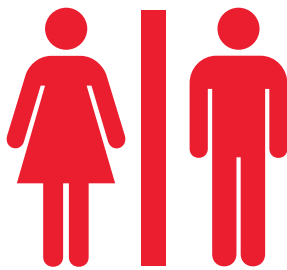
Impact Assessment Approach

SGS deployed a two-pronged approach for the impact assessment of the project. The study used quantitative and qualitative methods and an in-depth desk review of secondary data. In order to understand the program holistically, structured questionnaires were prepared for stakeholders. A combination of research and consultative approach was adopted to address the scope of work under the assessment study.

To gauge the project's effectiveness, we engaged with 340 beneficiaries, slightly below the intended target of 380. Due to the withdrawal of project support and the subsequent inactivity of staff in the region, interactions were limited. Additionally, our team communicated with four staff members who had been involved with the project. The sample size was determined using a statistically valid method with a 95% confidence level and a 5% margin of error. A stratified random sampling technique was employed to collect feedback from the community.

Findings and Analysis

The Impact Assessment study included interviews with a total of 340 recipients who utilized services from the Mobile Medical Unit. Among the respondents, 42% were male, and 58% were female. A considerable proportion of the beneficiary demographic fell within the age range of 0 - 15 years. However, for a more comprehensive understanding of the intervention's impact, consultations were extended with age groups above 18. Figure 2 depicts the distribution of respondents across different age groups consulted for this study. Fig 3. illustrated the level of education among respondents.



42% Males
58% Females

Fig 1: Gender Representation

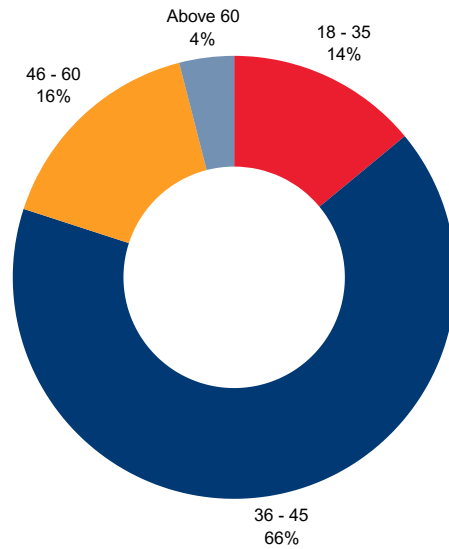


Fig 2: Age Profile

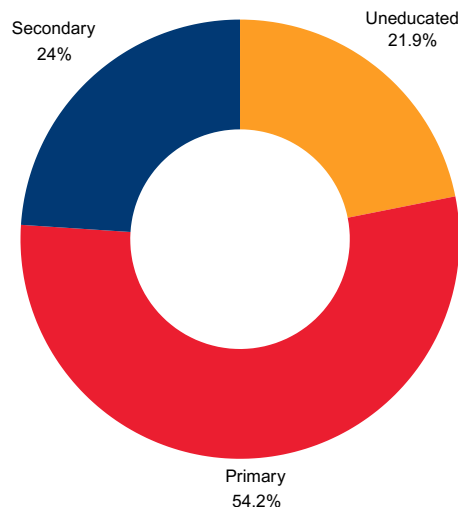


Fig 3: Education Profile

Figure 4 illustrates the illnesses reported by participants for which they have utilized services from the Mobile Medical Unit. The majority of respondents sought assistance for prevalent waterborne diseases such as Malaria and the common flu. 68 of the total respondents mentioned seeking services for skin-related conditions. More than 10% of the total respondents have reported having diabetes and availing healthcare services from MMU.

