IMPACT ASSESSMENT OF KOTAK MAHINDRA PRIME'S CSR HEALTHCARE PROJECT IMPLEMENTED BY WOCKHARDT FOUNDATION

(DECEMBER 2022)

kotak
Kotak Mahindra Prime

REPORT BY

SATTVA
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Acknowledgment

Sattva Consulting would like to extend its sincere gratitude to the CSR team of Kotak Mahindra Prime Limited (KMPL) and all its functionaries who extended their wholehearted cooperation and provided their valuable insights to enable the completion of the impact assessment study of KMPL's healthcare project. A special thank you to Mr. Rohit Rao (Joint President & Group Chief CSR Officer), Mr. Himanshu Nivsarkar (Executive Vice President - Group CSR), Mr. Amit Dhalwade (Associate Vice President - Group CSR), and Ms. Pallove Raj (Associate Vice President - Group CSR) for their constant support, and valuable insights.

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We would also like to thank all the respondents, members of the community, healthcare workers, and district officials who took part in this study and shared their experiences, views, and suggestions relevant to this project.

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Abbreviations

Table 1 : List of abbreviations

Abbreviation	Full Form
BPL	Below Poverty Line
COVID-19	Coronavirus disease
CSR	Corporate Social Responsibility
DAC	Development Assistance Committee
FGD	Focus Group Discussion
FY	Financial Year
IEC	Information, Education & Communication
INR	Indian Rupee
JCP	Journey Cycle Plan
KII	Key Informant Interview
KMPL	Kotak Mahindra Prime Limited
MBBS	Bachelor of Medicine, Bachelor of Surgery
MCA	Ministry of Corporate Affairs
MMV	Mobile Medical Van
NGO	Non-governmental Organisation
NFHS	National Family Health Survey
NHM	National Health Mission
NUHM	National Urban Health Mission
OECD	Organization for Economic Cooperation and Development
PHC	Primary Health Centres
POC	Point of Contact
SDG	Sustainable Development Goals
SPO	Social Protection Officer
SOP	Standard Operating Procedure
UHC	Urban Health Centres
UN	United Nations

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Executive Summary

As part of the CSR healthcare project, implemented by Wockhardt Foundation, KMPL provides financial support and guidance to improve the quality of primary healthcare in the urban slums. Under the project, KMPL has deployed six Mobile Medical Vans (MMVs) in selected locations of Ahmedabad and six MMVs in Jalandhar. Some basic facilities provided by the MMVs consist of free doctor consultations and provision of free medicines. The MMVs have provided about 2.15 lakh consultations or primary health screenings in the financial year 2020-21.[1]

KMPL commissioned Sattva to conduct an impact assessment study for the healthcare project between August 2022 - November 2022.

The key objectives of the study conducted by Sattva are detailed below.

Impact assessment of the interventions to evaluate:

- **Relevance** of the project to the needs of the beneficiaries and its **coherence** with national and international priorities
- The **effectiveness** of its project in achieving the desired outcomes and creating an impact in line with the strategies defined by KMPL
- The **impact** created by the project among beneficiaries
- **Sustainability** of the project in the long run

Sattva Consulting undertook a descriptive cross-sectional study with a mixed-methods approach, consisting of quantitative and qualitative data collection methods. This helped gather meaningful impact-related insights from a 360-degree perspective across the stakeholders involved and was fundamental to providing relevant recommendations. 416 quantitative surveys were conducted with community members along with 12 qualitative interviews with relevant stakeholders as a part of the study.

Key Insights from the Impact Assessment Study

Awareness of MMVs amongst the community members

- Out of the 417 community members who were surveyed as a part of the study, **90% (375/ 416)** reported being aware about the availability of MMVs in their area.
- **86% (322/375)** of the respondents shared that MMV visits their area once a week, in alignment with the project's planned frequency.

Overall experience of beneficiaries during MMV visit

- Around **99% (370/ 375)** of the respondents shared that at least one member from their household has visited the MMV for consultation/primary health screening.
- **91% (337/370)** beneficiaries were requested for their personal details such as their phone number, unique identification number, photograph, etc. Of these, **99% (332/337)**

[1]KMPL-Wockhardt Narrative Report 2020-21

beneficiaries reported that they do not have any hesitation in sharing the information with the MMV staff.

Time and cost saving for beneficiaries due to availability of MMV services

- Around **84% (309/370)** of the beneficiaries reported a decrease in the average monthly healthcare expenditure after the availability of MMV services in their area.
- Beneficiaries reported a reduction of **68% (by INR 760)** in the average monthly healthcare expenditure post the introduction of the MMV service.

Preferred healthcare facilities

- About **24% (89/ 370)** of the beneficiaries selected MMVs as their preferred healthcare facility during the survey. The remaining beneficiaries who did not choose MMV as their preferred choice shared reasons such as consistent availability of the other primary healthcare facilities (7 days a week), which is crucial, especially during health emergencies, and good quality services provided at these facilities.

Satisfaction of beneficiaries with the facilities provided by MMVs

- Around **95% (352/370)** of the beneficiaries reported that they are satisfied with the overall facilities provided by the MMVs. This included the quality of medicines and doctors at the MMVs.

The MMV services for the urban slums in Ahmedabad and Jalandhar have improved accessibility, availability, mobility, and affordability of primary healthcare facilities. This has benefited economically disadvantaged people, especially women, elders, and children, as envisioned. MMVs are supporting in strengthening the existing healthcare system by providing a range of medical services for the populations specifically living in remote, inaccessible, un-served, and underserved areas.

Chapter 1: Overview

This chapter outlines primary healthcare facilities in India with a focus on Ahmedabad and Jalandhar. It also details KMPL's healthcare project and its coherence with international and national goals.

Overview of primary healthcare facilities in India Ahmedabad and Jalandhar

Primary healthcare is critical to attain health and well-being for individuals, in all age groups. Various countries have introduced multiple health interventions to achieve universal health coverage. Focus on strengthening primary healthcare is a key step in accomplishing it. Scaling up primary healthcare interventions across low and middle-income countries can also help save several lives and increase life expectancy significantly.[2]

Overview of primary healthcare facilities in India

Article 21 of the Indian Constitution includes the right to a healthy life, thereby making health a fundamental right for all its citizens. India's population in 2021 stands at 1.39 billion[3]. As per the National Health Profile 2021, there are 1,40,653 government allopathic doctors for the entire Indian population[4]. This highlights that there is 1 government allopathic doctor for every 9882 citizens. This emphasizes the additional need for more healthcare professionals in the country. According to the 4th NFHS conducted in 2015-16, less than 50% of community members in urban and rural areas choose health services provided by the government for treatment[5]. This can be seen as a testament to the need for the betterment of government healthcare facilities.

According to NHP 2021[6], there are 6399 doctors in Urban Primary Healthcare centers (PHCs) in India. Given the population of India, the low number of doctors could lead to long queues during a doctor visit and a lack of good quality healthcare. These challenges can lead people to opt for private healthcare facilities despite being expensive. Additionally, people may opt for self treating primary ailments such as fever, cold, cough, etc. This highlights the need for more affordable and high-quality medical systems to complement the existing healthcare facilities in the country.

The government and private organizations have initiated many interventions to improve the quality of primary healthcare in India. The interventions include the formation of India's National Health Policy 2017 (NHP 2017), the Ayushman Bharat Programme, and the Pradhan Mantri Jan Aarogya Yojna (PM-JAY). NHP 2017 advocates for the allocation of more than 2/3rd of government resources on health for primary healthcare[7].

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[2]World Health Organisation, "Primary Health Care", Accessed April 2021, https://www.who.int/news-room/fact-sheets/detail/primary-health-care
[3]The World Bank, "Population, India", Accessed November 2022, https://data.worldbank.org/indicator/SP.POP.TOTL?locations=IN
[4]Central Bureau of Health Intelligence, "National Health Profile", Published 2021, http://www.indiaenvironmentportal.org.in/files/file/national%20health%20profile%20india%202021.pdf
[5]Sheshan Pradhan, "Primary Healthcare in India", Published November 2019, https://pscnotes.in/primary-health-care-india/
[6]Central Bureau of Health Intelligence, "National Health Profile", Published 2021, http://www.indiaenvironmentportal.org.in/files/file/national%20health%20profile%20india%202021.pdf
[7]Ministry of Health and Family Welfare, "National Health Policy", Published 2017 https://www.nhp.gov.in/nhpfiles/national_health_policy_2017.pdf

Overview of primary healthcare facilities in Ahmedabad

According to Census 2011, the population of Ahmedabad was about 55 lakh[8]. The Ahmedabad Municipal Corporation data from 2002 shows that Ahmedabad has 90 Urban Healthcare Centres (UHCs). The city has about 62,000 people mapped to one UHC. 40% of Ahmedabad's population resides in slums and slum-like conditions[9]. Additionally, most government healthcare facilities are in the central part. This reduces the accessibility for the population living in the peripheries of the city. This indicates a need to increase access to good quality and economical primary healthcare for the community. KMPL addresses this need under its CSR project.

Overview of primary healthcare facilities in Jalandhar

According to Census 2011, the population of Jalandhar was about 22 lakh[10]. There were 71 nurses against 430 beds in Jalandhar, according to the Common Review Mission Report, Punjab - 2010[11]. The district and civil hospitals were facing a severe shortage of staff. This indicates a need to increase access to good quality and economical primary healthcare for the community. KMPL addresses this need under its CSR project.

Overview of KMPL Wockhardt Foundation Mobile Medical Vans project

About Kotak Mahindra Prime Limited

Kotak Mahindra Prime Limited (KMPL) is a subsidiary of Kotak Mahindra Bank Limited and is in the business of financing all passenger vehicles & two-wheelers. KMPL is India's leading car finance company. The company is dedicated to financing in the form of loans for dealers and retail customers.

KMPL's Corporate Social Responsibility (CSR) vision is to improve the quality of life of the communities through a positive impact on economic, social, and environmental parameters. The vision is in alignment with India's social development objectives and the UN's SDGs. KMPL has been impacting communities across the country through its interventions in the areas of healthcare, education and livelihood, environment and sustainable development, sports, and relief and rehabilitation.

