



# Impact Assessment Report

**Impact Guru Foundation – Care on Wheels Initiative**

**KMPL Project ID - KMPL202223005**

**A report by Crisil Limited**

## Disclaimer

This report sets forth our views based on the completeness and accuracy of the facts stated to CRISIL Limited (impact assessment agency) 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 CRISIL Limited 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 'CRISIL Limited 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, CRISIL Limited advises that neither it nor any of its partner, director or employee undertakes any responsibility arising in any way whatsoever, to any person other than Client in respect of the matters dealt with in this report, including any errors or omissions therein, arising through negligence or otherwise, howsoever caused.

In connection with our report or any part thereof, CRISIL Limited does not owe duty of care (whether in contract or in tort or under statute or otherwise) to any person or party to whom the report is circulated to and CRISIL Limited shall not be liable to any party who uses or relies on this report. CRISIL thus disclaims all

responsibility or liability for any costs, damages, losses, liabilities, expenses incurred by such third party arising out of or in connection with the report or any part thereof.

By reading our report, the reader of the report shall be deemed to have accepted the terms mentioned here in above.

## **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.

## Contents

|   |           |
|---|-----------|
| <b>Understanding of Context .....</b>               | <b>5</b>  |
| <b>Approach and Methodology .....</b>               | <b>7</b>  |
| <b>Sampling Framework.....</b>                      | <b>7</b>  |
| <b>About the Program and Primary Findings .....</b> | <b>8</b>  |
| <b>SWOT Analysis .....</b>                          | <b>30</b> |
| <b>Alignment with OECD DAC Framework .....</b>      | <b>31</b> |
| <b>Alignment with SDGs .....</b>                    | <b>32</b> |
| <b>Recommendations and Way Forward .....</b>        | <b>33</b> |
| <b>Annexure .....</b>                               | <b>34</b> |

# 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<sup>1</sup>. The 2011 Census of India<sup>2</sup> 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

---

<sup>1</sup> [https://niua.in/sites/default/files/2025-07/2021\\_2\\_Slums%20in%20Million.pdf](https://niua.in/sites/default/files/2025-07/2021_2_Slums%20in%20Million.pdf)

<sup>2</sup> [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 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 | 51     |
| 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

|                             |   |
|-----------------------------|---|
| <b>Program ID</b>           | KMPL202223005   |
| <b>Program duration</b>     | 1 <sup>st</sup> February 2023 – 31 <sup>st</sup> March 2024 |
| <b>Partner organization</b> | Impact Guru Foundation                                      |
| <b>Location</b>             | Pune  |

| 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 4 Mobile Medical Vans (MMVs) in Pune 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 for 37,093 vulnerable individuals from urban slum areas of Pune ; 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

### Mobile Medical Vans Procurement and Mobilization

FY 2022-23 represented the mobilization and procurement of phase of the Mobile Medical Van initiative supported by Kotak Mahindra Prime Ltd. (KMPL) CSR and implemented by Impact Guru Foundation (IGF). Although community level service delivery commenced from FY 2023-24, the preceding year was critical for establishing the program's operational foundation by,

- Procuring the right infrastructure
- Developing a seamless digital backbone
- Building operational systems
- Setting up teams and governance structures

This ensured that once vans are launched, they could serve communities efficiently, compliantly, and with high-quality healthcare.

### Procurement and Capital Investments

Procurement activities focused on acquiring all capital assets and digital systems necessary for the operational roll out of four mobile medical vans covering Pune's slum clusters. The largest part of the procurement included

- ❖ **Mobile Medical Vans and Upholstery:** Four Force Ambulance Vehicles (Force Delivery Van 3350) were procured and custom-fabricated to suit medical service delivery.

**Procurement amount:** Rs. 76,89,652

**Date of creation:** 28 March 2023



#### Each van was fitted with:

- Examination space
- Consultation desk
- Storage for medicines and equipment
- Basic emergency facilities
- Internal server for digital data capture

- ❖ **Digital infrastructure and hardware:** A core enabler of the program is real time data capture and monitoring. To support this, the project invested in essential digital infrastructure, including 12 tablets and 9 laptops. These devices strengthen frontline service delivery by supporting patient registration, consultation documentation, medicine tracking and MIS reporting across all mobile vans.

**Procurement amount of medical equipment & office setup:** Rs. 69,660 & Rs. 1,11,000

**Date of creation:** 9 and 10 March 2023

## Development of Systems and Software

Beyond physical assets, 2022-23 also focused on building the digital and managerial backbone of the intervention, critical for scale, standardization and long-term sustainability.

An internal software system, the Health Management Application (HMA) was developed to standardize and streamline all information processes across the Mobile Medical Vans. The system ensures complete data capture, seamless reporting, and full traceability of services delivered in the field.

The application operates through 3 core modules:

- 1) Registration module:** It registers every beneficiary with a unique ID and facilitates easy tracking of patient history and follow up care.
- 2) Medical consultant module:** It records consultation details, diagnostic observations, and follow up schedules. It also supports repeat services based on case load and patient requirements.
- 3) Medical dispersion module:** It tracks medicine requests, approvals and dispersals. This ensures accountability through a central procurement and distribution system managed by head office, instead of local purchases.

The system is supported by an internal server installed within each van, allowing the internal MIS officer to monitor operations and ensure data integrity, even in no network areas. The camera and GPS enabled features further help track van movement, service points and daily activity.

## Building Operational Readiness

Although service delivery had not yet begun in 2022–23, this year played a pivotal role in laying the foundation for effective program roll-out. During this period, all core groundwork activities were completed — including staff training, community orientation sessions, route planning, and initial mapping and coordination with local government bodies. A multidisciplinary team comprising doctors, pharmacists, community mobilisers, drivers, and backend MIS staff were onboard and prepared for deployment.

By March 2023, the program was structurally ready to begin operations, with clear protocols, operational routes, and teams in place. The procurement and preparatory year thus shaped the program's ability to operate efficiently and at scale once the mobile medical vans became functional.

## Overview of Procurement and Mobilization Phase

The FY 2022-23 procurement and mobilization phase demonstrates that program impact depends fundamentally on systematic preparation. By investing Rs. 76,89,652 in four custom-fabricated Force Ambulance Vehicles, Rs. 1,80,660 in medical equipment and office setup and developing the Health Management Application (HMA) with supporting digital infrastructure, the program created an integrated healthcare delivery system rather than simply purchasing vehicles.

This procurement assessment translated abstract goals of "improving healthcare access" into concrete operational decisions. The Force Delivery Van 3350 balanced urban maneuverability with adequate interior space. Internal servers enabled data monitoring without network connectivity. The HMA's three modules—registration, medical consultation, and medical dispersion—created accountability mechanisms that standardized and scaled service delivery.

The preparatory year shaped the entire operational ecosystem. Onboarding a multidisciplinary team (doctors, pharmacists, community mobilizers, drivers, MIS staff) recognized that mobile healthcare requires clinical expertise, community trust-building, logistics coordination, and real-time data systems. The 12 tablets and 9 laptops procured for patient registration, consultation documentation, and medicine tracking established that healthcare delivery and data systems are inseparable in modern programs.

Comprehensive vehicle outfitting with its examination space, consultation desks, medicine storage, emergency facilities, and digital data capture created fully functional mobile clinics. The HMA system ensured every beneficiary received a unique ID for follow-up tracking, consultation details were systematically recorded, and medicine dispersal was managed through centralized rather than local procurement. GPS and camera features tracked van movement and service points, creating operational visibility essential for quality assurance.

Rushed procurement typically results in vehicles unsuited to terrain, inadequate storage causing stockouts, insufficient power for equipment, absent digital infrastructure preventing monitoring, untrained staff, and poor community orientation. The 2022-23 approach avoided these failures by prioritizing strategic design over speed. The procurement phase also established scalability infrastructure. Standardized vehicle design simplified maintenance and training. The centralized HMA system allows seamless fleet expansion. Established protocols for training, orientation, and government coordination create replicable processes for new geographies.

The digital infrastructure too deserves emphasis. Internal servers ensured data integrity without network dependency. Integrated patient registration, clinical documentation, pharmaceutical management, and MIS reporting eliminated data silos. This transformed vans from isolated service points into nodes within an integrated network enabling data-driven management.

