



Impact

Assessment Report

Healthcare at Door Step
through Mobile Medical
Units in Rajkot and Surat

Project ID: 07

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

The Mobile Medical Unit (MMU) initiative, backed by Kotak Mahindra Prime Limited, was designed to tackle healthcare inequalities in underserved regions of Surat and Rajkot in Gujarat. Understanding the urgent requirement for accessible and high-quality healthcare services, particularly in remote and marginalized regions, the MMU initiative aimed to deliver vital medical assistance directly to needy residents.

Based on survey responses, 97% of respondents recognised the necessity of the MMU, indicating a strong demand for accessible healthcare services. Furthermore, 82% of respondents confirmed the effectiveness of the weekly visits by the mobile unit to their area, demonstrating consistent access to healthcare resources.

The MMU has contributed to reducing dependency on private practitioners for generic diseases, with 53% of respondents confirming no reliance on private healthcare providers. This indicates the MMU's effectiveness in meeting the community's healthcare needs and reducing the burden on private healthcare services.

Financially, the MMU has had a positive impact, with 79% of respondents reporting reduced healthcare-related expenses. Specifically, 46% of respondents reported savings ranging from 2,000 to 5,000 rupees annually, while 25% reported savings between 5,000 and 10,000 rupees, and 28% reported savings between 10,000 and 20,000 rupees. These savings illustrate the tangible economic benefits experienced by the community as a result of the MMU's presence.



97% Respondents acknowledged need for MMU



82% Respondents confirmed weekly mobile unit visit to their area



79% Respondents confirmed reduced health care related expenditure, 46% of the respondents have observed health care related savings in a range of 2 - 5K per annum, 25% in range of 5-10 K and 28% in range of 10 - 20K



53% Respondents confirmed on no dependency on private practitioner for generic diseases



99% Respondents confirmed on receiving consultations and medicines free of cost

Introduction

Kotak Mahindra Prime Limited collaborated with the Wockhardt Foundation to introduce Mobile Medical Units in Rajkot and Surat of Gujarat. In Rajkot and Surat, two and four MMUs were deployed to grant underserved communities access to top-tier healthcare services.

The Mobile Medical Units (MMUs) delivered essential healthcare services to the communities they served. Staffed with MBBS-qualified doctors, these units offered free consultations, guaranteeing that individuals received expert medical advice irrespective of their financial status. Moreover, the MMUs provided free medications, addressing immediate healthcare needs.