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[8] Population Census 2011, "Ahmedabad City Population", https://www.census2011.co.in/census/city/314-ahmedabad.html#:~:text=As%20per%20provisional%20reports%20of,males%20and%203%2C010%2C502%20are%20females

[9] K.V. Ramani, Dileep Mavalankar, Amit Patel, Sweta Mehandiratta, (2007),"A GIS approach to plan and deliver healthcare services to urban poor: A public private partnership model for Ahmedabad City, India", International Journal of Pharmaceutical and Healthcare Marketing, Vol. 1 Iss: 2 pp. 159 - 173

[10] Population Census 2011, "Jalandhar City Population", https://www.census2011.co.in/census/city/8-jalandhar.html#:~:text=As%20per%20provisional%20reports%20of,males%20and%20410%2C776%20are%20females.

[11] National Health Mission, "Common Review Mission Report", Published 2010, https://nhm.gov.in/images/pdf/monitoring/crm/4th-crm/presentation/punjab.pdf

About Wockhardt Foundation

Wockhardt Foundation is a national, secular, not-for-profit organization engaged in social service and human welfare activities. The 13 programs of the Wockhardt Foundation have made perceptible changes in its areas of operations to the lives of the underprivileged. Mobile 1000, its flagship program, aims at operating 1000 Mobile Health Vans in rural India. The program administers free primary healthcare to 25 million Indians every year. As of March 2018, there are 135 'Mobile 1000 vans' working to bring primary healthcare to the doorsteps of rural India in 19 states[12].

About the project

Under this project, KMPL provides CSR funds for the smooth running of MMVs in selected locations of Ahmedabad and Jalandhar. KMPL also extends need-based guidance and direction to the Wockhardt Foundation.

A total of 12 MMVs (6 in Ahmedabad, and 6 in Jalandhar) are running as part of this project, covering several areas of Ahmedabad and Jalandhar. Each MMV visits multiple locations which have been specified in Table 4 and Table 5 below. About 2.15 lakh[13] consultations or primary health screenings were provided via the MMVs in the financial year 2020-21.

Each MMV has a Journey Cycle Plan (JCP) pre-decided by the Wockhardt Project Team and the Social Protection Officer (SPO). The Journey plan is then shared with each MMV staff member. The MMVs run from Monday to Saturday and visit different locations each day of the week. The weekly schedule allows the MMVs to cover several locations in the city.

Most of the locations covered by MMVs are urban slums which mainly include people from economically disadvantaged backgrounds. This is in alignment with the National Health Mission which emphasizes that MMVs could also be deployed in areas where slum populations are present and where there is a lack of space for building infrastructure for medical services.[14]

Based on the MMV norms of NHM, any district with a population of over 40 lakhs should have at least 5 MMVs present in the area.[15] This has been partly supported by KMPL through this project by deploying 6 MMVs in selected locations of Ahmedabad, which has a population of more than 50 lakhs, and 6 MMVs in Jalandhar which has a population of more than 20 lakhs.

Table 4 : List of locations and population covered by each MMV in a week in Ahmedabad

Name of MMV	Locations Covered	Population Covered

[12]KMPL-Wockhardt Narrative Report 2020-21
[13]KMPL-Wockhardt Narrative Report 2020-21
[14]Ministry of Health and Family Welfare, "Guidelines For Mobile Medical units", Accessed November 2022, https://nhm.gov.in/images/pdf/NHM/NHM-Guidelines/Mobile_Medical_Units.pdf
[15] Ministry of Health and Family Welfare, "Guidelines For Mobile Medical units", Accessed November 2022, https://nhm.gov.in/images/pdf/NHM/NHM-Guidelines/Mobile_Medical_Units.pdf

East Ahmedabad	Amraiwadi, Gomatipur, Arbudanagar, Bhaipura, Mahavir Nagar, Madhupura, Naroda Road, Gulab Nagar Chapru, Bhikadev Nu Vadu, Hanuman Nagar, Talawadi Nu Zupda, Chakudiya Mahadev Mandir, Sulat Nagar, Bhawani Nagar Tekda Nu Zupda, Haripura Nu Chapda, Raburi Na Chapru	16,938
West Ahmedabad	Danilamba, Indrapuri Ward Navi Vasahat, Lambha, Kankariya, Chinadola Talav Na Chapra, Nilgiri Na Chapra, Uday Nagar, Ram Rajya Nagar, Kevdawadi, Matru Bhakti Nagar, Saraniyya Vas, Vanjara Nagar, Bhil Vas, Sushilaben Na Chapra, Millat Nagar, Navabkhan Na Chapra, Shah Nagar Na Chapra, Amarbhuvan Na Slum	36,028
New West Ahmedabad	Sarkhej, Vejalpur, Satellite, Makarba, Thaltej Slum, Trishala Circle Slum, Bhitkuri, Gulabi Tekra, Isro Slum, Fatehwadi Canal Area, Juhapura Slum, Gupta Nagar, Ramdevnagar Slum, Anand Nagar Slum	18,090
Central Ahmedabad	Khadia, Dudheswar, Madhupura, Giridhar Nagar, Jamalpura, Saraspur, Bhai Lal Bhai Patel Ni Chara, Babu Bakula Na Chapra, Bhagubhai Ni Chali, Chinadola Talav Na Chapra, Educare School Street, Ranchodpurani Chali, Chunar Vas, Kamu Miya Ni Chali, Devijipura Na Chapra, Kankrikui Na Chapra, Manu Bhai Na Chali, Slums behind B Colony	3,82,285
South Ahmedabad	Indarpuri Ward Juni Vasahat, Baherampura, Santosh Nagar, Khokhara, Isanpur, Gangaji Na Chapra, Patni Vas, Fulwadi, Ramwadi Water Tank, Azad Nagar, Revaba Nagar, Ashu Nagar, Ashram Na Chapra, Chaganbhai Na Chapra, Chamunda Nagar, Sant Rohidas Ni Chali	992
North Ahmedabad	Naroda Road, Noble Nagar, Sardar Nagar, Takkar Nagar, Meghani Nagar, Asarwa, Vasant Nagar, Mafatnagar Na Chapra, Satokben Ni Chali, Mahadev Vado, Radharaman Ni Chali, Santinagar Na Chapra, Kamdar Nagar, Rajiv Nagar, Subash Nagar, Ramesh Dutt Colony, Chamak Chunu Vasahat, Juno Navo Saraniyavas, Pandit Nagar Na Chapra	1,273

Table 5 : List of locations and population covered by each MMV in a week in Jalandhar

Name of MMV	Locations Covered	Population Covered
North Jalandhar	Facal Point, Vivek Vihar, Dakoha, Bhagat Singh Colony, Moti Nagar, Industrial Area 1 and 2, Sanjay Gandhi Nagar, Gadaipur, Sheetal Nagar, New Jawala Nagar, Sabji Mandi Maqsuda, Gurdev Nagar, Salempur	44,255

Central Jalandhar MMV 1	Harbans Nagar, Kukad Pind, Sofi Pind, Jamsherkhas, Dhina Pind, Sansarpur, Dawali Pind, Chahedu, Madhopur	48,640
Central Jalandhar MMV 2	Hazra, Kangniwal, Haripur, Kapur Pind, Bhojowali, Dhanowali, Budhiana, Tallan, Bolina, Johola, Dhada, Jatewali	29,464
South Jalandhar	Tilak Nagar, Sidharth Nagar, Wadala Colony, Ajit Nagar, Qazi Mandi, Ladhewali, Nangal Jamalpur, Garha, Abadi, Mann Singh Nagar, Bhaut Nagar, Noorpur	68,403
East Jalandhar	Kishanpura, Puranpur, Saleempur Masanda, Khajurlla, Nangal Karar Khan, Shaeed Baba Deep Singh, Vikaspuri, Industrial Development Colony, Kotlithan Singh, Talhan, Bhakhrian, Semi	25,325
West Jalandhar	Hardev Nagar, Kabir Nagar, Madhuvan Colony, Raj Nagar, Basti Mithu, Leather Complex, Balwant Rai Nagar, Gopal Nagar, Basti Danishmanda, Dilbagh Nagar, Babulabh Singh Nagar, Krishna Nagar	53,620

Need for intervention

The KMPL Wockhardt Foundation Mobile Medical Vans project can help to fill the gap in the primary healthcare services for economically disadvantaged people, free of cost. Under the NUHM, MMV services have been recommended to cater to the urban poor and vulnerable population in areas where there is no medical infrastructure[16]. Through this intervention, KMPL and Wockhardt Foundation envisage delivering healthcare through 4 As - affordability, accessibility, awareness and availability. Some of the interventions implemented under the project are detailed below.

Key interventions of the project

1. Free doctor's consultation

Each MMV consists of 4 staff members - a doctor, pharmacist, driver and Social Protection Officer (SPO). Each patient is examined, diagnosed and prescribed medicines by the MMV doctor. Every doctor should at least possess an MBBS degree to qualify as a doctor in these MMVs. This criterion is in alignment with the NHM which prescribes that an MMV should include a Medical Officer (doctor) who is an MBBS.[17]

[16]Ministry of Health and Family Welfare, "Guidelines For Mobile Medical units", Accessed November 2022, https://nhm.gov.in/images/pdf/NHM/NHM-Guidelines/Mobile_Medical_Units.pdf
[17]Ministry of Health and Family Welfare, "Guidelines For Mobile Medical units", Accessed November 2022, https://nhm.gov.in/images/pdf/NHM/NHM-Guidelines/Mobile_Medical_Units.pdf

2. Free distribution of medicines

After the prescription of medicines by the doctor, the patient can receive the medicines from the pharmacist at the MMV. These medicines are free of cost for patients. The responsibility for the requisition and procurement of medicines at the MMV lies with the pharmacist.

3. Basic diagnostic tests

The MMVs have provisions to conduct basic diagnostic tests such as blood pressure, blood sugar, hemoglobin, SPO_2.[18]

4. Referral to other healthcare facilities

While patients can avail primary healthcare facilities at the MMV, the MMV staff refers the patients to a nearby PHC or government hospital if they are in need of any additional healthcare services.