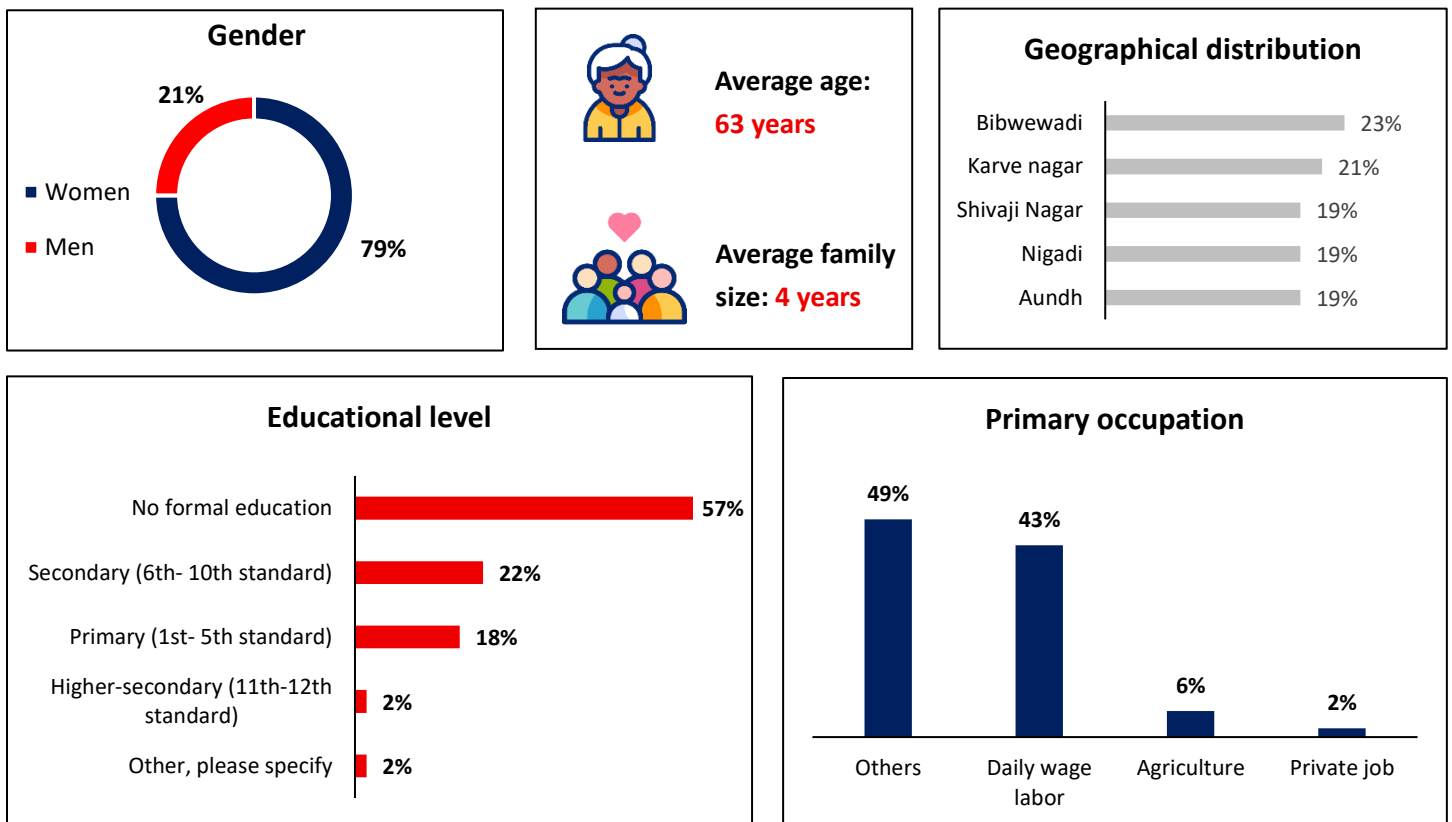
Route planning and government coordination during procurement meant vans could immediately serve communities when operational in FY 2023-24 rather than spending months on logistics and access negotiations. This holistic approach of physical infrastructure, digital systems, human resources, operational protocols, community relationships, government coordination created synergies where each element reinforced others.

The successful FY 2023-24 operational rollout serving slum clusters efficiently emerged directly from 2022-23 procurement decisions. Digital traceability enabling quality improvement, standardized protocols ensuring consistent delivery, trained teams providing comprehensive care, and community relationships driving utilization all originated in systematic procurement planning.

For organizations implementing mobile medical van initiatives, comprehensive procurement assessment is a strategic process determining whether impact becomes achievable. Rushed procurement may launch faster but builds programs on weak foundations that cannot support sustainable scale. The Care on Wheels FY 2022-23 experience proves that in development programming, rigorous procurement assessment directly correlates with program effectiveness and sustainability.

## Demographic Profile

The impact assessment was carried out on 51 beneficiaries of the Impact Guru Foundation Care on Wheels (CoW) initiative in Pune, Maharashtra. The mobile medical van (MMV) initiative aims to bring accessible healthcare to the doorsteps of underprivileged individuals residing in slum areas of Pune. Respondents in the cohort were spread across six districts – Karve nagar (21%), Bibwewawi (21%), Shivaju Nagar (19%), Nigadi (19%), **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.**

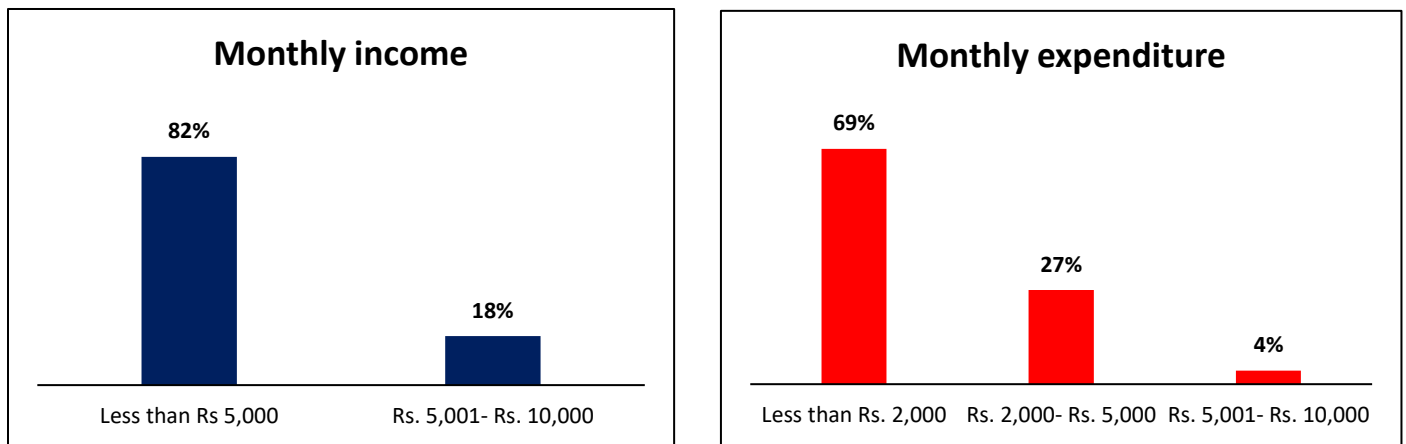


**Figure 1: Demographic details of respondents**

The MMV initiative has impacted beneficiaries from diverse socio-economic backgrounds. 57% of the cohort had no formal education, 22% had secondary level education, 18% primary education level and only 2% had a higher-secondary education 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 (43%) and agriculture (6%). The average age of the sample was 63 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. 82% of respondents earn less than INR 5,000 and 18% earn between INR 5,001 – INR 10,000 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 69% reported spending less than INR 5000 or a month, and 27% reported spending between INR 2,000 – INR 5,000 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 (78%). 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 Pune 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.

