Impact

Assessment Report

Healthcare at Door Step through Mobile Medical Units in Ahmedabad

Project ID: KMPL202122001

Prepared for

kotak Kotak Mahindra Prime

Prepared by

SGS

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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, implemented by Wochkardt Foundation aimed to address healthcare disparities in underserved areas of Ahmedabad in Gujarat. Recognising the pressing need for accessible and high-quality healthcare services, particularly in remote and marginalised regions, the MMU initiative aimed to provide essential medical assistance directly to residents in need.

According to survey responses, 94% of participants acknowledged the importance of the MMU, indicating a strong demand for accessible healthcare services. Additionally, 88% of respondents affirmed the effectiveness of the MMU's weekly visits to their area, ensuring consistent access to healthcare resources.

The MMU has significantly reduced reliance on private practitioners for common illnesses, with 68% of respondents indicating no dependency on private healthcare providers. This demonstrates the MMU's effectiveness in meeting the community's healthcare needs and alleviating the strain on personal healthcare services.

Financially, the MMU has been positively impacted, with 89% of respondents reporting decreased healthcare expenses. Specifically, 40% of respondents reported annual savings ranging from 2,000 to 5,000 rupees, while 58% reported savings between 5,000 and 10,000 rupees, and 2% reported savings between 10,000 and 20,000 rupees. These savings highlight the tangible economic benefits experienced by the community due to the presence of the MMU.

94% Respondents acknowledged need for MMU

88% Respondents confirmed weekly mobile unit visit to their area

89% of Respondents confirmed reduced health care related expenditures

68% Respondents confirmed on no dependency on private practitioner for generic diseases

Introduction

India's vast population has grappled with accessing fundamental healthcare services for a considerable time, despite endeavors to improve public healthcare infrastructure. There are significant gaps in healthcare access and quality, notably between urban and rural areas and across various socio-economic groups, exacerbating health disparities for vulnerable populations. The latest Rural Health Statistics for 2021-2022 underscore a critical scarcity of medical professionals in rural regions, with substantial percentages of vacant positions across key specialties. This scarcity, coupled with deficiencies in medical equipment and infrastructure in public healthcare facilities, hampers the quality of care provided. Rural and semi-urban areas face challenges of limited healthcare access, necessitating extensive travel for medical services, particularly impacting marginalized communities. Resource limitations and overcrowding further strain public healthcare, leading to inconsistent care quality and delayed treatments, contributing to poorer health outcomes.