2 MMUs in Rajkot
4 MMUs in Surat



More than 1.13 Lakhs Lives
Impacted

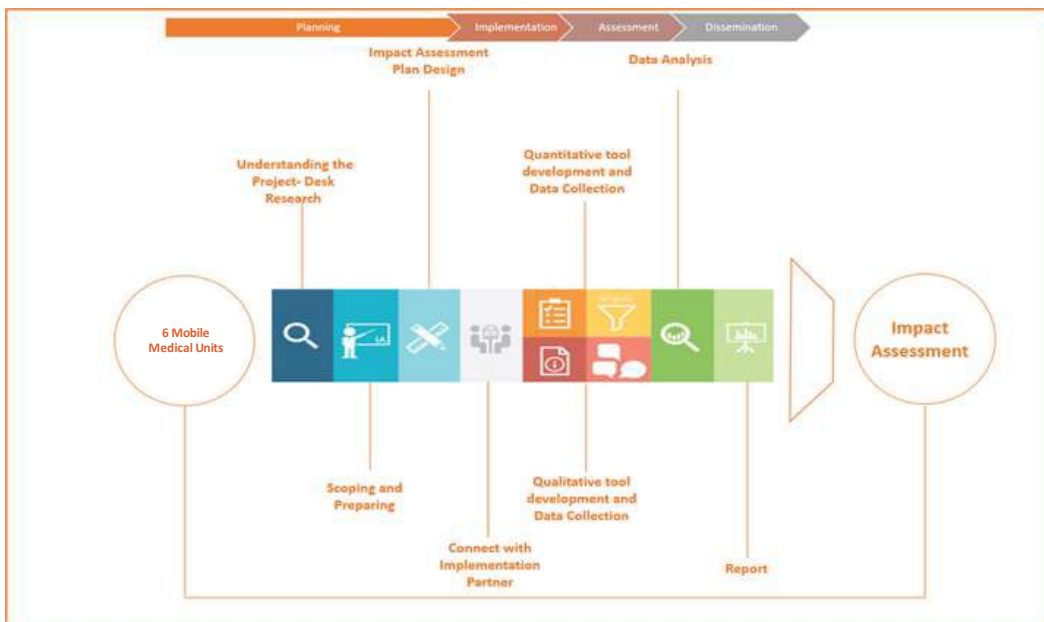


76% Van Uptime

The Mobile Medical unit covers 24 and 28 villages in Rajkot and Surat respectively. The project employed 24 staff members under this initiative. The MMUs also directed individuals to other healthcare facilities for advanced medical treatments as needed. Additionally, they were involved in initiatives focused on health education and raising awareness, empowering people with information to make educated choices regarding their health and overall wellness. By offering these inclusive services, the MMUs aimed to enhance health outcomes and foster a sense of well-being 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 Prime 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. Structured questionnaires were prepared for stakeholders to understand the program holistically. A combination of research and consultative approach was adopted to address the scope of work under the assessment study. We engaged with 393 beneficiaries against the intended target of 380 to gauge the project's effectiveness. Additionally, our team communicated with 12 staff members 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.

Location	Beneficiaries Consulted	Key Informant Interviews - Staff Members
Rajkot	153	4
Surat	240	8

Findings and Analysis

The Impact Assessment study included interviews with a total of 393 recipients who utilised services from the Mobile Medical Unit. Among the respondents, 43% were male, and 57% 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 to age groups above 18. Figure 2 depicts the distribution of respondents across different age groups consulted for this study. Fig 3. illustrates the level of education among respondents.



Fig 1: Gender Representation

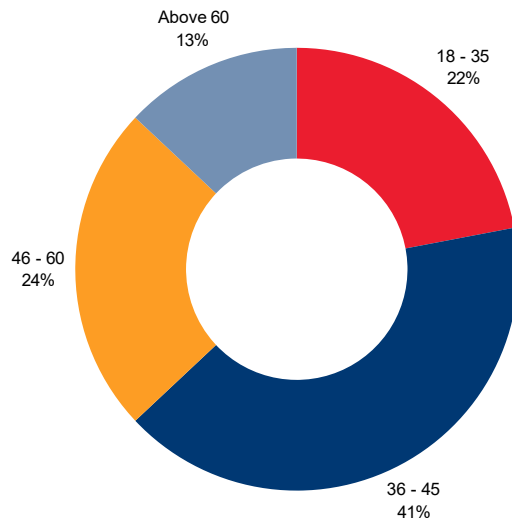


Fig 2: Age Profile

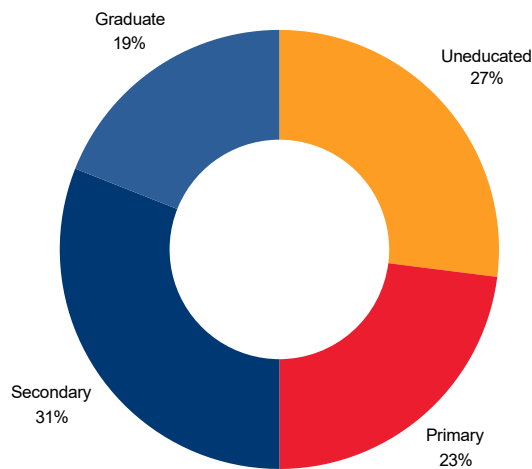


Fig 3: Education Profile

Figure 4 illustrates the illnesses reported by participants. Respondents stated that either themselves or their families face these diseases commonly. Cold, cough, and flu are the most common diseases. Respondents also reported diabetes, hypertension, and joint pain, among other diseases

