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Chrysalis Services
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Impact Assessment Report FY 2023–24

Mobile Medical Unit

Implemented by

Wockhardt Foundation | LiFE WiNS



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1. Setting the Scene

This impact assessment report, presented by Chrysalis Services, is an independent evaluation of the Corporate Social Responsibility initiative implemented by **Coromandel** in partnership with **Wockhardt Foundation** through a **Mobile Medical Unit** in the intervention villages around **Sarigam, Gujarat**. The assessment examines the MMU as a village-based primary healthcare outreach model designed to bring free consultation, medicines, health advice, basic screening support, and referral guidance closer to underserved communities. The study adopts a mixed-method approach, combining quantitative data collected through beneficiary surveys with qualitative insights generated through beneficiary discussions, key informant interviews with the MMU doctor and implementation team, and case-based evidence, in order to develop a comprehensive understanding of the service experience, observed changes, and the intervention's contribution to improving healthcare access at the community level.

The report aims to assess the relevance, effectiveness, and emerging impact of the intervention in addressing barriers that commonly affect healthcare access in rural and underserved settings, particularly distance, travel time, out-of-pocket expenditure, delayed treatment-seeking, and weak continuity of care. It specifically examines the project's contribution in improving village-level access to basic healthcare services, encouraging earlier treatment-seeking, reducing dependence on self-medication, supporting preventive health checks and chronic disease monitoring, and strengthening follow-up and referral pathways for beneficiaries requiring continued or higher-level care. The assessment also considers the extent to which the MMU has become a trusted and regularly used source of primary care, while identifying emerging needs around diagnostic support, women's health, and other areas that may influence the future depth and sustainability of its community-level impact.

About Coromandel International Limited and its CSR Interventions

Coromandel International Limited is one of India's leading agri-solutions providers and a part of the Murugappa Group, a well-established business group with a strong legacy of trust and performance. Headquartered in India, the company plays a critical role in supporting the agricultural sector through a wide range of products and services, including fertilizers, crop protection solutions, bio-products, and retail services for farmers. With a strong distribution network and farmer-centric approach, Coromandel is committed to enhancing farm productivity and rural prosperity. Aligned with its core philosophy of sustainable growth and inclusive development, Coromandel International Limited actively undertakes Corporate Social Responsibility (CSR) initiatives that focus on improving the quality of life in rural and underserved communities. The company's CSR efforts primarily span key thematic areas such as health and nutrition, education, sustainable agriculture, water conservation, and community development. Through these initiatives, Coromandel aims to address critical grassroots challenges while contributing to long-term socio-economic development. A significant aspect of the company's CSR approach is its emphasis on community participation and capacity building. By working closely with local stakeholders, frontline workers, and implementing partners, Coromandel ensures that its interventions are need-based, scalable, and sustainable. Its programs often integrate awareness generation, behaviour change communication, and access to essential services, thereby creating meaningful and measurable impact at the community level.

2.EXECUTIVE SUMMARY



Image 1: A mobile medical van stationed at Mamakwada, prepared to provide care for patients.

Project Name:

Mobile Medical Unit

Implementing Partner:

Wockhardt Foundation

Project Assessment Year:

FY 2023–24

Project Location:

Sarigam area, Gujarat.



Map of Gujarat.

Alignment with National Programs / Policy Coherence

- Ayushman Bharat / Ayushman Arogya Mandir
- National Health Mission (NHM)
- National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)
- National Programme for Health Care of the Elderly (NPHCE)
- Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)
- RMNCH+A / Anaemia Mukt Bharat

Samples Covered

The assessment covered 50 beneficiary surveys across 7 villages — Dhodipada, Fansa, Mamakwada, Manda, Manekpur, Sari, and Sarigam, along with 4 FGDs, 4 KIIs, and 2 case studies.

Project Activities

Conducted fixed-day village outreach through the Mobile Medical Unit to provide doorstep access to basic primary healthcare services.

Provided free doctor consultation, essential medicines, and health advice for common illnesses and routine health concerns.

Carried out basic screening such as blood pressure and blood sugar checks, along with support for monitoring chronic conditions like diabetes and hypertension.

Maintained prescription slips and tracking cards to support follow-up care and continuity of treatment across weekly visits.

Referred serious cases to higher health facilities, including government centres, CHC, trust hospitals, and Coromandel Medical Centre, as needed.

Mobilised community participation through support from PRI members, ASHA workers, and other local stakeholders.

Strengthened trust in formal healthcare through regular and predictable service delivery, helping reduce delayed treatment and dependence on self-medication.

Performance Snapshot

MMU delivered a broad primary healthcare package at the village level

The service package extended beyond consultation alone. 100% of the respondents reported receiving consultation and health advice, 96% received medicines, 94% received BP checks, and 88% received sugar tests, showing that the MMU is functioning as a practical primary healthcare platform at the community level.

Doorstep care sharply reduced travel time for treatment

The MMU brought basic healthcare much closer to the community. Before the MMU, 54% of the respondents spent 1 hour to 2 hours accessing treatment and 46% spent more than 2 hours, whereas 100% reported that they now reach the MMU service point in less than 15 minutes. In line with this, 100% said their travel burden reduced a lot.

Free consultation and medicines reduced treatment-related expenditure

The MMU also eased the financial burden of basic healthcare. 100% of respondents reported not paying for treatment through the MMU, and 98% stated that their spending on basic treatment has decreased significantly because of the service.

Earlier treatment-seeking replaced delay and self-medication

The intervention has influenced how beneficiaries respond to illness. 72% of the respondents said they now seek treatment much earlier than before and 26% said somewhat earlier than before. Among applicable respondents, 98% reported that dependence on self-medication or delaying treatment has reduced a lot.

Preventive checks became more regular through the MMU

The MMU has also improved access to routine screening. Among applicable respondents, 71% said they now get preventive checks such as BP or sugar testing regularly, while 24% reported getting them sometimes. This indicates that preventive care has become a more consistent part of healthcare-seeking for many beneficiaries.

Chronic disease monitoring and follow-up were strengthened

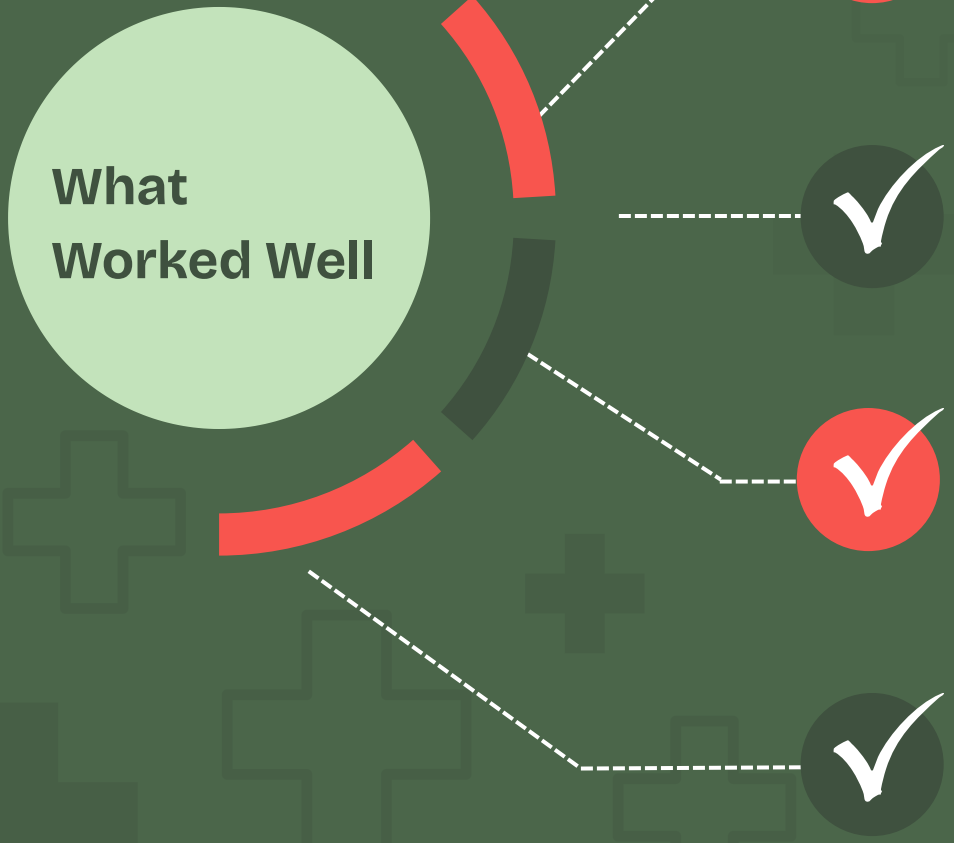
The service was particularly useful for beneficiaries requiring repeated care. Among respondents with BP, diabetes, or another long-term illness, 96% said the MMU helped a lot in regular monitoring or medicine access. Similarly, among applicable respondents, 98% said follow-up for illness or treatment has become much easier because of the MMU.