About the Intervention

6 MMUs in Ahmedabad
6 MMUs in Jalandhar

More than 3.3 Lakhs Lives Impacted

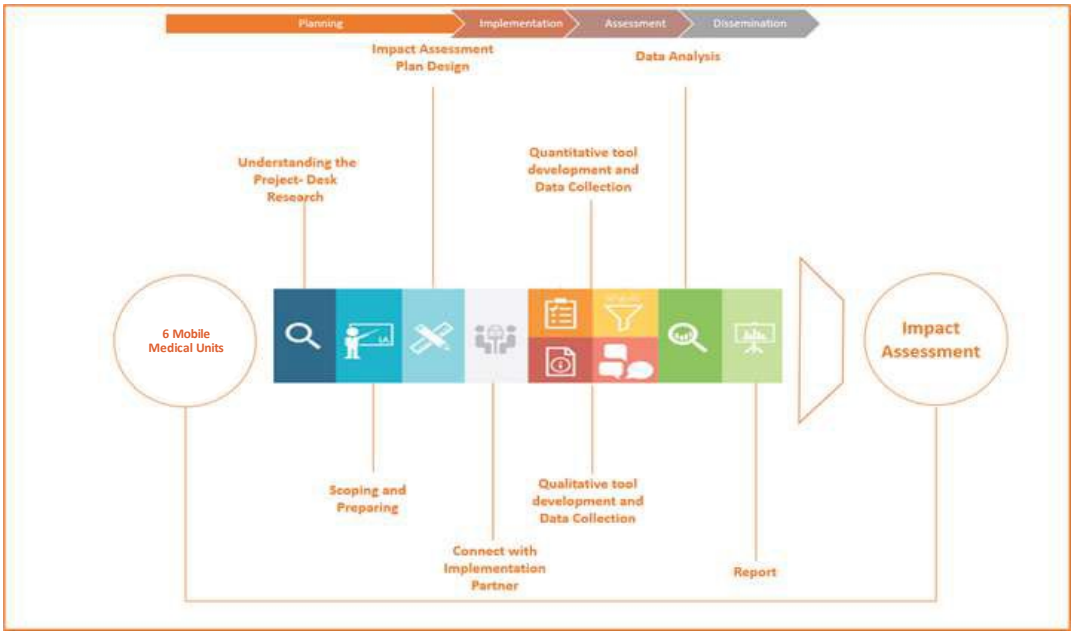
87% Van Uptime

Wockhardt Foundation Launched Mobile Medical Units (MMUs) in Ahmedabad, Gujarat, and Jalandhar, Punjab. A total of 12 MMUs were deployed, with 6 units stationed in each location, to provide underserved communities with access to high-quality healthcare services.

The Mobile Medical Units (MMUs) delivered essential healthcare services to the communities they served. These units were staffed with MBBS-qualified doctors and offered free consultations, ensuring that individuals received expert medical advice regardless of their financial status. Additionally, the MMUs provided medications free of charge, addressing immediate healthcare needs.

Study Design and Methodology

The chapter describes the process adopted and the methodology used to assess the overall impact of the intervention undertaken by Kotak Mahindra Prime Limited. 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. In order to understand the program holistically, structured questionnaires were prepared for stakeholders.

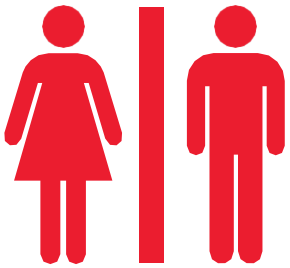
A combination of research and consultative approach was adopted to address the scope of work under the assessment study. To gauge the project's effectiveness, we engaged with 369 beneficiaries. Additionally, our team communicated with 4 staff members who had been involved with the project. The sample 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.

Location	Beneficiaries Consulted	KII* - Staff Members
Ahmedabad	369	4

* Key Informant Interviews

Findings and Analysis

The Impact Assessment study involved interviews with 369 individuals who accessed services from the Mobile Medical Unit. Of these respondents, 51% were male, and 49% were female. Figure 2 depicts the distribution of respondents across different age groups, showcasing that individuals of all ages utilised healthcare services. Figure 3 illustrates the educational levels among respondents.



51% Males
49% Females

Fig 1: Gender Representation

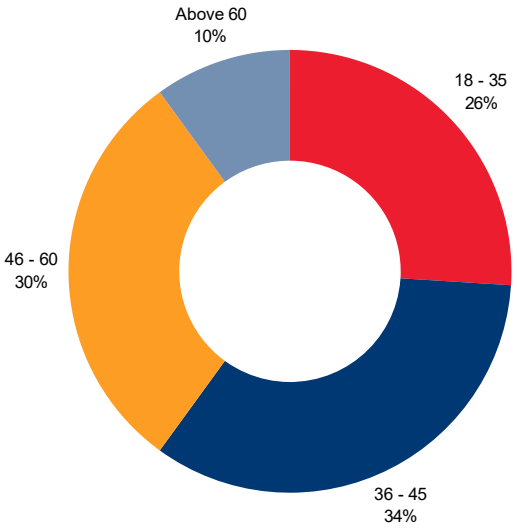


Fig 2: Age Profile

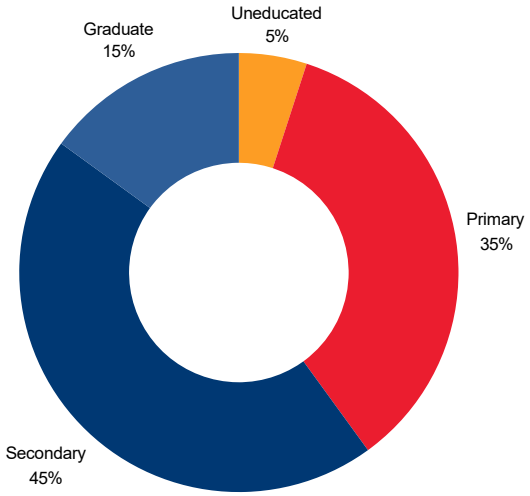


Fig 3: Education Profile

Figure 4 displays the illnesses reported by participants, which they mentioned are commonly experienced by either themselves or their families. Cold, cough, and flu emerged as the most frequently mentioned ailments. Additionally, respondents reported other conditions, such as diabetes, hypertension, and joint pain.