5. Health education and awareness

One of the key activities under this intervention includes conducting awareness sessions on topics under health and hygiene. This is to improve knowledge on basic health and wellbeing among the community members. These sessions are intended to generate awareness so that the residents take responsibility for their own health. According to the project design, Wockhardt Project Team plans the content of these sessions and shares them with the MMV staff along with the relevant information, education, and communication (IEC) materials. The day and structure of these sessions are decided by the MMV staff for each MMV independently based on their bandwidth[19].

Coherence with international and national goals

The project is aligned with UN Sustainable Development Goal 3, "*Good Health and Wellbeing*" and the central government initiative – National Health Mission.

SDG 3 – Good Health and Wellbeing[20]
"Ensure healthy lives and promote well-being for all at all ages"
The project contributes to Target 3.3 – Communicable diseases, Target 3.4 – Non-communicable diseases, and
Target 3.8 – Universal health coverage, access to healthcare and medicines.

National Health Mission (NHM)[21]
Under the NHM, the project contributes to the **National Rural Health Mission**. The NHM encompasses Health System Strengthening, and Communicable and Non-Communicable Diseases.

[18]This was confirmed by the Wockhardt Project Team.
[19]The data on the number of sessions conducted in 2020-21 for Ahmedabad and Jalandhar across 12 MMVs was not available with the Wockhardt Project Team
[20]United Nations, "Goal 3 - Ensure healthy lives and promote well-being for all at all ages", Accessed November 2022, https://sdgs.un.org/goals/goal3
[21]National Health Mission, Accessed November 2022, https://nhm.gov.in

Chapter 2: Sattva's Approach and Methodology

This section highlights the objectives of the study along with design, sampling approach, and limitations of the study.

Objectives of the Study

KMPL commissioned Sattva to conduct an impact assessment study to evaluate the healthcare project for the financial year 2020-21. Sattva assisted KMPL in understanding the impact created by the project in the urban slum areas of Ahmedabad and Jalandhar. The objective of the study is to understand the following:

- **Relevance** of the project to the needs of the beneficiaries and its **coherence** with national and regional priorities
- The **effectiveness** of the project in achieving the desired outcomes and creating an impact in line with the strategies defined by KMPL
- The **impact** created by the project among beneficiaries
- **Sustainability** of the project in the long run

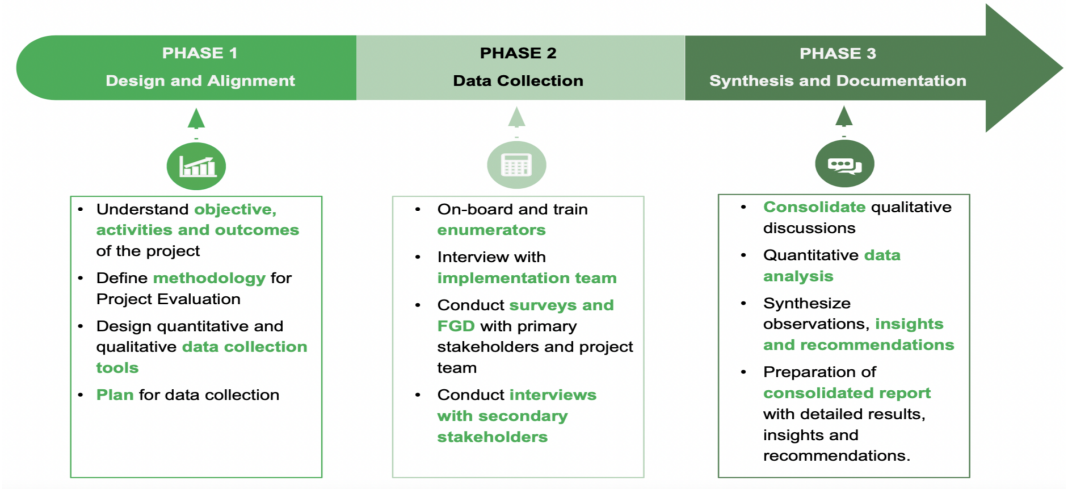
Study Design

Impact Assessment Approach & Execution Timeline

Sattva Consulting undertook a descriptive cross-sectional study with a mixed-methods approach, consisting of quantitative and qualitative data collection methods. This helped gather meaningful impact-related insights from a 360-degree perspective across the stakeholders involved and was fundamental to providing relevant recommendations.

The impact assessment study was divided into 3 distinct phases: (i) Design and Alignment, (ii) Data collection, and (iii) Synthesis and Documentation. The study was conducted between August 2022 and November 2022. Fig 1. describes the key milestones in each of the phases of the study.

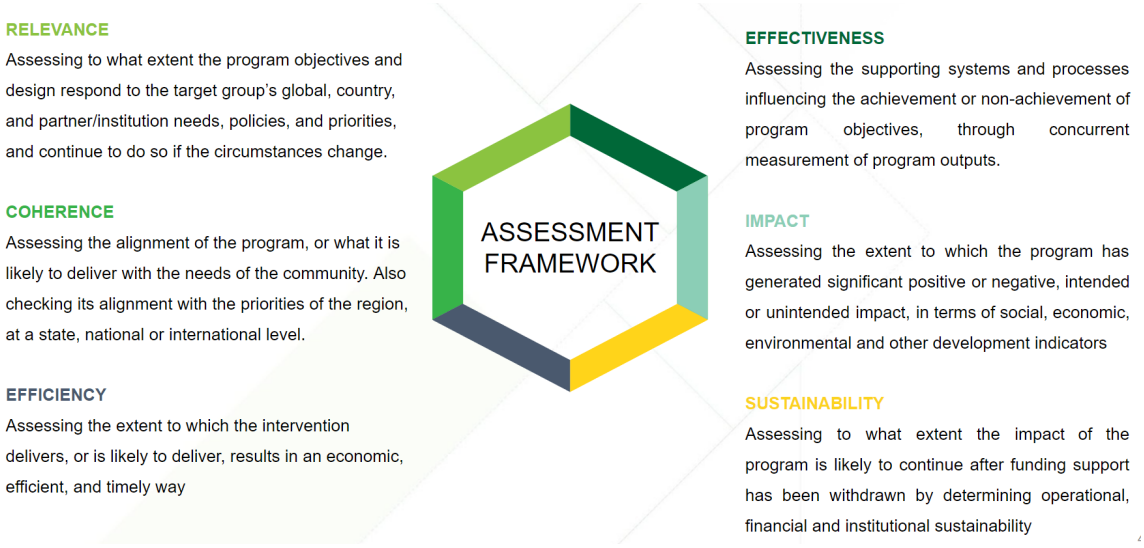
Fig 1: Key milestones of the impact assessment study



Impact Assessment Framework

The study deployed the OECD DAC framework (The Organization for Economic Cooperation and Development's (OECD) Development Assistance Committee (DAC)) for the purpose of the assessment. The six pillars of the DAC framework have been explained below (See Fig. 2)[22].

Fig. 2: Research Methodology Framework



Sampling

Stakeholder Mapping

For the purpose of the study, below stakeholders were identified and interacted with:

Community: Community members were the direct beneficiaries of the intervention. Both quantitative (surveys) and qualitative (testimonials) techniques were adopted to capture their perspective.

MMV Staff: The Sattva team conducted IDIs with doctors, pharmacists, drivers, and Social Protection Officers. Each of these stakeholders has a distinct role in the functioning of MMV. Doctors support with patients' diagnosis and consultation, pharmacists provide medicines to patients, and drivers support in reaching the locations by following scheduled routes (the driver shares live location of the scheduled route traveled on a daily basis with the Wockhardt Project team at the central office) and Social Protection Officers support in engaging with the community and capturing patient data on PIMS app.

Wockhardt Foundation: Wockhardt Foundation is implementing the KMPL Wockhardt Foundation Mobile Medical Vans (MMV) project. The Sattva team conducted in-depth interviews with the project team.

22 OECD, "Evaluation Criteria", Accessed November 2022, https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm

Additionally, interviews were conducted with the KMPL CSR team head and Project Team to understand the long-term vision, goals, and objectives of the project.

Sampling Approach

For the impact assessment study, the Sattva team collected qualitative and quantitative data from MMVs in 2 areas of Ahmedabad - South MMV and East MMV, and 2 areas in Jalandhar - Gandhi Nagar and Ram Nagar. These geographical areas were selected randomly. As mentioned in Chapter 1, each MMV covers a pre-decided route, 6 days a week. In the study, beneficiaries of 8 different routes were covered (2 routes per MMV). Data collection days were chosen based on the timeline and the availability of the Sattva and Wockhardt teams.

Respondents for the study were selected in two ways. First, all the patients who had visited the MMV for consultation/primary health screening between 10 AM-4 PM were chosen. Second, the community around the MMV which is also the target beneficiary of the MMV service (however, may not have visited the MMV on the day of data collection) were selected. Data was collected by visiting the households near the deployed MMV.

The sample size for the study is 385 respondents and data was collected from 416 respondents. A buffer of 5% (roughly 20 surveys) was taken into consideration for challenges such as missing data points, inaccurately recorded data, etc.

Table 6: List of stakeholders interviewed as part of the study

Stakeholder	Quantitative Surveys		Case Study/ Testimonials		Key Informant Interview	
	Planned	Actual	Planned	Actual	Planned	Actual
Community members	385	416	4	4		
MMV Doctors					4	4
MMV Pharmacists					2	2
MMV Drivers					2	2
MMV Social Protection Officers					2	2
Wockhardt Project Team					1	1
KMPL CSR Team					1	1

Data Sources

Primary Source:
Primary data was collected in two ways; quantitative (survey with community members) and qualitative (KIIs and case studies/testimonials with stakeholders mentioned in Table 6).

Secondary Source:
Literature review was done of project documents shared by the Wockhardt Foundation team. Information was also gathered from existing studies and programs implemented by international and national agencies such as the World Bank, the Ministry of Health & Family Welfare, and the Government of India.

Limitations of the Study

This section explains the limitation of the study in detail:

- **Selection bias -** The study has more representation of females as compared to male respondents. This is possibly because more females visited the MMV on the day of data collection. The data collection was conducted during hours (10 AM-4 PM) when the working population (often the male population) was unavailable, contributing to the skewed sex ratio in the sample.