Referral support helped link serious cases to higher facilities

Referral was relevant for a smaller but important section of beneficiaries. 14% of respondents reported being referred by the MMU to another health facility; among those referred, 71% completed the referral in full, while 29% completed it partially. This suggests that the MMU is not only providing village-level care but also supporting onward linkage where advanced treatment is needed.

SDG Alignments





The service package matched basic health needs well

The intervention was useful because it combined consultation, medications, health advice, and basic screening on a single platform. This made the MMU relevant for common illnesses as well as routine monitoring needs at the village level.

Free and nearby care reduced major access barriers

One of the strongest aspects of the project is that it reduced both travel burden and treatment-related expenditure. By bringing healthcare closer to the village, the MMU made timely treatment more feasible for rural households.

The MMU encouraged earlier and more formal treatment-seeking

The intervention appears to have worked well in shifting people away from delayed treatment, self-medication, and informal care. Regular contact with the MMU helped strengthen confidence in formal medical support.

Follow-up support strengthened continuity of care

The MMU did not remain limited to a one-time consultation. Weekly visits, prescription slips, and tracking support helped beneficiaries continue treatment and return for follow-up when needed.

The service was especially useful for elderly and chronically ill beneficiaries

The model worked particularly well for people who have difficulty travelling for treatment, especially elderly people and those with BP, diabetes, or mobility issues. For these groups, nearby and repeated access to care was especially valuable.



3. PROJECT DASHBOARD

Image2: Patients connect with the mobile medical van at Fansa.

3.1 Objectives

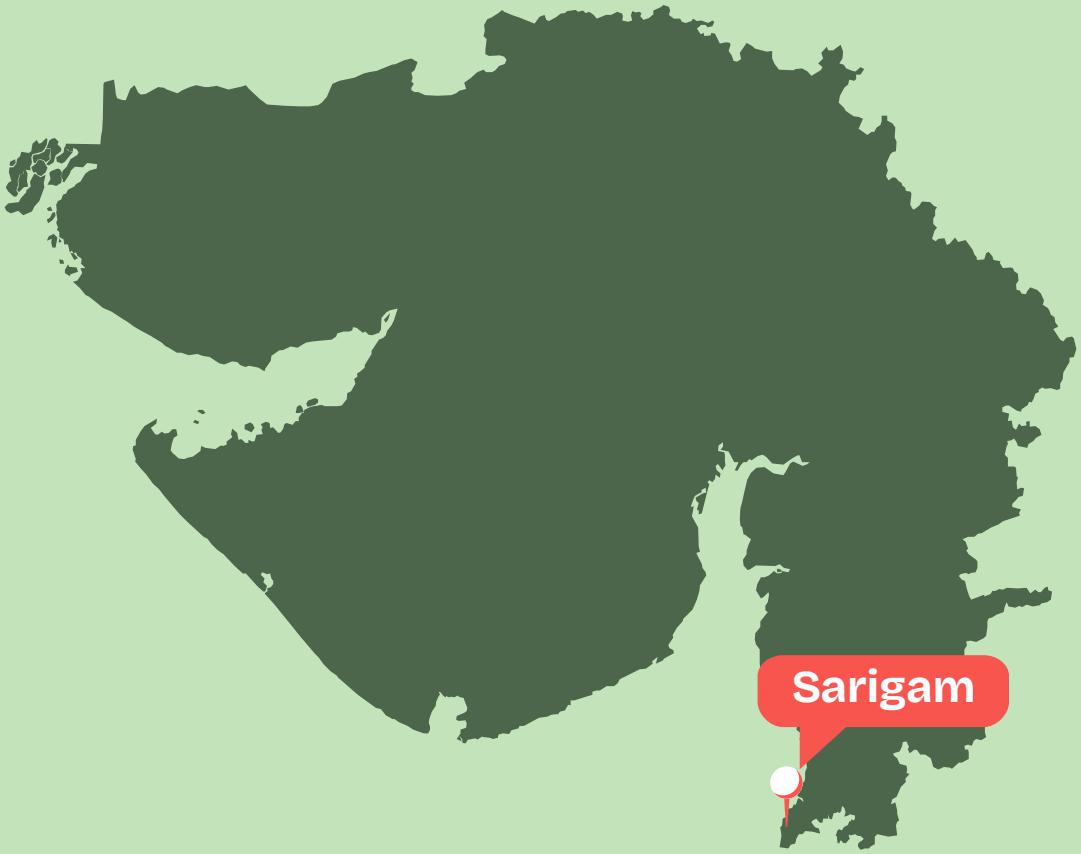
- To improve access to basic primary healthcare services in underserved villages through regular Mobile Medical Unit outreach.
- To provide free consultation, essential medicines, health advice, and basic screening services closer to the community.
- To encourage earlier treatment-seeking and reduce dependence on delayed treatment, self-medication, and informal care practices.
- To support preventive healthcare and improve monitoring of chronic conditions such as hypertension and diabetes.
- To strengthen continuity of care through regular follow-up and referral support for beneficiaries requiring higher-level treatment.
- To reduce travel burden and treatment-related expenditure for rural and vulnerable households by bringing healthcare services closer to their place of residence.

3.2 Thematic Area

Healthcare and Community-Based Primary Healthcare Access

3.3 Geography

Sarigam, Gujarat.



3.4 Background and need of the project

Identified Need	Rationale / Evidence	How the Program Intervenes (Activities Conducted)
Need for nearby, low-cost primary healthcare access in underserved communities	Gujarat's primary healthcare framework aims to provide comprehensive primary care closer to communities, showing the continued need for local, easily reachable services in rural areas.	Fixed-day village outreach through the MMU; free consultation, medicines, and health advice at the community level.
Need for regular screening and management of hypertension, diabetes, and other NCDs	Gujarat's comprehensive primary healthcare package includes NCD screening and management, and NCDs account for a major share of deaths in the state. District-level evidence from Valsad also shows a substantial burden of hypertension and diabetes among women.	BP and blood sugar checks through the MMU; repeat consultation, medicine support, and follow-up for chronic conditions.
Need for affordable diagnostic access and early detection	Gujarat's Mukhyamantri Nidan Yojana provides free diagnostic tests, such as blood and diabetes tests, through public facilities, underscoring the importance of affordable diagnostics for timely care.	Basic screening through the MMU; early identification of cases needing further tests; referral to higher facilities where required.