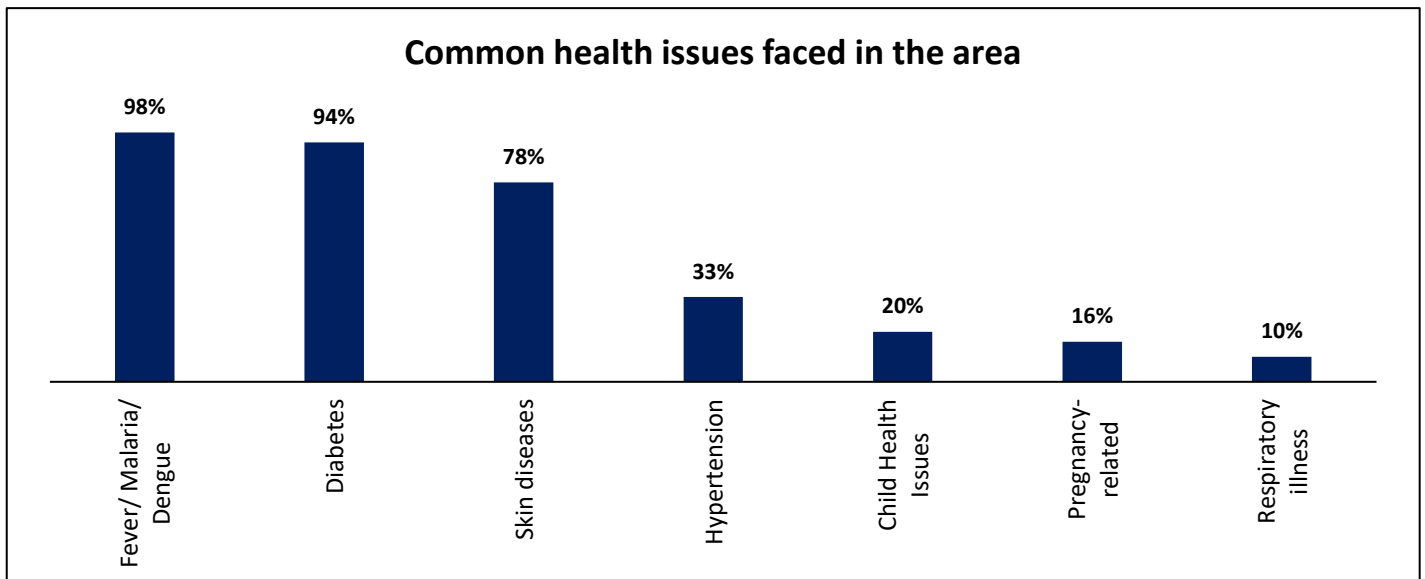


Figure 3: Common health issues faced in area

Respondents in Pune report high incidence of fever/malaria/dengue (98%), diabetes (94%) and skin diseases (78%). 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 skin diseases as seen in 78% of cases.

Several respondents knew people or family members living with chronic conditions (63%), such as Asthma/COPD (41%), diabetes (38%) and hypertension (22%). The high levels of chronic diseases in the cohort is an accurate representation of older Indian adults living in slums who face a dual disease of burden from communicable and non-communicable diseases. **Due to their chronic nature, NCDs have financial as well as health**

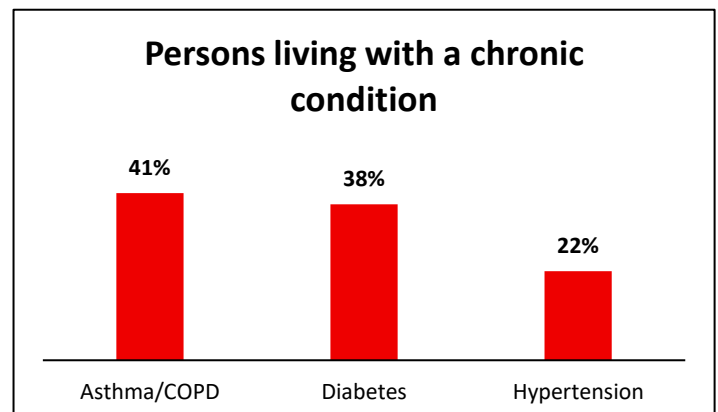
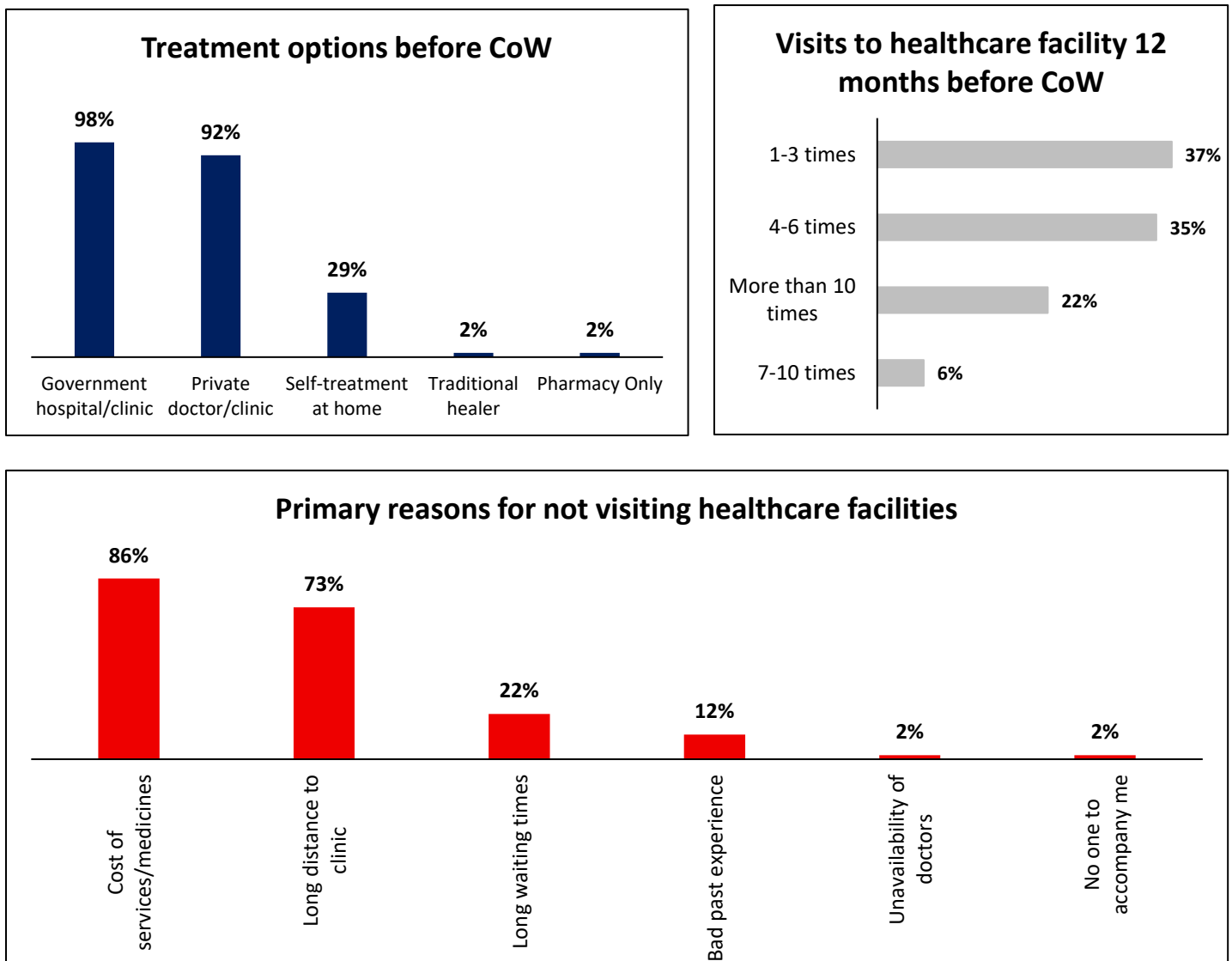


Figure 4: Persons living with a chronic condition

**implications in the long run.** They lead to heavy out of pocket medical expenditure on medication and health care and can contribute to loss of productivity and lowered purchasing power.

**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.**

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 short average distance to the nearest government health facility (2.5 km), around 72% of the respondents visited a healthcare facility 1-6 times a year prior to the mobile medical van, with 6% visiting around 7-10 times a year.



*Figure 5: Healthcare usage before CoW*

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 poor healthcare ecosystem in Pune, as more respondents reported high cost of services/medicines (86%), long distance to clinics (73%), longer waiting times (22%) and bad experiences in the past (12%).

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.

**100%** of beneficiaries felt that the CoW program had directly addressed their primary challenges of high cost of services and medicines, long distance to clinics, long waiting times, and unavailability of doctors

## 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 Pune, social workers served as the main source of awareness about the program indicating genuine satisfaction with program services within the community. Social health workers function as India's frontline community health workforce and strengthening linkages with their network could enhance program reach and sustainability.

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 bi-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.

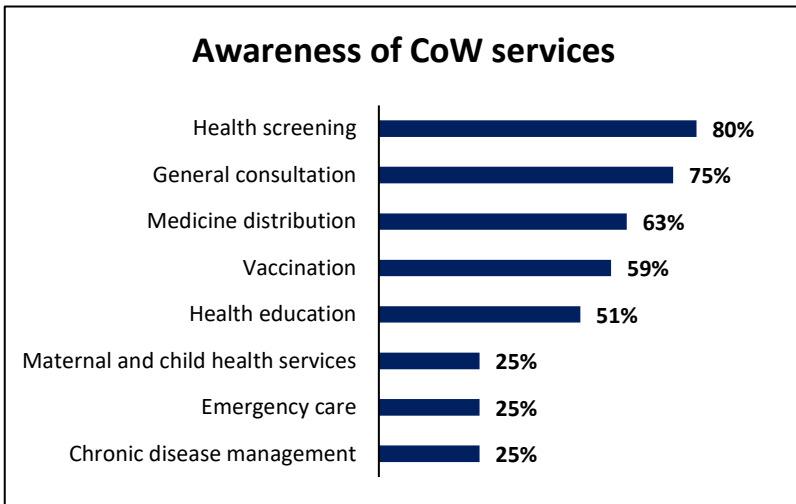


Figure 6: Awareness of services offered

Awareness of services offered by the care on wheels program ranged from 80% of respondents being aware of health screening services offered by the CoW to only 25% being aware of maternal and child health, emergency care, and chronic disease management services offered by the CoW.