Chapter 3: Findings of the Impact Assessment Study - Ahmedabad

This chapter describes the key insights emerging from the impact assessment study.

Demographic profile of beneficiaries

In this study, 210 community members were surveyed in Ahmedabad. All of them (210) were aware of the availability of MMVs in their area. 206 people had someone from their household who had availed the MMV services, including them. The insights on impact are drawn primarily from the responses of these 206 people. Therefore, the term 'beneficiaries' in this report will represent these 206 respondents.

Of the total beneficiaries surveyed for this study, **65% (134/206)** were females.[23] Most of the beneficiaries belonged to the age bracket of 27-45 years **(92/ 206)** followed by 46-60 years age bracket **(59/206)**.

Fig 3 : Gender distribution of respondents from HHs who have visited the MMV (n=206)

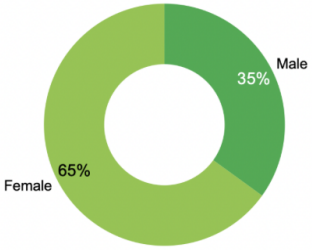
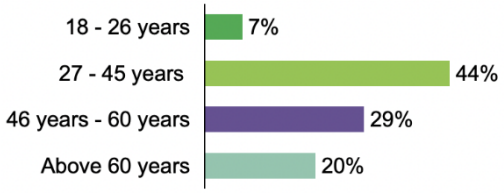


Fig 4: Age distribution of respondents from HHs who have visited the MMV (n=206)



According to the survey data, the average monthly household income of the beneficiaries was reported to be INR 9,695[24]. Additionally, **31% (63/206)** of beneficiaries shared that they own a BPL card[25].

As per the survey data, **41% (84/206)** of the beneficiaries reported comfort in speaking in both Gujarati and Hindi. The other 59% could only speak in one of the languages. Around **42% (87/ 206)** of the beneficiaries reported being fluent in Gujarati while **15% (31/206)** reported being able to speak Hindi. The remaining 2% (4/206) spoke in other languages.

[23]The percentage of female beneficiaries is higher since males were at work during the time of data collection. The data collected captures the information regarding all household members who visited the MMV, leading to no impact in insights.
[24]9 beneficiaries were not comfortable in sharing their income during the survey
[25]According to Public Distribution System(PDS) of EPDS India , Below poverty line (BPL) cards are issued for those people whose annual income is below Rs.11,850/-.

Effectiveness of MMVs

According to the survey data, adults and children were the most frequent visitors of the MMV for primary healthcare services. About 50% of beneficiaries shared that they/ their household members visited the MMV for diseases such as cold (108/ 206), cough (103/ 206) and fever (105/ 206).

As per the MMV schedule, an MMV should visit each location once a week. This data was confirmed during the surveys by **384 out of the 409 (94%)** respondents who were aware of the availability of MMVs in their area.

According to the operational guidelines provided for MMVs under the National Health Mission, it is emphasized that Saturdays and Sundays should be working days for MMVs in government setups.[26] As shared above in Chapter 1, MMVs run from Monday to Saturday under this intervention.

During the survey, only **4% (08/ 206)** of the beneficiaries reported attending awareness sessions that were conducted by the MMV staff. According to the Wockhardt project team, these sessions are not planned and are conducted at the discretion of the MMV staff. Hence, the beneficiaries might have not visited the MMV on the day of any of these sessions. Also, the frequency and structure of the awareness sessions conducted by the MMV staff were inconsistent.

Overall Experience of beneficiaries during an MMV visit

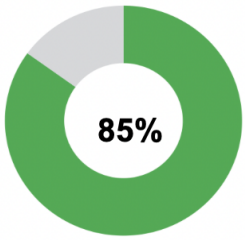
All 100% (206/ 206) of beneficiaries reported being comfortable with the language spoken by the MMV staff

Since **42% (87/206)** of the beneficiaries spoke only Gujarati and **13% (27/206)** spoke only Hindi, it is essential that the MMV staff knows both languages. As per the qualitative interviews, **5/5** MMV staff can converse in both languages. Hence, it can be inferred that the patients can share their symptoms and health issues with the MMV staff without any language barrier.

According to the Wockhardt Project team, patients are requested for their personal details such as phone number, unique identification number, photograph, etc. during any MMV visit for a consultation. This was confirmed by **85% (176/206)** of the surveyed beneficiaries. **98% (173/176)** of them reported that they are comfortable with sharing the above information with the MMV staff.

[26]Ministry of Health and Family Welfare, "Guidelines For Mobile Medical units", Accessed November 2022, https://nhm.gov.in/images/pdf/NHM/NHM-Guidelines/Mobile_Medical_Units.pdf

Fig 5 : Respondents who shared that MMV staff enquires and records their personal details when they visit the MMV (n=206)



All the MMV staff **(4/4)**[27] reported using the PIMS app[28] to capture patient data, such as symptoms, diagnosis, and prescribed medicines. As of Sep' 22, PIMS app captured each patient visit as a separate entry which led to no continuity in maintaining patients' medical history. Since then, updates have been made to the PIMS app to address this challenge. This has led to improved efficiency and will result in timely service to patients.

Reduction in Health care Expenses and Time for the beneficiaries

As per the quantitative survey data of this study, there is a reduction in average monthly healthcare expenditure by 65%[29] (by INR 575[30]) post the introduction of the MMV service

Before the availability of MMV services, community members were dependent on PHCs, government hospitals, private clinics, or private hospitals to avail primary healthcare services.
It would lead to lengthy travel times, waiting times and increased expenditure to avail medical services. The patient would also incur certain monetary costs such as consultation costs, medical costs, and the cost of any diagnostic test (especially at a clinic or private hospital). The provision of MMV service under this project has allowed to bring down most of the aforementioned costs to zero. It has led to time and money saving for the beneficiaries.

Fig 6 : Change in the average healthcare expenditure of households after the availability of MMVs in their area (n=206)

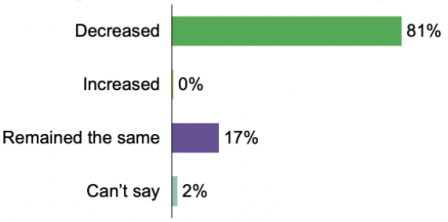
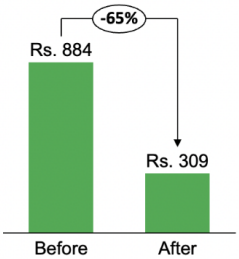


Fig 7: The average monthly healthcare expenditure of households before and after the availability of MMVs (n=202)



[27]The question regarding PIMS app was not asked to the MMV Driver
[28]PIMS (Patient Information Management System) app is used to capture patient data - basic patient details such as name, phone number, unique identification number, etc., previous medical history, current diagnosis, and medicine prescription. According to the Wockhardt Project Team, the PIMS app was launched in January 2022.
[29]202 respondents shared their average monthly healthcare expenditure before and after availability of the MMVs.
[30] The average monthly healthcare expenditure prior to the intervention was INR 884. Post the intervention, it reduced to INR 309. Hence, it can be concluded that the average monthly healthcare expenditure reduced by INR 575 (INR 884 - INR 309)

All the **5/5** MMV staff confirmed that patients can save time and money due to the availability of MMVs in their areas. Probable reasons could be the provision of free medicines and free consultations, leading to a reduction in overall healthcare expenditure.

The pharmacist shared that patients save travel time due to the close proximity of MMVs from their houses. They also added that many patients are unable to buy medicines for various reasons, thereby making the provision of free medicines at MMV extremely beneficial for them.

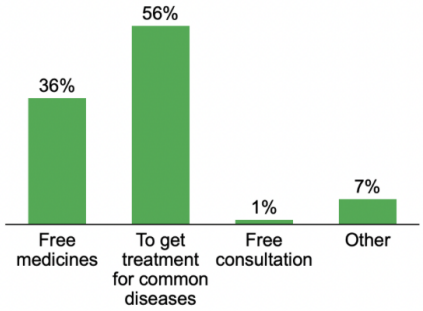
Preferred healthcare facility

Almost 17% (35/206) of the beneficiaries selected MMV as their preferred healthcare facility

Among the beneficiaries who selected MMVs as their preferred choice, the distance of the MMV from their homes was shared as one of the key reasons for their preference. This can be further justified through the survey data in which the MMVs are reported to be stationed at an average distance of 0.31 km from the beneficiaries' houses. On the other hand, the average distance of the nearest PHC/UHC from the beneficiaries' houses is 3 km.

The remaining **83% (171/206)** beneficiaries did not choose MMV as their preferred choice. They shared reasons such as the consistent availability of other primary healthcare facilities (7 days a week which makes it accessible for emergency cases), and better quality services provided at other facilities. Even though these beneficiaries prefer other healthcare facilities over the MMVs, they still continue to use the MMV services for receiving treatment for common diseases.[31]

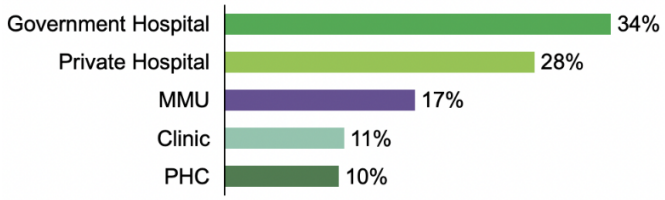
Fig 8 : Reasons for usage of MMVs by those who did not choose it as their preferred mode of healthcare service provider (n=171)



About **10% (21/206)** beneficiaries selected PHCs as their preferred healthcare facility during the survey. The probable reasons behind beneficiaries not selecting PHCs could be the unavailability of doctors, the absence of necessary medicines and basic diagnostic tests, and the poor quality of facilities.