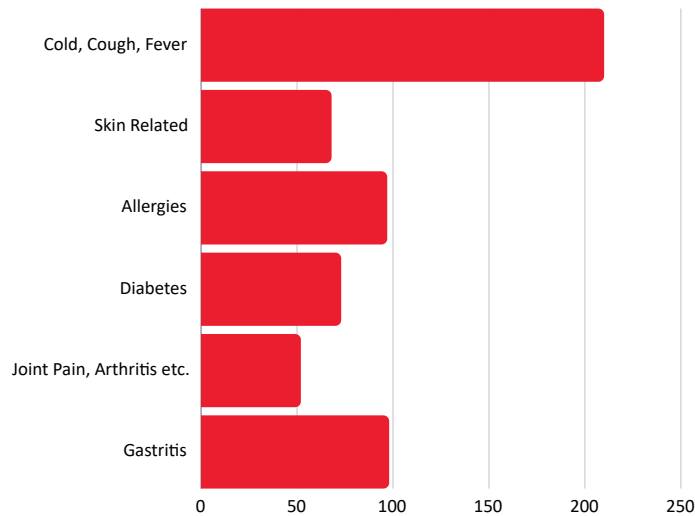


Fig. 4: Disease Profile

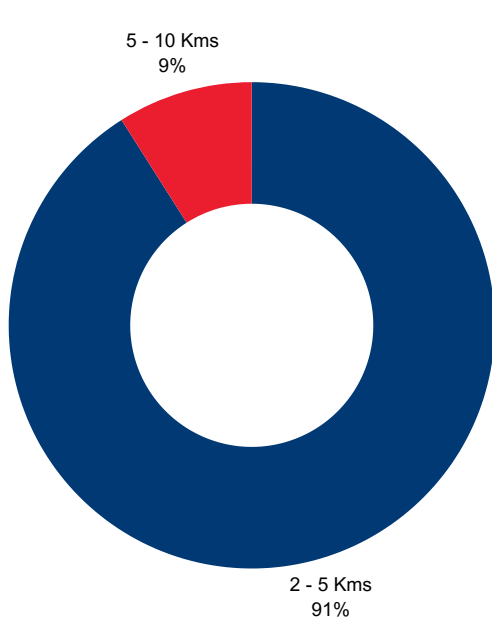


Fig. 5: Accessibility to Health Care Services

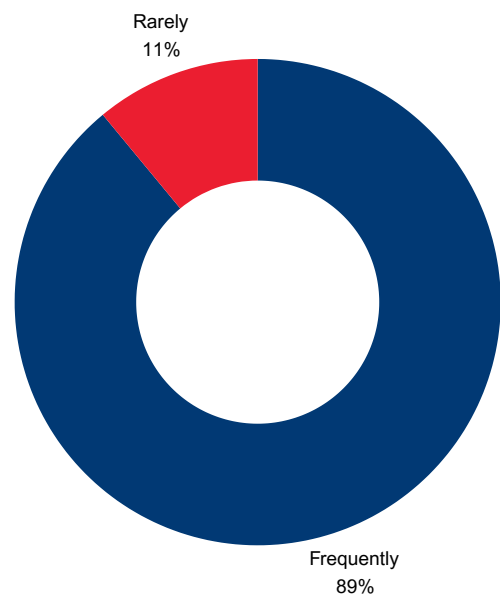


Fig. 6: Frequency of Visits

A vast majority of respondents, accounting for 91%, reported having access to healthcare facilities within a distance of 2 to 5 kilometers. This encompassed both public and private healthcare infrastructure. Respondents highlighted that the quality of healthcare services provided at government healthcare facilities as a major concern. Furthermore, 89% of the respondents mentioned frequent visits to healthcare centers. As depicted in Figure 6, an overwhelming 86% of respondents indicated consulting private practitioners for clinical consultations, diagnosis, and medications prior to this intervention. However, respondents also pointed out that consulting private practitioners results in higher healthcare costs.