Respondents in Pune showed good awareness about most services offered by the CoW such as general consultation (75%), medicine distribution (63%) and health education (51%)

100% of the respondents reported utilizing the MMV services. Out of which, an encouraging 43% report utilizing the services more than 10 times, and 37% between 3 to 5 times, and 12% between 6 to 10 times. **The utilization pattern reveals that the beneficiaries see the CoW service as genuine primary care, showcasing the significant positive impact of the program.**

Respondents report that the doctor, pharmacist and drivers are always present at the MMV a 100% of the

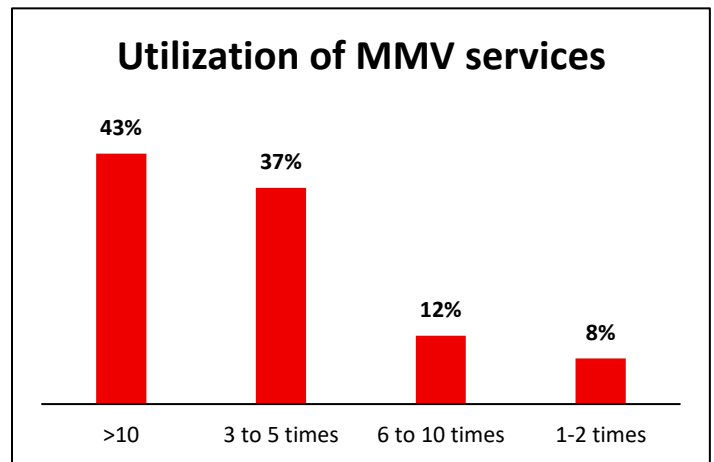


Figure 7: Utilization of MMV services

time with the social worker available 98% of the time.

This would help ensure quick diagnosis and disbursement 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.

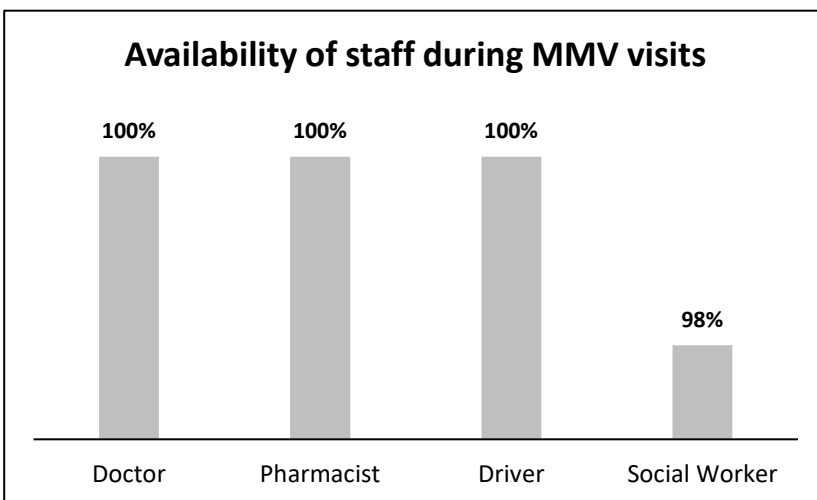


Figure 8: Availability of staff during MMV visits

The near-universal utilization of general check-ups and common illness treatment (100%) further demonstrates that the MMV succeeded in becoming the main source of primary care for this cohort. 61% utilizing skin infection and water-borne disease treatment reflects the heavy burden of environmental health problems in these communities. 29% getting eye check-ups and 24% availing non-communicable disease screening is representative of the largely elderly respondent cohort (average age of respondents is 64 years).

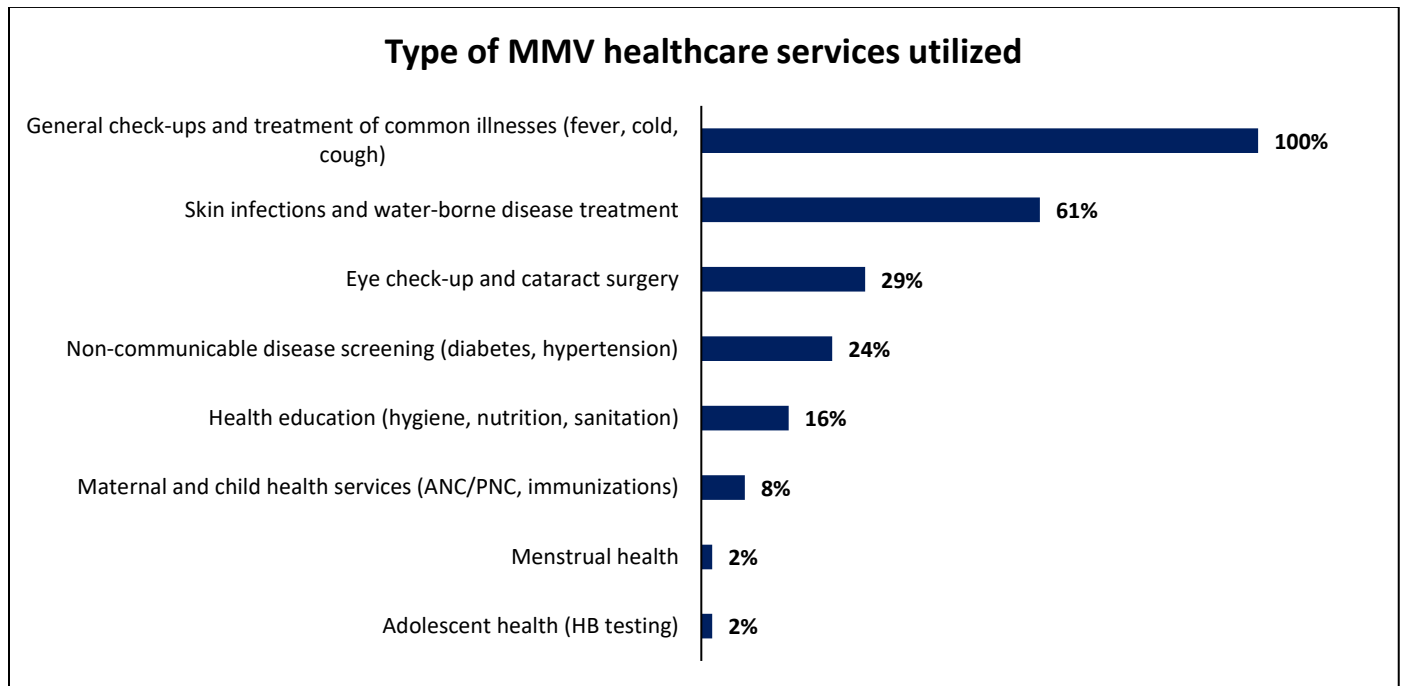


Figure 9: Services availed at the CoW MMV

When viewed together utilization of maternal and child health services (8%) and menstrual health (2%) showcase significant underutilization. While the sample may not have women or children fitting in the requisite criteria, **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.**

The hemoglobin testing (100%), blood sugar testing (100%) and screening for typhoid (71%) 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.