[31]There are 171 beneficiaries who availed the MMV services even though it is not their preferred mode of primary healthcare facility

Fig 9 : Preferred healthcare service provider as chosen by respondents (n=206)

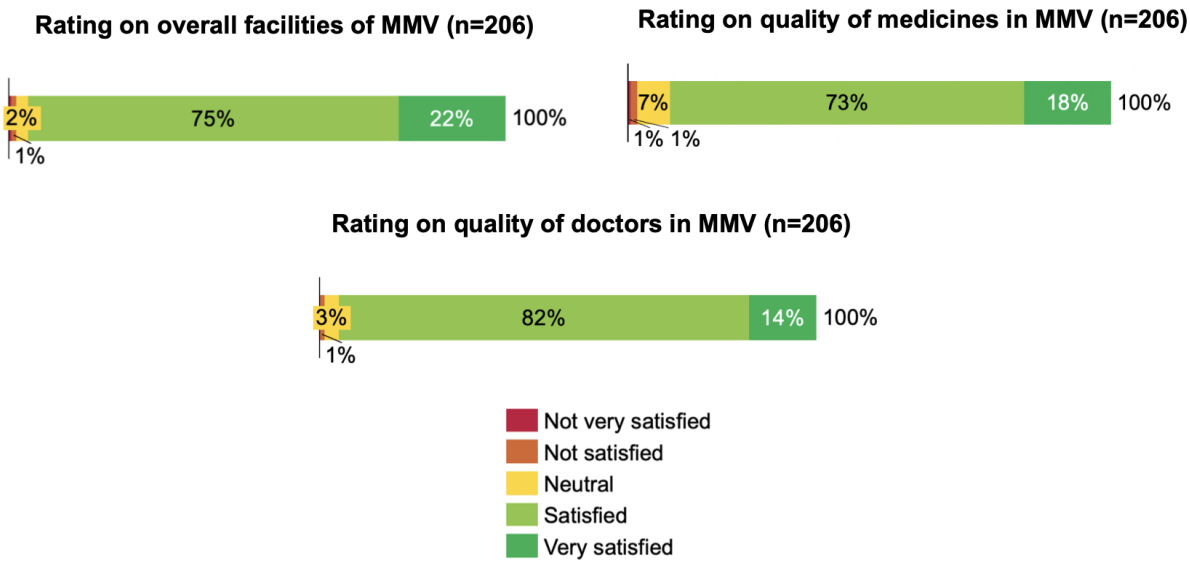


Satisfaction of beneficiaries on MMV facilities

According to the survey data, **58% (120/206)** of the beneficiaries reported that during their visit, their feedback was collected on MMV facilities.

Around **97% (198/206)** of the beneficiaries highly rated the quality of overall facilities at the MMV. Reasons behind the satisfaction of beneficiaries include proximity of MMVs from their houses, availability of adequate medicines, and presence of well-qualified staff.

Fig 10 : Quality of MMV services



Almost 52% (107/206) of the beneficiaries reported that the availability of basic diagnostic tests at the MMV can be improved

As per the quantitative survey data gathered in the study, an area of improvement in the KMPL healthcare intervention is the availability of basic diagnostic tests. The National Health Mission states that every MMV should “screen populations over 35 yrs of age for Hypertension, Diabetes, and Cancers annually and undertake follow-up checks during the monthly visit, including providing patients requiring drugs with a monthly supply (Hypertension, Diabetes,

Epilepsy)".[32] This highlights the need for the availability of basic diagnostic tests as part of the primary services provided at every MMV.

Since these MMV facilities are part of the project planning, efforts need to be made to investigate this further and understand the reasons behind the misalignment.

Job satisfaction of MMV Staff

All the MMV staff (5/5) reported being very satisfied with their respective jobs at the MMV. They shared that they are not facing challenges in their role currently.

"Everyone is happy. They like that their work involves helping poor people."

- Pharmacist

Impact of COVID-19 on the MMV Project

Around **20% (41/206)**[33] of the beneficiaries observed a change in the frequency of the MMVs during COVID-19. This observation was corroborated by the Wockhardt Project Team. They shared that the MMVs were not functional between April 2020 - June 2020 due to COVID-19. This increased the gap in availability of primary healthcare services for the community members during these three months. About **9% (18/206)**[34] of the beneficiaries also reported a change in the availability of medicines, and diagnostic tests because of the pandemic.

[32]Ministry of Health and Family Welfare, "Guidelines For Mobile Medical units", Accessed November 2022, https://nhm.gov.in/images/pdf/NHM/NHM-Guidelines/Mobile_Medical_Units.pdf
[33]53% (110/206) beneficiaries shared that there has been no change in the frequency of running of MMVs due to COVID-19, and 27% (55/206) beneficiaries couldn't say whether there was a change in frequency of MMVs due to COVID-19
[34]62% (128/206) beneficiaries reported no change in availability of medicines and diagnostic tests at the MMV due to COVID-19, and 29% (60/206) beneficiaries couldn't say whether there was a change in availability of medicines and diagnostic tests.

Testimonials

Testimonial 1:

Kanika[35] (age 23) is from Ahmedabad. She usually visits the MMV for common diseases such as cold, fever, body pain, and headache. She is currently receiving consultation for anemia at the MMV. She likes the MMV services, as she is able to easily get the medicines that suit her. The doctor is good and does a thorough assessment. Everyone in her community is relieved due to the MMV service, as it is convenient to access. The community is able to save time and money due to the presence of the MMV. People who do not have money often wait for the MMV to avail primary healthcare services free of cost. The MMV has been visiting her community during the COVID-19 pandemic as well.

Testimonial 2:

Piyali[36] (age 30) has been living in Ahmedabad since birth. She and her family members visit the MMV often. Recently, she had ulcers in her mouth, for which she was able to get cured at the MMV. Her 9-year-old son had appetite issues. Medicines from the MMV helped him as well. Her family is able to save money on medicines due to the presence of the MMV. All kinds of medicines that the community requires are easily available at the MMV. According to Piyali, the MMV comes on time and provides good services.

[35]Name has been changed for confidentiality purposes
[36]Name has been changed for confidentiality purposes

Chapter 4: Findings of the Impact Assessment Study - Jalandhar

This chapter describes the key insights emerging from the impact assessment study.

Demographic profile of beneficiaries

In this study, 206 community members were surveyed in Jalandhar. Out of these 206 respondents, 165 people were aware of the availability of MMVs in their area. 164 people had someone from their household who had availed the MMV services, including them. The insights on impact are drawn primarily from the responses of these 164 people. Therefore, the term 'beneficiaries' in this report will represent these 164 respondents.

Of the total beneficiaries surveyed for this study, **70% (115/164)** were females.[37] Most of the beneficiaries belonged to the age bracket of 27-45 years **(69/164)** followed by 46-60 years age bracket **(64/ 164)**.

Fig 11 : Gender distribution of respondents from HHs who have visited the MMV (n=164)

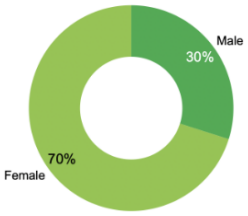
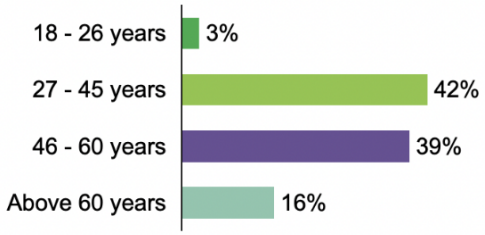


Fig 12 : Age distribution of respondents from HHs who have visited the MMV (n=164)



According to the survey data, the average monthly household income of the beneficiaries was reported to be INR 9,479[38]. Additionally, **26% (43/164)** of beneficiaries shared that they own a BPL card[39].

As per the survey data, **30% (49/163)**[40] of the beneficiaries reported comfort in speaking in both Punjabi and Hindi. The other 70% could only speak in one of the languages. Around **68% (110/163)** of the beneficiaries reported being fluent in Punjabi while **2% (4/163)** reported being able to speak Hindi.

[37]The percentage of female beneficiaries is higher since males were at work during the time of data collection. The data collected captures the information regarding all household members who visited the MMV, leading to no impact in insights.
[38]43 beneficiaries were not comfortable in sharing their income during the survey
[39]According to the Public Distribution System(PDS) of EPDS India , Below poverty line (BPL) cards are issued for those people whose annual income is below Rs.11,850/-.
[40]One respondent did not share a response when asked about language spoken.

Effectiveness of MMVs

According to the survey data, adults and children were the most frequent visitors of the MMV for primary healthcare services. About 47% (77/164) of beneficiaries shared that they/ their household members visited the MMV for problems such as headaches, joint pain, body pain and general weakness.

As per the MMV schedule, an MMV should visit each location once a week. This data was confirmed during the surveys by **384 out of the 409 (94%)** respondents who were aware of the availability of MMVs in their area.

According to the operational guidelines provided for MMVs under the National Health Mission, it is emphasized that Saturdays and Sundays should be working days for MMVs in government setups.[41] As shared above in Chapter 1, MMVs run from Monday to Saturday under this intervention.

During the survey, only **4% (6/164)** of the beneficiaries reported attending awareness sessions that were conducted by the MMV staff. According to the Wockhardt project team, these sessions are not planned and are conducted at the discretion of the MMV staff. Hence, the beneficiaries might have not visited the MMV on the day of any of these sessions. Also, the frequency and structure of the awareness sessions conducted by the MMV staff were inconsistent.

Overall Experience of beneficiaries during an MMV visit

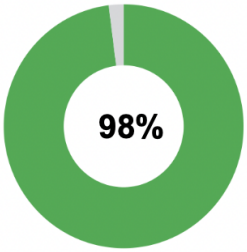
Around 99% (163/164) of beneficiaries reported being comfortable with the language spoken by the MMV staff

Since **68% (110/163)** of the beneficiaries spoke only Punjabi it is essential that the MMV staff are fluent in the language. As per the qualitative interviews, **5/5** MMV staff can converse in Punjabi. Hence, it can be inferred that the patients can share their symptoms and health issues with the MMV staff without any language barrier.

According to the Wockhardt Project team, patients are requested for their personal details such as phone number, unique identification number, photograph, etc. during any MMV visit for a consultation. This was confirmed by **98% (161/164)** of the surveyed beneficiaries. **99% (159/161)** of them reported that they are comfortable with sharing the above information with the MMV staff.