Identified Need	Rationale / Evidence	How the Program Intervenes (Activities Conducted)
Need for stronger women's health support	The Valsad District Nutrition Profile shows a high burden of anaemia among women, indicating the need for community-level support for women's health, screening, and referral.	Village-level consultation, health advice, basic screening, supplements where relevant, and referral support for women needing further care.
Need for elderly-friendly, close-to-home care	Gujarat's elderly care plan under primary healthcare emphasises screening, counselling, referral, and continuity of care for older persons, showing the need for repeated and local care access.	Weekly village-level outreach; easier follow-up for elderly beneficiaries; local access to consultation and medicines.
Need for stronger referral pathways to higher facilities	Gujarat's primary healthcare approach expects referral linkage from community-level care to higher facilities, highlighting the need for frontline services that can identify serious cases and connect them onward.	Identification of serious cases during MMU visits; referral guidance to government facilities, CHC, trust hospitals, or Coromandel Medical Centre.
Need to reduce out-of-pocket expenditure on healthcare	Gujarat's MA, MA Vatsalya, and PMJAY frameworks emphasize financial protection for families needing higher-level care, while low-cost local primary care remains important to reduce routine treatment burden.	Free consultation and medicines through the MMU; reduced routine travel and treatment cost; early referral support when advanced care is needed.



4. RESEARCH DESIGN

Image 3: Group Discussion with Beneficiaries at Mamakwada

The impact assessment followed a mixed-methods research design aligned with the project's objectives, combining primary data, qualitative stakeholder consultations, and review of available project-level information. Findings were triangulated through beneficiary surveys, FGDs, KIIs, case-based beneficiary insights, and field-level verification in order to assess the MMU's contribution to healthcare access, treatment-seeking behaviour, preventive care, continuity of care, and perceived health improvement.

4.1 Chrysalis Methodology

RESEARCH

- Understood the MMU model, outreach pattern, service package, and intended outcomes through stakeholder discussions.
- Reviewed available project-related information, field insights, and stakeholder inputs.
- Identified key assessment themes such as access, travel burden, expenditure reduction, preventive screening, chronic disease support, follow-up, referral, and patient satisfaction.

DEVELOPMENT

- Designed a structured survey tool for MMU beneficiaries.
- Developed qualitative tools for beneficiary FGDs and KIIs with the implementing partner and MMU doctor.
- Aligned assessment indicators with intended outcomes related to improved healthcare access, earlier consultation, reduced self-medication, continuity of care, chronic disease monitoring, and referral support.

ACTION (DATA COLLECTION)

- Conducted beneficiary surveys with community members and patients present on the day of the MMU visit in Sarigam, Gujarat.
- Conducted FGDs with beneficiaries from villages such as Fansa, Sari, and Mamakwada, along with field-based beneficiary interactions in Manekpur.
- Conducted KIIs with the implementing partner and the MMU doctor.
- Documented case-based beneficiary insights to understand individual-level changes in access, treatment continuity, and chronic care support.

DATA ANALYSIS

- Compiled and cleaned quantitative survey data.
- Analysed key indicators related to service use, access, expenditure reduction, treatment-seeking behaviour, preventive care, follow-up, referral, and health improvement.
- Analysed qualitative insights thematically to understand behavioural shifts, implementation strengths, service gaps, and emerging needs.
- Triangulated findings across tools for stronger interpretation.

DATA VISUALISATION & COMMUNICATION

- Organised findings into tables, charts, and summary insights.
- Integrated qualitative evidence with quantitative findings to explain major patterns and outcomes.

REPORTING

- Prepared the impact assessment report using survey findings, qualitative insights, and field-level evidence.
- Structured the report around project context, methodology, findings, programme coherence, and key learnings.



Image 4: A mobile medical van stationed at Fansa, ready to assist beneficiaries.

4.2 Sampling Plan

The assessment employed a purposive, field-feasible sampling approach to collect quantitative and qualitative data from key stakeholder groups across the intervention area. For the quantitative component, community members and patients present on the day of the MMU visit were covered through the survey. This helped capture the experiences of active users of the service, including those accessing consultation, medicines, preventive screening, follow-up support, and care for chronic conditions.

Simultaneously, qualitative data were collected using multiple tools developed for the study, including Focus Group Discussions and beneficiary group interactions, Key Informant Interviews, and case studies. This enabled a deeper understanding of beneficiary experiences, service regularity, treatment-seeking behaviour, continuity of care, referral support, and emerging health needs. The qualitative component complemented the survey findings by highlighting implementation processes, behavioural shifts, and field-level challenges that could not be fully captured by quantitative data alone.

Stakeholder/ Cohort	Tools of study	Achieved sample Size
Community Members / Patients (Primary Beneficiaries)	Survey	50 patients
MMU Beneficiaries	Focus Group Discussion	4 FGD
Medical Team (Doctor and staff)	Key Informant Interview	3 KII
Implementing Agency / NGO	Key Informant Interview	1 KII
Selected Beneficiaries	Case Studies	2 case studies

4.3 Ethical Considerations

The study adhered to established ethical standards to ensure the dignity, safety, and rights of all participants, particularly patients, elderly beneficiaries, women, and other vulnerable community members engaging with the Mobile Medical Unit service.

- **Informed Consent:** Participants were informed of the purpose and nature of the assessment prior to data collection. Consent was obtained from all respondents prior to surveys, interviews, and group discussions. Data collection was undertaken only after respondents agreed to participate, and the process remained aligned with the principles of the Digital Personal Data Protection (DPDP) Act, 2023, ensuring responsible and purpose-specific use of information.

- **Confidentiality & Privacy:** All responses were anonymised and used only for assessment purposes. Personal details were not disclosed in the analysis unless explicitly documented in a case study with prior consent. Any photographs or case narratives included in the report were used only with permission and solely for documenting service experience and beneficiary-level changes.

- **Voluntary Participation:** Participation in the study was entirely voluntary. Respondents were free to decline any question or withdraw from the interaction at any stage without any consequence.

- **Respectful Engagement:** All interactions were conducted respectfully, non-intrusively, and participant-sensitive at community locations and MMU service points. Special care was taken to ensure respondent comfort, minimise disruption to service delivery, and maintain sensitivity when discussing personal health concerns, particularly among elderly beneficiaries and women.



Image 5: A patient receiving treatment at the mobile medical van in Manekpur.