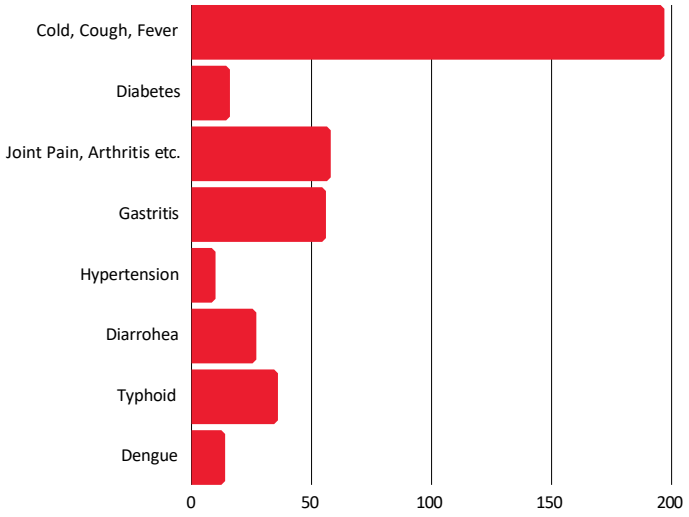


Fig. 4: Disease Profile

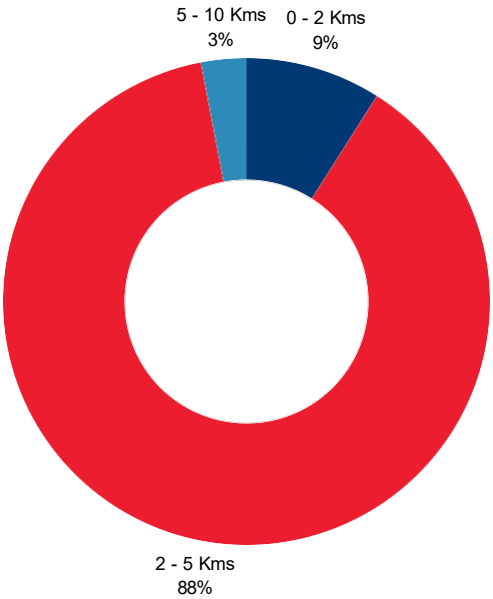


Fig. 5: Accessibility to Health Care Services

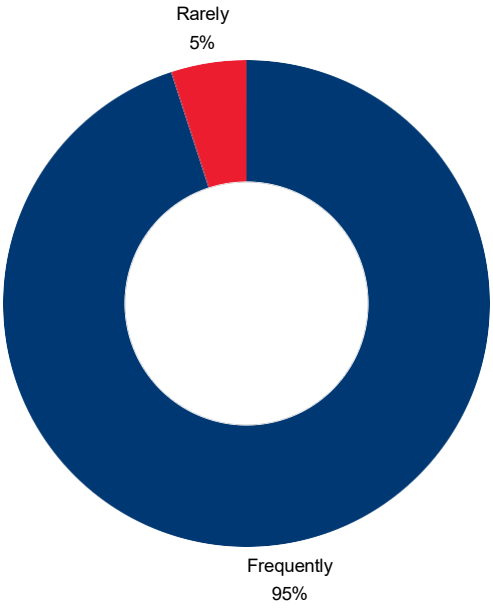


Fig. 6: Frequency of Visits

88% of survey participants indicated they could access Primary Health Centers (PHCs) or other government healthcare facilities within 2-5 kilometres. 95% of the respondents mentioned that they frequently visited PHCs or private practitioners to treat either themselves or their family members. Furthermore, 35% of the respondents mentioned visiting private practitioners for diagnosis and consultation. Beneficiaries expressed concerns about the accessibility and affordability of high-quality healthcare, despite the presence of healthcare centers, including private facilities, nearby.