[41]Ministry of Health and Family Welfare, "Guidelines For Mobile Medical units", Accessed November 2022, https://nhm.gov.in/images/pdf/NHM/NHM-Guidelines/Mobile_Medical_Units.pdf

Fig 13 : Respondents who shared that MMV staff enquires and records their personal details when they visit the MMV (n=164)



The doctor and the SPO reported using the PIMS app[42] to capture patient data, such as symptoms, diagnosis, and prescribed medicines. As of Sep' 22, PIMS app captured each patient visit as a separate entry which led to no continuity in maintaining patients' medical history. Since then, updates have been made to the PIMS app to address this challenge. This has led to improved efficiency and will result in timely service to patients.

Reduction in Health care Expenses and Time for the beneficiaries

As per the quantitative survey data of this study, there is a reduction in average monthly healthcare expenditure by 73%[43] (by INR 1,227[44]) post the introduction of the MMV service

Before the availability of MMV services, community members were dependent on PHCs, government hospitals, private clinics, or private hospitals to avail primary healthcare services.
It would lead to lengthy travel times, waiting times and increased expenditure to avail medical services. The patient would also incur certain monetary costs such as consultation costs, medical costs, and the cost of any diagnostic test (especially at a clinic or private hospital). The provision of MMV service under this project has allowed to bring down most of the aforementioned costs to zero. It has led to time and money saving for the beneficiaries.

[42]PIMS (Patient Information Management System) app is used to capture patient data - basic patient details such as name, phone number, unique identification number, etc., previous medical history, current diagnosis, and medicine prescription. According to the Wockhardt Project Team, the PIMS app was launched in January 2022.
[43]80 respondents shared their average monthly healthcare expenditure before and after availability of the MMVs.
[44] The average monthly healthcare expenditure prior to the intervention was INR 1,691. Post the intervention, it was reduced to INR 464. Hence, it can be concluded that the average monthly healthcare expenditure reduced by INR 1,227 (INR 1,691 - INR 464)

Fig 14 : Change in the average healthcare expenditure of households after the availability of MMVs in their area (n=164)

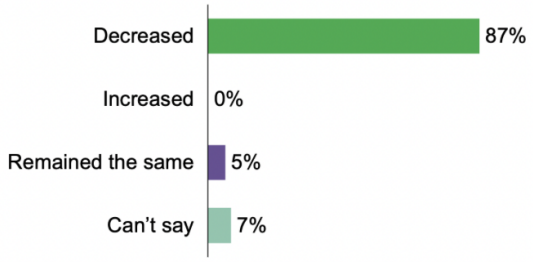
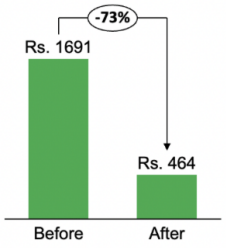


Fig 15 : The average monthly healthcare expenditure of households before and after the availability of MMVs (n=80)



All the **5/5** MMV staff confirmed that patients can save time and money due to the availability of MMVs in their areas. Probable reasons could be the provision of free medicines and free consultations, leading to a reduction in overall healthcare expenditure.

The pharmacist shared that patients save travel time due to the close proximity of MMVs from their houses. He further added that since MMV provides good quality services for free, patients are able to save money. The SPO added that the elderly people are unable to travel far to visit the nearby PHC or hospital. Therefore, the provision of MMVs is a convenient solution for that demography.

Preferred healthcare facility

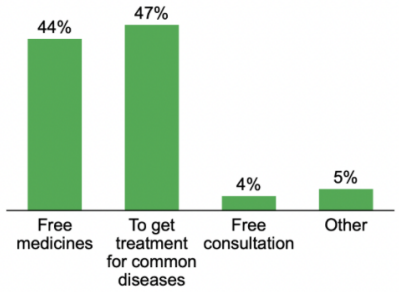
Almost 33% (54/164) of the beneficiaries selected MMV as their preferred healthcare facility

Among the beneficiaries who selected MMVs as their preferred choice, the distance of the MMV from their homes was shared as one of the key reasons for their preference. This can be further justified through the survey data in which the MMVs are reported to be stationed at an average distance of 0.61 km from the beneficiaries' houses. On the other hand, the average distance of the nearest PHC/UHC from the beneficiaries' houses is 1.59 km.

The remaining **67% (110/164)** beneficiaries did not choose MMV as their preferred choice. They shared reasons such as the consistent availability of other primary healthcare facilities (7 days a week which makes it accessible for emergency cases), and better quality services provided at other facilities. Even though these beneficiaries prefer other healthcare facilities over the MMVs, they still continue to use the MMV services to avail treatment for common diseases, and free medicines.[45]

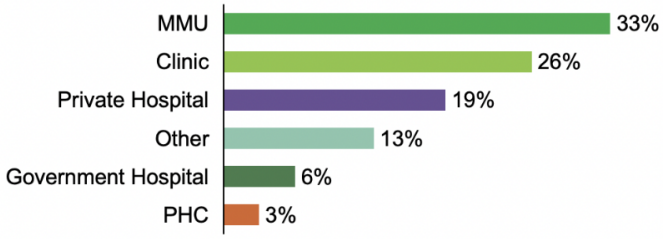
[45] There are 110 beneficiaries who availed the MMV services even though it is not their preferred mode of primary healthcare facility

Fig 16 : Reasons for usage of MMVs by those who did not choose it as their preferred mode of healthcare service provider (n=110)



Mere **3% (5/164)** beneficiaries selected PHCs as their preferred healthcare facility during the survey. The probable reasons behind beneficiaries not selecting PHCs could be the unavailability of doctors, the absence of necessary medicines and basic diagnostic tests, and the poor quality of facilities.

Fig 17 : Preferred healthcare service provider as chosen by respondents (n=164)

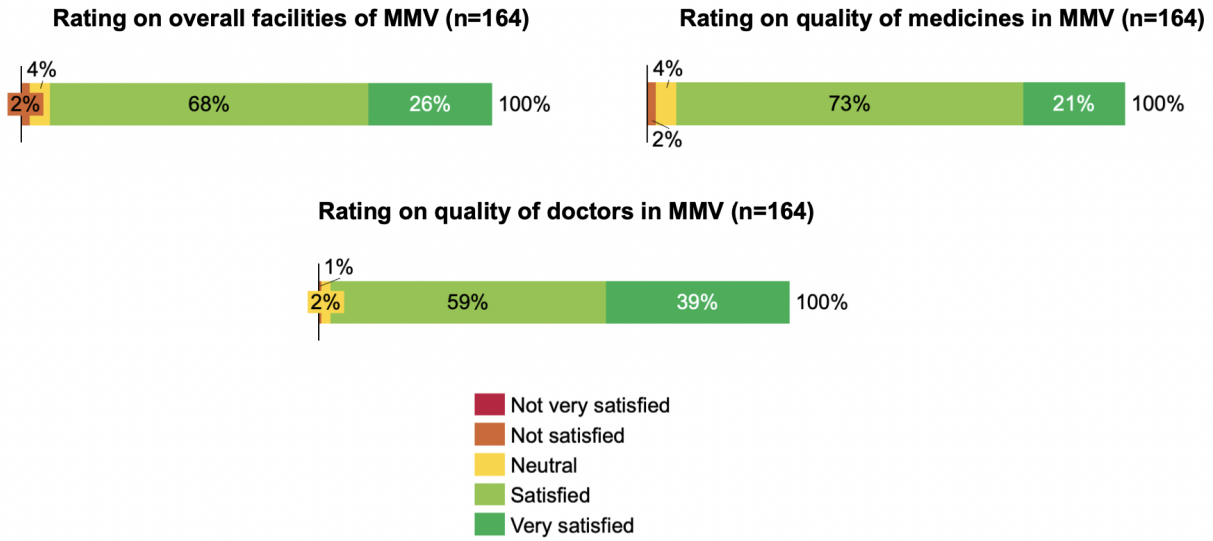


Satisfaction of beneficiaries on MMV facilities

According to the survey data, **89% (146/164)** of the beneficiaries reported that during their visit, their feedback was collected on MMV facilities.

Around **94% (154/164)** of the beneficiaries highly rated the quality of overall facilities at the MMV. Reasons behind the satisfaction of beneficiaries include proximity of MMVs from their houses, availability of adequate medicines, and presence of well-qualified staff.

Fig 18 : Quality of MMV services



Almost 59% (96/164) of the beneficiaries reported that the availability of basic diagnostic tests at the MMV can be improved

As per the quantitative survey data gathered in the study, an area of improvement in the KMBL healthcare intervention is the availability of basic diagnostic tests. The National Health Mission states that every MMV should "screen populations over 35 yrs of age for Hypertension, Diabetes, and Cancers annually and undertake follow-up checks during the monthly visit, including providing patients requiring drugs with a monthly supply (Hypertension, Diabetes, Epilepsy)".[46] This highlights the need for the availability of basic diagnostic tests as part of the primary services provided at every MMV.

Since these MMV facilities are part of the project planning, efforts need to be made to investigate this further and understand the reasons behind the misalignment.

Job satisfaction of MMV Staff

All the MMV staff (5/5) reported being very satisfied with their respective jobs at the MMV. They shared that currently, they are not facing any challenges in their role.

"I have been very satisfied with my job here at the MMV as it has increased my knowledge about medicines and enabled me to understand patients better."

- Pharmacist

[46]Ministry of Health and Family Welfare, "Guidelines For Mobile Medical units", Accessed November 2022, https://nhm.gov.in/images/pdf/NHM/NHM-Guidelines/Mobile_Medical_Units.pdf

Impact of COVID-19 on the MMV Project

Around **31% (50/164)**[47] of the beneficiaries observed a change in the frequency of the MMVs during COVID-19. This observation was corroborated by the Wockhardt Project Team. They shared that the MMVs were not functional between April 2020 - June 2020 due to COVID-19. This increased the gap in availability of primary healthcare services for the community members during these three months. About **28% (46/164)**[48] of the beneficiaries also reported a change in the availability of medicines, and diagnostic tests because of the pandemic.

[47]51% (84/164) beneficiaries shared that there has been no change in the frequency of running of MMVs due to COVID-19, and 18% (30/164) beneficiaries couldn't say whether there was a change in frequency of MMVs due to COVID-19

[48]49% (80/164) beneficiaries reported no change in availability of medicines and diagnostic tests at the MMV due to COVID-19, and 23% (38/164) beneficiaries couldn't say whether there was a change in availability of medicines and diagnostic tests.