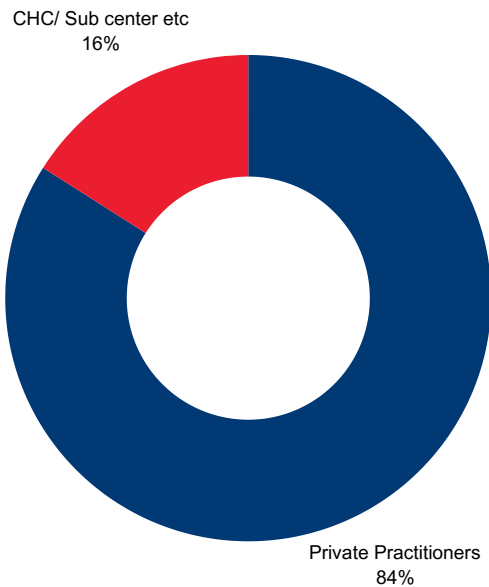


Fig. 7: Access to health care infrastructure

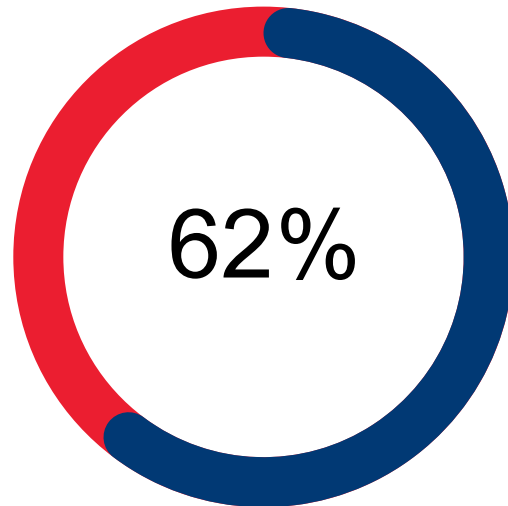


Fig. 8: Practiced Self Medication

Before this intervention, 62% of respondents reported engaging in self-medication for common ailments like colds, coughs, and fevers. Upon reflection, it was understood that self-medication was common due to the expenses associated with consulting physicians.

A majority of respondents, constituting 72%, indicated that the costs associated with consulting private practitioners were prohibitive, rendering it unaffordable for them. Conversely, a smaller portion, accounting for 28% of the respondents, expressed dissatisfaction with the quality of healthcare services provided at public healthcare facilities.