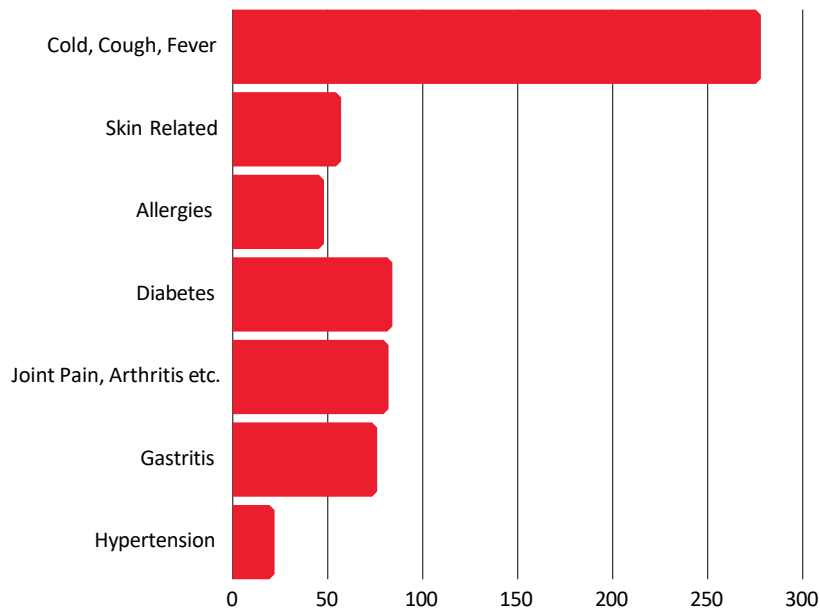


Fig. 4: Disease Profile

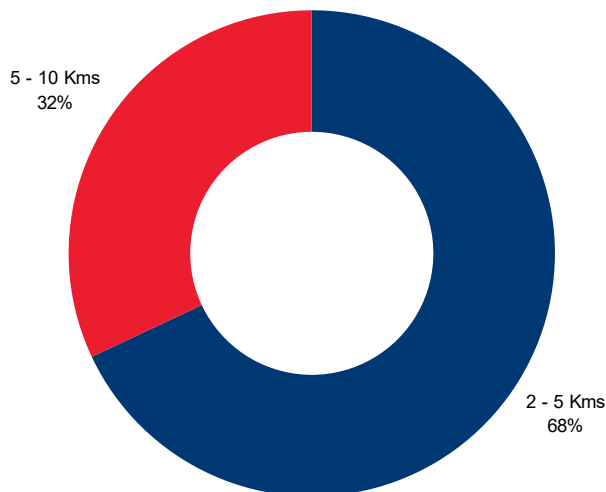


Fig. 5: Accessibility to Health Care Services

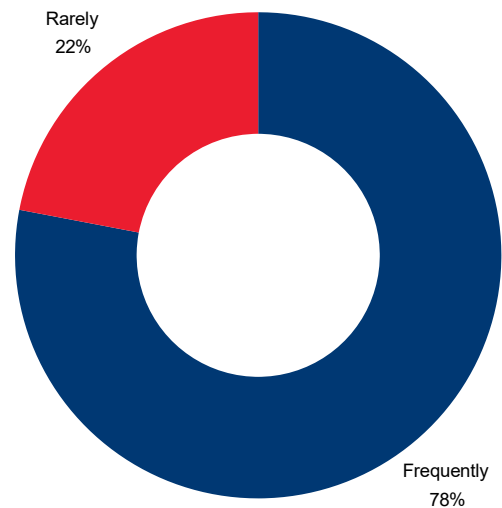


Fig. 6: Frequency of Visits

68% of survey participants reported that they could reach Primary Health Centers (PHCs) or other government healthcare facilities within 2-5 kilometres. Conversely, 32% mentioned that PHCs were 5-10 kilometres away, suggesting challenges with accessibility. Figure 6 illustrates that 78% of respondents commonly sought advice from private practitioners.