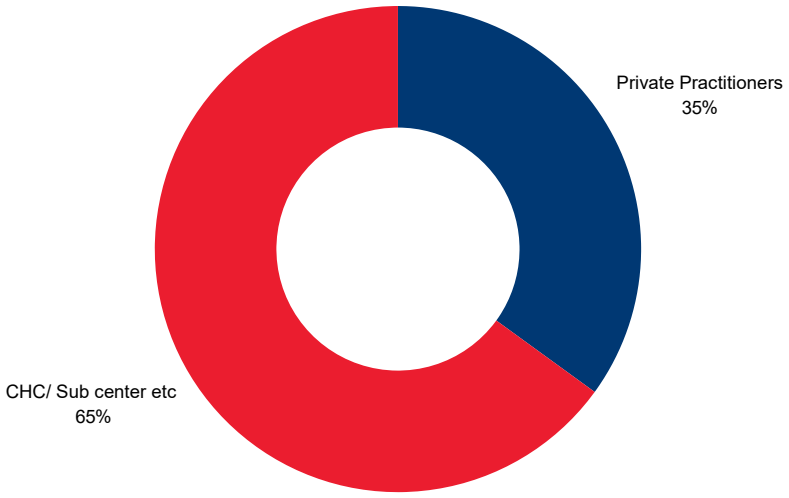


Fig. 7: Access to health care infrastructure

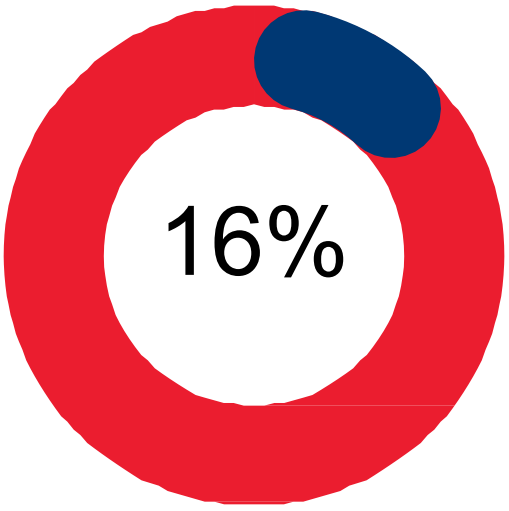


Fig. 8: Practiced Self Medication

Prior to this intervention, 16% of participants admitted to self-medicating for common conditions such as colds, coughs, and fever.

Respondents, accounting for 63%, mentioned that the costs associated with consulting private practitioners were prohibitively high, rendering it financially impractical for them. A smaller subset of 5% of participants expressed accessibility concerns, while 4% pointed out the lack of healthcare infrastructure in their neighbourhood. Additionally, 28% of respondents identified the quality of healthcare services as a significant challenge.