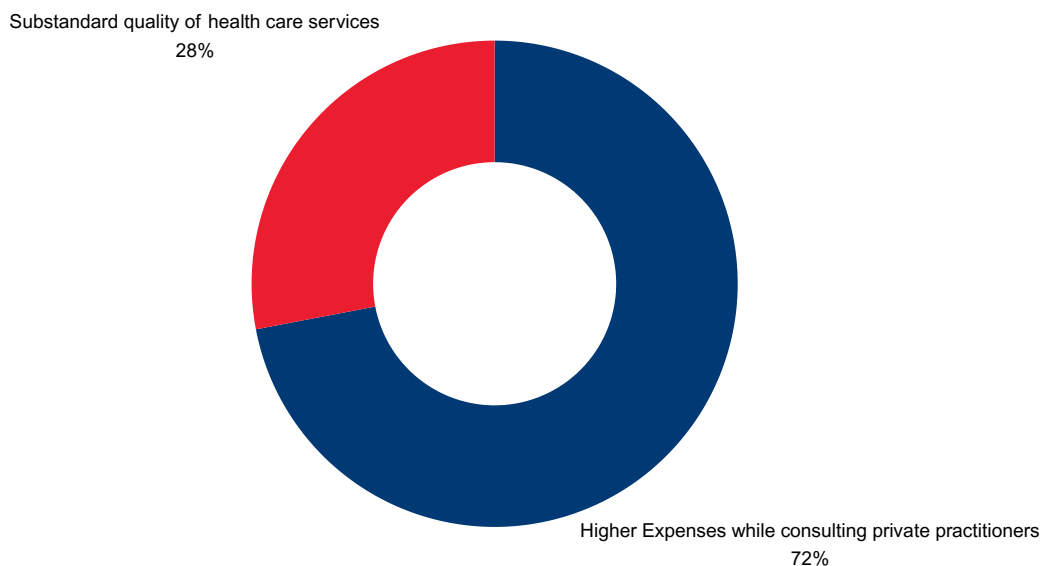


Fig. 9: Challenges wrt to accessing health care services

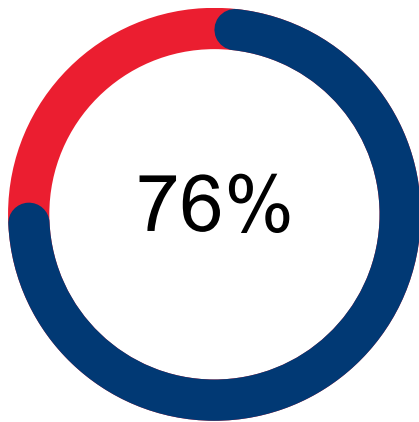


Fig. 10: Need of MMU

76% of the respondents stressed the necessity of implementing projects like this to address the healthcare requirements of local communities.

The implementing partner has devised a strategy to achieve extensive coverage in each area. According to 91% of the beneficiaries, MMU visits were planned on a weekly basis. Only 8% and 1% reported visits being scheduled fortnightly and monthly, respectively. Additionally, 94% of the respondents expressed satisfaction with the frequency of visits and coverage provided by the MMUs.

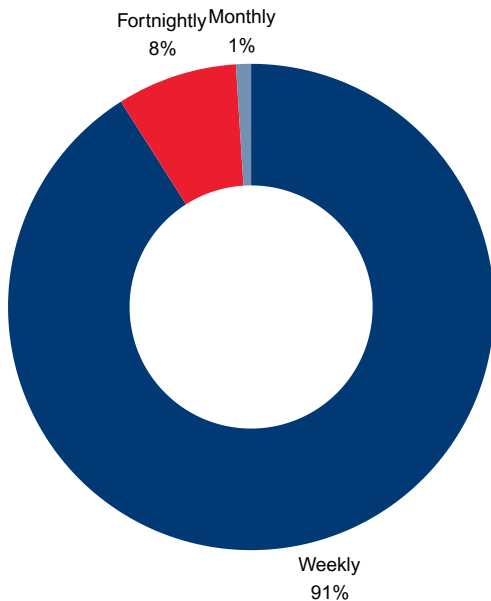


Fig. 11: Frequency of MMU visits

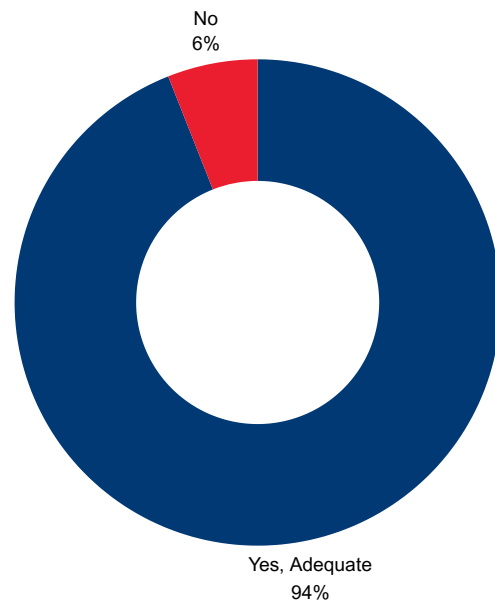


Fig. 12: Respondents satisfaction on frequency of MMU visits

The majority of respondents affirmed the presence of both the doctor and pharmacist during their visits to the respective locations. Respondents also confirmed on ANMs reaching out to them as a part of community mobilization process. Over 60% of the respondents indicated that they were informed about the service by Auxiliary Nurse Midwives (ANMs) and other related staff members.

The majority of respondents confirmed that Mobile Medical Units (MMUs) provided diagnosis and consultations along with medications. Additionally, 10% of all respondents acknowledged receiving assistance with referral services. Most beneficiaries confirmed participating in awareness sessions, particularly following the COVID-19 pandemic. Every respondent unanimously reported that they received generic medications free of charge.