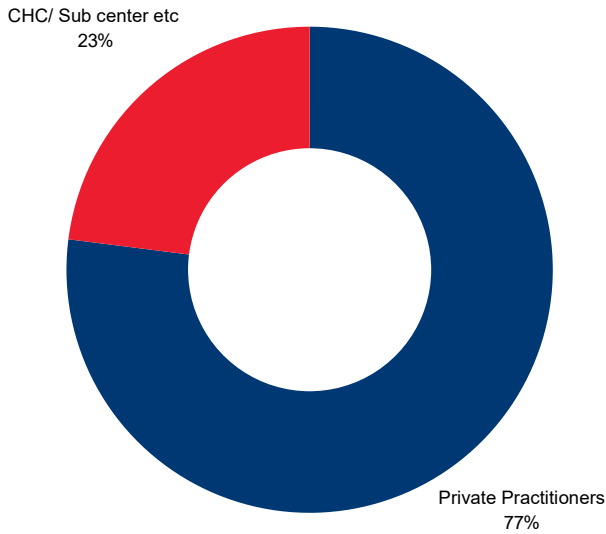


Fig. 7: Access to health care infrastructure

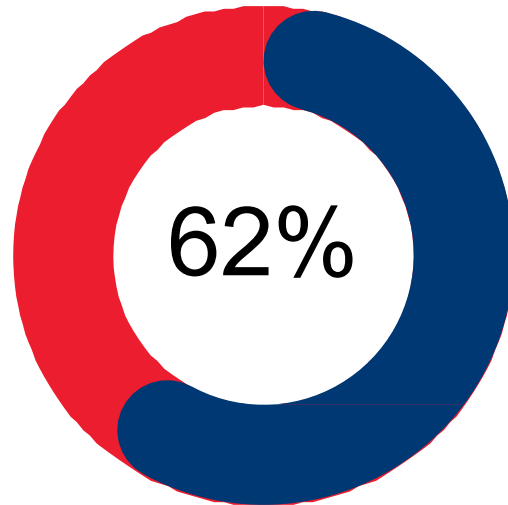


Fig. 8: Practiced Self Medication

Prior to this intervention, 32% of participants admitted to self-medicating for common conditions such as colds, coughs, and fevers. Upon reflection, it became apparent that self-medication was prevalent because of the financial constraints of consulting healthcare professionals.

52% of respondents cited the expenses linked with visiting private practitioners as too high, making it financially unfeasible for them. In contrast, a smaller group comprising 10% of participants highlighted accessibility concerns. Additionally, 38% of respondents identified the quality of healthcare services as a significant challenge.

