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Impact Assessment Report

Impact Guru Foundation – Care on Wheels Initiative

KMPL Project ID - KMPL202324004

A report by Crisil Limited

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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.

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Understanding of Context

India is experiencing one of the most significant urban transitions in human history. However, this urban growth has not occurred through planned expansion of formal cities with adequate infrastructure and services. Instead, a substantial proportion of urban growth manifests through informal settlements or "slums" where populations live in makeshift housing lacking basic amenities. Between Censuses 2001 and 2011, the slum population in the country increased from 52.4 million to 65.5 million[1]. The 2011 Census of India[2] stated that 22.9% of this population residing in Maharashtra alone. Alternative estimates suggest that between one-quarter and one-third of India's urban population lives in informal settlements characterized by inadequate housing, insecure tenure, insufficient access to safe water and sanitation, and overcrowding leading to poor health conditions.

Urban informal settlements in India face a distinctive epidemiological profile combining the communicable disease burden traditionally associated with poverty alongside the non-communicable diseases (NCDs) increasingly prevalent in urban populations. This "double burden" creates healthcare demands that neither rural-focused communicable disease programs nor urban-focused chronic disease services adequately address.

The spatial organization of urban healthcare infrastructure reflects planning assumptions that populations live in formally recognized residential areas with recorded addresses and accessible locations. Government primary health centers (PHCs) and community health centers (CHCs), intended to provide free or low-cost primary care, are often located in administrative areas distant from where informal settlement residents live. Long distances to health care facilities, high costs of medical treatment, and long waiting times for treatments serve as primary barriers to healthcare, often deterring patients from seeking required care. To bridge these gaps, mobile medical care in the form of vans and units have emerged as a critical solution, providing essential health care services, treatment and awareness services to the most vulnerable.

Primary Health Concerns in India's Slums

India's slums face an increasing disease burden loaded with the double threat of communicable and non-communicable diseases. Some of the most pressing challenges in these areas are

1. **Communicable Diseases:** Slum tenements are often located in environments with poor hygiene and sanitation. Inadequate drainage, solid waste accumulation, overcrowded housing and improper ventilation can facilitate transmission of several vectors and airborne infections
2. **Noncommunicable Diseases:** Simultaneously with persistent communicable diseases, urban informal settlement populations face escalating NCD burden. Urban poor populations often experience NCD

[1] https://niua.in/sites/default/files/2025-07/2021_2_Slums%20in%20Million.pdf
[2] Government of India - Slums in India Statistical Compendium 2011

prevalence equal to or exceeding that of wealthier urban residents due to the "risk transition" accompanying urbanization but do not have the required financial buffers to handle the disease burden.

3. **Maternal Health Vulnerabilities:** Despite India's progress in reducing maternal and infant mortality nationally, urban slums concentrate persistent maternal-child health challenges. Pregnant women in informal settlements face multiple risks inadequate nutrition creating anemia and poor fetal growth, limited access to antenatal care for monitoring and complication detection, delivery in suboptimal conditions often without skilled birth attendants, and postpartum neglect when healthcare systems fail to provide postnatal care
4. **Child Health Vulnerabilities:** Child health in slums faces threats from infectious diseases (diarrhea, respiratory infections, vaccine-preventable diseases), malnutrition affecting physical and cognitive development, environmental hazards (open drains, traffic, poor housing), toxins (chemical waste) and inadequate preventive care (poor immunization)
5. **Lack of Awareness:** People residing in urban slums often have low rates of literacy which translates to poor awareness about healthy behaviors, disease symptoms and treatment options, and preventative health practices. This leads to delayed diagnosis and further prolonged

Need for Mobile Medical Vans in India

The convergence of rapid urbanization, slum population growth, double disease burden, healthcare system failures, and policy gaps creates both urgent need and strategic opportunity for innovative primary care delivery models. Mobile medical vans bringing comprehensive primary care to poorly connected communities address the multiple access barriers geographic, financial, temporal, social that conventional facility-based care cannot overcome for these populations.

Populations facing both communicable and non-communicable disease burdens need primary care platforms integrating acute care, chronic disease management, preventive services, maternal-child health, and health education rather than fragmented disease-specific vertical programs. Preventing disease progression through accessible primary care costs far less than managing advanced complications in hospitals, while financial protection preventing catastrophic expenditures has substantial poverty prevention impacts and can help prevent vulnerable populations from falling into multiple poverty cycles.

Approach and Methodology

The evaluation employs a concurrent mixed methods design, integrating both quantitative and qualitative datasets from principal program stakeholders to construct a rigorous multi-dimensional impact evaluation.

Quantitative Insights - Measuring Program Efficacy: Quantitative evidence is acquired via a semi-structured questionnaire administered directly to program beneficiaries. This instrument measures core impact metrics and program effectiveness, leveraging structured scaling and closed-ended responses.

Qualitative Narratives - Capturing Stakeholder Perspectives: Qualitative data is collected through in-depth key informant interviews with medical professionals and other pivotal stakeholders. These interviews utilize open-ended probes to capture nuanced perspectives on program execution.

Convergent Evidence Mapping and Analysis: All findings are triaged using a formal convergence-divergence analysis to identify corroborative and contradictory evidence streams across quantitative and qualitative dimensions.

Benchmarking Against Global Standards: OECD-DAC & SDG Focus: The evaluation 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**. Additionally, outcomes are mapped to the UN SDGs for global alignment.

In addition to the above, the study also uses **SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis** to systematically assess the program’s strengths, weaknesses, opportunities, and threats, informing core evaluation and strategic recommendations.

Sampling Framework

The sample for all the initiatives was calculated using 95% Confidence Interval and 10% margin of error and was based on availability of beneficiaries for the particular year

Key Stakeholders	Data Collection Tool	Sample
Beneficiaries/ Care Givers	Key Informant Interviews	49
Doctors	Key Informant Interviews	4
Pharmacists	Key Informant Interviews	4
Social Workers/SPOs	Key Informant Interviews	4
IGF CSR Officials	Key Informant Interviews	3
KMPL CSR officials	Key Informant Interviews	2

About the Program and Primary Findings

Program ID	KMPL202324004
Program duration	1st October 2023 – 31st March 2024
Partner organization	Impact Guru Foundation
Location	Ahmedabad

Theory of Change (ToC)				
Need	**Input**	**Output**	**Outcome**	**Impact**
Vulnerable communities living in urban slums faced compounded barriers to accessing good healthcare such as long distances to healthcare facilities, unavailability of doctors, and high out of pocket medical expenses.	The program deployed 6 Mobile Medical Vans (MMVs) in Ahmedabad through its Care on Wheels (CoW) program. As a mobile service, the CoW reaches the community at regular intervals providing primary healthcare. Each MMV is equipped with a MBBS qualified doctor, a social worker, a pharmacist and a driver.	Regular and free medical consultation; Free diagnostic tests such as hemoglobin and blood sugar testing; Free health intervention such as vaccination; Free medicines distributed to patients; health awareness and educational sessions; Referrals to other healthcare facilities for patients requiring higher level care	Overall, the program demonstrated improved access to primary healthcare; early detection and better management of chronic diseases; reduced financial burden of healthcare; improved uptake and practice of healthy behaviors; improved education and awareness of health issues	Measurable and sustainable transformation in health equity of 12,875 vulnerable individuals from slum areas of Ahmedabad; better management and prevention of communicable and non-communicable diseases in the community, lowered rates of mortality and health related economic catastrophe

Primary Key Findings

Demographic Profile

The impact assessment was carried out on 49 beneficiaries of the Impact Guru Foundation Care on Wheels (CoW) initiative in Ahmedabad, Gujarat.

The mobile medical van (MMV) initiative aims to bring accessible healthcare to the doorsteps of underprivileged individuals residing in slum areas of Ahmedabad. Respondents in the cohort were spread across 5 districts of Ahmedabad – Maninagar (27%), Chandkheda (22%), Odhav (22%), Naranpura (16%) and Vejalpur (12%). **The MMV service was well known amongst all respondents, as a collaboration between KMPL and IGF, highlighting the strong visibility and effective community awareness and engagement of the program.**

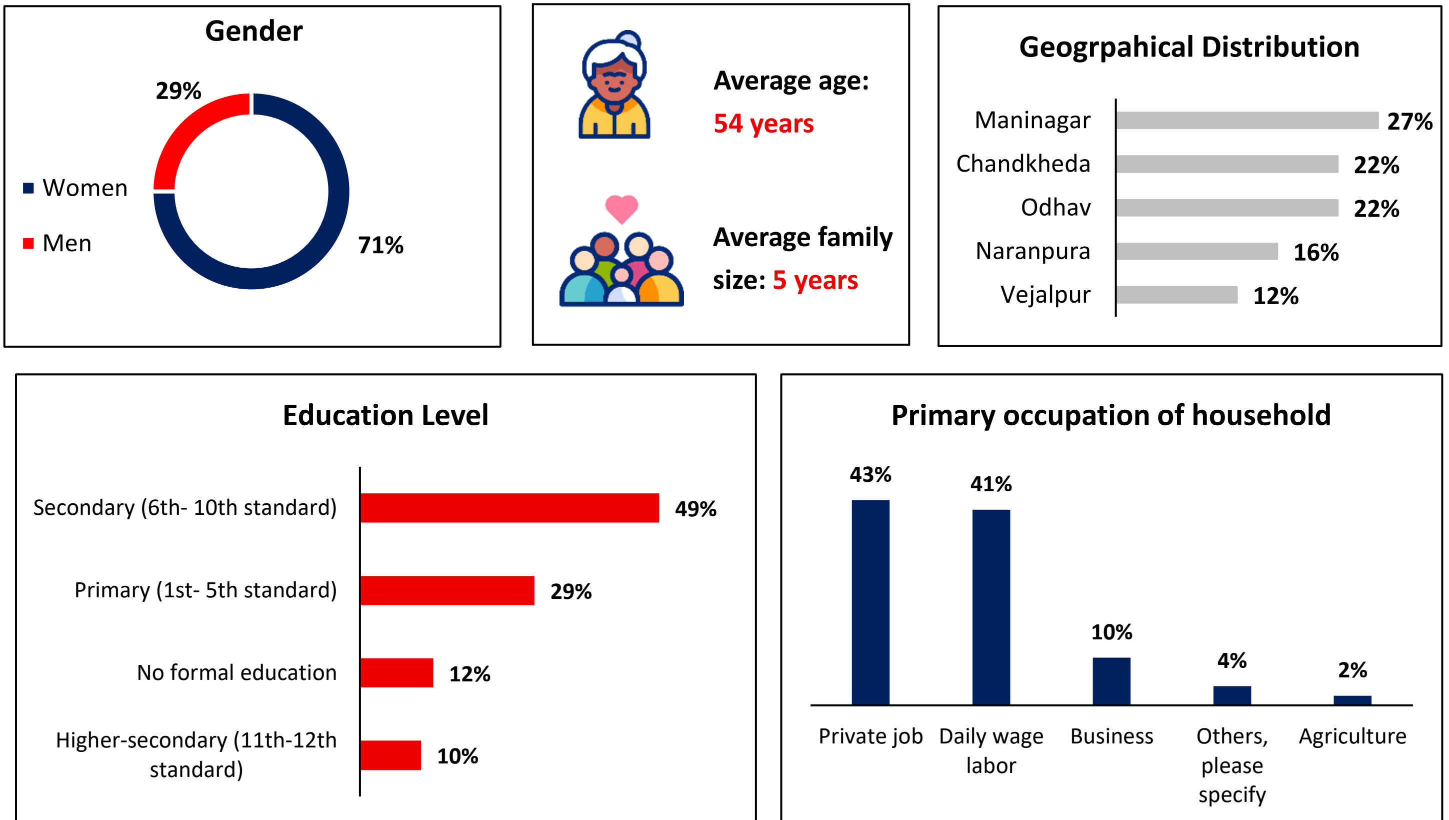


Figure 1: Demographic details of respondents

The MMV initiative has impacted beneficiaries from diverse socio-economic backgrounds. Among the respondents, 71% were women and 29% were men. 12% of the cohort had no formal education, 49% of respondents reported studying till a higher secondary level, indicating the program's strong outreach among low-literacy areas. Further, the initiative has reached individuals working in economically unstable sectors

with little job security such as daily wage (41%) and agriculture (2%). The average age of the sample was 59 years, and a significant portion of the respondents were unemployed homemakers and retired employees. **The elderly and the unemployed are most vulnerable to access related barriers to good health, which a mobile medical facility such as the MMV works to bridge.** The MMV has also successfully provided quality healthcare access to financially impoverished households. 76% of respondents earn INR 5,001 – INR 10,000 and a 24% earn between INR 10,000 – 20,000 a month. **This highlights that most of the program's target beneficiaries belong to low-income groups working in jobs with poor security and healthcare benefits, making medical expenses a challenge.**