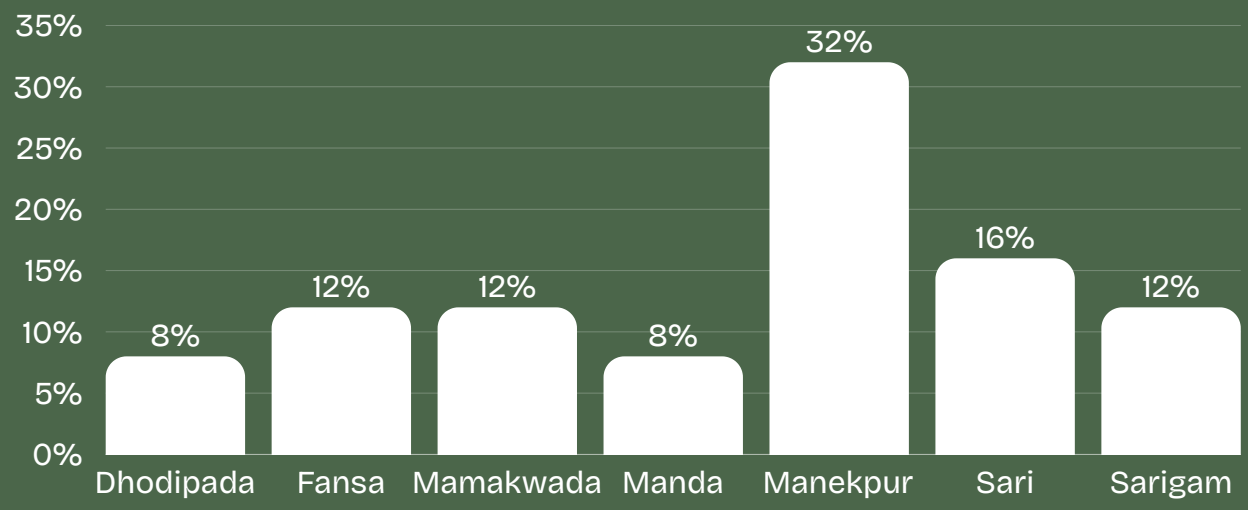
4.4 Respondents Profile

- **Gender**

54%
Female

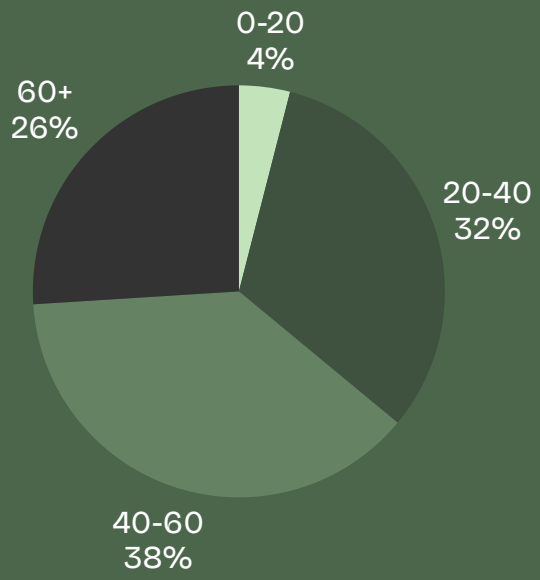
46%
Male

- **Village**



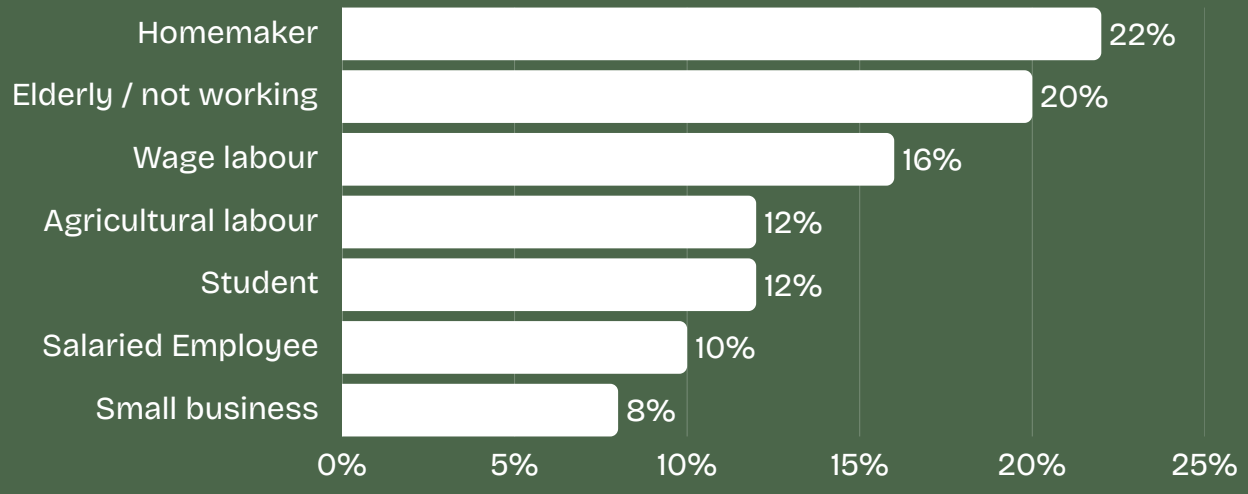
Graph 1: Division of Respondents by Village

- **Age**



Graph 2: Age Range of Respondents

- **Main Occupation**



Graph 3: Distribution of Respondents by Occupation According to Beneficiaries

5. FINDINGS

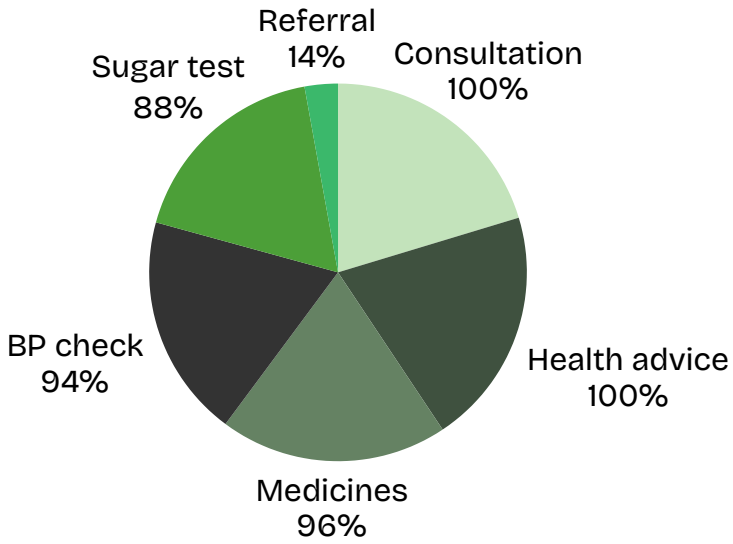


Image 6: Group discussion with beneficiaries in Sarigam

5.1 MMU provides a regular package of consultation, medicines, health advice, and basic screening services

The Mobile Medical Unit is delivering a broad primary healthcare package at the village level rather than functioning only as a medicine distribution point. The service mix reported by beneficiaries shows that the MMU combines consultation, health advice, medicines, and basic screening, forming the foundation for subsequent access and health outcomes.

What services have you received from the MMU in recent visits? (n=50)
Multiple responses



Graph 4: Services Provided to Beneficiaries

100% of the respondents reported receiving consultation and health advice through the MMU. 96% of the respondents reported receiving medicines, 94% reported BP checks, and 88% reported sugar tests. This shows that the MMU is delivering a functional primary healthcare package that includes both treatment and basic screening support.

How clearly does the medical team explain the illness and treatment? (n=50)

100% **Very clearly**

100% of the respondents reported that the medical team explained the illness and treatment very clearly. This indicates high-quality communication during service delivery and suggests that beneficiaries are receiving consultations in an understandable and usable form.

The results indicate that the MMU is delivering a service package that goes beyond symptomatic care, including guidance, screening, and referral support as needed. This breadth of service is important because it enables the intervention to influence not only immediate access to treatment but also preventive care and continuity of treatment.

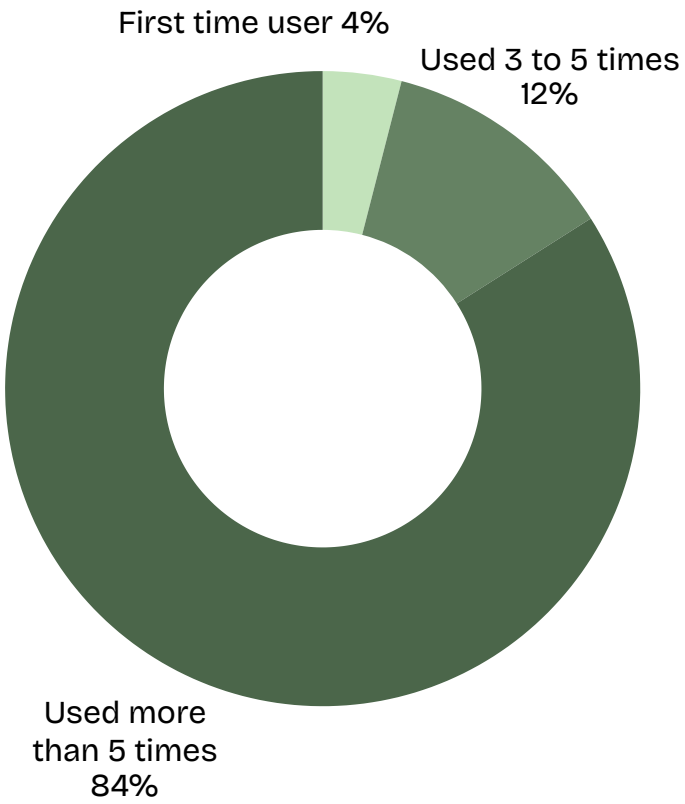
During the KII with **Dr Vibuthi Parmar, MBBS, of the Mobile Medical Unit**, it was shared that the MMU provides free consultations and medicines and is equipped with basic screening tools, such as a glucometer and a blood pressure monitor. She also noted that supplements such as iron, Vitamin D3, and folic acid are provided as required, indicating that the service is designed to address both common and recurring health needs.