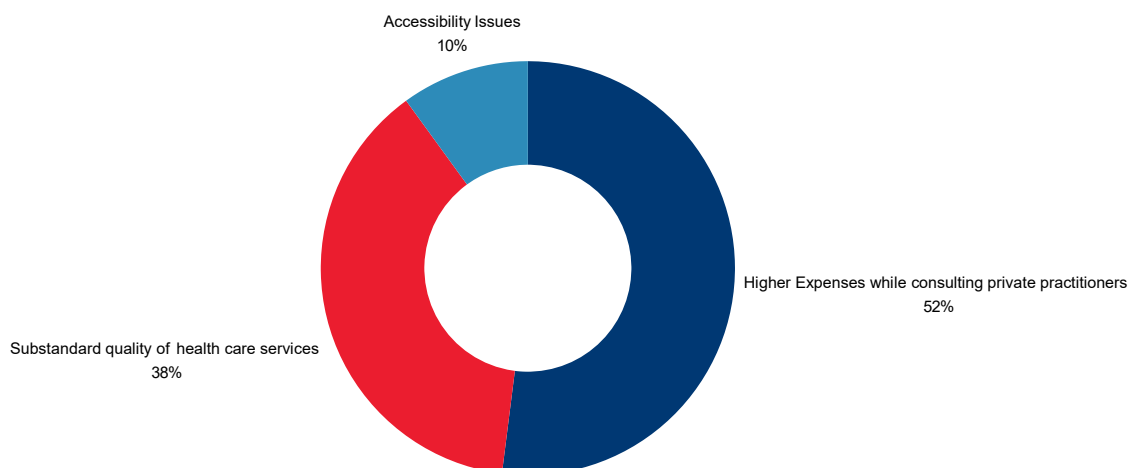
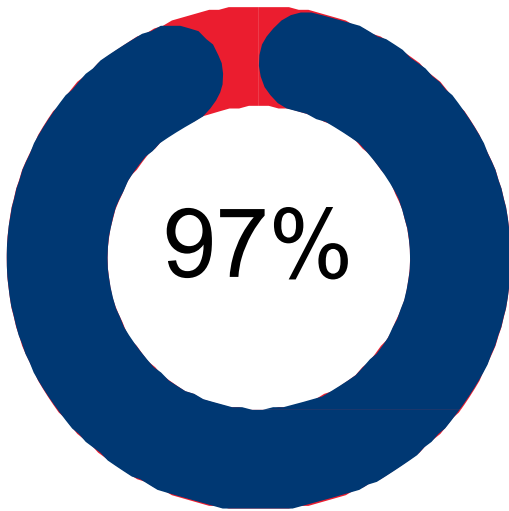


Fig. 9: Challenges wrt to accessing health care services



97% of the respondents stressed the necessity of implementing projects like this to address the healthcare requirements of local communities.

Fig. 10: Need of MMU

The implementing partner has formulated a plan to ensure broad coverage in every region. As reported by 82% of beneficiaries, MMU visits were scheduled weekly. On the other hand, 18% of respondents noted no specific schedule in place. Furthermore, 35% of participants emphasised the need for regular and frequent visits.

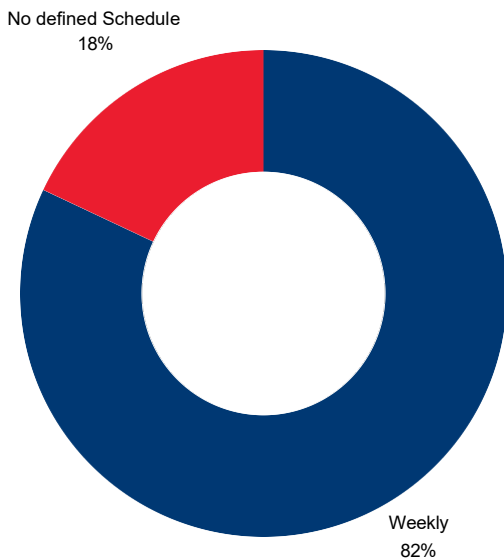


Fig. 11: Frequency of MMU visits

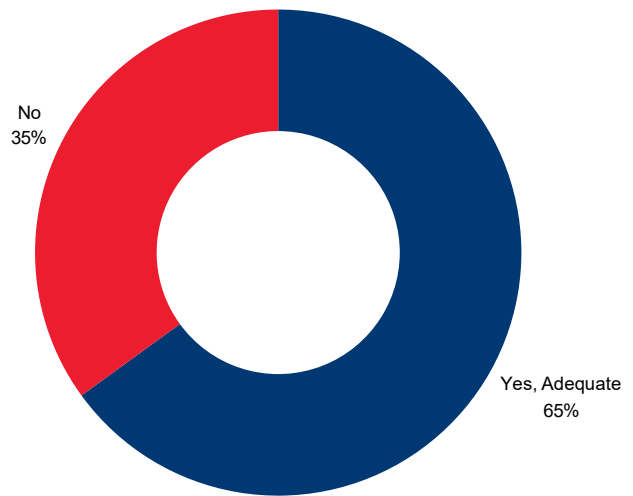


Fig. 12: Respondents satisfaction on frequency of MMU visits

Most respondents confirmed that the doctor and pharmacist were present during their visits to the respective locations. Additionally, respondents verified that Auxiliary Nurse Midwives (ANMs) reached out to them as part of the community mobilisation process.