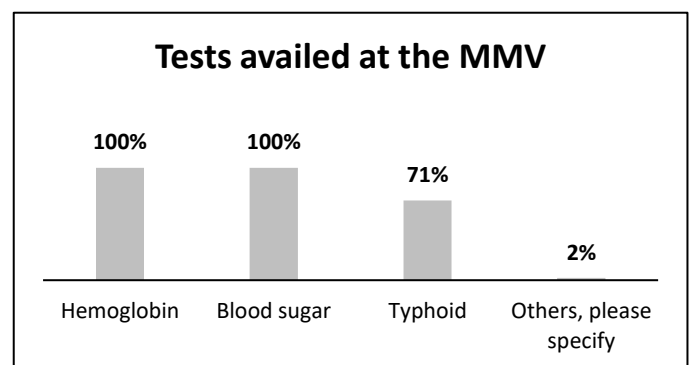


Figure 10: Tests availed at the MMV

Pune’s comprehensive vital monitoring, covering temperature (100%), Pulse rate (100%), blood pressure (100%), weight (100%), SpO2 (82%), Height (80%), BMI (78%) and respiratory rate (73%), showcases

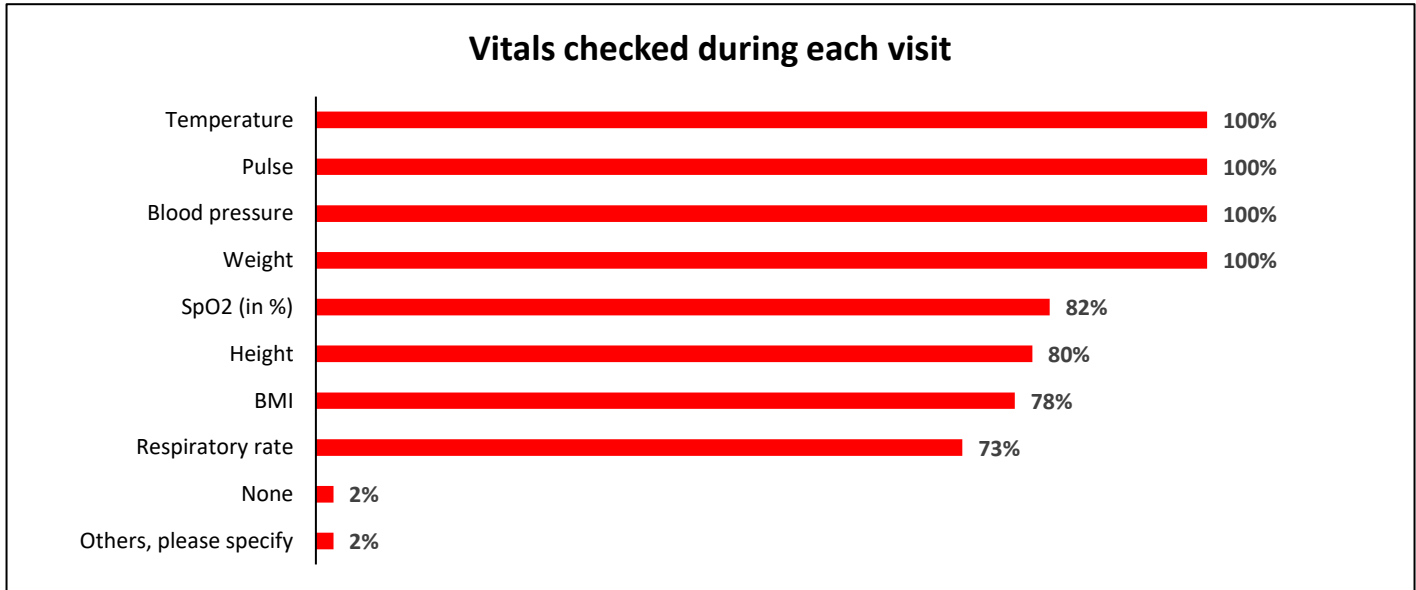
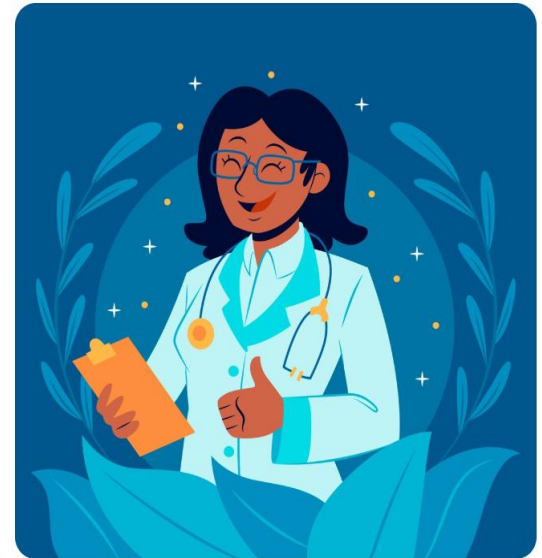


Figure 11: Tests and Vitals checked by Care on Wheels

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. 49% of patients were referred to other facilities to further assist with their healthcare.



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. The MMV has also shown excellent reliability, with 49% of respondents relying on the regularity of its visits to know when the service will be available.

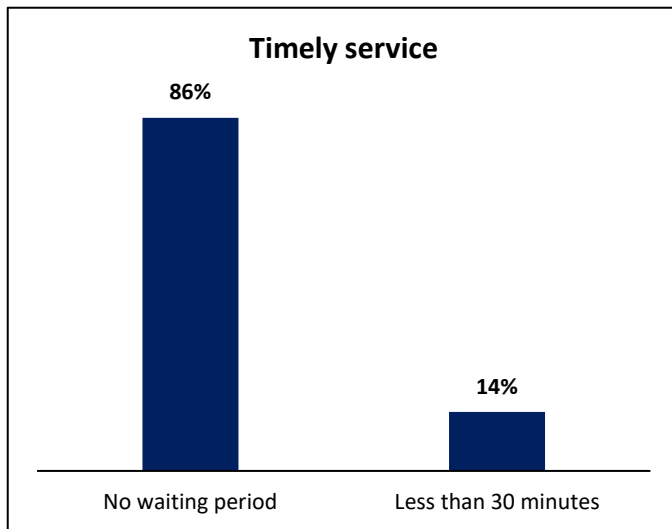


Figure 12: Promptness of service

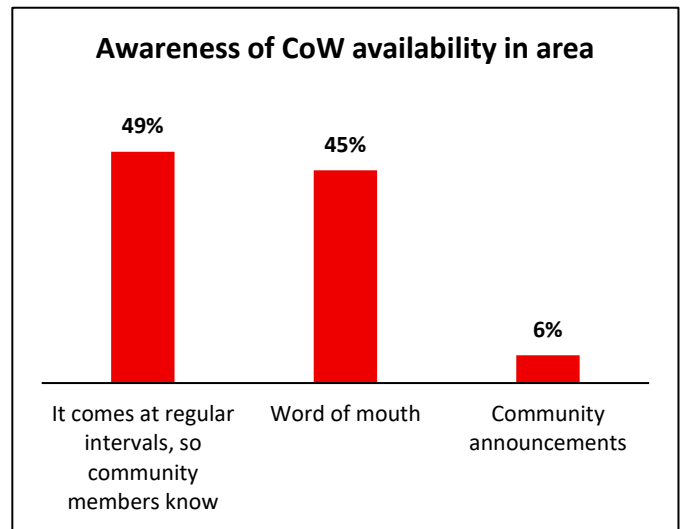


Figure 13: Information on availability of Care on Wheels

## Impact of KMPL’s Intervention



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 2.16 crores has helped IGF support 37,093 individuals in Pune. 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 67% 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 through quality clinical care.

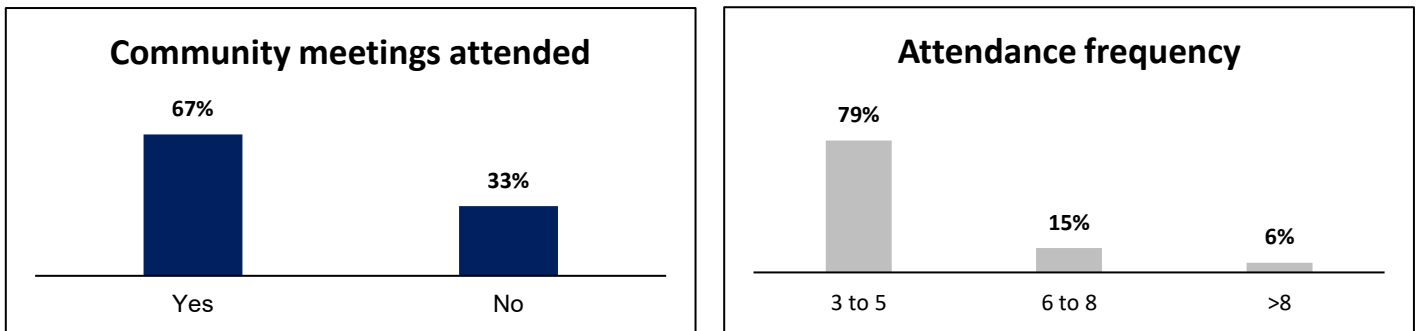


Figure 12: Frequency of community meetings attended



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 and span the spectrum from communicable disease control and 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.**