The findings show that the MMU is functioning as a structured village-level primary care platform. The evidence suggests that the combination of consultation, medicines, advice, and screening is creating the service base through which broader access and health outcomes are being achieved.

5.2 Fixed Weekly Outreach Strengthens Access to Primary Care

The MMU appears to have moved beyond one-time outreach and become a regularly used healthcare source for the surveyed beneficiaries. The repeated use of the service indicates that beneficiaries are not only aware of the MMU but are also relying on it consistently for their routine healthcare needs.

Have you used this MMU service earlier? (n=50)



Graph 5: Illustrating the Frequency of Services Utilized by Beneficiaries

84% of the respondents reported that they have used the MMU more than 5 times. 12% of the respondents reported that they have used it 3 to 5 times, while only 4% were first-time users. This shows that the MMU is not being used sporadically but has become a recurring source of care for most respondents.

The high proportion of repeat users reflects both service continuity and beneficiary trust. In an impact assessment context, repeated utilisation is important because it indicates that the intervention is not only reaching people, but is also retaining them within a local care pathway over time.

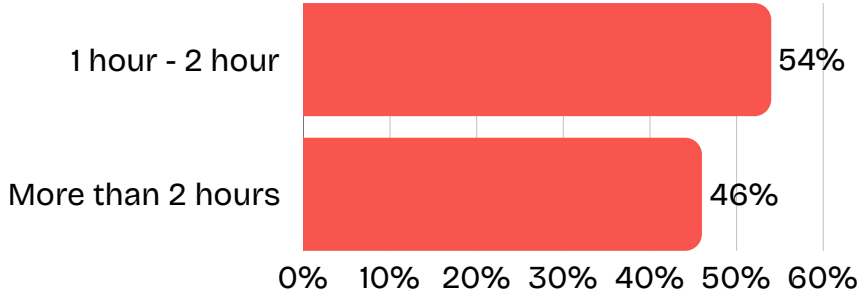
During the FGD in Fansa, **Priyanka Davar** and other participants shared that the MMU arrives at a fixed location on designated days and stays there for around 3 to 3.5 hours. They noted that even after symptoms improve, beneficiaries continue to visit the MMU for regular check-ups, which reflects both the regularity of the service and growing dependence on it for primary care.

The findings show that the MMU has established itself as a regular and dependable source of care in the intervention villages. The evidence suggests that fixed outreach and predictable service delivery are helping convert initial contact into repeated and sustained use.

5.3 Doorstep service reduced travel time and treatment expenditure

The MMU has significantly reduced the physical and financial burden associated with seeking treatment for common illness. By bringing care closer to the community, the intervention has eased two of the most common barriers that prevent timely treatment in rural and underserved locations.

Before the MMU, how much time did it usually take to access treatment? (n=50)



Graph 6: Illustrating the Time Required to Access Treatment Before the Program

54% of the respondents reported that earlier it took 1 hour to 2 hours to access treatment for a common illness. 46% of the respondents reported that it took more than 2 hours. This indicates that treatment-seeking before the MMU involved considerable travel and time burdens for all surveyed beneficiaries.



Image 7: A patient receiving medication from a medical van in Manda.

Now, how much time does it usually take to access the MMU service point?

100% Less than 15 minutes

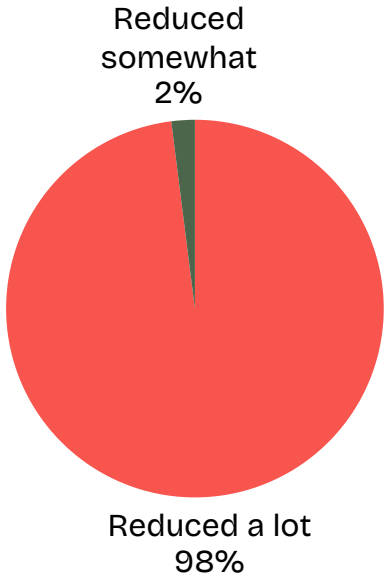
100% of the respondents reported that they now reach the MMU service point in less than 15 minutes. This shows that the MMU has brought healthcare much closer to the community and made routine consultation far more accessible.

How has your travel burden for basic healthcare changed because of the MMU?

100% Minimized travel challenges.

100% of the respondents reported a substantial reduction in travel burden for basic healthcare. In practical terms, this meant that routine consultations and medicines became available closer to the village, rather than requiring repeated travel outside the village for common health concerns. In Fansa, beneficiaries noted that the nearest PHC is about 7 km away and that the MMU now provides care at a fixed village location for about 3 to 3.5 hours on designated days.

If no payment is made for MMU treatment, how has your spending on basic treatment changed because of the MMU? (n=50)



Graph 7: According to the responses, beneficiaries indicated that treatment costs have decreased.

98% of respondents reported a substantial reduction in spending on basic treatment due to the MMU, while 2% reported a reduction. This reflects not only the free availability of consultation and medicines, but also the avoided cost of purchasing common medicines outside the village and travelling to distant facilities.

During the field interaction, beneficiaries shared that even a basic visit to a medical shop for cold or flu medicine would usually cost around **INR 100 to INR 200**. Similarly, **Kantilal Vithalbhai Mahiyavanshi**, a beneficiary living with diabetes, shared that a strip of medicines such as **glimepiride and metformin** would cost around **INR 70 to INR 80**, an expense that is now being saved through the free medicines provided by the MMU.

The combined pattern across these results reflects a strong access effect. Previously, beneficiaries had to spend substantial time travelling to treatment points, whereas now all surveyed respondents can access services within 15 minutes. The reduction in both travel burden and expenditure reflects the MMU's role as a last-mile healthcare intervention that directly addresses accessibility constraints.

During the FGD in Fansa, **Sanatavan Vasava** and other participants shared that the nearest PHC is around **7 km away**, which made routine treatment difficult, especially for elderly persons and visually impaired beneficiaries. They noted that the MMU now brings care to a fixed and recognised village location, where the van remains available for **around 3 to 3.5 hours** on designated days. This helps clarify what a "large reduction" in travel burden means in practice, as beneficiaries no longer need to make repeated trips outside for basic treatment and medicines.

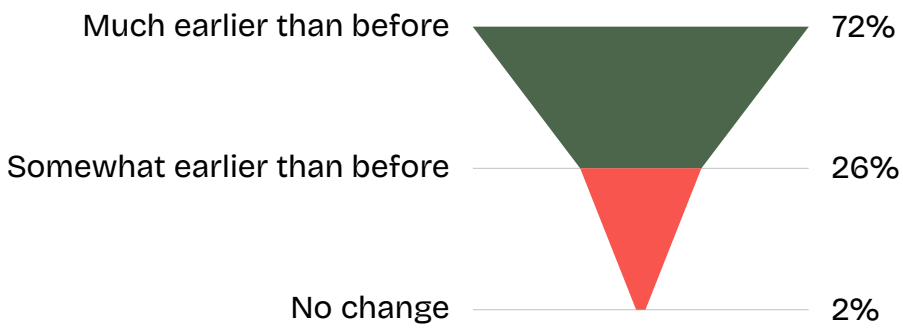


Image 8: Beneficiaries Engaged in Discussion at Fansa

5.4 Earlier treatment-seeking replaced delay and self-medication

The MMU appears to have an impact not only where people seek treatment, but also when and how they respond to illness. The results indicate a shift away from delayed treatment and self-medication towards earlier and more appropriate care-seeking.