Testimonials

Testimonial 1:

Ram[49] (age 60) has been living in Jalandhar for many years. The MMV has been visiting his community for two and a half years. At present, he is getting consultation for a wound on his neck at the MMV. He shared that the doctor listens to him patiently and prescribes medicines. He is able to get the medicines he needs at the MMV. His wound is getting better now. He has had a good experience with the MMV, which he says always arrives on time. The PHC is 8kms away and the community members go there only if there is a major health problem. For common diseases, they prefer the MMV. Ram is able to save close to INR 2,000 a month due to the MMV service. He appreciates the number of services at the MMV, including diagnostic facilities such as blood sugar tests. He is satisfied with the MMV and the quality of services available.

Testimonial 2:

Prateek[50] (age 28) has been living in Jalandhar for the past 8 years. He recently visited the MMV for a cough and cold. Prateek shared that the quality of medicines made a big difference, and helped in better and faster cure of his problem. He is able to save around INR 3,000 a month due to reduction in healthcare expenditure. Hence, he is able to manage his household expenses better. There has been no impact of COVID-19 on the MMV service. He is satisfied with the MMV services and feels it is sufficient for the community.

[49]Name has been changed for confidentiality purposes
[50]Name has been changed for confidentiality purposes

Conclusion

Maintaining basic health is fundamental in improving the life expectancy of a country's population in the long run. Access to primary healthcare facilities has improved in the urban slums covered by the 12 MMVs provided by Kotak Mahindra Prime Limited. Additionally, it has reduced the cost of primary healthcare for the disadvantaged members of the communities. Through the availability of MMVs, this project has assisted people in saving time and reducing health expenses.

MMV services have also contributed in improving health-seeking behaviour among the community for common illnesses due to the close proximity of MMV to the beneficiaries. As envisioned by KMPL and the Wockhardt Foundation project team, MMV services in these locations offer mobility, affordability, accessibility, availability, and awareness in terms of primary healthcare. The project benefits the poor and vulnerable, especially women, elderly, and children.

The MMV staff share a good rapport with the community members, and the Wockhardt Foundation project team. Effective processes are in place for routine personnel monitoring at the MMV. Continuous project enhancements are being implemented based on the feedback of the beneficiaries and other project stakeholders. The Wockhardt Foundation also receives contributions from multiple donors, ensuring the sustainability of the intervention in the long run.

Annexures

Annexure 1: Data Collection Tools

Annexure Table 1: Survey for community members (beneficiaries)

Sr No.	Type	Questions	Options/Probes
1	Text	Name of respondent	
2	Text	Gender of respondent	Male Female Other
3	Number	Age of respondent (more than 18 years)	
4	Text	Languages spoken	
5	Single Choice	Social Category	General
			OBC
			ST
			SC
			Other
6	Text	If others, please specify	
7	Single Choice	Do you have a BPL card?	Yes No Can't say
8	Number	What is your monthly income?	
9	Single Choice	Are you aware of any MMV in your area?	Yes No
10	Single Choice	How often does the MMV come in your area?	Daily Twice a week Once a week Once in 15 days Once a month
11	Single Choice	Have you/ anyone in your HH used the MMV services?	Yes No
12	Multiple Choice	If yes, who visited the MMV from your HH?	Infants (1-2 years) Children (3-17 years) Adults (18-60 years excluding pregnant women) Pregnant women (18-60 years) Elderly (above 60 years)

13	Multiple Choice	If yes, which disease/ problem did you visit the MMV for?	Cold Cough Fever Hypertension Diabetes Arthritis Asthma Dermatitis Skin infection Anaemia Other
14	Text	If others, please specify	
15	Number	How far is the MMV located from your house? (in km.)	
16	Number	How far is the nearest PHC located from your house? (in km.)	
17	Rating	On a scale of 1-5, how would you rate the quality of facilities in the MMV?	1 - Very poor 2 - Poor 3 - Neutral 4 - Good 5 - Excellent
18	Single Choice	If 4 or 5, what are the reasons behind it?	MMV has good quality staff (doctors/ nurses/ pharmacist) MMV has adequate medicines MMV has adequate diagnostic tests MMV comes to their area regularly Other
19	Text	If others, please specify	
20	Single Choice	If 1 or 2, what are the reasons behind it?	MMV does not have good quality staff (doctors/ nurses/ pharmacists) MMV does not have adequate medicines MMV does not have adequate diagnostic tests MMV does not come to their area regularly Other
21	Text	If others, please specify	
22	Rating	On a scale of 1-5, how would you rate the quality of medicines in the MMV?	1 - Very poor 2 - Poor 3 - Neutral 4 - Good 5 - Excellent

23	Single Choice	If 4 or 5, what are the reasons behind it?	The medicines gave me relief from tha pain The medicines cured my problem/ disease The medicines helped me get better faster Other
24	Text	If others, please specify	
25	Single Choice	If 1 or 2, what are the reasons behind it?	The medicines did not give me relief from the pain The medicines did not cure my problem/ disease The medicines not did help me get better faster Other
26	Text	If others, please specify	
27	Single Choice	On a scale of 1-5, how would you rate the quality of doctors in the MMV?	1 - Very poor 2 - Poor 3 - Neutral 4 - Good 5 - Excellent
28	Single Choice	On a scale of 1-5, how would you rate the availability of diagnostic tests in the MMV?	1 - Never available 2 - Mostly not available 3 - Available at times 4 - Mostly available 5 - Always available
29	Single Choice	Are you able to communicate with the MMV staff in your preferred language to discuss your queries or concerns with them?	Yes No
30	Single Choice	Are you aware of the Patient Information Management System (PIMS) app?	Yes No
31	Single Choice	If yes, do you have your current information (name, age, gender, contact details, Aadhar details, photo, etc.) uploaded on it?	Yes No
32	Text	If yes, why?	
33	Text	If no, why not?	
34	Single Choice	Does the MMV staff (doctors/ nurses/ pharmacists) seek your feedback to check if you found the services beneficial and were satisfied with it?	Yes No
35	Single Choice	Have you attended any awareness sessions conducted by the MMV staff?	Yes No Don't remember

36	Multiple Choice	If yes, what was covered in the session?	Awareness session on water borne diseases Awareness session on vector borne diseases Awareness sessions on diabetes Awareness session on hypertension Awareness session on malnutrition Awareness session on hygiene and sanitation Awareness session on anemia
37	Text	If others, please specify	
38	Single Choice	Did you learn anything new in the awareness sessions?	Yes No
39	Text	If yes, what did you learn in the awareness sessions?	
40	Single Choice	What is your preferred mode of primary healthcare facility?	MMV PHC Government hospital Private hospital Home remedies Clinics Quacks Other
41	Text	If others, please specify	
42	Text	Why is it your preferred mode of primary healthcare facility?	
43	Multiple Choice	[If MMV is not the preferred mode of healthcare facility] What do you use MMVs for?	To receive free medicines To receive free consultation To get treatment for common diseases like fever, cough, cold, etc. Other
44	Text	If others, please specify	
45	Number	How much on an average did you spend on healthcare bills/expenses on a monthly basis before you started visiting MMVs?	
46	Number	How much on an average do you spend on healthcare bills/expenses on a monthly basis after you started visiting MMVs?	
47	Single Choice	How has your monthly healthcare expenditure changed since you started visiting MMVs?	Increased Decreased Remained same Can't say

48	Single Choice	During the last two years, has there been any change in the frequency of MMV coming to your area due to COVID?	Yes No Can't say
49	Single Choice	During the last two years, due to COVID, has there been any change in the availability of medicines and diagnostic tests in the MMV?	Yes No Can't say
50	Text	Do you know which company provided/ funded the MMV?	
51	Text	Any feedback for the facilities provided by MMVs	
52	Text	Additional comments	

Annexure Table 2 : Questionnaire for community members (beneficiaries)

Sr No.	Questions
1	Introduction and Background - Name, age, gender, social category, disability (if any), BPL category - Where are you from? How long have you been living in this city?
2	How is the quality of MMV in your area? Elaborate. - Quality of doctors - Availability of medicines - Availability of diagnostic tests
3	Can you share a personal experience when you availed the MMV services?
4	If you use the MMV services, what do you use it for?
5	Has the MMV helped you in saving time and money to go to a PHC/ hospital? Elaborate.
6	Are you able to ask your questions and share your concerns with the MMV staff in a language you are comfortable with? Yes/ No, elaborate.
7	Do you know who has provided/ funded these MMVs?
8	Did you face any challenge while using the MMV services in your area? If yes, can you elaborate?
9	What do you think has been the impact of COVID-19 on primary healthcare services in your area?
10	Any suggestions for improvement

Annexure Table 3 : Questionnaire for MMV driver

Sr No.	Questions
1	Introduction and Background - Name, age, gender, social category - Where are you from? How long have you been living in this city?

2	How long have you been employed with this MMV as an MMV driver?
3	How long have you been working with the same team? How many MMV staff have changed since you have joined the MMV?
4	How long have you been engaged with Wockhardt's MMV project?
5	What does your usual day look like? What are your main R&R?
6	How often do you clean the MMV?
7	How often do you take the MMV for servicing?
8	How does re-fueling happen? Do you check usage of fuel on a regular basis?
9	Do you report your daily kms to the Project manager? Where do you note it down? How do you report it?
10	Do you take the same route every day/ week? - Who decides the route taken by the ambulance everyday? How do you get the information about the route to be followed on a day?
11	Do you know of any other primary healthcare facilities in the area (PHCs, hospitals)? How far are they located from this area?
12	Do you think beneficiaries are able to save time or money due to the availability of the MMV services?
13	Have you faced any challenges with your job? If yes, can you elaborate?
14	Are you aware that KMPL provided/ funded the MMV?
15	Do you require any additional support to do your role better? Can you please elaborate?