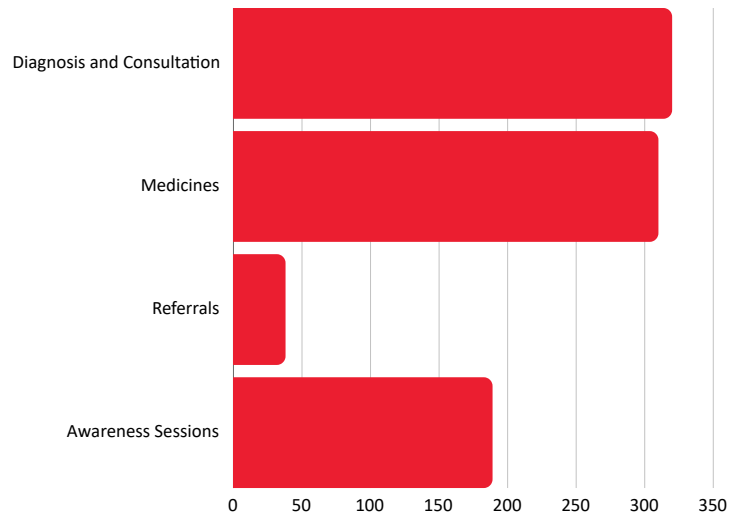


Fig. 13: Services availed through MMU

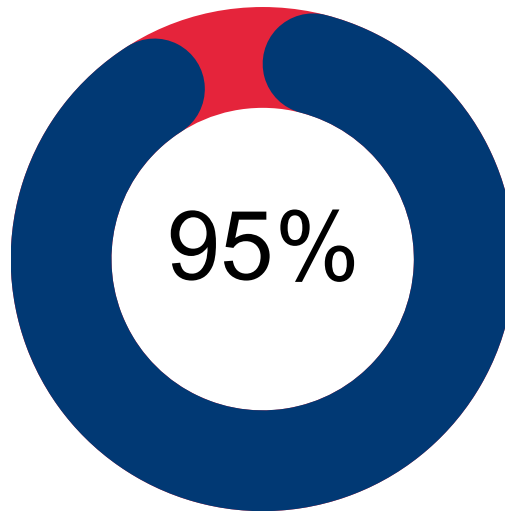


Fig. 14: Received medicines free of cost

Among the respondents, 59% noted that the intervention had aided in diminishing their reliance on private practitioners, particularly for common ailments. On the other hand, 41% of respondents believed that the intervention had somewhat lessened their dependency, as they still needed to consult private practitioners for specific health issues. 87% of the respondents have noted reduced healthcare expenses due to this intervention.