The respondents also expressed limited financial capacity of their households as 43% reported spending INR 5000 or less a month, and 47% reported spending between INR 5,000 – INR 10,000 a month. **The income and expenditure data indicate an alarming trend that shows most families barely get by and do not have the bandwidth to build savings as most expenses burn through their income.**

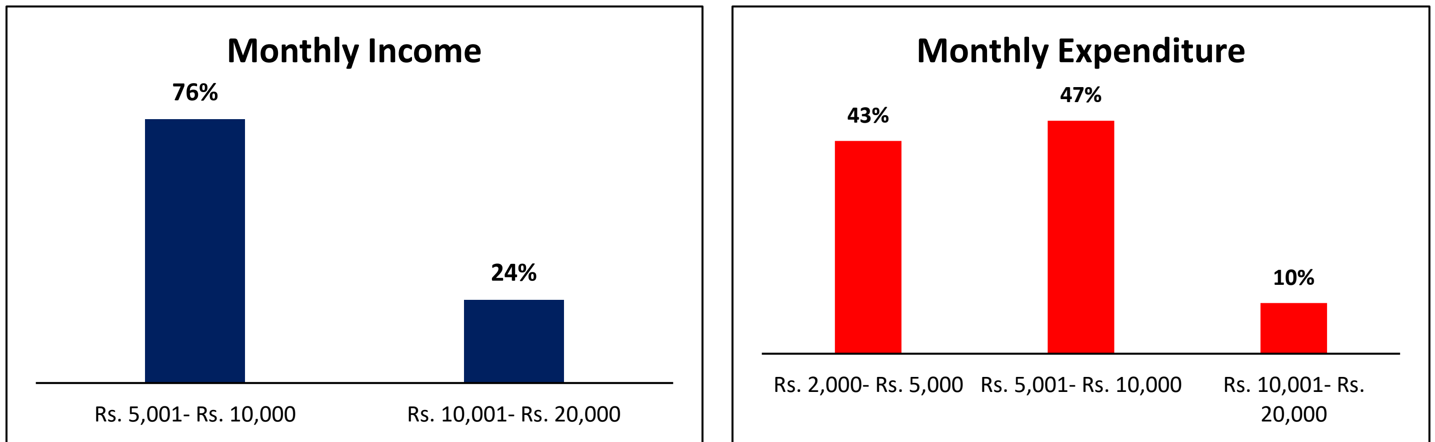


Figure 2: Monthly income and expenditure of respondents

The program has been highly effective in engaging with longstanding members of the community who have resided in the area for over a decade (98%). Positive engagement with well-rooted members helps build trust and awareness within the community that can propel more individuals to seek medical care.

Health Profile and Pre-MMV Challenges

The Care on Wheels initiative is primarily active in urban slum areas of Ahmedabad where a wide spread of health issues is prevalent. The disease load is a mix of communicable and non-communicable or lifestyle diseases. The high prevalence of skin diseases and vector borne infections such as malaria and dengue is reflective of larger environmental sanitation issues. This is a consequence of systemic infrastructure issues and lower awareness of sanitation practices in poorer communities (proper drainage, waste management, adequate housing) that would help prevent disease transmission.

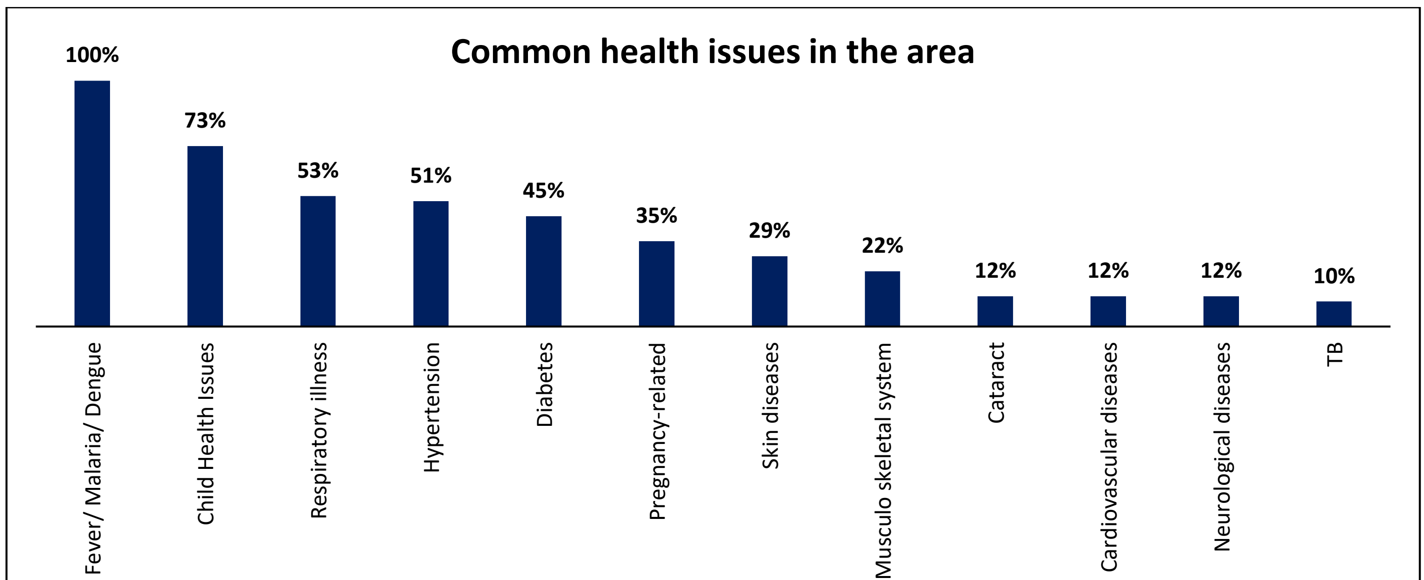


Figure 3: Common health issues faced in area

Respondents in Ahmedabad report high incidence of fever/malaria/dengue (100%), child health issues (73%) and respiratory illness (53%). Urban slums experience a high incidence of mosquito-borne diseases such as dengue and malaria due to overcrowding, poor sanitation, stagnant water accumulation, and inadequate waste management. Limited access to clean water and proper drainage systems further increases exposure to infectious diseases. Child health issues

are severe in these settings because children are more vulnerable to malnutrition and food insecurity, poor immunization, hygiene and drinking water. Frequent infections, lack of timely medical care, and limited

maternal health services that further contribute towards making children more susceptible to illness. Respiratory diseases are also common in slum areas due to high levels of urban pollution, reliance on biomass, living areas with poor ventilation and high industrial emissions.

Few respondents noted people or family members living with chronic conditions (13%), but 100% noted diabetes was the prevalent condition they were living with. Diabetes, often considered a disease of urban locales, requires regular monitoring, consistent medication, dietary management, and lifestyle modifications. Without reliable healthcare access, diabetics can experience severe complications - kidney failure, blindness, nerve damage, foot ulcers requiring amputation, and cardiovascular disease. **Disease prevalence coupled with poor awareness of symptoms and management can necessitate the need for intervention provided through mobile medical vans such as the care on wheels initiative.**

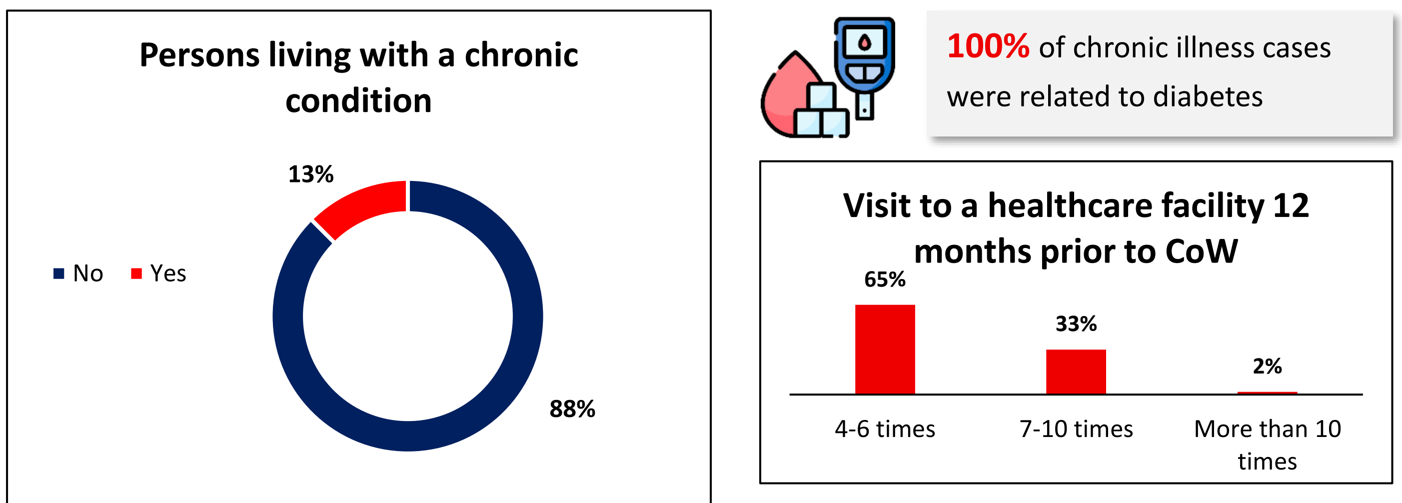


Figure 4: Incidence of chronic illness and status of healthcare visits

Prior to the Care on Wheels intervention, respondents utilized both government hospitals/clinics and private doctors/clinics well, also relying on pharmacists for medical guidance. Despite the long average distance to the nearest government health facility (10 km), around 65% of the respondents visited a healthcare facility 4-6 times a year prior to the mobile medical van, with 33% visiting around 7-10 times a year.

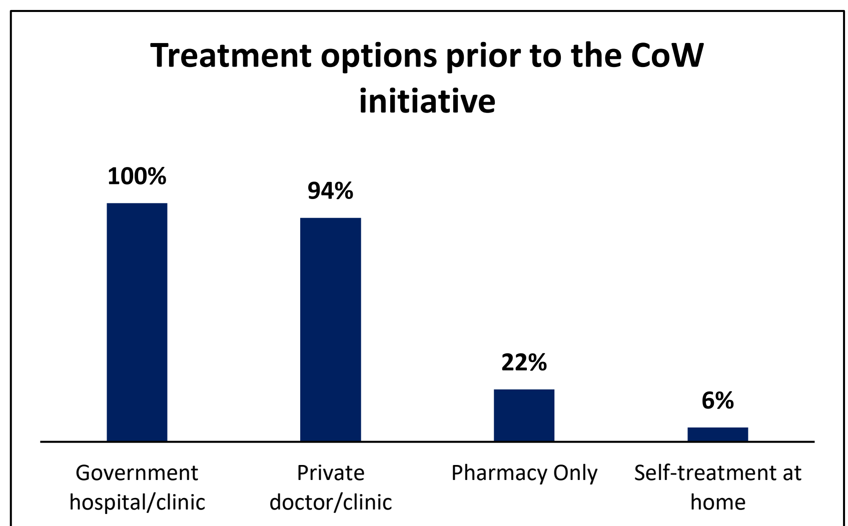


Figure 5: Treatment options for respondents prior to the Care on Wheels intervention

Respondents cited long distance to a health care facility (92%) followed by high costs of services/medicines (86%) as the main barriers of accessing healthcare services. Heavy out of pocket medical expenses creates a situation of healthcare avoidance as people adopt self-limiting strategies by hoping conditions will resolve spontaneously, relying on home remedies, or simply enduring symptoms until they become unbearable. This delayed care transforms manageable conditions into emergencies, creating the difficult outcome where poverty-driven healthcare avoidance ultimately generates higher costs. The data reveals a poorer healthcare