Annexure Table 4 : Questionnaire for Medical Staff/Doctors (MMV Staff)

Sr No.	Question
1	Introduction and Background - Name, age, gender, social category, educational qualifications - Where are you from? How long have you been living in this city?
2	How long have you been employed in this MMV as a doctor?
3	How long have you been working with the same team?
4	Has the team/staff allocated in the MMV team remained consistent? if yes/no - why has it remained that way?
5	How long have you been engaged with Wockhardt's MMV project?
6	What are your roles and responsibilities under the project?
7	Do you have all the medical equipment you require to perform your job well?
8	What is your role in the procurement, verification and re-stocking of medicines and medical equipment in the MMV?
9	Do you know of any other functional primary healthcare services in the area other than the ones provided by KMPL/ Wockhardt Foundation?
11	Do you think beneficiaries are able to benefit (save time or money) due to the availability of the MMV services?

12	Do you think beneficiaries are able to access better primary healthcare services due to the availability of the MMV services?
13	Do you think there has been a change in the beneficiaries' behavior wrt seeking health assistance? How can you say so?
14	As per your interactions with PHC staff, what do you think is the impact of MMV on facilities provided by PHCs?
15	What is your feedback on the PIMS app?
16	Do you face any other challenges under this project? If yes, what do you do to mitigate those challenges?
17	How has your experience been working in this project with the Wockhardt Foundation team?
18	Are you aware that KMPL provided/ funded the MMV?
19	Do you require any additional support to do your role better? If yes, can you please elaborate?

Annexure Table 5 : Questionnaire for Pharmacist

Sr No.	Questions
1	Introduction and Background - Name, age, gender, social category, educational qualifications - Where are you from? How long have you been living in this city?
2	How long have you been employed in this MMV as a pharmacist?
3	How long have you been working with the same team?
4	Has the team/staff allocated in the MMV team remained consistent? if yes/no - why has it remained that way?
5	How long have you been engaged with Wockhardt's MMV project?
6	What are your roles and responsibilities under the project?
7	Do you have all the medicines you require to perform your job well?
8	What is your role in the procurement, verification and re-stocking of medicines in the MMV?
9	Do you know of any other functional primary healthcare services in the area other than the ones provided by KMPL/ Wockhardt Foundation?
11	Do you think beneficiaries are able to save time or money due to the availability of the MMV services?
12	Do you think beneficiaries are able to access better primary healthcare services due to the availability of the MMV services?
13	Do you think there has been a change in the beneficiaries' behavior wrt seeking health assistance? How can you say so?
14	As per your interactions with PHC staff, what do you think is the impact of MMV on facilities provided by PHCs?
15	What is your feedback on the PIMS app?
16	Do you face any other challenges under this project? If yes, what do you do to mitigate those challenges?

17	How has your experience been working in this project with the Wockhardt Foundation team?
18	Are you aware that KMPL provided/ funded the MMV?
19	Do you require any additional support to do your role better? If yes, can you please elaborate?

Annexure Table 6 : Questionnaire for Community Coordinator/SPO

Sr No.	Questions
1	Introduction and Background - Name, age, gender, social category, educational qualifications - Where are you from? How long have you been living in this city? - How long have you been working with this MMV as a community coordinator?
2	How long have you been engaged with Wockhardt's MMV project?
3	What are your primary roles and responsibilities for this role?
4	What is the background of the people who visit the MMV? Do you think they are in need of the MMV service?
5	What is your role in creating awareness among the community members about MMV facilities and various diseases that can be treated in the MMV?
6	Do you know of any other functional primary healthcare services in the area other than the ones provided by KMPL/ Wockhardt Foundation?
7	On a scale of 1-5, how would you rate the community response on the MMV? Can you share reasons behind your rating? 1- Very poor, 2- Poor, 3- Neutral, 4- Good, 5- Excellent
8	Do you think beneficiaries are able to save time or money due to the availability of the MMV services?
9	Do you seek feedback from the beneficiaries to check if they are satisfied with the MMV services? If yes, how often and in what form?
11	As per your observation, is the community able to communicate with the MMV staff in their preferred language? If not, what are the challenges faced in this regard?
12	Do you think there has been a shift in the % of people in the area who visit PHCs as their primary healthcare facility? Elaborate.
13	How is the response of community members about using the PIMS app? Do you think they are willing to share their information (contact details, Aadhar information, photos, etc.) to upload on the app?
14	What is your feedback on the PIMS app? What are the different ways in which the app is being used?
15	Prior to the PIMS app, how was data being captured, maintained and analysed?
16	Do you take the same route every day/ week? - Who decides the route taken by the ambulance everyday? What is the basis of the decision? - Are there GPS tracking systems in place to ensure that the pre-decided route is followed? Who tracks/checks the GPS location of each ambulance? How often is the GPS location

	checked in a day?
17	Has there been many changes in staffing in the last 2 years? - If yes, why do you think there is high attrition? What impact does it have on services? - If no, what do you think is the reason behind low attrition? What impact does it have on services?
18	Have you faced any challenge with your job so far? If yes, can you elaborate?
19	During the last two years, due to COVID, has there been any change in : - frequency of running of MMV - availability of medicines and diagnostic tests in the MMV?
20	Are you aware that KMPL provided/ funded the MMVs?
21	Do you require any additional support to do your role better? Can you please elaborate?

Annexure Table 7 : Questionnaire for Wockhardt Project Team

Sr No.	Questions
1	Introduction and Background - Name and designation - How long have you been a part of Wockhardt Foundation?
2	Why did you select this thematic area/ intervention for your project?
3	How did you choose the target locations? (Was a needs assessment conducted?) Which states/ locations is this intervention currently in?
4	Can you share some background on the demographic of beneficiaries that are catered to under this intervention?
5	Does the intervention/ activities/ functioning of MMVs differ based on the locations? Can you elaborate.
6	How is this intervention aligned to the national and global priorities regarding primary healthcare services?
7	Are you aware of any other interventions regarding primary healthcare facilities in these areas? If yes, can you please tell us about it in brief?
8	Who was the team responsible to implement the project? Can you share more about their roles and responsibilities and the experience that they hold to fulfill them?
9	What is the process for training MMV staff? (Frequency, duration, content)
11	What is the attrition rate of the MMV staff? What are your efforts towards keeping this rate to a minimum?
12	Who takes care of the salary of the MMV staff?
13	- Who decides the route taken by the ambulances everyday? What is the basis of the decision? - Are there GPS tracking systems in place to ensure that the pre-decided route is followed by all ambulances? Who tracks/checks the GPS location of each ambulance? How often is the GPS location checked in a day?

14	Are any awareness sessions conducted under this project? If yes, what is the content and frequency of these sessions? If yes, what are these awareness sessions known as within the community members? If yes, how is the attendance of community members in these awareness sessions?
15	Do you think the MMVs are able to provide medicines and diagnostic tests for all basic primary diseases? If not, what diseases do you think can also be covered under the project?
16	Do you think there is any language barrier between the MMV staff and the beneficiaries at any of the current locations? If yes, how do you plan to bridge the gap to ensure beneficiaries are able to share their concerns comfortably with the MMV staff? If not, what are the mechanisms in place to ensure there is no language barrier between the MMV staff and beneficiaries?
17	What are the M&E frameworks used for effective monitoring of the project's progress?
18	Is there any mechanism in place to seek feedback from the beneficiaries? If yes, what is the frequency and in what form is the feedback collected?
19	How have the risks associated with this project identified and mitigated so far?
20	How has your experience been of working with KMPL?
21	Who are the other funders of Wockhardt Foundation's MMV project? Is there any difference in the working and functioning of MMVs across funders? If yes, what are the reasons for these differences?
22	Have there been any changes in the implementation of this project based on learnings from the previous years?
23	What has been the impact of COVID-19 on this intervention?
24	Apart from the 3 months when the MMV was not functioning, what services did the MMV provide during the pandemic? If the services included COVID related services, what kind of services were included? If the services did not include COVID related services, what was the impact of non-inclusion of such services? How was it ensured that patients visiting MMVs were not suffering from COVID during the pandemic?
25	What is your plan for financial and operational sustainability of this intervention?
26	What is your long term vision for this project?
27	Additional comments

Annexure 2 : Ethical considerations of the study

The assessment followed the ethical protocols in all aspects and at all stages of the engagement based on the discussion with team:

- **Informed consent and voluntary participation:** All respondents and participants have been given appropriate and accessible information about the purpose, methods and intended uses of the evaluation, what their participation in the project entails, and what risks and benefits, if any, are involved. The assessment has been undertaken only after consent - free from coercion or undue pressure - is received from the respondents. They have been made aware of their right to refuse participation whenever and for whatever reason they wish, without fear of penalisation or victimisation. Participants have also been made aware of where and for how long their data will be stored and how the data will be treated. Consent has been taken with regard to recording and usage of all information acquired - written, verbal, photographic. It has been kept in mind that the primary research is conducted in a place where the participants feel comfortable and safe in sharing their responses. At no point has any information been sought, either through explicit pressure or false promises, from the respondents.

- **Anonymity and confidentiality:** The identity of participants has been protected at all times through anonymity or confidentiality, unless the participants explicitly agree to, or request the publication of their personal information.

Annexure 3 : Data policy

Sattva Consulting has in place internal security protocols to protect the privacy of all data collected from respondents, especially any personally identifiable information (PII). Some of the relevant protocols for this project are:

- **Data Storage and Access:** Any devices used for data collection were password-protected to prevent unauthorized access. Survey software with encryption features, such as Collect, have been used so that encryption occurs during data collection and transmission to a central server. Data with PII is shared only using encrypted files, unless being shared directly from Sattva's cloud storage. Access to data on Sattva's cloud storage has been further limited to project team members who require access.

- **Data Retention:** Data with PII is only retained for pre-decided periods based on project requirements. Any data stored on data collection devices is removed after data collection for the project is complete, to minimize risk. Where possible, data stored on stolen/ lost devices is remotely deleted.

- **Training:** Personnel are provided adequate training on maintaining privacy of data collected, including procedures for handling devices to maintain data security.

- **Removal of PII:** All PII is removed from the raw dataset and separated into an "Identifiers Dataset" and "Analysis Dataset". A common ID is generated to allow re-joining PII data if required. Access to "Identifiers Dataset" is limited to select personnel as required. Limited and necessary PII is re-shared with enumerators/field supervisors to allow for quality checking and back-checking of data as per project requirements.