Most respondents verified that Mobile Medical Units (MMUs) offered diagnosis, consultations, and medications. Furthermore, 6% of all participants admitted receiving support with referral services. The majority of beneficiaries affirmed their attendance at awareness sessions, especially in the aftermath of the COVID-19 pandemic. Each respondent unanimously stated that they received generic medications at no cost. There has been a lack of interest observed with respect to awareness sessions.

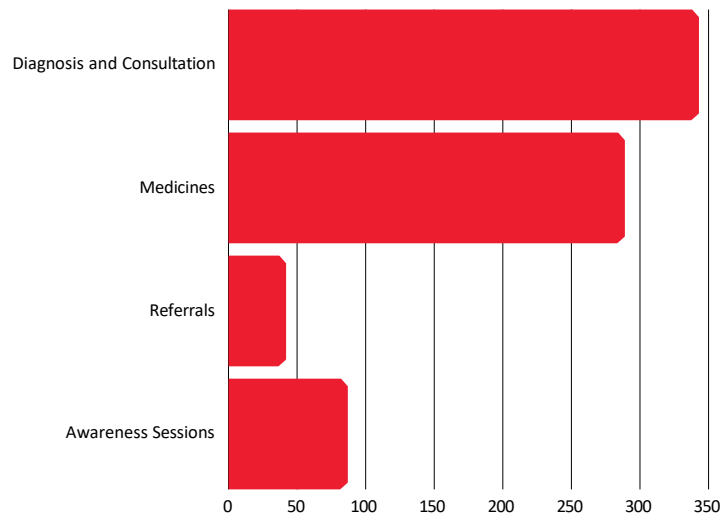


Fig. 13: Services availed through MMU

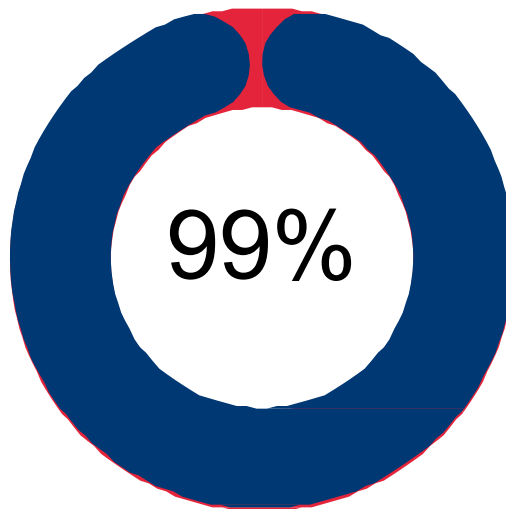


Fig. 14: Received consultation and medicines free of cost

Of the participants, 53% observed that the intervention had helped reduce their dependence on private practitioners, especially for minor ailments. Conversely, 47% of respondents felt that while the intervention had somewhat reduced their reliance, they still required consultations with private practitioners for certain health concerns. Additionally, 79% of respondents reported decreased healthcare costs due to this intervention.