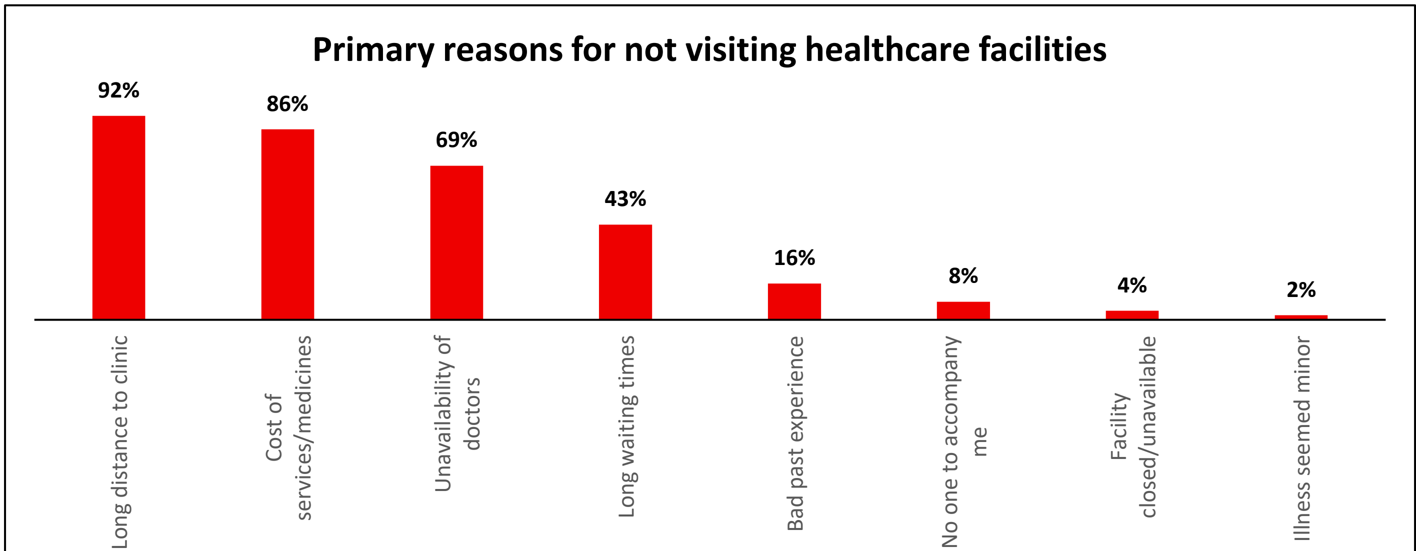


Figure 6: Reasons for not visiting healthcare facilities

ecosystem in Ahmedabad, as more respondents reported unavailability of doctors (69%), longer waiting times (43%) and past bad experiences with healthcare providers (16%). While respondents in Ahmedabad also reported not having someone to accompany them to the facility (8%), they reported feeling that their illness was minor and not requiring medical attention.

As various barriers to accessing healthcare compounded for these respondents, the Care on Wheels intervention came as a lifeline, bringing free and accessible healthcare to their doorsteps. The program reduced long travel to avail healthcare, eliminated medical costs and no access to doctors by ensuring that everyone had access to essential medical services.

99% of beneficiaries felt that the Care on Wheels Mobile Medical Vans had directly addressed their primary challenges of long distance to clinics, high cost of services and medicines, unavailability of doctors and long waiting times.

Awareness, Access, and Utilisation of MMV Services

All respondents were aware of the Care on Wheels initiative, but the source of their awareness of CoW varied.

In Ahmedabad, family or friends served as the main source of awareness about the program indicating genuine satisfaction with program services within the community.

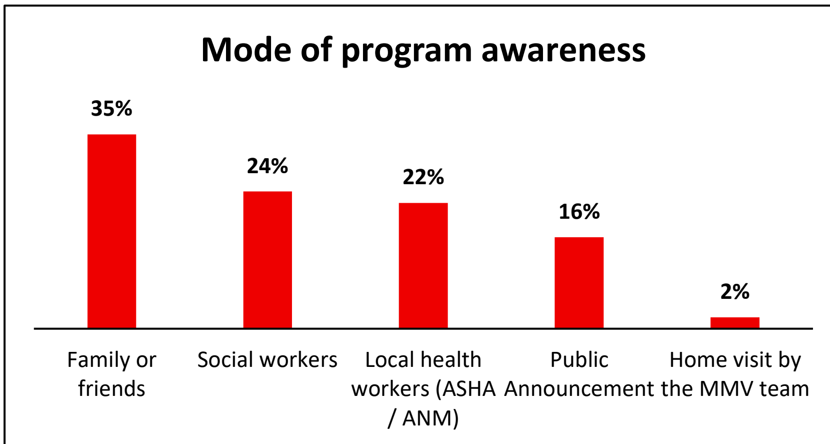


Figure 7: Mode of program awareness

Social workers and ASHA/ANM proved to be important sources as they helped reach 66% of individuals in Ahmedabad. ASHA workers function as India's frontline community health workforce and strengthening linkages with their network could enhance program reach and sustainability.

Around 16% of respondents in Ahmedabad learnt about the program through public announcements. Historically, while public announcements help create baseline awareness of programs, actual service utilization requires the trust and reassurance of trusted individuals.

Community health care workers such as social workers and ASHA workers act as 'cultural brokers' who are individuals trusted by the community and work to bridge barriers between community and care ecosystems by traversing various cultural sensitivities.

The weekly visit schedule of the MMV, with 100% satisfaction with frequency amongst respondents demonstrates that the regularity of the visits was a welcome change from the chaos of trying to access conventional healthcare, where clinic hours might change unpredictably, doctors might be absent without warning, and patients face uncertainty about whether traveling to a facility will actually result in seeing a provider.

100% of respondents were satisfied with the frequency of CoW visits

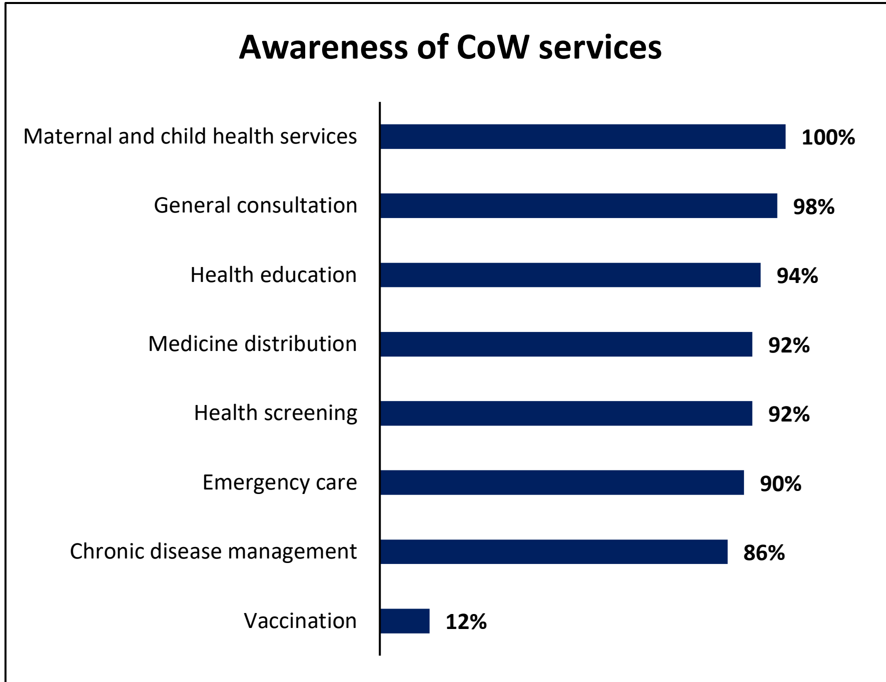


Figure 8: Awareness of services offered by the CoW MMV

Awareness of services offered by the care on wheels program ranged from 100% of respondents being aware of maternal and child health services offered by the CoW to only 12% being aware of vaccination and immunization services offered by the CoW.

Respondents in Ahmedabad showed great awareness about most services offered by the CoW such as general consultation (98%), health education (94%), medicine distribution and health screening (92%), and emergency care services (90%).

100% of the respondents reported utilizing the MMV services. Out of which, an encouraging 33% report utilizing the services more than 10 times, and 31% each between 3 to 5 times, and between 6 to 10 times. **The utilization pattern reveals that the beneficiaries see the CoW service as genuine primary care.** Prior to the CoW service, only 2% of respondents had visited a primary health care facility. **Contrasting this with 33% utilizing the CoW service more than 10 times showcases the significant positive impact of the program.**

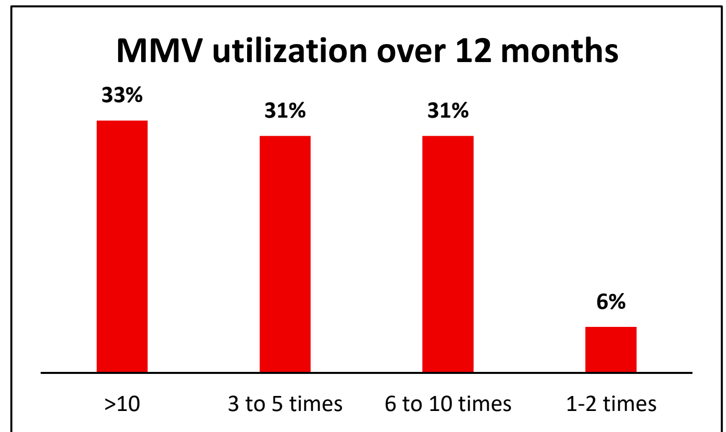


Figure 9: MMV utilization over past 12 months

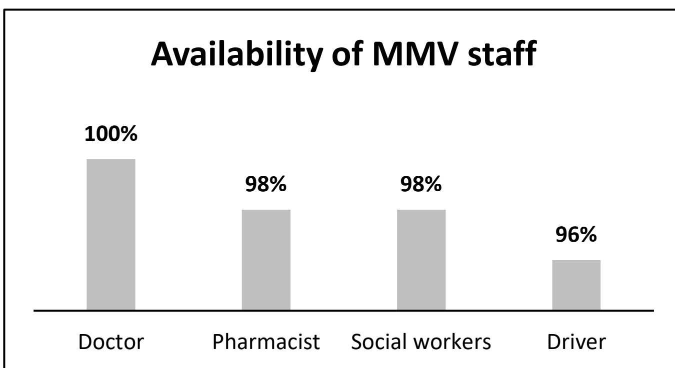


Figure 10: Availability of staff at the MMV

100% of respondents report that the doctor is always present at the MMV with the pharmacist available 98% of the time as well. This would help ensure quick diagnosis and disbursal of medication, thereby reducing respondents' waiting time. As indicated, long distances to clinics, long waiting times and unavailability of doctors were the primary barriers respondents faced in accessing healthcare.

The willingness of respondents to utilize services this frequently demonstrates both genuine need and the removal of utilization barriers that previously limited care-seeking.

The near-universal utilization of general check-ups and common illness treatment (98%) further demonstrates that the MMV succeeded in becoming the main source of primary care for this cohort. The 47% of respondents availing non-communicable disease screening highlights that nearly half of the population received systematic assessment for diabetes, hypertension, and potentially other chronic conditions. This demonstrates attention to NCD detection rather than focusing solely on acute care.