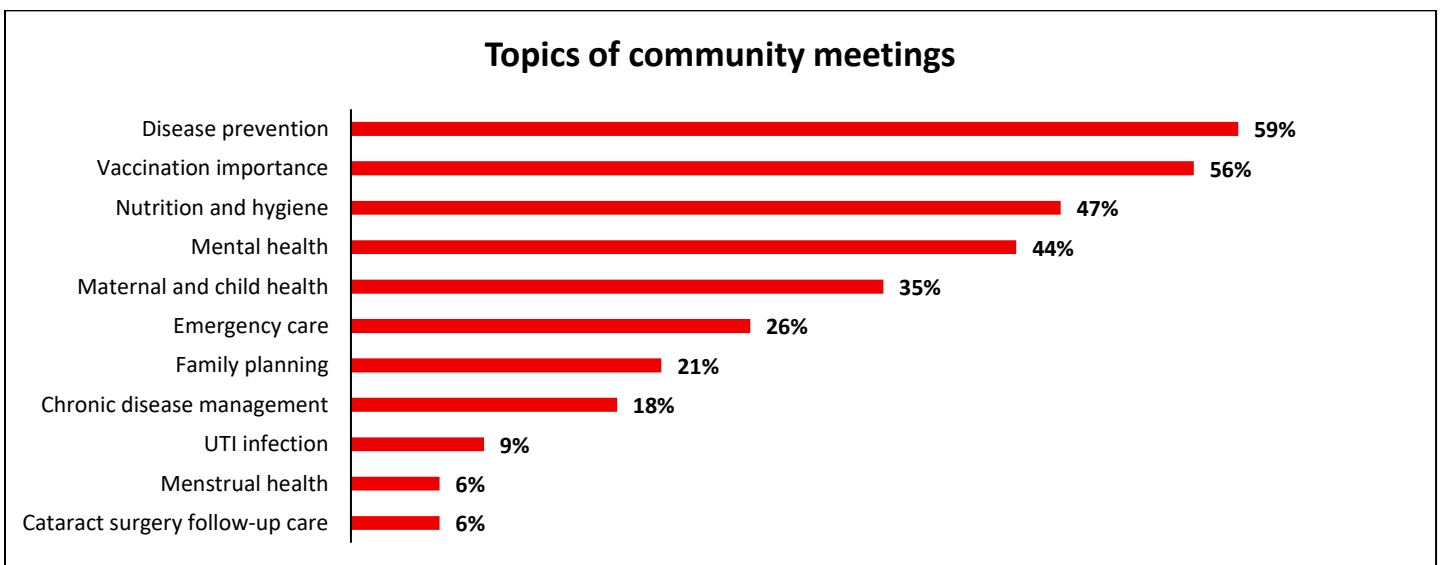


Figure 13: Topics covered in community meetings

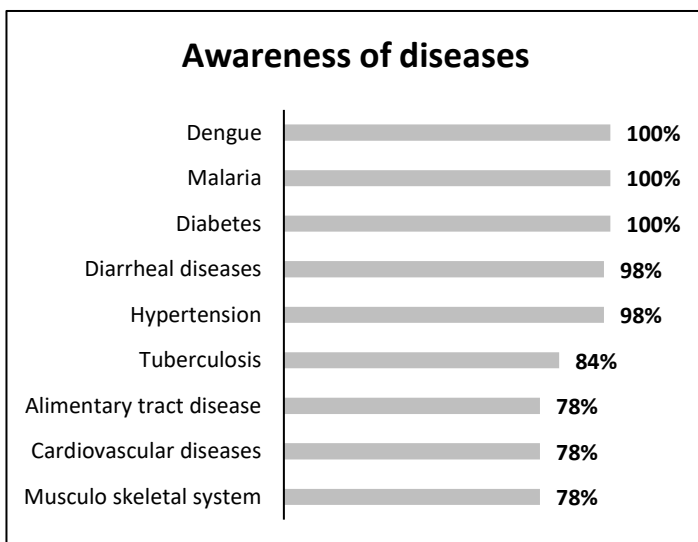
## ❖ Health Behavior Change and Awareness

### Impact of Health Education Sessions

**100% of respondents reported an improvement in knowledge about illness prevention.** This represents a marked improvement as presumably minimal health literacy existed given the educational disadvantage of the cohort (57% having no formal education). **This knowledge gain means everyone participating in the program acquired new understanding about how diseases develop and how behaviors influence health outcomes.** This cognitive shift towards understanding disease as preventable through specific actions represents a fundamental change in health consciousness and capital.

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 good level of awareness about diseases like diabetes (100%), malaria (100%), dengue (100%), hypertension (98%), diarrheal diseases (98%), and tuberculosis (84%). 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.**



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 repellent”** for malaria demonstrates acquiring actionable knowledge. The specificity suggests CoW education used clear, practical messaging rather than technical medical jargon that educated providers understand but confuses lay audiences.

**Figure 14: Awareness of diseases**

## Behavioral Modifications

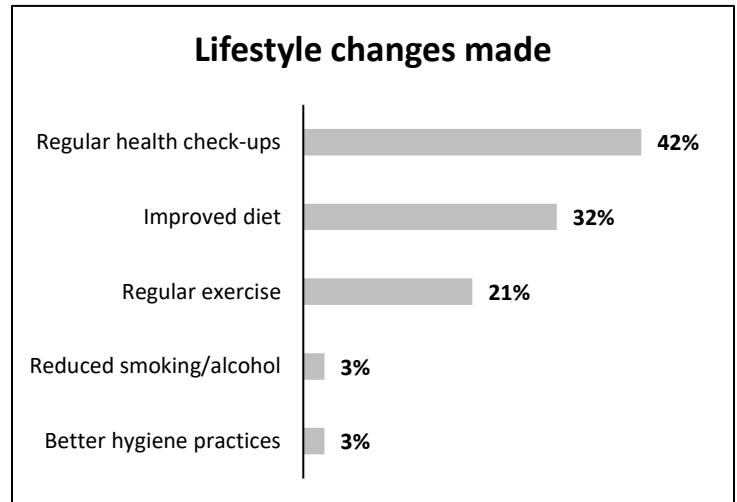
**75% of respondents stated that they made lifestyle changes based on health education received from CoW.**

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%).

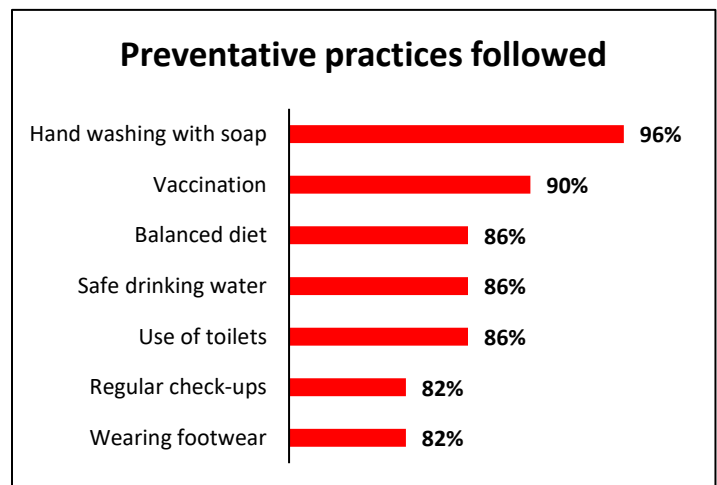


translated into high rates of preventive health practice adoption across multiple domains. This translation of education sessions into sustained behavior change is a significant steppingstone in developing collective community health. Hand washing with soap (92%), and consuming safe drinking water (90%) saw a good uptake amongst the respondents. Foundational to disease prevention, these two fundamental hygiene practices become life saving necessities in urban slums rife with