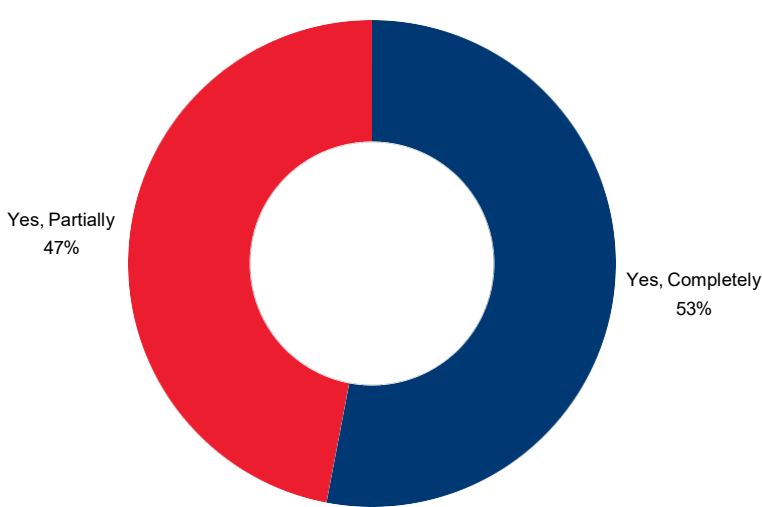


Fig. 15: Helped reduce dependency on private practitioners

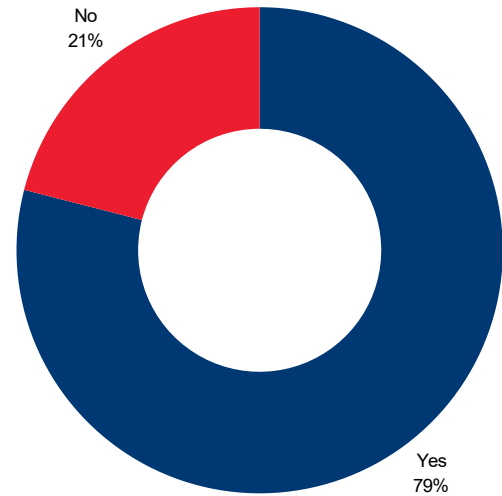


Fig. 16: Helped reduce healthcare related expenditure



46% of the respondents have observed health care related savings in a range of 2 - 5K per annum, 25% in range of 5-10 K and 28% in range of 10 - 20K

38% of the survey participants indicated their attendance at awareness sessions organised by the implementing partner. These sessions enhanced community members' understanding of fundamental health and well-being principles. Respondents confirmed attending sessions on anaemia, diabetes and other lifestyle diseases, nutrition, sanitation and hygiene.