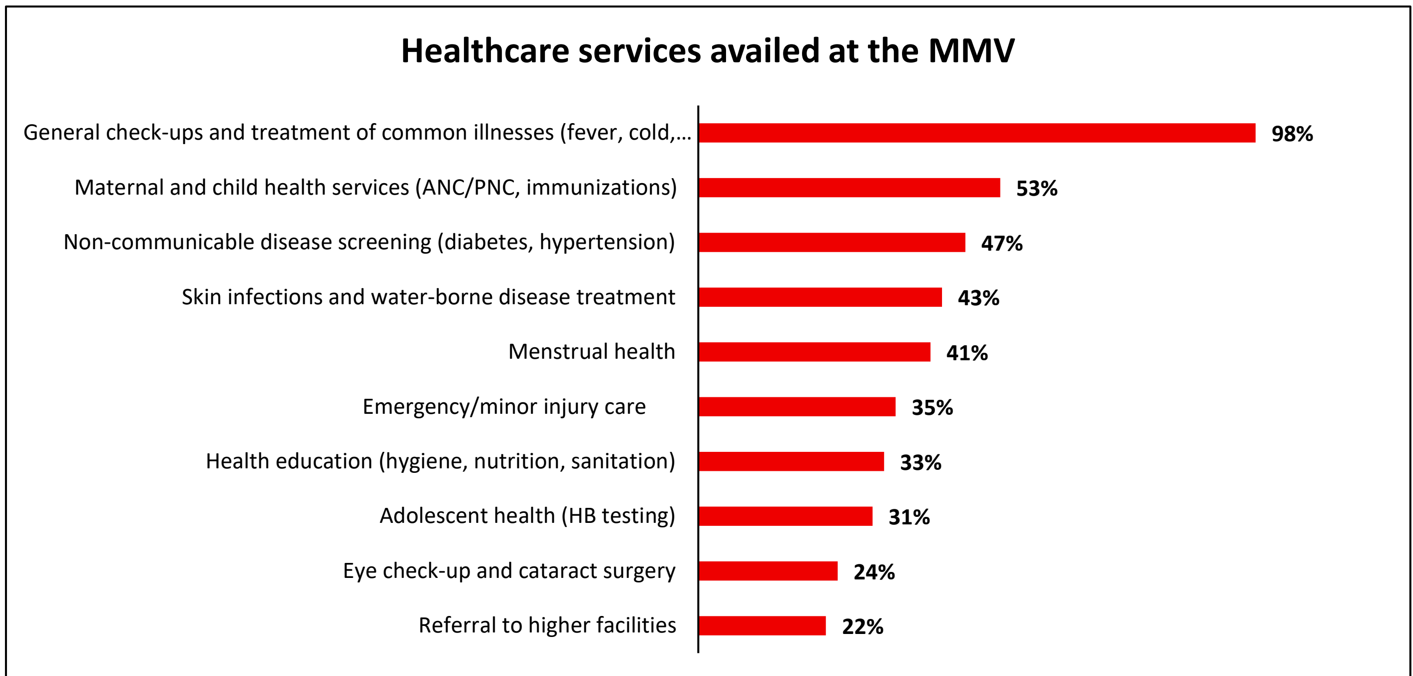


Figure 11: Services availed at the CoW MMV

When viewed together utilization of maternal and child health services (53%) and menstrual health (41%) indicate that nearly half or more of the cohort engaged with services that are often deprioritized or made inaccessible due to social stigma and barriers to accessing good care. The data indicates that the MMV was a trusted and accessible source for women to address concerns that often go unspoken in community health settings. **These figures make a strong case that mobile health interventions, when designed with gender sensitivity in mind, can meaningfully close the gap in women's healthcare access, not just for acute illness, but across the full arc of reproductive health.**

43% utilizing skin infection and water-borne disease treatment reflects the heavy burden of environmental health problems in these communities. Services lower on the chart, such as eye care (24%) and referrals to higher facilities (22%), while less frequently used, are still meaningful indicators that the MMV bridged gaps in specialized care. **The data paints a picture of a community that is actively engaging with a broad spectrum of health services when access barriers are removed.**

The hemoglobin testing (98%) and blood sugar testing (100%) reveal systematic screening practices rather than complaint-driven testing. Often diseases like diabetes are 'silent' and go undetected for years before they start showing alarming signs. This approach prioritizes routine screening, which helps detect disease early when treatment is most effective and least costly, rather than waiting for symptoms that often appear only after substantial organ damage has occurred.

Ahmedabad's more selective monitoring, ranging from 16% for respiratory rate to 92% for blood pressure, likely reflects either different clinical protocols or different population needs. High incidence of fever/malaria/dengue (100%) may necessitate checking vitals like blood pressure (92%) and temperature (78%) more frequently than height (16%).

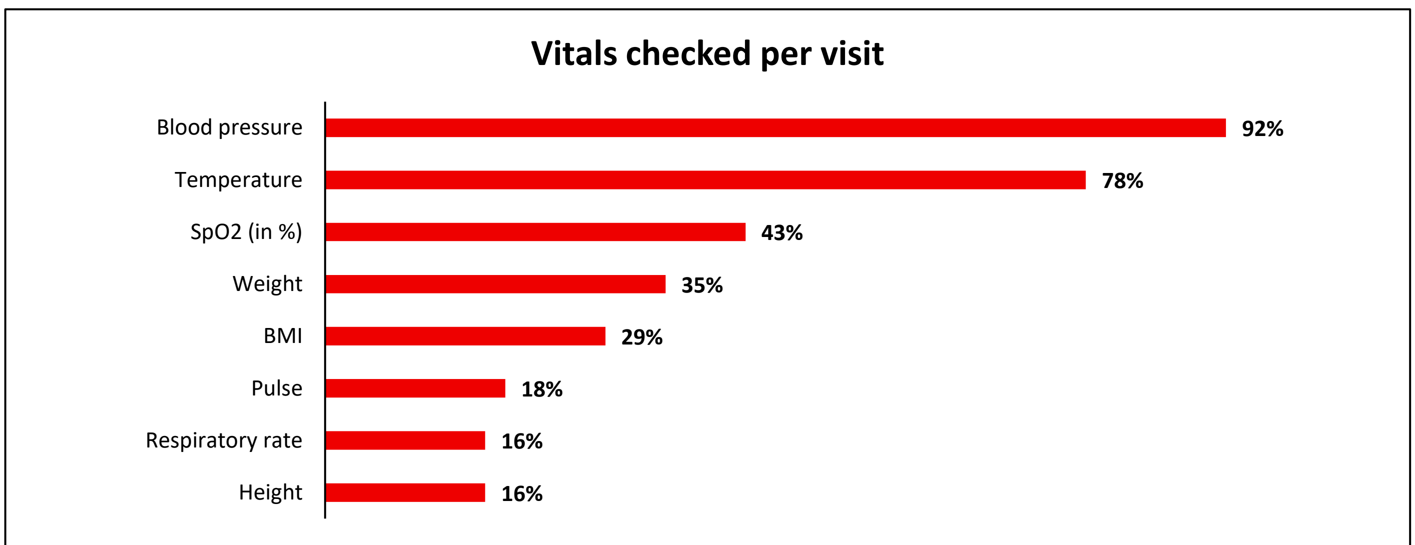
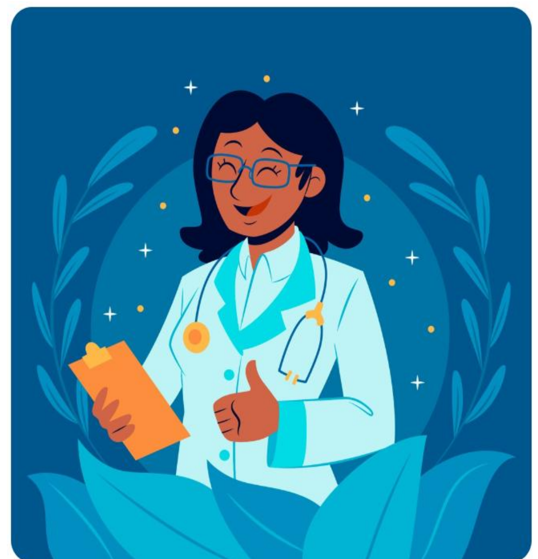


Figure 12: Tests and Vitals checked by Care on Wheels

The near-universal presence of complete team of doctors (100%), pharmacists (99%), social workers (98%), and drivers (98%) **distinguishes this MMV from ordinary community mobile health efforts that might send a single nurse or community health worker.** This helps the van provide genuine medical diagnosis and treatment rather than mere screening and referral. Respondents stated that doctors at the CoW vans paid close attention to their medical history, listened to them with empathy and compassion, and were able to accurately diagnose their disease and treat them effectively. They demonstrated good communication and showcased respect and courtesy to patients and ensured they had a good overall experience.



All respondents stated receiving printed prescriptions at every visit, with medication prescribed directly available to them free of charge, with clear directions about dosage, frequency and duration of intake. **No respondent was asked to pay for any service offered by the CoW team, honoring the program's mission to provide accessible healthcare to the doorsteps of the most vulnerable.**

The program has paid close attention to accessibility of its services to ensure doorstep delivery is truly attained for the benefit of the communities it serves. All respondents felt that the van was located very conveniently and found that they could reach the MMV in less than 30 minutes, significantly bringing down travel time. Waiting times to access service were also minimal, with 86% reporting no waiting times at all – reflecting how the intervention has almost eliminated time as a barrier to healthcare access.

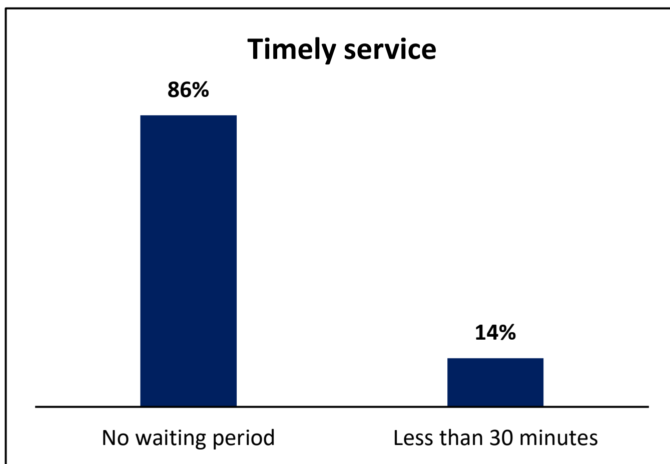


Figure 14: Promptness of service

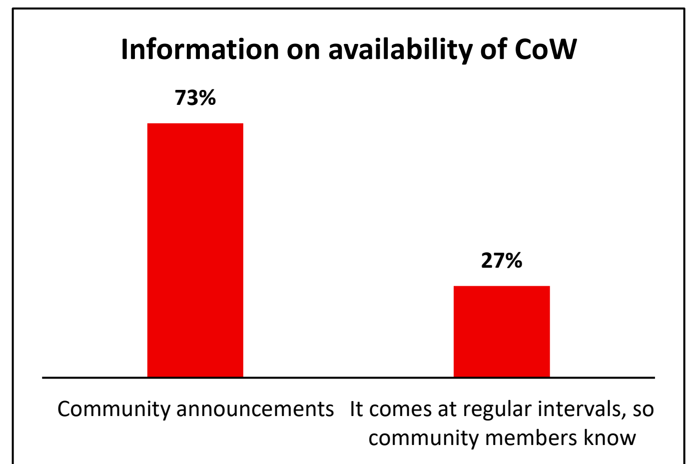


Figure 13: Information on availability of Care on Wheels

Impact of KMPL's Intervention

"We never thought she would recover so quickly. Thanks to treatment, our family is back to normal, and we no longer feel the weight of poverty." – Tanvi's* husband.

The Care on Wheels mobile medical vans have been a hallmark program of the Impact Guru Foundation and brings free medical services, diagnostics, medicines, and health education to underserved urban poor communities across India, thereby addressing healthcare access gaps. KMPL's support of INR 2.40 crores has helped IGF support 12,875 individuals in Ahmedabad. The pivotal impact pillars of KMPL's CSR intervention – patient health, psychosocial, financial, and systemic outcomes – provide a robust framework for quantifying value creation, aligned with OECD-DAC. This analysis examines four key dimensions of program impact, revealing how strategic healthcare financing can serve as both a medical intervention and an anti-poverty measure.

❖ Preventive Care and Health Education

Beneficiaries of the Care on Wheels initiative showed good engagement with the education and awareness programs with 72% attendance in community meetings. The meeting frequency pattern, with 60% attending 3 to 5 sessions, shows sustained engagement with the community awareness sessions and is a testament to the trust CoW built in the community though quality clinical care.