*Figure 15: 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



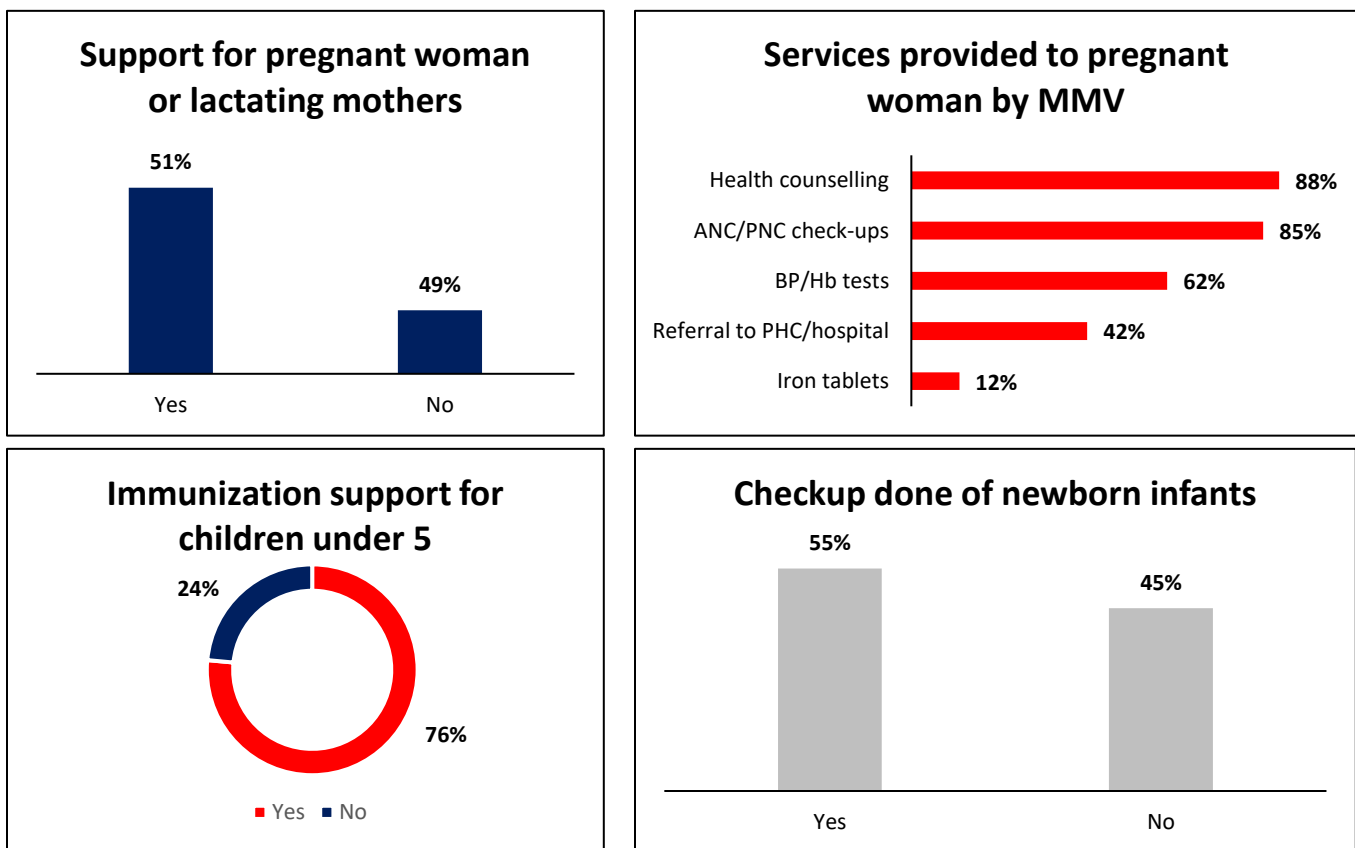
*Figure 16: Preventative practices adopted*

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

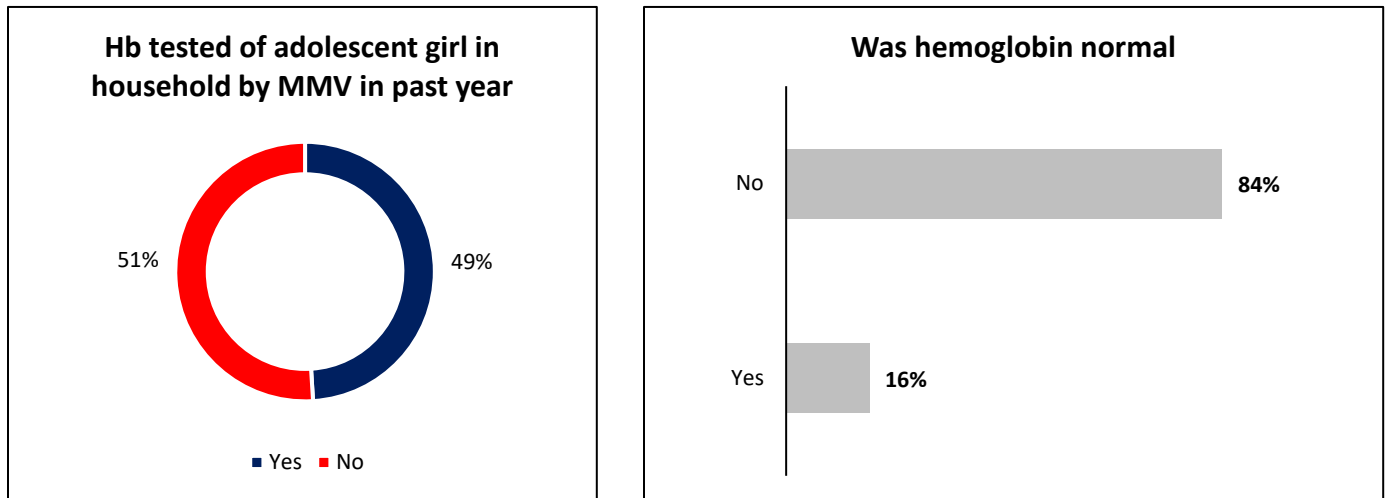
Beyond education and preventive care, CoW provided critical support for individuals (61%) managing chronic health conditions such as diabetes, hypertension, thyroid disorders, COPD and other NCDs. All respondents (100%) affirmed that their families accessed regular monitoring and follow-up services to mitigate complications associated with chronic conditions.



**Figure 17: Maternal and Child Services Offered**

The program also played a crucial role in supporting pregnant mothers (51%) by ensuring timely access (85%) to ante 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, 88%

of respondents reported being provided health counselling, 62% got blood pressure and hemoglobin tested, 42% were referred to a primary health center or hospital, and 12% got blood pressure and hemoglobin tested. The CoW program also helped with the checkup of newborn infants (55%) and providing immunization support for children under 5 (76%).



**Figure 18: Adolescent health services**

Adolescent girls also benefited from hemoglobin testing services. In Pune, out of the 49% who got their hemoglobin tested, 84% reported abnormal levels. Anemia is endemic amongst Indian adolescent girls. It often leads to low energy levels, lowered immunity and poor mental health. Higher levels of nutritional deficiencies amongst people living in urban slums are often compounded for young girls who also experience socio-cultural barriers to accessing regular, nutritious meals of good portion sizes and requisite health screening to know levels of hemoglobin and status of anemia. Timely intervention by the CoW program helped ensure the 84% with ab 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 3800 per month to 0 INR** representing economic benefits that completely transformed families’ financial health. For the lowest-

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.

earning households (between 2,000 - 5,000 INR monthly), healthcare costs previously consumed a significant portion 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 program has also helped beneficiaries save approximately 3 workdays in Pune. At reported average daily wages, this translates to monthly savings of **~INR 1350**.

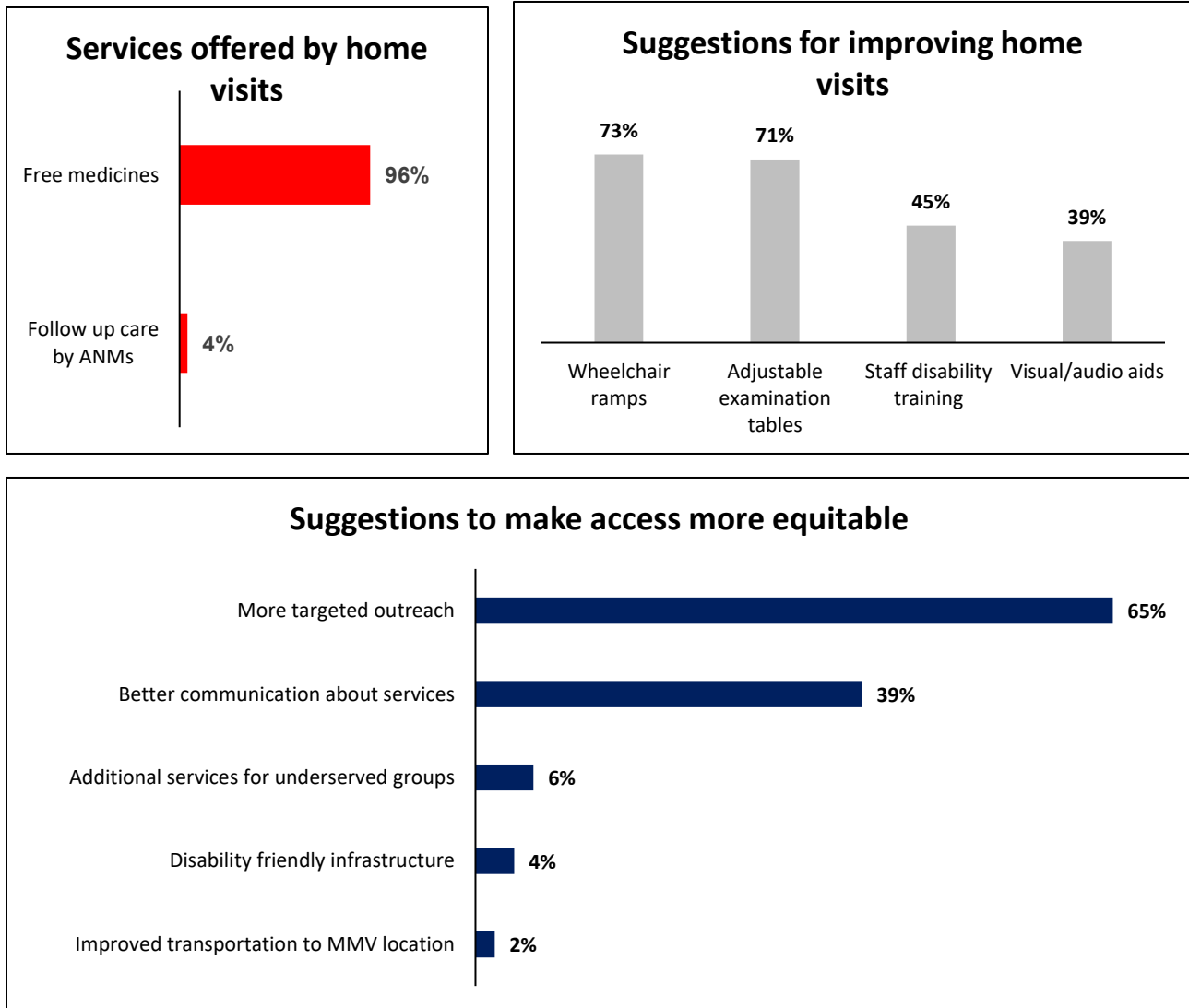
| Criteria                               | Cost avoided in INR |
|--|---------------------|
| Income saved                           | 1350                |
| Travel costs avoided                   | 400                 |
| Monthly medical expenses saved         | 3800                |
| Health emergencies avoided             | 7600                |
| Savings due to preventive care         | 1800                |
| Overall cost saving due to CoW program | <b>~15,000</b>      |