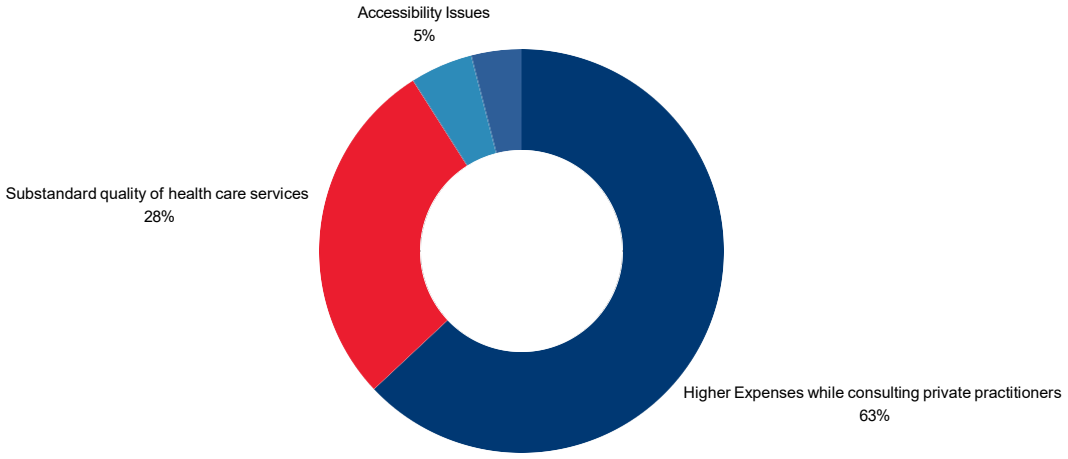


Fig. 9: Challenges wrt to accessing health care services

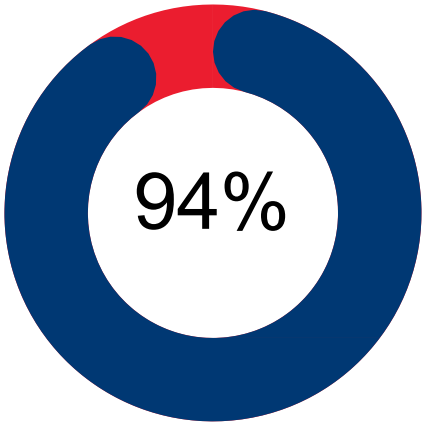


Fig. 10: Need of MMU

94% of the survey participants emphasised the importance of MMUs in meeting the healthcare needs of local communities.

The implementing partner has devised a strategy to ensure comprehensive coverage across all regions. According to 95% of beneficiaries, Mobile Medical Unit (MMU) visits were arranged every week. Additionally, 88% of participants indicated that the frequency of MMU visits was satisfactory.

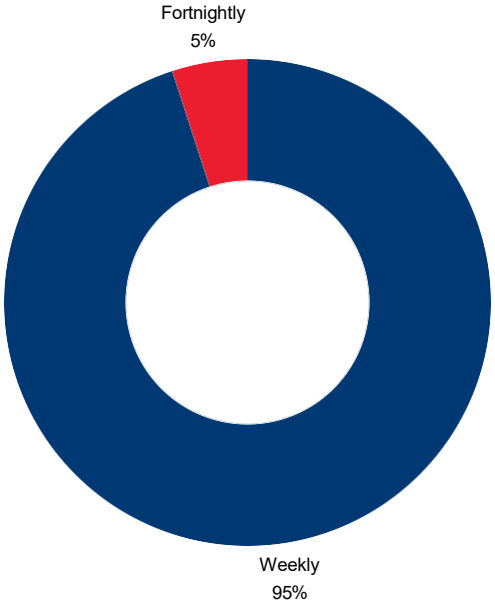


Fig. 11: Frequency of MMU visits

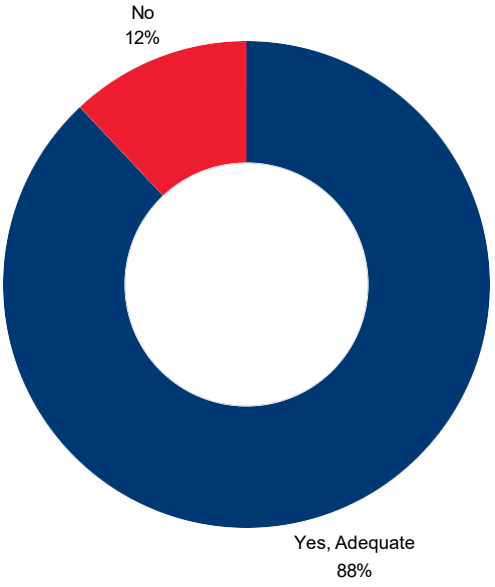


Fig. 12: Respondents satisfaction on frequency of MMU visits

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. Each respondent unanimously stated that they received generic medications at no cost.