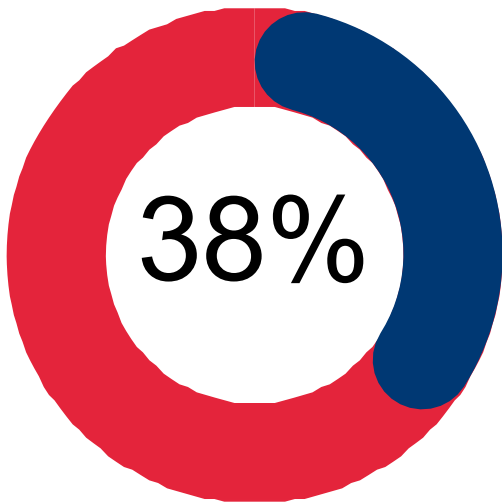


Fig 17: Participated in Awareness Camps

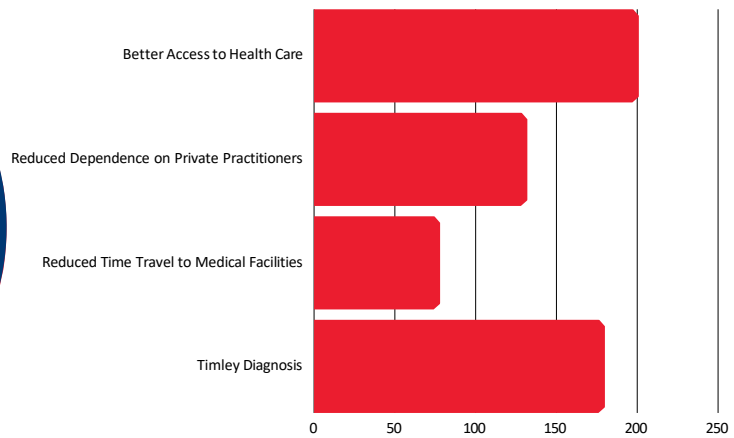


Fig. 18: Benefits perceived by beneficiaries

Figure 18 illustrates the intervention's perceived benefits based on survey participants' responses. Among the 393 respondents, 201 highlighted improved access to healthcare, while 132 emphasised reduced reliance on private practitioners. Additionally, 180 individuals mentioned quicker consultations and diagnoses. These results highlight the tangible advantages of the intervention and emphasise its significant role in addressing healthcare disparities and improving health outcomes in underserved communities.

Conclusion

In conclusion, implementing Mobile Medical Units (MMUs) in Surat and Rajkot, facilitated by Kotak Mahindra Prime Limited and the Wockhardt Foundation project team, has significantly improved access to primary healthcare services. This initiative has reduced healthcare costs for disadvantaged community members and saved valuable time and resources.

The MMUs have played a crucial role in promoting better health-seeking behaviour among residents, particularly for common illnesses, by providing convenient access to healthcare services. Through mobility, affordability, accessibility, availability, and awareness initiatives, the project has effectively addressed the primary healthcare needs of marginalised groups, including women, the elderly, and children.

MMUs have been instrumental in improving healthcare accessibility in underserved communities by providing medical services directly to residents' doorsteps. This approach effectively addressed disparities in healthcare access, promoted preventive care, and contributed to better health outcomes, directly supporting Sustainable Development Goal 3's aim of ensuring Good Health and Well-Being for all.

MMUs ensured that financially disadvantaged individuals and families could access necessary medical services, thereby reducing the financial burden associated with healthcare expenses and supporting SDG 1's objective of poverty eradication.

Additionally, by targeting the specific healthcare needs of women and children, MMUs contributed to SDG 5's goal of achieving gender equality. These units specifically reached out to underserved communities, including marginalised groups, thus reducing health outcome disparities and ensuring equitable access to healthcare services. This aligns with SDG 10's aim of reducing inequalities. Furthermore, this inclusive approach supported SDG 11's objective of creating Sustainable Cities and Communities by addressing the healthcare needs of both urban and peri-urban populations.



Testimonials

Mahesh, a 60-year-old Ayodhya Nagri, Rajkot resident, encountered significant obstacles in accessing healthcare services. With the nearest hospital 6 kilometres away, he found obtaining the necessary medical attention challenging. However, introducing a Medical Mobile Unit (MMU) in his community proved to be a game-changer for him. During his visit, Mahesh underwent a comprehensive health assessment, including vital sign checks, blood tests, and screenings. The medical team also educated him on preventive measures and lifestyle adjustments to enhance his well-being. A notable service offered by the MMU was chronic disease management, which greatly benefited Mahesh, who was grappling with COPD. He received personalised care and guidance on effectively managing his condition. The unit supplied him with essential medications, monitored his blood sugar levels, and offered dietary counselling to support healthier choices. Mahesh expressed great satisfaction with the high-quality services and gratitude for the intervention, as it spared him from enduring long, solitary journeys to access medical care.

Suresh Parmar, a 51-year-old resident of Salabatpura, Surat, works as a shopkeeper. He faced challenges reaching the hospital, located 4 kilometres from his home, leading to financial losses for his store due to prolonged absences for follow-up appointments. Following the intervention, a doctor from the MMU, diagnosed him with Tinea versicolor. The prescribed treatment includes antifungal medications such as Itraconazole, topical ointment, and cetirizine. Additionally, the doctor advised maintaining cleanliness and dryness of the skin, avoiding excessive sweating, and prolonged sun exposure.

Suresh is now content after receiving health guidance from the MMU doctor, facilitating his speedy recovery. He can conveniently attend follow-up appointments at the MMU without incurring high medication or transportation costs.

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.

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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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