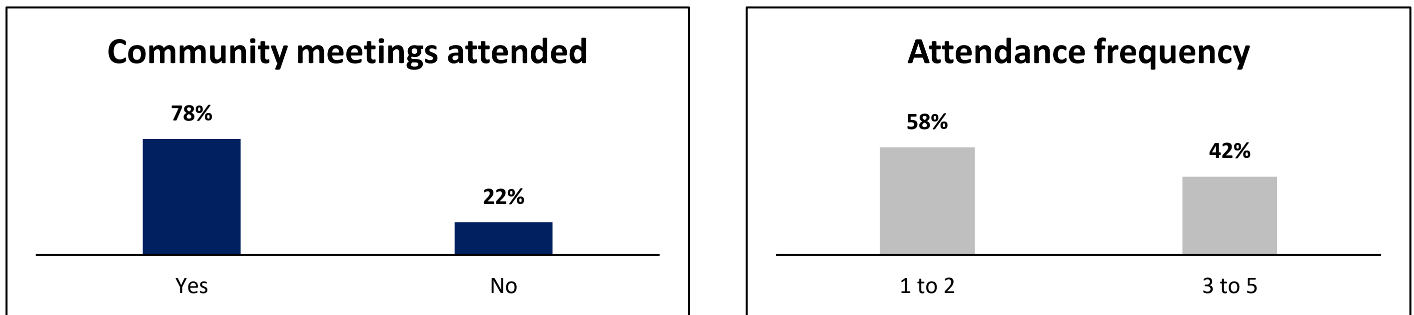


Figure 15: Frequency of community meetings attended

Of respondents found the sessions (which were all conducted in local languages) to be very useful

The topics covered in community meetings show a timely intervention specific to the disease load of the areas. Disease prevention (95%), vaccination importance (84%), family planning (82%), nutrition and hygiene (82%) span the spectrum from communicable disease control to chronic disease prevention to reproductive health. In areas with high incidence of vector borne communicable diseases, poor child and maternal health, poor family planning, lower rates of nutrition and immunization, **the community meetings serve as a targeted intervention, focusing on prevention through awareness.**

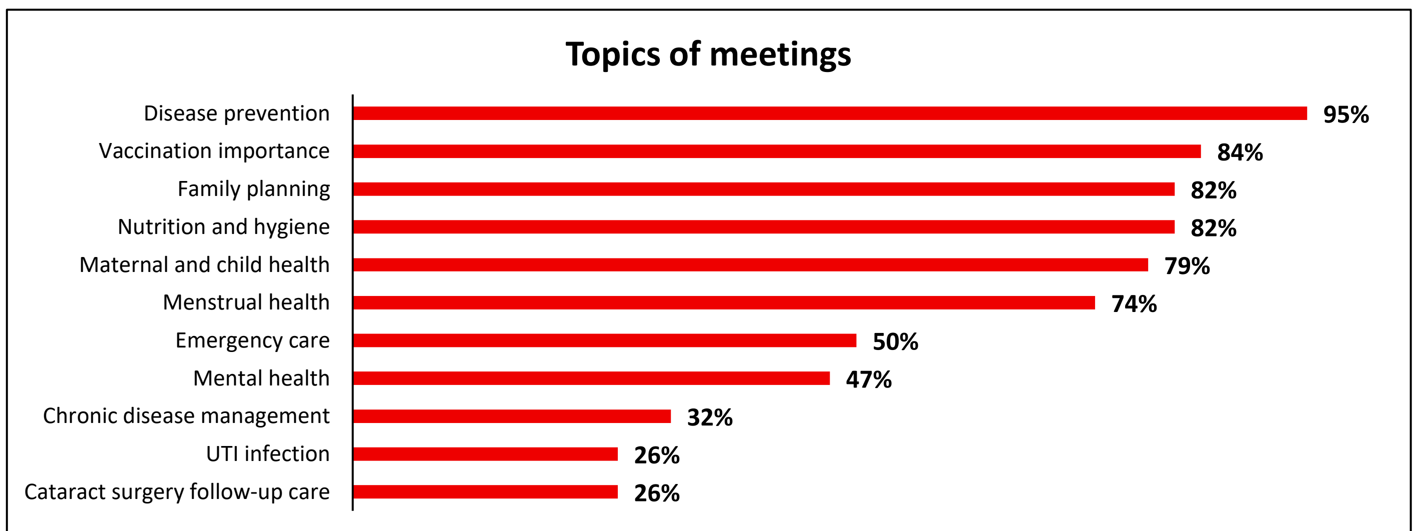


Figure 16: Topics covered in community meetings

❖ Health Behavior Change and Awareness

Impact of Health Education Sessions

The 96% reporting improved knowledge about illness prevention represents a marked improvement, as presumably minimal health literacy existed given the educational disadvantage (only 10% studying till higher-secondary). This knowledge gain means nearly everyone participating in the program acquired new understanding about how diseases develop and how behaviors influence health outcomes. This cognitive shift from viewing disease as fate, bad luck, or divine punishment to understanding disease as preventable through specific actions represents a fundamental change in health consciousness.

Public health education initiatives often have multiplying positive ripple effects in the community they aim to serve. These include a broad range of secondary outcomes usually occurring along multiple levels - individual knowledge gains through awareness programs can go on to improve health and awareness in families which can, over time, build broader community health capital.

Respondents showed a moderate level of awareness about diseases like diabetes (69%), diarrheal diseases (63%), hypertension (61%), malaria (61%), tuberculosis (49%), malaria (61%), dengue (53%), musculoskeletal disorders (53%), cardiovascular diseases (53%), and alimentary tract diseases (53%). Awareness about these diseases matters because vulnerable households often face multiple health threats simultaneously. **Education addressing all these conditions empowers the entire household to protect multiple members through appropriate preventive actions.**

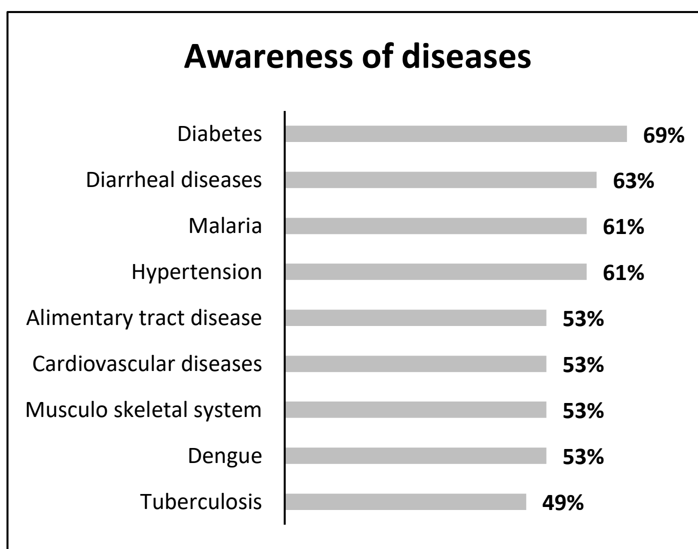


Figure 17: Awareness of disease

The improved ability of participants to articulate specific prevention strategies such as "eat a balanced diet, avoid sugary foods, exercise regularly and quit smoking" for diabetes, "use mosquito nets, liquid and cream repellant" for malaria demonstrates acquiring actionable knowledge. The specificity suggests education used clear, practical messaging rather than technical medical jargon that educated providers understand but confuses lay audiences.

Behavioral Modifications

98% of respondents stated that they made lifestyle changes based on health education received from CoW.

This represents the translation of knowledge into action - a critical threshold that health education often fails to cross due to multiple barriers such as competing priorities, resource constraints, social and cultural norms opposing recommended behaviors, habitual behaviors that are difficult to change, and psychological factors like present bias. While the rate of hygiene practice adoption is overall the highest (75%), there is room for improvement in other areas such as regular health checkups (10%), regular exercise (10%), improved diet (6%) and reduction in smoking and consumption of alcohol (0%).

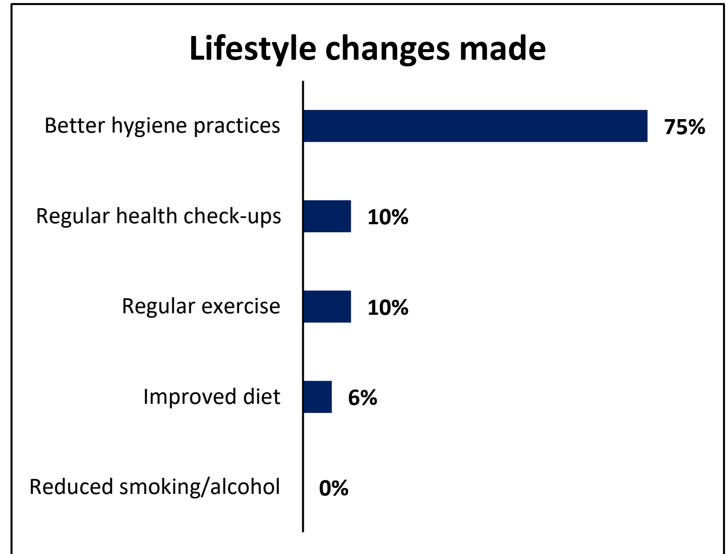


Figure 18: Lifestyle changes made after CoW intervention

Improving diet in contexts of severe poverty and food insecurity is challenging and requires either finding ways to afford more nutritious foods (impossible for many) or making better choices within severe constraints. Exercise recommendations must account for the fact that daily wage laborers often perform physically exhausting work that leaves little energy or time for additional physical activity. Regular interactions with the MMV translated into high rates of preventive health practice adoption across multiple domains. This translation of education sessions into sustained behavior change is a significant steppingstone in developing

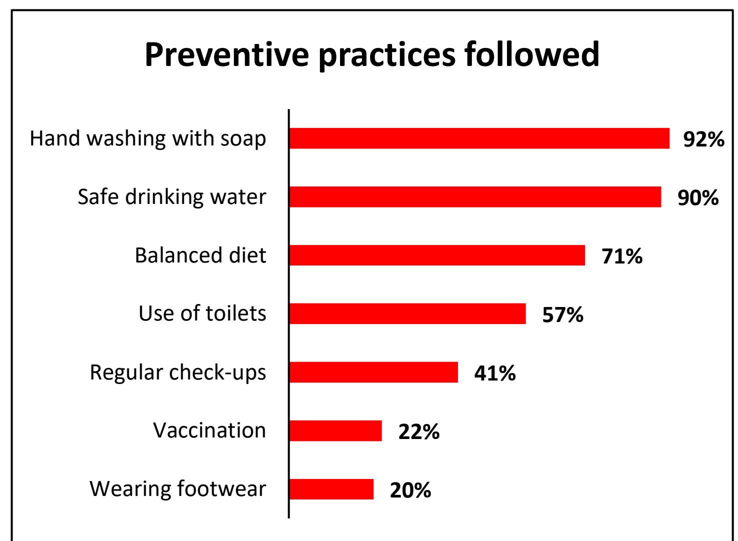


Figure 19: Preventative practices adopted

collective community health. Hand washing with soap (92%), and consuming safe drinking water (90%) saw a good uptake amongst the respondents. Foundational to disease prevention, these two fundamental hygiene practices become lifesaving necessities in urban slums rife with waterborne diseases, contaminated water, and high risk of infection. The uptake of more nutritious meals (71%) is also crucial in such areas

The data points to a large gap in immunization as vaccination as a preventive practice has a lower uptake (22%). Many children and adults miss routine vaccination in slums due to lack of awareness, migration, and barriers to accessing good healthcare such as poverty and long distance to clinics.

Disease Specific Interventions

Beyond education and preventive care, CoW provided critical support for individuals managing chronic health conditions such as diabetes, hypertension, thyroid disorders, COPD and other NCDs. All respondents (100%) affirmed that their families accessed regular monitoring and follow-up services to mitigate complications associated with chronic conditions.

The program also played a crucial role in supporting pregnant mothers by ensuring timely access to antenatal and postnatal services at their doorstep. This proved to be a crucial intervention, given transportation constraints and limited caregiver availability acted as barriers to accessing healthcare. Of the services, 80% of respondents reported being provided health counselling, 40% were given iron tablets to help with deficiencies, 40% were referred to a primary health center or hospital, and 20% got blood pressure and hemoglobin tested.