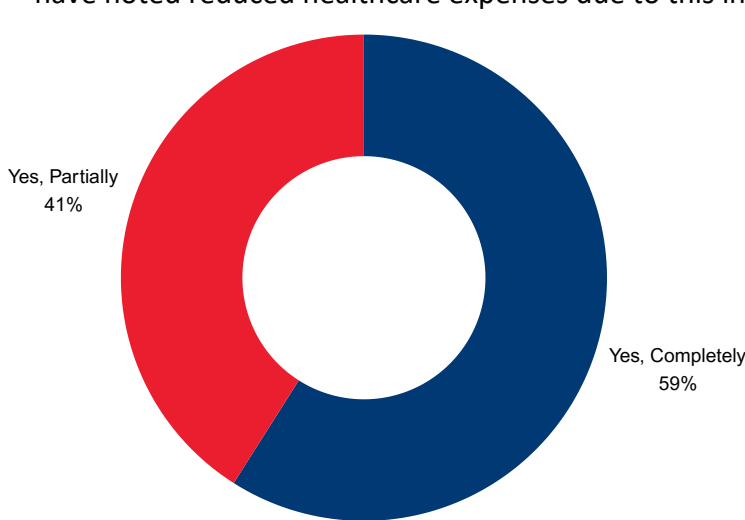


Fig. 15: Helped reduce dependency on private practitioners

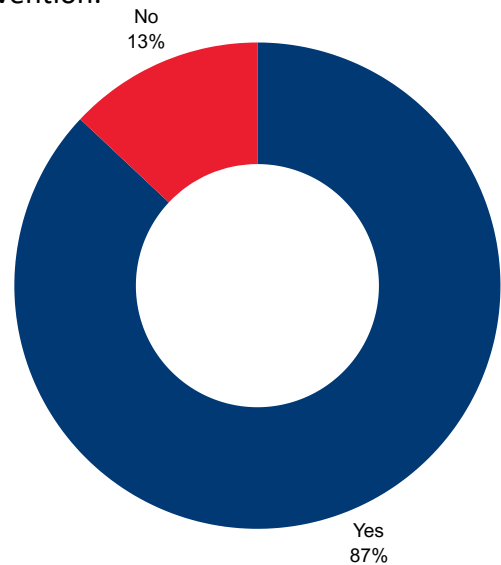


Fig. 16: Helped reduce healthcare related expenditure



89% of the respondents have observed health care related savings in a range of 2 - 3k per annum

26% of the survey participants indicated their attendance at awareness sessions organized by the implementing partner. These sessions were arranged with the aim of enhancing community members' understanding of fundamental health and well-being principles. The relatively low attendance rate may be ascribed to inadequate communication with beneficiaries, competing priorities among participants, and a lack of a structured schedule.

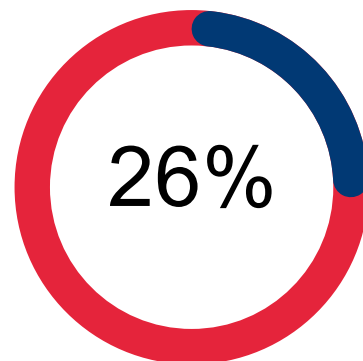


Fig 17: Participated in Awareness Camps

Table 1: Rating from Beneficiaries

	Very Good	Good	Average
Quality of Staff	25%	56%	19%
Accessibility Medicines	26%	58%	16%
Diagnosis Services	21%	70%	9%

Figure 15 illustrates the perceived benefits of the intervention according to respondents. Among the 340 participants, 183 highlighted improved access to healthcare, while 165 emphasized reduced reliance on private practitioners. Additionally, 78 individuals mentioned that the intervention had decreased travel time to medical facilities.

These insights not only highlight the tangible benefits brought about by the intervention but also underscore its vital role in addressing healthcare disparities and improving health outcomes for communities in need.

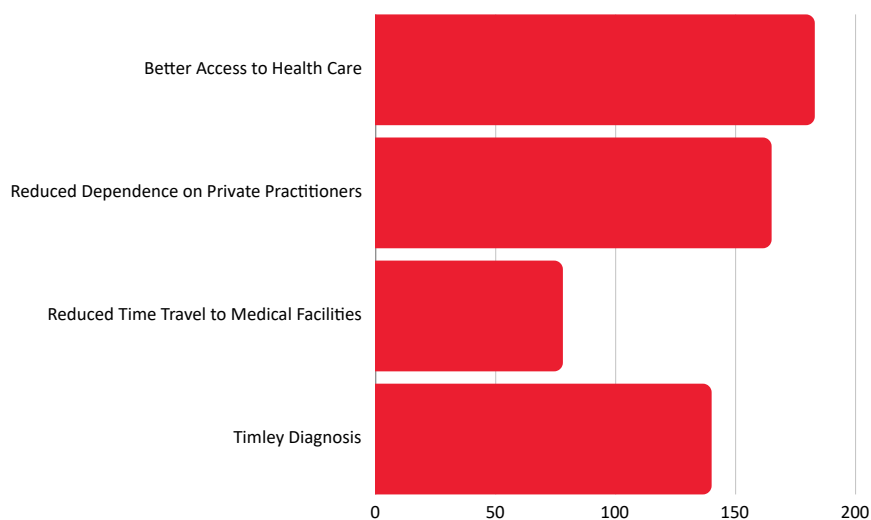


Fig. 17: Benefits perceived by beneficiaries

Conclusion

The Mobile Medical Unit project has been instrumental in addressing the healthcare needs of underserved communities. Its relevance lies in its ability to bridge the gap between healthcare services and those in marginalised areas, ensuring equitable access to essential medical care. The project has demonstrated effectiveness in delivering comprehensive healthcare services directly to the doorsteps of those in need, thereby alleviating suffering and improving health outcomes.