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 traveling to distant clinics 3 km away, 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 400 per trip due to this intervention.** Beneficiaries also reported that the CoW program helped manage or prevent 2 costly medical and health emergencies in the past 6 months. **Overall, they have been able to avoid INR 7600 in costly medical emergency expenditure.**

98% 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 1800 if not for the preventative intervention of the CoW team.** Further, when asked if they would be willing to pay for what are currently free services, 92% of respondents affirmed they would. They were willing to pay INR 1000 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 (98%) which offer free medication (96%) and follow up care by Auxiliary Nurse Midwives (4%).

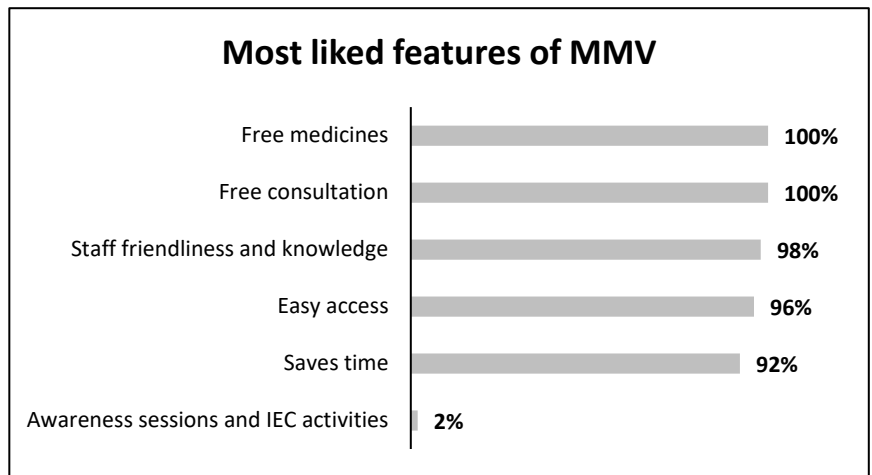


**Figure 19: Services offered by home visits and suggestions for improvement**

Respondents shared a few suggestions for improving home visits such as providing wheelchair ramps (73%), adjustable examination tables (71%), staff disability training (45%) and audio/visual aids (39%). 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 (65%), and better communication about services (39%).

### ❖ 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 20: 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 as their most valued features. Followed by which, staff friendliness and knowledge (98%), ease of access (96%) and time saved (92%) were most liked. Participants reported lower scores (2%) 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 3800** to **INR 0**. Overall helped **save INR 15,000**
- **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

## 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

## 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

## 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

# Alignment with OECD DAC Framework

| Evaluation Dimension  | Focus Areas   |
|-----------------------|---|
| <b>Relevance</b>      | 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.  |
| <b>Coherence</b>      | 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.  |
| <b>Effectiveness</b>  | 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 behavior and free medicines. Significant improvements in chronic disease monitoring, maternal health access and preventive behaviors demonstrate strong on-ground outcomes.   |
| <b>Efficiency</b>     | 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.   |
| <b>Impact</b>         | The program has contributed to early detection of NCDs, improved maternal and child health practices, and higher adoption of preventive behaviors, such as hygiene, nutrition, vaccination and regular check-ups. The MMU has become a dependable primary care source, reducing reliance on informal providers and improving long-term health outcomes.   |
| <b>Sustainability</b> | 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 73% 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:



- ❖ **Ensure robust maintenance and asset management:** Establish a structured maintenance schedule and asset management system for the four MMVs to minimize downtime, ensure vehicle safety, and sustain uninterrupted healthcare delivery throughout the operational period.
- ❖ **Strengthening capacity building of medical professionals:** Conduct periodic training and refresher sessions for doctors, nurses, pharmacists, and support staff on emergency response, maternal-child healthcare and patient communication to enhance service quality and community trust.
- ❖ **Enhance utilization of digital systems:** Leverage the existing Health Management Application (HMA) for more extensive monitoring of service delivery, patient follow-ups, and medicine dispersion to support data-driven decision-making.
- ❖ **Develop a sustainability and transition plan:** Initiate early planning for post-project sustainability by exploring partnerships with government health programs, additional CSR contributors, or community-based mechanisms to ensure continuity of MMV services beyond the 11-month funding cycle.

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.

## Annexure

### List of figures

|   |    |
|---|----|
| Figure 1: Demographic details of respondents.....                               | 13 |
| Figure 2: Monthly income and expenditure of respondents.....                    | 14 |
| Figure 3: Common health issues faced in area.....                               | 15 |
| Figure 4: Persons living with a chronic condition .....                         | 15 |
| Figure 5: Incidence of chronic illness .....                                    | 15 |
| Figure 6: Healthcare usage prior to CoW .....                                   | 16 |
| Figure 7: Utilization of MMV services.....                                      | 18 |
| Figure 8: Availability of staff during MMV visits .....                         | 18 |
| Figure 9: Services availed at the CoW MMV .....                                 | 19 |
| Figure 10: Tests availed at the MMV.....  | 19 |
| Figure 11: Tests and Vitals checked by Care on Wheels .....                     | 20 |
| Figure 12: Frequency of community meetings attended.....                        | 22 |
| Figure 13: Topics covered in community meetings.....                            | 22 |
| Figure 14: Awareness of diseases.....   | 23 |
| Figure 15: Lifestyle changes made after CoW intervention.....                   | 24 |
| Figure 16: Preventative practices adopted.....                                  | 24 |
| Figure 17: Maternal and Child Services Offered.....                             | 25 |
| Figure 18: Adolescent health services .....                                     | 26 |
| Figure 19: Services offered by home visits and suggestions for improvement..... | 28 |
| Figure 20: Most liked features of the program.....                              | 29 |

### 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                      |
| CSR  | Corporate Social Responsibility                       |

## 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 meet 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.

## About Crisil

Crisil is a global, insights-driven analytics company. Our extraordinary domain expertise and analytical rigour help clients make mission-critical decisions with confidence.

Large and highly respected firms partner with us for the most reliable opinions on risk in India, and for uncovering powerful insights and turning risks into opportunities globally. We are integral to multiplying their opportunities and success.

Headquartered in India, Crisil is majority owned by S&P Global.

Founded in 1987 as India's first credit rating agency, our expertise today extends across businesses: Crisil Ratings, Crisil Intelligence, Crisil Coalition Greenwich and Crisil Integral IQ.

Our globally diverse workforce operates in the Americas, Asia-Pacific, Europe, Australia and the Middle East, setting the standards by which industries are measured.

For more information, visit [www.Crisil.com](http://www.Crisil.com)

Connect with us: LINKEDIN / Twitter,

<https://www.linkedin.com/company/crisil/>, <https://x.com/CrisilLimited>

## About Crisil Intelligence (formerly Market Intelligence & Analytics)

Crisil Intelligence is a leading provider of research, consulting, risk solutions and advanced data analytics, serving clients across government, private and public enterprises. We leverage our expertise in data-driven insights and strong benchmarking capabilities to help clients navigate complex external ecosystems, identify opportunities and mitigate risks. By combining cutting-edge analytics, machine learning and AI capabilities with deep industry knowledge, we empower our clients to make informed decisions, drive business growth and build resilient capacities.

For more information, visit <https://intelligence.crisil.com/>