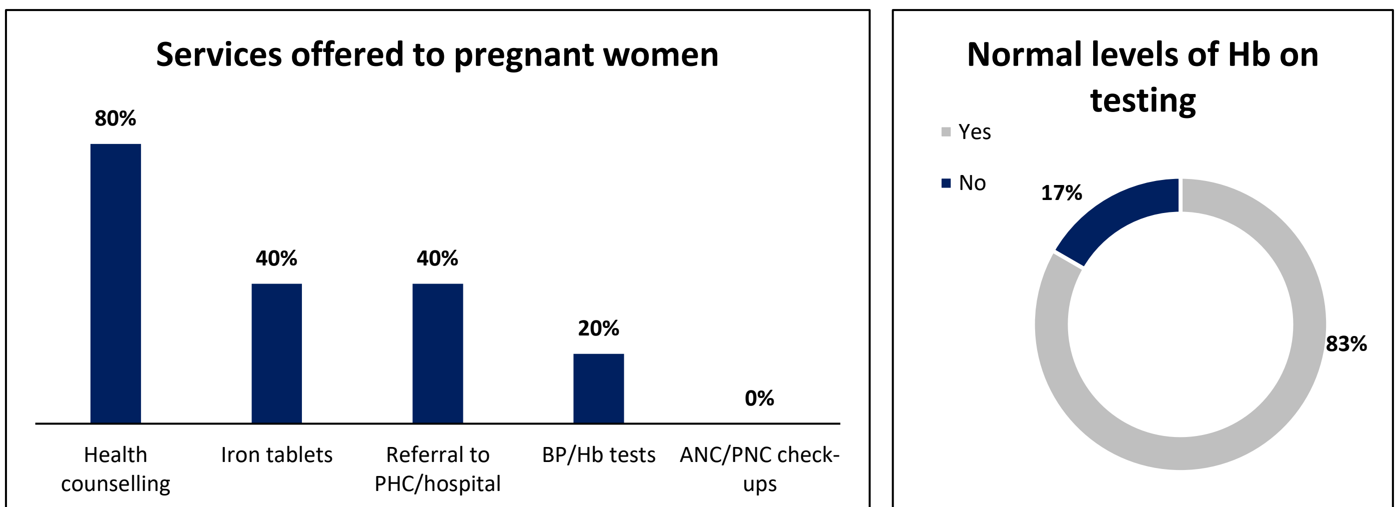
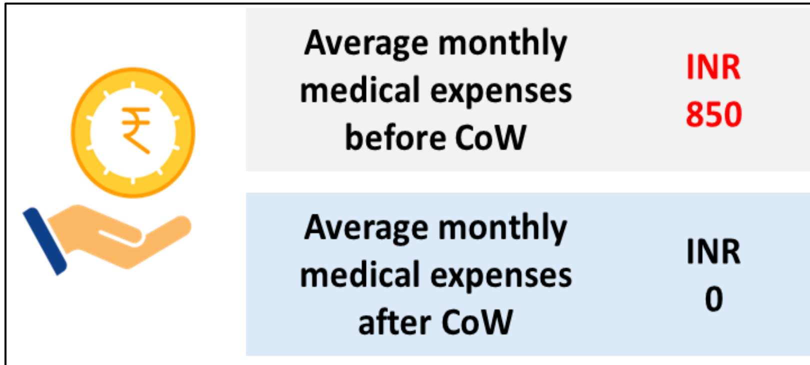


Figure 20: Services offered to women and young girls

Adolescent girls also benefited from hemoglobin testing services. In Ahmedabad. None of the children recorded abnormal hemoglobin levels and did not require further care. Overall, due to the program, children missed just 1 day of school on average.

❖ Financial Impact of the Intervention

The program was successful in eliminating healthcare expenses of the target beneficiaries in both intervention localities.



Medical expenditure saw a dramatic drop from ~ INR 850 per month to 0 INR representing economic benefits that completely transformed families' financial health. For the lowest-earning households (under 5,000 INR monthly), healthcare costs previously consumed a minimum of 17% of income - a high burden requiring difficult choices between health, food, shelter, and children's education. The elimination of medical expenditure could help households utilize available resources for other essential needs. When households spend less on healthcare, they can invest more in children's education, better nutrition, and productive assets like tools for work or improvements to housing.

The elimination of medical expenditure also prevents household economic catastrophes that trap families in poverty cycles. Before the MMV, a serious illness could trigger debt accumulation, sale of productive assets like livestock or tools, withdrawal of children from school to save fees, or migration of workers to different regions seeking higher wages. Each of these crisis responses might temporarily resolve the immediate healthcare cost problem while creating longer-term economic damage that persists long after the health episode resolves.

The program has also helped beneficiaries save approximately 2 workdays in Ahmedabad. At reported average daily wages, this translates to monthly savings of **~INR 750.**

For people living in poverty, loss of even a day's work has several consequences for the financial health of the entire household. The CoW initiative helps reduce costs further by eliminating travel to healthcare facilities. Instead of spending 4-6 hours traveling to distant clinics 18 km away, while using multiple transport connections), beneficiaries now walk or take brief local transport to the MMV's convenient community location, completing healthcare visits within 30 minutes or less. **They report saving approximately INR 150 per trip due to this intervention.**

Criteria	Cost avoided in INR
Income saved	750
Travel costs avoided	150
Monthly medical expenses saved	850
Health emergencies prevented	1200
Savings due to preventive care	4400
Overall cost saving due to CoW program	**~7,500**

95% of beneficiaries also reported that the CoW program helped manage or prevent costly medical and health emergencies in the past 6 months. **Overall, they have been able to avoid INR 1200 in costly medical emergency expenditure.** 96% of beneficiaries affirmed that the MMV provided them with the appropriate information, medication and training required to prevent illnesses that would require expensive treatments. **Overall, they estimated that such an illness would cost them ~INR 4500 over the course of its treatment.**

Further, when asked if they would be willing to pay for what are currently free services, 96% of respondents in Ahmedabad refused. Those in Ahmedabad were willing to pay only INR 15 for the services. This showcases a larger urgency and need for such an intervention such as the care on wheels intervention, as it demonstrates the severity of financial barriers to accessing healthcare.

❖ Improved Equity of Access

All respondents affirmed that **everyone in the community has equal access to the Care on Wheels MMVs, and that the services are fully accessible for people with disabilities.** Home visits are provided to disabled persons (86%) which offer free medication (63%) and follow up care by Auxiliary Nurse Midwives (37%).

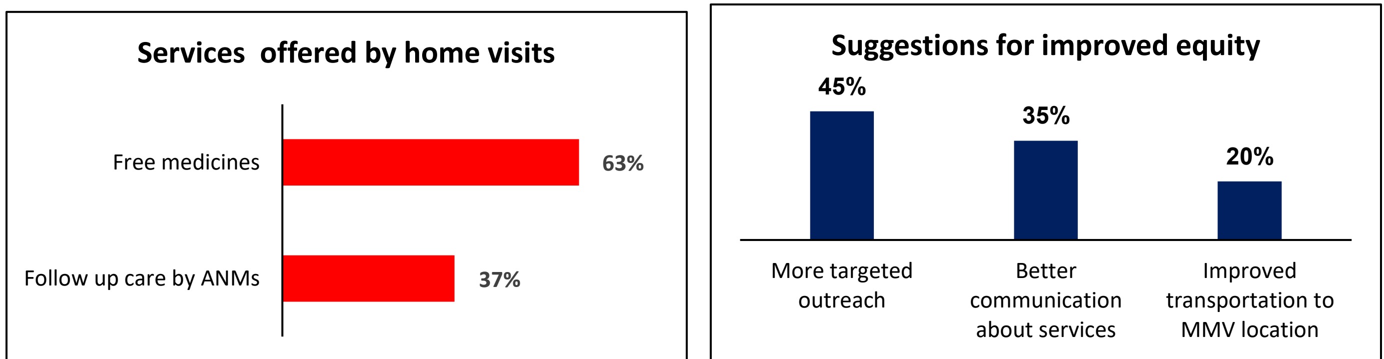


Figure 21: Services offered by home visits and suggestions for improvement

Respondents shared a few suggestions for improving accessibility of services. Those in Ahmedabad (27%) had only one suggestion - to include visual/audio aid for the community education sessions. When asked for suggestions to improve equitable access to the initiative and all its services, a majority of respondents mentioned the need for more targeted outreach (45%), better communication about services (35%) and improved transportation to MMV location (20%).

❖ Sustainability and Future Needs

Respondents' primary concern on the stoppage of MMV services was the projected increase in financial burden due to medical costs and travel-related expenses. The most vulnerable amongst the target population would be at high risk of treatment dropout and overall neglecting their health to spare expenses. People would resort to local government and private healthcare facilities if absolutely necessary but have legitimate concerns about the affordability.

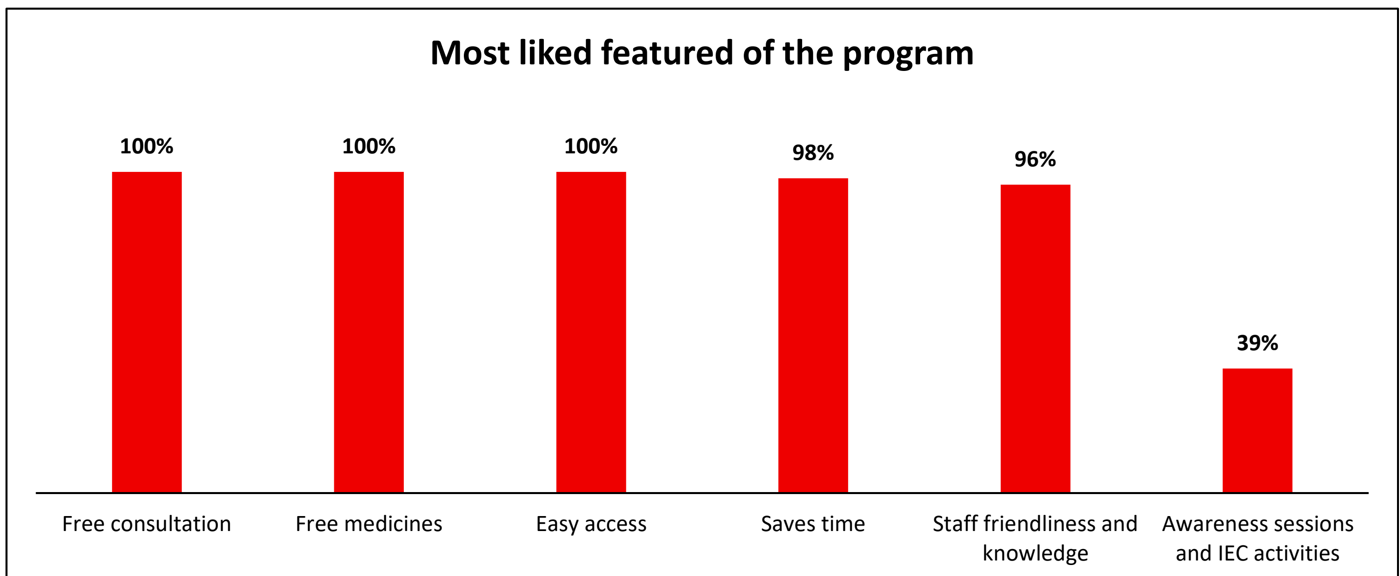


Figure 22: Most liked features of the program

Overall, patients were very happy with the services provided by the medical van. However, when asked to rate their most liked features, 100% rated free medication and consultation and ease of access as their most valued features. Followed by which, time saved (98%) and staff friendliness and knowledge (96%) were most liked. Participants reported lower scores for awareness sessions and IEC activities. From a program sustainability perspective, community education provides one of the widest protective nets against disease as it showcases a positive spillover effect along multiple levels. Hence, highlighting a potential gap for improvement of the program.

SWOT Analysis

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 affect the impact and sustainability of a program. It helps in identifying potential risks and developing effective strategies for making informed decisions to enhance the impact and sustainability of the program. It also supports streamlining the monitoring and evaluation process and improving accountability.

STRENGTHS

- **Holistic support ecosystem:** Provides holistic support and multiple services under one integrated program.
- **Financial Ease:** Complete elimination of monthly medical costs from **INR 850** to **INR 0**. Overall helped **save INR 7,500**
- **Improved Access:** The program helped connect vulnerable populations in urban slums with quality medical care
- **Improved treatment adherence:** Timely diagnosis and awareness sessions helped improve positive health seeking behaviors amongst beneficiaries

WEAKNESSES

- **Variation in service utilization across centres:** Differences in infrastructure, staffing, or awareness may lead to different and inconsistent experiences across locations.
- **Community ownership:** Increasing feelings of ownership and responsibility amongst community members can help strengthen the program implementation and impact

OPPORTUNITIES

- **Expansion of services:** Expanding services to include mental health screening and counselling, preventative dentistry, reproductive health can further the impact of the program
- **Establishing government partnerships:** Collaboration with government bodies can help expand reach and impact of the program

THREATS

- **Instability of place:** Due to the nature of their tenements, people living in urban slums are at risk of eviction and displacement
- **Equipment wear and tear:** Breakdown of medical equipment or the medical vans can serve as an impediment to program effectiveness

Case Studies

Smriti*, patient with undiagnosed diabetes

Smriti, a 49-year-old woman from Naranpura, Ahmedabad, belonged to a financially vulnerable family and found it difficult to navigate the time and resource demands of public healthcare systems. Living with her husband, mother-in-law, and two sons who are still pursuing their education, the family's financial stability rests precariously on her husband's income as an electrician. For six months, Smriti delt with a chronic fungal infection that eroded her quality of life and self-esteem. The affected skin thickened and darkened, developing persistent rashes that caused constant discomfort. More troubling than the physical symptoms was the cycle of failed treatment attempts that left her feeling helpless. Unable to complete any treatment regimen consistently, Smriti watched helplessly as her condition worsened. What could have been resolved with proper treatment became a chronic condition that affected her daily functioning and family life.