When symptoms start, how do you now seek treatment? (n=50)



Graph 8: Illustrating the improved treatment they receive compared to before.

72% of the respondents reported that they now seek treatment much earlier than before, indicating a strong shift towards timely healthcare-seeking. A further 26% reported seeking treatment somewhat earlier than before, suggesting that the programme has improved the timeliness of care even among beneficiaries who did not experience the change as strongly. Together, these findings show a broad positive movement away from delayed care.

In discussions with beneficiaries, it was noted that previously, they often had to visit the Primary Health Centre (PHC), which was sometimes closed, and even when open, there might be a lack of available medicine or doctors. If everything was in order, a visit for a common cough or cold would typically take about 2-3 hours. However, with the introduction of the Mobile Medical Unit (MMU), beneficiaries now know the schedule for its visits during the week. In emergencies, they have adapted and now choose to go to the hospital when necessary.



Image 9: The dedicated Wockhardt doctor and staff prepared to support patients.

How has your dependence on self-medication or delaying treatment changed? (n=48)

98% **Reduced a lot**

Among eligible respondents, 98% reported a marked reduction in self-medication or delayed treatment, while 2% reported a partial reduction. This reflects a behavioural shift from postponing care and relying on informal treatment towards earlier use of formal healthcare. Beneficiaries in Mamakwada and Fansa shared that before the MMU, they often ignored symptoms, used home remedies, or delayed treatment because outside care was difficult to access.

These results point to a clear change in health-seeking behaviour. The intervention appears to be shifting beneficiaries from reactive, delayed treatment patterns towards earlier consultation, which is central to the project logic for improving preventive and primary care utilisation at the community level.

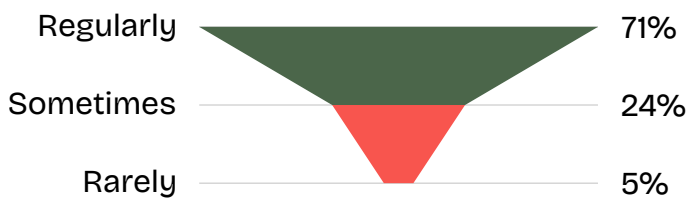
During the FGD in Fansa, **Sanatavan Vasava** and other participants shared that earlier, people often delayed treatment, depended on self-medication, or used traditional home remedies. They noted that with regular MMU visits and greater awareness in the village, people have become more willing to seek timely care from formal healthcare providers.

The findings show that the MMU is contributing to positive changes in treatment-seeking behaviour. The evidence suggests that regular village-level access to consultations and medicines is reducing delays in care and encouraging more timely use of formal healthcare services.

5.5 Preventive screening and chronic disease care improved through regular MMU use

The MMU is contributing not only to routine treatment, but also to preventive health checks and the management of long-term illnesses. This is especially important in rural settings, where chronic conditions often remain under-monitored due to limited local access to regular consultations and screenings.

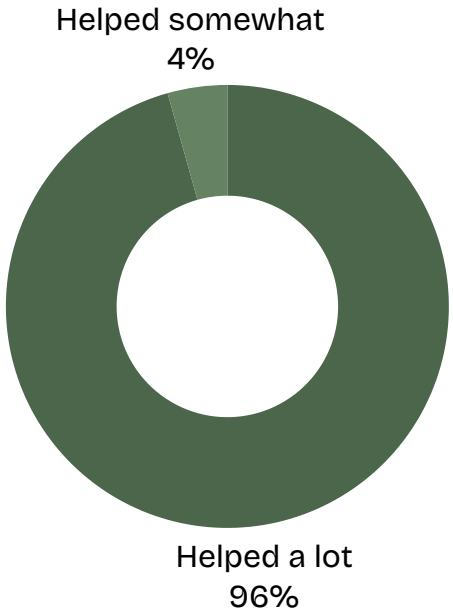
How often do you now get preventive health checks like BP or sugar through the MMU? (n=38)



Graph 9: Depicting the Frequency of Check-ups Received by Beneficiaries

Among 38 eligible respondents, 71% reported that they now receive preventive health checks, such as BP or blood sugar, regularly through the MMU. 24% reported receiving such checks sometimes, while 5% reported receiving them rarely. This indicates that preventive screening has become a routine part of care for a substantial share of eligible beneficiaries.

If you have BP, diabetes, or another long-term illness, how has the MMU helped in your monitoring or medicine access? (n=23)



Graph 10: Illustrating the Effectiveness of MMU in Monitoring and Dispensing Medication

Among eligible respondents, 96% reported strong support for regular monitoring or access to medication for long-term illness, while 4% reported limited but positive support. In practical terms, this means that the MMU is helping chronic patients continue BP or diabetes treatment more regularly through repeated screening, weekly access to medication, and a reduced need to travel outside the village for routine care.



Image 10: A joyful child delighted after receiving vitamin C candy at Manda.

The combined results indicate that the MMU is supporting both preventive and chronic care functions at the village level. Regular access to BP and blood sugar checks, along with easier access to medication for long-term illness, reflects a shift from episodic treatment to more sustained condition management.

During the KII with **Dr Vibuthi Parmar, MBBS, Mobile Medical Unit**, it was shared that the MMU is equipped with a glucometer and a blood pressure machine, and that chronic conditions such as diabetes and hypertension are regularly identified and monitored during village visits. She also explained that medicines are generally provided in line with the weekly visit cycle, which helps beneficiaries continue treatment more regularly. This helps explain why respondents with long-term conditions perceived strong support for monitoring and access to medicines. The findings show that the MMU is strengthening preventive care and long-term illness management for regular users.



Image 11: Engaging group discussion with beneficiaries at Manda.

Case Study 1

Improved Continuity of Diabetes Care Through the Mobile Medical Unit



Beneficiary Profile

Name: Kantilal Vithalbhai Mahiyavanshi

Age: 67 years

Occupation: Small shop owner

Health Condition: Living with diabetes for the last 10 years

Kantilal Vithalbhai Mahiyavanshi is an elderly beneficiary who manages a small local shop and depends on daily earnings to support his household. For a person living with diabetes for many years, regular medical consultation and monitoring are essential. However, accessing healthcare from distant facilities was difficult because it required time, travel, and additional expenditure. Since he runs a shop, every hospital visit also meant losing working hours and affecting his income.

The Mobile Medical Unit brought basic healthcare services closer to his community. Through the MMU, he was able to access regular medical check-ups, doctor consultations, and medicines free of cost within or near his village. This reduced his dependence on distant health facilities for routine diabetes care.

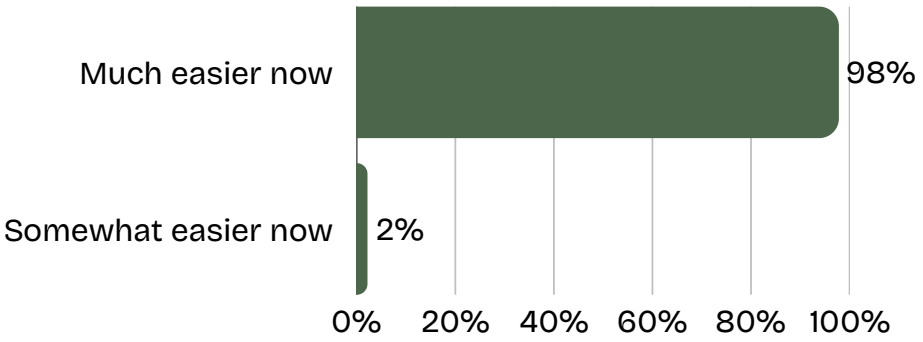
The MMU has improved continuity of care in Kantilal's case by making regular monitoring easier and more practical. With healthcare now available closer to home, he no longer has to travel long distances for routine consultations and access to medication. This has reduced his out-of-pocket expenditure, saved time, and lowered the disruption to his livelihood. For an elderly person managing a chronic condition, the MMU has made treatment more regular, affordable, and sustainable.