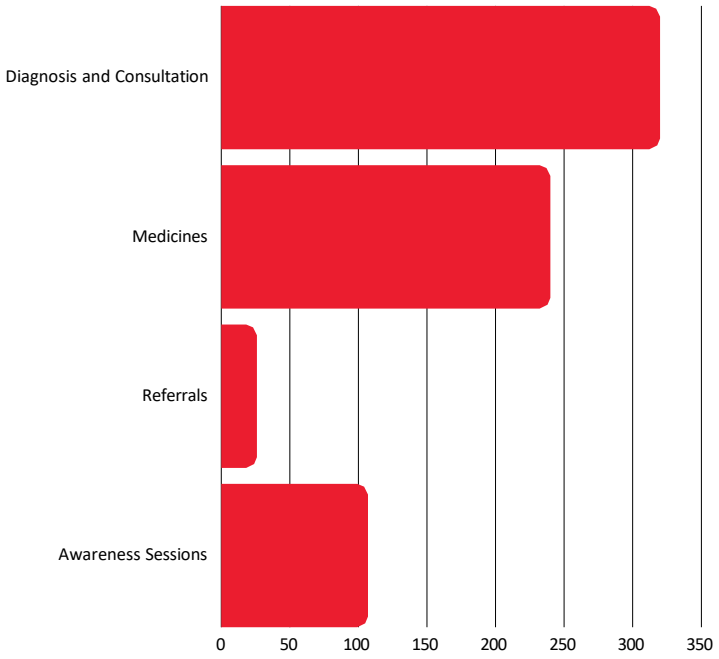


Fig. 13: Services availed through MMU

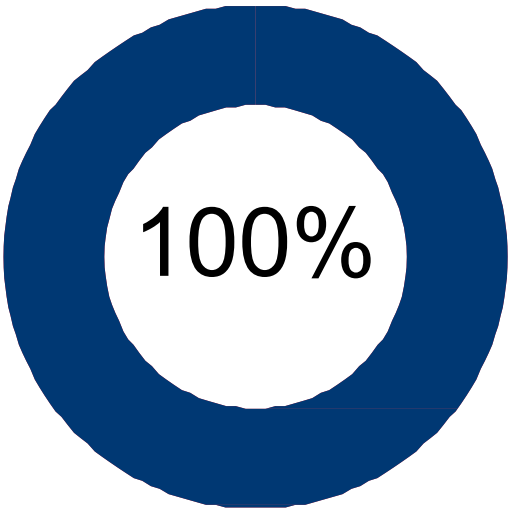


Fig. 14: Received consultations and medicines free of cost

Among the participants, 68% noted that the intervention had lessened their need for private practitioners, particularly for minor illnesses. On the other hand, 32% of respondents acknowledged that although the intervention had somewhat reduced their dependence, they still sought consultations with private practitioners for specific health issues. Additionally, 89% of respondents stated that their healthcare expenses have decreased due to this intervention.