Everything changed when the Care on Wheels mobile medical van arrived in her community. **For the first time, Smriti encountered a healthcare delivery model designed around her constraints rather than expecting her to overcome systemic barriers.** The initial consultation revealed the full scope of her condition and, crucially, an underlying factor that had allowed the infection to become so entrenched - **undiagnosed diabetes.** The comprehensive treatment plan included topical antifungal cream combining Clotrimazole and Betamethasone to address local symptoms and inflammation, oral antifungal medication (Fluconazole/Itraconazole) to systematically clear the widespread infection throughout her body, and a diabetes management protocol with patient education about how uncontrolled blood sugar exacerbates infections. Most significantly, this experience transformed Smriti's understanding of her own health. The diabetes education she received equipped her to manage a condition she hadn't known she had. The foot care protocols gave her tools to prevent future infections. She emerged not just healed but empowered with knowledge and self-care practices that would serve her for years to come.

Tanvi*, patient with undiagnosed anaemia

Tanvi, a 30-year-old woman from Chandkheda, Ahmedabad became suddenly bedridden, too weak to stand. For six months, **severe anaemia** had progressively reduced her strength, mobility, daily wage earnings, which her family was heavily dependent on. As a daily wage worker, Tanvi's income was crucial for her family, and when weakness made it impossible to report for work, that income disappeared. When she became too frail to perform basic household tasks, the burden shifted to other family members, disrupting their lives. The financial constraints that prevented her from seeking proper medical treatment were the same constraints her illness was catastrophically worsening with each day she couldn't work.

Tanvi's rescue came through Care on Wheels' Anaemia Awareness Campaign—a proactive community health initiative designed to identify and treat one of India's most prevalent yet often undiagnosed conditions. When the mobile medical team arrived in Chandkheda conducting screenings, they found Tanvi in dire condition. A haemoglobin test revealed the severity of her situation: 6.6 g/dL. The CoW physician, Dr. Sachin Patel, immediately initiated a comprehensive treatment protocol. The approach was both aggressive and holistic, recognizing that severe anaemia requires more than just iron supplementation. Tanvi received two teaspoons of iron syrup daily to replenish depleted iron stores, folic acid to support the production of healthy red blood cells, and a multivitamin regimen to address potential nutritional deficiencies that may have contributed to or resulted from her anaemia.

Critically, all of the diagnosis, consultations, medications, and follow-up care came free of cost and was delivered directly to her community, requiring no travel, no waiting, no bureaucratic navigation. For a bedridden woman with no income, this wasn't just convenient; it was the difference between treatment and continued deterioration. Within just one month, Tanvi's haemoglobin levels soared from 6.6 to 11.4 g/dL, a remarkable increase of 4.8 percentage points. This improvement moved her decisively out of severe anaemia territory and restored her body's capacity to function. Her energy returned, she regained her mobility, she resumed her caregiving duties for her children and household. She returned to work, selling vegetables, actively contributing to her family's income.

* Patient names changed to protect confidentiality

Stakeholders Speak

Reema Joemon, Ravi Shankar, Sundeep Talwar | Impact Guru Foundation, Care on Wheels Team

The Mobile Medical Van (MMV) initiative represents an innovative approach to addressing healthcare accessibility challenges in India's urban slum communities. Launched in 2022 with a total of 10 mobile units across Pune and Ahmedabad, this program brings medical services directly to marginalized populations' doorsteps, eliminating traditional barriers to healthcare access. By 2023-2024, the program had expanded to provide comprehensive primary care, medication dispensation, and referral services through a technology-enabled, community-centered model.

The MMV initiative deployed mobile medical units staffed by multidisciplinary teams to serve communities where they live. Each van operates as a complete primary care facility, bringing medical expertise, medications, and health awareness programs directly to slum areas.

The initiative achieved near-universal coverage in target areas, reaching almost 100% of slum areas in Pune and a substantial portion of slum areas in Ahmedabad. The MMVs began boarding in 2022, becoming fully functional with four units in Pune and an additional six in Ahmedabad by 2023. Each MMV employs a four-person team consisting of a medical consultant, project executive (who doubles as a health worker), pharmacist, and driver (who also serves as a community mobilizer). A project coordinator oversees all units, managing internal and external reporting, administration, monitoring, project evaluation, and reporting.

Teams work Monday through Friday, with extended activities on weekends including health campus events, awareness drives, and health screenings. The program maintains ties with local governance in Pune to ensure community integration and support.

The MMV initiative offers six core services tailored to community needs: Medical consultancy, Health awareness programs focused on behavioral change, Free medication dispensation, home visits for patients unable to travel, Palliative care services, Referral services to charitable and government hospitals Services, particularly awareness programs, are customized based on each area's specific health needs and challenges.

The program utilizes a proprietary software system called the “Health Management Application" (HMA) that serves as the operational backbone:

- Data Capture: The system captures 100% of patient and service data, ensuring complete documentation and tracking.

- Infrastructure: An internal team and MIS officer monitor and manage the system. Each van contains an internal server that establishes connectivity with cloud services, ensuring information processes seamlessly through the three HMA models: Registration, Medical Consultant, and Medical Dispersion.

- Monitoring: Camera and GPS systems are installed in each van to monitor operations, ensure accountability, and optimize routing.

- Patient Management: Patients receive unique IDs upon registration, enabling continuity of care through repeat services. The system tracks consultancy schedules and follow-ups while remaining flexible to extend services based on field caseloads.

The program eliminated local procurement inefficiencies by implementing a centralized medicine supply system. A central procurement team based in Mumbai supplies all medications to the vans, creating a transparent and elaborate tracking process. Medicine requests and dispersions are maintained through the HMA, with medications dispensed directly from vans to beneficiaries in the field, ensuring accountability and preventing wastage.

Beyond the core team, the program maintains relationships with local medical consultants who can be hired on an as-needed basis, particularly for emergency cases, providing additional capacity during high-demand periods. The MMV initiative successfully addresses healthcare access barriers by:

- Eliminating registration fees and making care completely free
- Bringing services to patients' doorsteps, eliminating transportation costs and time barriers
- Providing comprehensive primary care, medications, and referrals in a single touchpoint
- Creating continuity of care through patient tracking and follow-up systems
- Adapting services to meet specific community health needs
- Maintaining operational transparency through complete data capture and monitoring

Dr. Waseem, MBBS, Consultant Medical Officer

Experience: 4 years overall | 2 years with Care on Wheels

Overview of Program: Dr. Waseem has served as a Consultant Medical Officer with the Impact Guru Foundation for 2 years. The Mobile Medical Van implements a structured workflow, traveling to designated communities, establishing operations quickly, and delivering high-volume primary care services to 100+ patients daily. The team regularly handles a comprehensive range of medical cases including acute and chronic conditions, with good coordination among MMV staff (pharmacist, social worker, driver) and with the central Impact Guru foundation team.

Impact of Program: Dr. Waseem reports that the Mobile Medical Van has significantly improved community health outcomes through multiple pathways. By making dependable primary care easily accessible, the program enables early diagnosis and treatment of both acute and chronic conditions, strengthens maternal-child health services, and ensures even underserved populations receive timely counselling, follow-up, and referrals they would otherwise miss. Patients have demonstrated good cooperation and adherence to chronic disease treatments including Type 2 Diabetes Mellitus, hypertension, hypothyroidism, asthma, and osteoarthritis. Healthcare access has definitely increased, and nutritional deficiencies show signs of improvement.

Needs and Challenges: The most pressing healthcare needs identified include common illnesses (highest priority), moderate concerns for preventive care, mental health, and maternal-child health issues, and high priority for adolescent health, with geriatric care also notable. Major challenges include resource limitations such as lack of certain frequently used medications and diagnostic tools, logistical challenges particularly around vehicle maintenance and fuel availability that require more priority attention, patient-related challenges limited to occasional encounters with antisocial elements, and environmental challenges with harsh weather conditions during non-winter months.

Recommendations: Dr. Waseem assesses that current medical equipment, and supplies are sufficient but acknowledges potential for enhancement. He recommends considering expanded services including mental health and specialized care in the future. Scheduling and outreach strategies appear adequate but could improve to reach more settlements effectively. Enhanced patient education programs would yield positive impact. Follow-up tracking is currently handled very efficiently with assistance from additional NGOs supporting senior populations. Infrastructure improvements such as better ventilation equipment for vehicles would be beneficial. The program is actively pursuing partnerships with local government agencies to strengthen health and wellbeing awareness from the grassroots level, particularly targeting schools and community learning centres.

Priyanka Raval, D. Pharma, Pharmacist

Experience: 3 years overall | 2 years with Care on Wheels

Role and Responsibilities: Priyanka serves as a pharmacist with the Care on Wheels program, affiliated with the Impact Guru Foundation for 2 years. Her primary responsibilities include providing correct dosage and quantity of medications to patients, checking expiry dates of drugs to maintain both base stock and van stock, and providing proper counselling to patients regarding medication use. Her background is in general pharmacy.

Process and Management: The medicine ordering and inventory management process follows a systematic and need-based approach. It begins with regular assessment of community health requirements during consultations and awareness sessions. Medicine orders are prepared and placed in a standardized format,

then shared with the Impact Guru Foundation procurement team for approval and further processing. Coordination with the Impact Guru Foundation team for procurement is reported as good. For stock management where medicines are not available, detailed records are maintained of beneficiaries who didn't receive medicines, and during subsequent visits, these individuals are prioritized for distribution. The system utilizes both manual and digital inventory management methods to track usage and stock levels, observing disease trends, seasonal illnesses, and recurring patient complaints to align stock with actual population needs. Expiry dates are regularly checked across all medicines, with proper procedures for rotating stock and disposing of expired medicines as biomedical waste. Storage conditions and practices are carefully managed according to category and storage requirements.

Impact of Role: Priyanka identifies three key contributions her role makes to the Care on Wheels program's success: ensuring timely and adequate medicine supply, supporting healthcare providers with medication management, and educating patients about proper medication use. The most rewarding aspects of her work include patient satisfaction, witnessing positive health outcomes, and contributing meaningfully to community health. She observes that patients are satisfied with regular visits and medication provision, which gives people a sense of happiness and growth. The mobile medical van provides not only medicines but also healthcare advice, contributing to improved and important self-care practices.

Gaps and Challenges: Specific types of medications frequently unavailable include those for chronic diseases, paediatric care, and specialized treatments, though no specialized medicine treatments are available through the van. Current system gaps include delays in procurement with no clear visibility on when stocks will be available (tracking issues), insufficient stock levels that are not adequate for distributing medications, and communication issues with suppliers, though these are reported as having no significant issues overall.

Support and Improvements: Priyanka recommends several areas for improvement in the medicine management process: streamlining ordering procedures, better forecasting of medicine needs, improved training or guidelines for distribution, enhanced inventory management tools, and improved communication with suppliers. Her overall assessment is that the program has significant strengths, with particular areas where patients are satisfied with regular visits and medication access. She notes that the medical mobile van provides medicines and healthcare advice that contribute to improved and important self-care among beneficiaries.

Shailesh Sonagara, Social Impact Executive

Experience: 10 years overall | 1 year 6 months with Care on Wheels

Role and Responsibilities: Shailesh serves as a Social Impact Executive with the Care on Wheels program, having been with the Impact Guru Foundation for 1.6 years. His primary responsibilities include community management and solving field issues, working approximately 9 hours per day. Key tasks include building relationships with community leaders, local NGOs, and ASHA workers, arranging health camps for the

community, and conducting awareness activities within the community. His professional background includes previous roles as a pharmacist, with relevant skills in evaluation and monitoring at the community level.