Kantilal's case shows how the MMU is helping beneficiaries with chronic conditions continue treatment in a more consistent and accessible manner. By reducing travel costs and lost working time, the intervention has made diabetes care easier to maintain at the community level.

5.6 Follow-up and referral support strengthened continuity of treatment

The MMU appears to support continuity of care beyond the first consultation by making follow-up easier and linking more serious cases to higher-level facilities when needed. Although referral is relevant to a smaller subset of beneficiaries, the results suggest that the MMU is creating a functional pathway from village-level care to higher-level treatment.

How has your follow-up for illness or treatment changed because of the MMU? (n=46)



Graph 11: Change in ease of follow-up for illness or treatment.

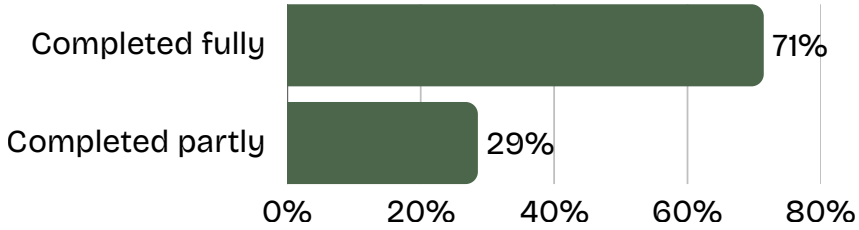
Among 46 eligible respondents, 98% reported that follow-up became substantially easier, while 2% reported some improvement. This reflects the practical advantage of the MMU's fixed weekly schedule, in which prescription slips, tracking cards, and review at the next visit make continuation of treatment easier at the village level.

Have you ever been referred by the MMU to another health facility? (n=50)

14% Yes, once **86%** No

14% of the respondents reported that they had been referred by the MMU to another health facility, while 86% had not required referral. This suggests that referral is used selectively for cases requiring more advanced care rather than as a routine response.

If referred, what happened after the referral? (n=7)



Graph 12: Indicating Whether Treatment Was Completed after Referrals

Among the 7 referred respondents, 71% indicated that their referrals were fully completed, while 29% reported only partial completion. Those who mentioned incomplete referrals expressed that visiting the hospital is challenging for them, often leading to financial and time constraints. Consequently, they tend to halt treatment once their symptoms subside. This suggests that while the majority of referred beneficiaries successfully acted on the advice provided, some encountered difficulties in fully completing their referral care.

These responses indicate that the MMU is contributing to continuity of care in two ways: by making routine follow-up easier at the village level and by directing more serious cases onwards when local care is insufficient. This supports the project logic of linking primary care access with appropriate escalation where required.

During the KII with **Dr Vibuthi Parmar, MBBS, Mobile Medical Unit**, it was shared that prescription slips and tracking cards are maintained to ensure continuity of care and that many beneficiaries return during the next scheduled weekly visit for review and continuation of treatment. She also noted that patients requiring advanced care are referred to nearby government health centres, the Community Health Centre, or Coromandel Medical Centre.

The findings show that the MMU is doing more than providing one-time village-based consultation. The evidence suggests that the intervention is supporting continuity of treatment through structured follow-up and a workable referral linkage for cases requiring higher-level care.



Image 12: A beneficiary discussing their concerns with a doctor.

5.7 Unmet women's health needs remain high, and the MMU can help address basic care gaps

During the field visit, it was observed that women's health needs remain insufficiently addressed in the intervention villages, particularly in relation to weakness, fatigue, menstrual hygiene, and other routine health concerns that often do not receive timely attention at the household or community level. In this context, the MMU can play an important role by bringing basic consultations and medicines closer to the village and by serving as an accessible first point of care for women who may otherwise delay treatment due to time, travel, cost, or hesitation to seek outside care.

During the FGD in **Sari, Savitri Dohohdi** and other participants shared that women in the village are often weak and fatigued. They also noted that while pregnant women may receive some support through the PHC, non-pregnant women do not always receive similar attention, even when they also need medicines or nutritional support. The group further raised concerns around menstrual hygiene, stating that many women and adolescent girls still use cloth and that awareness and access to sanitary pads remain limited. At the same time, participants described the MMU as a useful and regular source of consultation, medicines, and follow-up care, especially for those who find travel difficult.

During the KII with **Dr Vibuthi Parmar, MBBS**, Mobile Medical Unit, it was shared that women often do not come forward easily to discuss reproductive or menstrual health concerns, which delays timely care. She also noted that awareness remains low in some areas and that focused campaigns around menstrual hygiene and broader women's health are needed. The implementing partner similarly highlighted that gender barriers continue to affect treatment-seeking, especially where women feel hesitant discussing health concerns in the presence of male providers.

The findings suggest that women's health remains an important unmet need in the area and that the MMU can contribute meaningfully by improving access to basic care closer to the community. However, stronger women-focused outreach, awareness, and more sensitive engagement around specific health concerns would be important for this potential to be realised more fully.

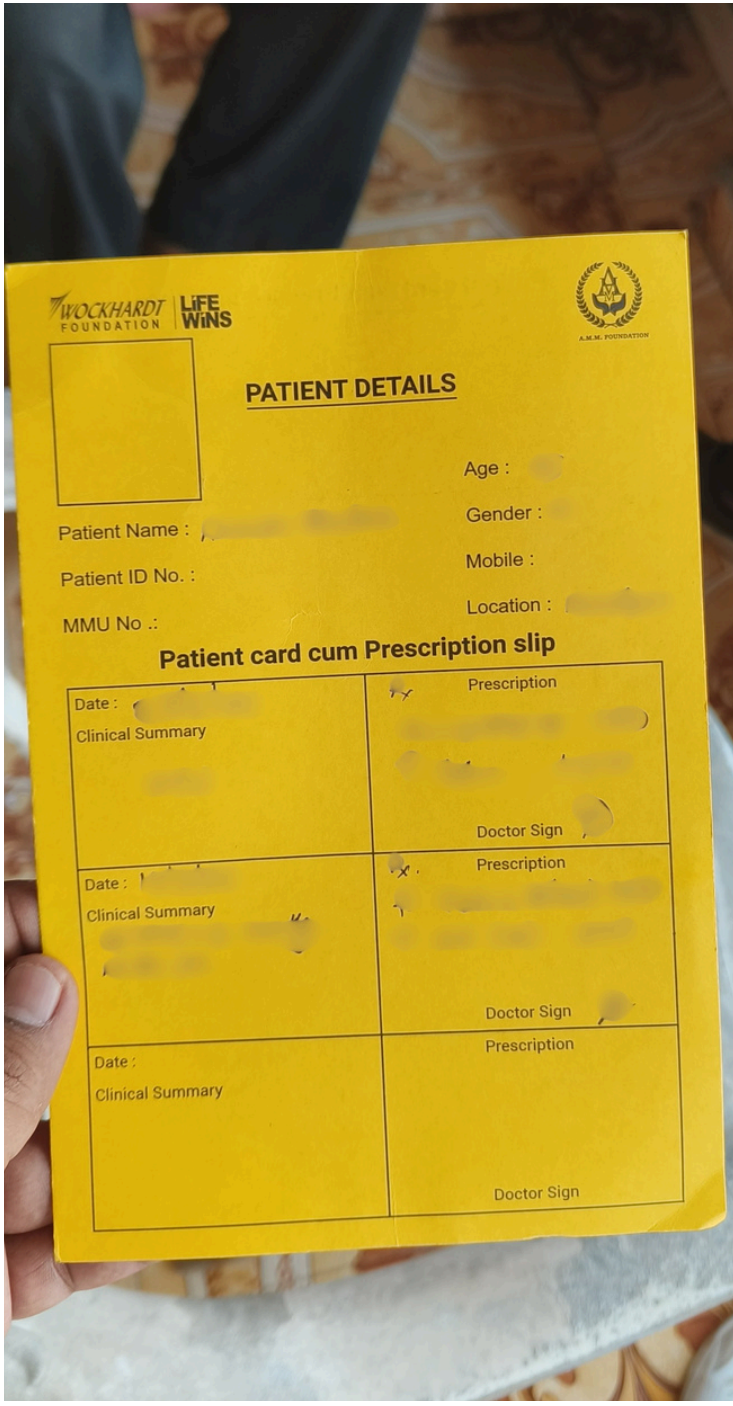
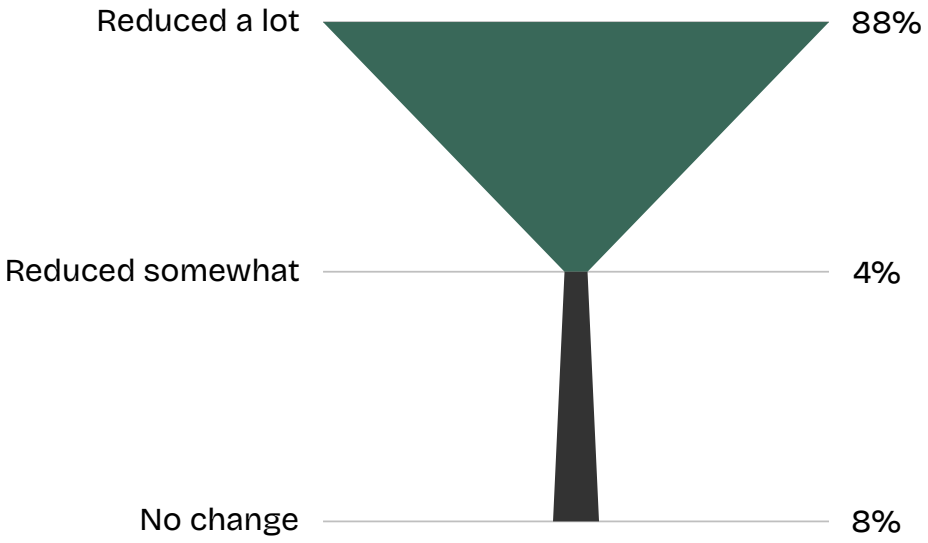