Through their timely medical care, Mobile Medical Units have addressed acute health issues to a certain extent. By reducing wait times and offering on-the-spot consultations, diagnostics, and treatments, MMUs improved health outcomes and prevented the progression of illnesses, enhancing overall efficiency. Through its free-of-cost services, it has resulted in healthcare savings for the majority of the beneficiaries. Additionally, preventive care and early intervention provided by MMUs would have helped reduce long-term healthcare costs by averting more expensive medical treatments.

The project exemplifies a healthcare delivery model that is relevant, effective, sustainable, impactful, and coherent in its mission to serve the most vulnerable.

SDG Alignment

MMUs were crucial in improving access to healthcare services among underserved communities. By bringing medical care directly to people's doorsteps, MMUs helped address disparities in healthcare access, promote preventive care, and contribute to better health outcomes, directly aligning with Sustainable Development Goal 3, i.e. Good Health and Well-Being. It also helped ensure that impoverished individuals and families have access to essential medical services, reducing the financial burden associated with healthcare expenses and contributing to SDG 1, i.e., No Poverty.

By addressing the specific healthcare needs of women and children, MMUs contributed to SDG 5, i.e. promoting gender equality. MMUs targeted underserved communities and populations, including slums and marginalised groups. MMUs helped reduce inequalities in health outcomes by providing equitable access to healthcare services. They ensured that no one was left behind in pursuing health and well-being, contributing to SDG 10, i.e., Reduced Inequalities. This intervention also aligned with SDG 11, i.e. Sustainable Cities and Communities, as it catered to the healthcare needs of urban and peri-urban communities.



Testimonials

Testimonial 1

Keshav, 67 has been serving as a watchman in the bustling Devandra Nagar Colony of Nagole, Hyderabad. Two years ago, his life took a positive turn when he began receiving medical assistance through the Mobile Medical Unit (MMU) initiative. Before the MMU's arrival, accessing quality medication was a significant challenge for residents like him. Government institutions often provided low-quality medications, leaving them with limited options and mounting healthcare expenses. However, with the MMU's weekly visits to their colony, a ray of hope emerged.

During the challenging times of the COVID-19 pandemic, the MMU's door-to-door delivery of free medication was a lifesaver for elderly individuals like him. Not only did it alleviate financial strain by saving between 1 - 2k rupees monthly, but it also ensured access to superior quality medication compared to government hospitals and health centers.

Keshav shared, "What truly sets the MMU apart is its compassionate approach towards patient care. The doctors and personnel aboard the MMU are not just healthcare providers; they are friends who genuinely care about our well-being. Their dedication and excellent treatment have made a significant impact on our lives."

Testimonial 2

Madhuri works as a housemaid in nearby localities. She stated that she struggled to obtain the necessary medications from the government hospital, hence resorted to purchasing them from a nearby pharmacy. Their monthly expenses primarily revolved around medical care, which typically amounts to between 1k to 1.5k rupees.

She said, "Access to mobile medical unit had reduced my dependency on private practitioners until the it was operational. The mobile medical unit allowed me to consult with a doctor and obtain my prescription medications free of charge. I continued to rely on the MMU for medication until earlier this." "

During the pandemic, the MMU and its staff played a crucial role in distributing medications and raising awareness about COVID-19 and other diseases. The doctor and every member of the staff have been incredibly helpful and responsive to our concerns. Additionally, they conducted awareness sessions on topics such as sanitation, hygiene, nutrition, diabetes, and other lifestyle-related diseases.

Names of the beneficiaries have been changed owing to confidentiality.

Disclaimers

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 '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.



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