Administrative and Operational Management: Daily administrative tasks include managing registers and records using both manual and digital methods for record keeping, scheduling and coordinating van operations, and maintaining communication with the Impact Guru Foundation team and other stakeholders. Scheduling procedures are already fixed with established schedules in place. However, there are no formal communication strategies for informing communities about van visits, and adjustments to the schedule are made as needed. Administrative tasks related to vehicle maintenance and operation are discussed with the coordinator and approved for the task.

Coordination and Communication: Shailesh reports that the coordination with other team members including doctors, pharmacists, and drivers is good, ensuring smooth operations of the Mobile Medical Van. Meeting and communication protocols are established and followed regularly. The team has processes in place for resolving conflicts or issues as they arise. There are no challenges reported in coordinating between the Mobile Medical Van and Impact Guru Foundation. When asked about challenges during healthcare delivery through the mobile van, Shailesh notes there are operational challenges related to transport, location access, or staff shortages, though no specific challenges are detailed. There are no limitations in diagnostic capacity or medicine availability, no difficulties in patient load management or prioritization, and no communication challenges with the community, especially during emergencies or high footfalls.

Capacity Building and Community Engagement: Shailesh has received capacity building and training to support his work in the Care on Wheels program. The training covered orientation, health communication, first aid, and reporting, conducted by the Impact Guru Foundation team, health department officials, and external trainers. He found the training frequent and useful, with refresher sessions and field support provided regularly. To ensure participation from the entire community including women, youth, elderly, and persons with disabilities, an ASHA worker facilitates outreach. Specific strategies include door-to-door mobilization practices, and coordination with ASHAs and Anganwadi Workers.

Impact and Effectiveness of Program: In Shailesh's opinion, Care on Wheels is effective in addressing healthcare needs of the community, with notable achievements and areas where the program has made significant impact. Feedback received from the community regarding the work of Care on Wheels shows community satisfaction, with suggestions for improvement noted. The program has demonstrated its value in reaching underserved populations and providing essential health services.

Challenges and Areas for Improvement: To perform his role more effectively, Shailesh suggests tying up with eye hospitals for eye camps as additional resources or support. For improvements in the functioning of the Mobile Medical Van, he recommends adding nursing staff to support doctors, which would enhance service delivery capacity and patient care quality.

Sustainability and Exit Strategy: Regarding long-term sustainability measures for Care on Wheels in the area, Shailesh feels that services are not currently aligned with government health programs, community members are not taking ownership or supporting logistics, and data from the MMV is not being shared with the government health system. There has been no discussion about the eventual transition or exit of the Care on Wheels services. The Impact Guru Foundation or KMPL team has not shared plans for withdrawal, transition, or handover. Local health facilities (PHCs/CHCs) are not being prepared to take over services. For post-exit support, the recommendation is to engage with government hospitals to ensure continuity of care.

Alignment with OECD DAC Framework

Evaluation Dimension	Focus Areas
Relevance	The MMV model directly addresses critical gaps in healthcare where distance, cost and poor facility availability limit access. The program is highly relevant as beneficiaries especially elderly, daily wage earners, pregnant women and chronic illness patients depend on the MMV for regular, affordable care. Free consultations, medicines and diagnostics significantly reduce out-of-pocket expenditure, aligning with India's Universal Health Coverage goals.
Coherence	The initiative aligns well with national health priorities, health policies, health systems, and SDGs focused on equity and last-mile access. The targeted intervention to the most vulnerable individuals aligns well with India's larger national healthcare policies.
Effectiveness	The MMV is effective in delivering accessible, affordable and trusted primary care. The assessment shows high utilization, strong awareness, reliable doctor presence, and high satisfaction with staff behaviour and free medicines. Significant improvements in chronic disease monitoring, maternal health access and preventive behaviours demonstrate strong on-ground outcomes.
Efficiency	One of the biggest advantages of the MMU is its operational and cost efficiency in delivering healthcare to remote and underserved populations. The model was successfully able to bring monthly medical expenses down to 0. It reduces travel time to hospitals, uncertainty of doctor presence and long waiting periods. Route planning, free essential diagnostics, comprehensive checkups enhance operational efficiency.
Impact	The program has contributed to early detection of NCDs, improved maternal and child health practices, and higher adoption of preventive behaviours, such as hygiene, nutrition, and regular check-ups. The MMU has become a dependable primary care source, reducing reliance on informal providers and improving long-term health outcomes.
Sustainability	Sustainability is well embedded in the programme, which promotes long-term sustainability, both programmatically and financially. CSR partnerships provide stable funding, while community trust, engagement of local health workers, and strong utilisation support social sustainability. Preventive care integration reduces long-term health burdens. Strengthening specialist services, diagnostics and referral systems, will further enhance long-term sustainability.

Alignment with SDGs

SDG 1: No Poverty

The program contributes by reducing the financial distress faced by low-income families having to pay for out-of-pocket medical expenses. By providing quality healthcare for free, the program protects patients and their families from health expenditures. This initiative enables equitable access to healthcare and helps economically disadvantaged households access healthcare.

SDG 3: Good Health and Well-being

The program directly addresses health needs of underprivileged people by improving access to quality healthcare. Through free diagnostics and treatment, awareness campaigns, and dedicated support, it contributes to reducing premature mortality from non-communicable diseases and promotes early diagnosis and treatment.

SDG 4: Quality Education

Through community outreach and awareness drives, it empowers individuals and families with critical knowledge about disease symptoms, the importance of timely diagnosis, and available support systems. This focuses on health literacy and informed decision-making fosters a more aware and responsible population, indirectly supporting the goal of inclusive and equitable quality education.

SDG 5: Gender Equality

One of the program's target populations are women and adolescent girls in underserved regions. It seeks to provide access to essential reproductive health services. The program offers maternal and child health counselling, antenatal and post-natal care, and health awareness, all of which directly support reproductive rights and informed health decision-making.

SDG 10: Reduced Inequalities

The program aligned with SDG 10 plays a crucial role in minimizing inequalities in healthcare access. It ensures that underprivileged and economically weaker sections of society receive the same level of medical attention and treatment opportunities as those with higher financial means. By extending support to those in need, the program bridges socio-economic disparities and promotes inclusivity within India's healthcare system. This approach reinforces equity, fairness, and social justice in the delivery of health care services.

SDG 17: Partnership for Goals

The program through its collaborative framework involving multiple stakeholders, including the Impact Guru Foundation, corporate donors like KMPL, and partner clinics. These strategic partnerships enhance the program's outreach, strengthen its resource base, and ensure effective implementation. By leveraging shared expertise, technology, and financial support, the program demonstrates the power of public-private and civil society partnerships in achieving sustainable health outcomes and broader development goals.

Recommendations and Way Forward

The Mobile Medical Van program proves that universal health coverage is achievable for marginalized populations when interventions systematically address multiple access barriers simultaneously. **The transformation from 86% being deterred by costs and 92% due to long distances to clinics to 100% having access to universal free access to quality medical healthcare with monthly expenses reduced to 0 INR demonstrates that equity in healthcare is an achievable reality.**

To build upon this strong foundation and further enhance the program's effectiveness and sustainability, the following recommendations are proposed:

- **Extension of awareness topics:** Inclusion of health topics such as mental health can further enhance the program's reach and impact. Mental health is heavily stigmatized in India, causing delays in screening and treatment. The program can work to combat this by implementing universal mental health screening, training primary care doctors in first-line treatment, train social workers to provide supportive counselling, and establish referral pathways for severe cases.

- **Strengthening comprehensive disability accessibility:** Respondents have recommended strategies to strengthen disability accessibility of the program. The CoW team can install wheelchair ramps, provide adjustable examination tables, develop audio-visual communication aids and improve accommodation to ensure better inclusion of people with disabilities.

- **Advocacy for policy change:** Conversations with various stakeholders point that advocating for better urban policy must be a strategic priority that could enhance population-level impact beyond the current treatment support focus. Due to its significantly large reach of around 50K individuals, the program can conduct in-depth studies, establish partnerships with other NGO's and advocate for policies to improve slum sanitation. It can also advocate to the government for more mobile primary care facilities for marginalized populations.

In the broader context of India's health landscape, the Impact Guru Foundation's Care on Wheels initiative demonstrates a replicable model for addressing the severe barriers to effective health care. The program offers a framework that other institutions and regions could adapt to their specific contexts and resource availability.

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Abbreviations

KMPL	Kotak Mahindra Prime Limited
IGF	Impact Guru Foundation
CoW	Care on Wheels
MMV	Mobile Medical Vans
OECD	Organization for Economic Cooperation and Development
DAC	Development Assistance Committee

About the Impact Guru Foundation Care on Wheels initiative

About Impact Guru Foundation

Impact Guru Foundation (IGF) was established in 2014 with the agenda of providing accessible and affordable healthcare for all. In accordance with its core mission of #HealthyBharatHappyBharat, the IGF is dedicated to meeting the healthcare needs of vulnerable individuals and communities, specifically focusing on economically weaker areas. The foundation envisions a world where every individual has the opportunity to live a healthy, empowered, and dignified life and aims to impact 5 million lives by 2030. It seeks to create lasting social impact through three primary pillars: healthcare, livelihood, and environmental sustainability.

The foundation's work is guided by the 4 H's philosophy—Healing, Health, Harmony, and Happiness—focusing on creating community-driven solutions that address critical gaps in healthcare accessibility, empower vulnerable populations, and promote environmental sustainability. Their healthcare programs deliver medical services at approximately $3 per patient per week, while their livelihood initiatives have helped over 35,000 individuals gain employment and financial independence. They've also planted over 5 million trees and supported menstrual health for over 66,000 people.

About the Care on Wheels Program

The Care on Wheels initiative is a joint venture by Kotak Mahindra Prime Limited (KMPL) and IGF that aims to provide Mobile Medical Vans (MMV to remote slum locations. CoW is Impact Guru Foundation's flagship healthcare program that provides free doorstep medical services through Mobile Medical Vans (MMVs). The program began with 4 MMV in Pune in 2023 and later expanded to 6 MMVs in Ahmedabad in 2024.

The initiative targets people living in remote areas or those who face barriers accessing healthcare facilities due to mobility issues, lack of transportation, or financial constraints. Each mobile medical unit is staffed with a complete healthcare team: an MBBS-qualified medical consultant who examines patients and prescribes medications, a health worker who manages patient care and conducts counseling and outreach activities, a pharmacist who dispenses medicines and explains dosages and side effects, and a driver-cum-facilitator who operates the vehicle carrying all medical equipment and supplies.

The program offers comprehensive primary healthcare services including health screenings, vaccinations, testing for blood pressure and diabetes, treatment for various illnesses, and referrals for critical cases. The initiative is aligned with the Government of India's national urban and rural Health Missions, extending affordable medical care to poverty-stricken and remote communities across India. The program also conducts health awareness sessions using audio-visual educational materials to inform communities about non-communicable diseases and other health issues.

Implementation Process

The program first identifies a target population, along with their partner organization, in urban slum areas, requiring the intervention of the CoW initiative. They then proceed to conduct

1. **Community Mobilization**: community mobilization and stakeholder meetings, with preparation and finalization of visit schedule
2. **Awareness Campaigns**: Awareness campaigns or sessions are conducted within the chosen community that range from awareness around menstruation, prevention of illness in children, health risks for elderly people to non-communicable diseases like diabetes. Healthcare sessions are tailored to focus on the specific locality.
3. **Medical Diagnosis:** The doctor on site utilizes available equipment to diagnose patients and prescribes medications free of cost. A pharmacist dispenses the medication while also explaining dosage and side effects of the medication. In case of bedridden or disabled patients, the doctor and a paramedic team conduct home visits to facilitate better access to healthcare.
4. **Counselling Services:** While the doctor provides necessary counseling to patients and caretakers on various diseases and treatment plans, a project team also conducts regular counseling sessions, healthy practices and behaviors
5. **Referral linkage with local health providers:** In case of a serious case, the CoW team also refers patients to nearby healthcare facilities. All referrals are done to the tied-up hospitals and charitable clinics for the services
6. **Follow up and feedback:** The Project Team regularly follows up with the beneficiary community and takes their feedback about project services and satisfaction.

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