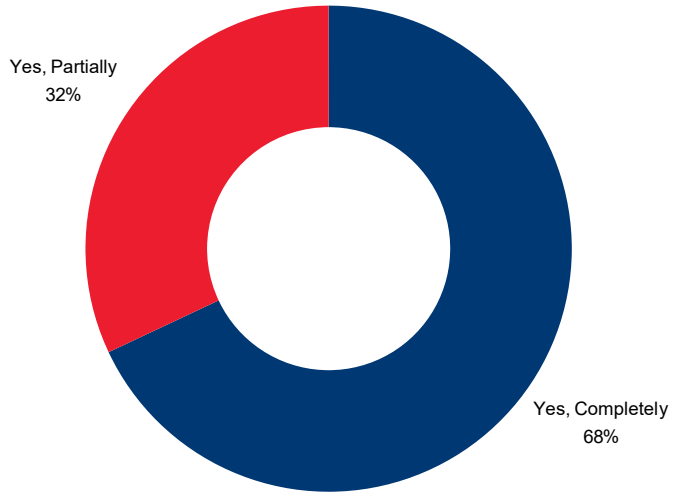


Fig. 15: Helped reduce dependency on private practitioners

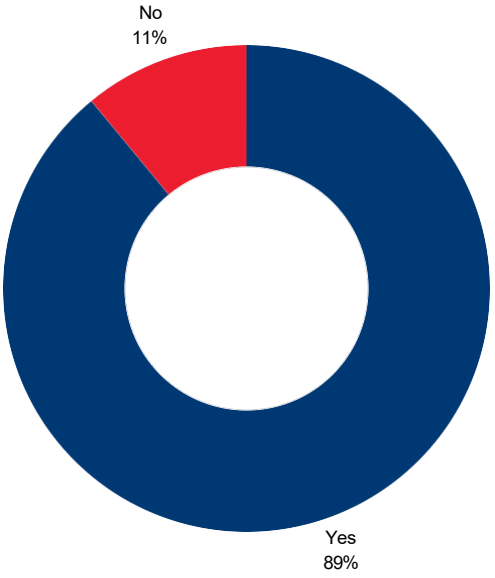
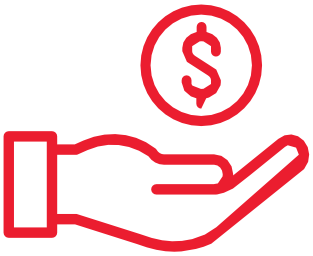


Fig. 16: Helped reduce healthcare related expenditure



40% of the respondents have observed health care related savings in a range of 2 - 5K per annum, 58% in range of 5-10 K and 2% in range of 10 - 20K

48% of the survey respondents mentioned their participation in awareness sessions facilitated by the implementing partner. These sessions were conducted to improve community members' comprehension of essential health and wellness concepts. Participants affirmed that attending sessions focused on anaemia, diabetes, lifestyle diseases, nutrition, sanitation, and hygiene.

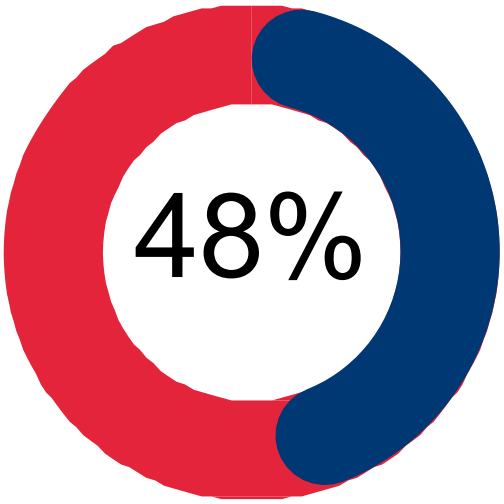


Fig 17: Participated in Awareness Camps

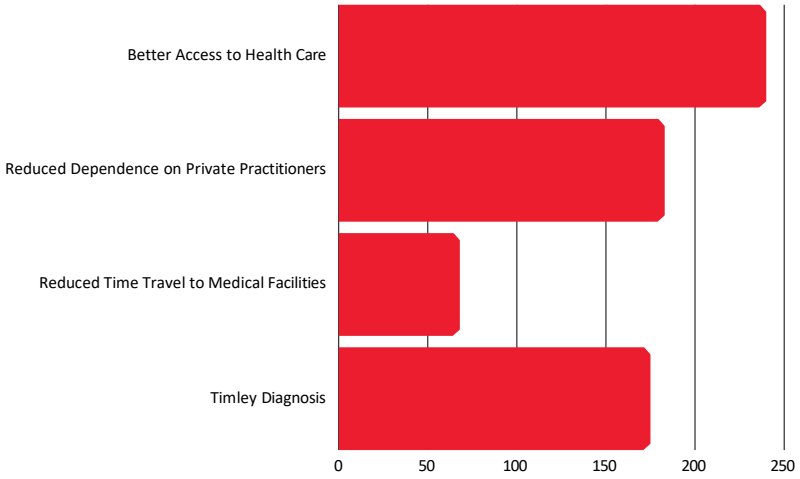


Fig. 18: Benefits perceived by beneficiaries

Figure 18 illustrates the intervention's perceived benefits based on survey participants' responses. Among the 369 respondents, 240 highlighted improved access to healthcare, while 183 emphasised reduced reliance on private practitioners. 175 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

The Mobile Medical Unit (MMU) initiative, supported by Kotak Mahindra Prime Limited, has yielded significant benefits for the community it serves. By providing accessible and affordable healthcare services, the MMU has effectively reduced healthcare expenditures for individuals and families. Moreover, it has been crucial in fostering positive health-seeking behaviours among community members, improving overall health outcomes.

The MMU has also helped reduce dependency on private practitioners by offering convenient access to diagnosis and consultations. Additionally, providing essential medications has further contributed to the population's well-being.

MMU played a crucial role 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.

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.

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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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