Image - Medical prescription issued to beneficiaries for record-keeping purposes.

5.8 Beneficiaries associate the MMU with better health outcomes and report high service confidence

The MMU is not only used regularly but is also linked by beneficiaries to visible improvements in illness management, family health, and overall service experience. At the same time, the results show that expectations are evolving, with stronger diagnostics emerging as the most common area for improvement.

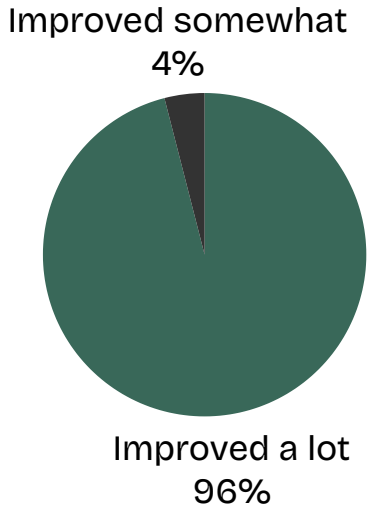
How has the seriousness of common illnesses changed because treatment is received earlier? (n=50)



Graph 13: Illustrating the Shift in the Severity of Common Illnesses

88% of respondents reported that the seriousness of common illnesses has decreased significantly because treatment is received earlier. 4% of the respondents reported that it has reduced somewhat, while 8% reported no change. This indicates that timely access via the MMU is perceived as helpful for managing illnesses before they worsen.

Overall, how would you rate the improvement in your health or your family's health because of the MMU? (n=50)



Graph 14: Reported improvement in own or family health because of the MMU

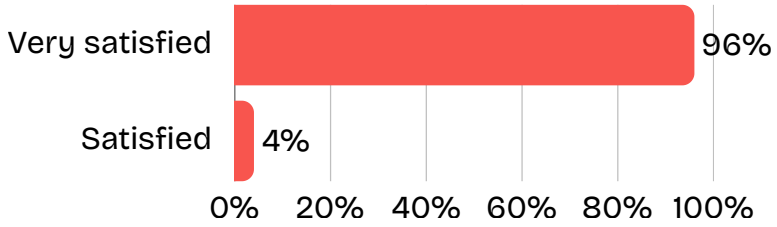
96% of the respondents reported strong improvement in their own or their family's health, indicating that regular access to nearby consultation, medicines, and follow-up has improved the overall manageability of day-to-day health concerns in the household.

How much of this change do you think is because of the MMU? (n=50)

100% **Mostly because of the MMU**

100% of respondents reported that the observed change is primarily due to the MMU. This reflects very strong beneficiary-level attribution of perceived change to the intervention.

Overall, how satisfied are you with the MMU service? (n=50)



Graph 15: Respondent Satisfaction Levels

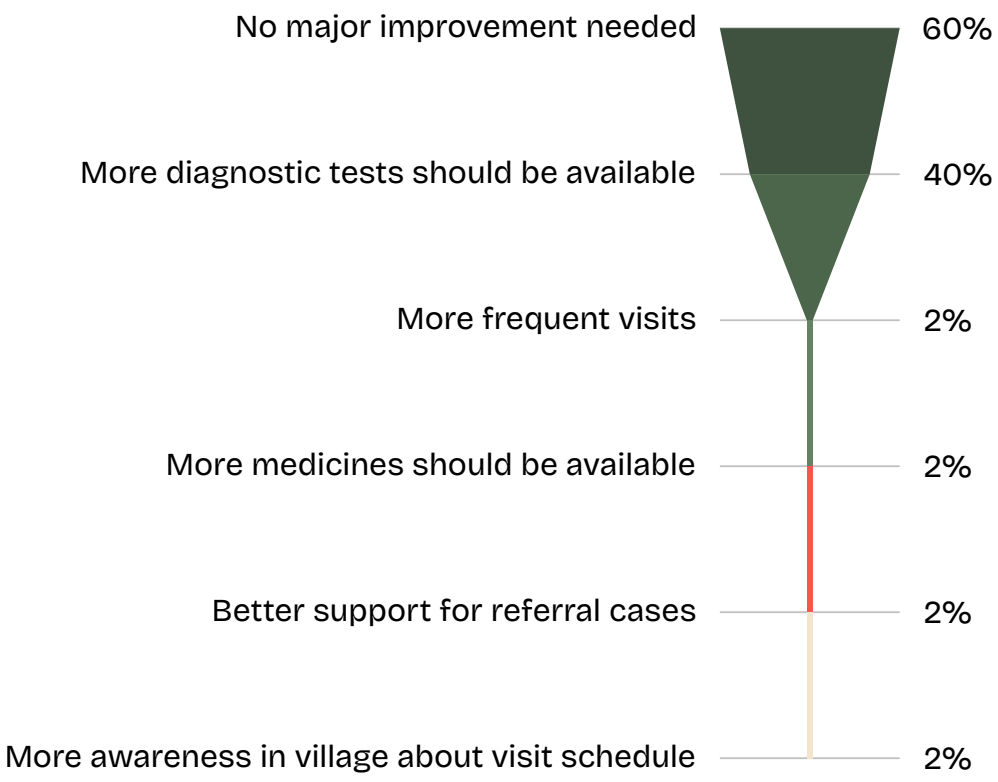
96% of the respondents reported being very satisfied with the MMU service, while 4% reported being satisfied. This indicates that the service is being viewed very positively by almost all surveyed beneficiaries.



Image 13: A female beneficiary, sharing her experience during a discussion.

What is one improvement you would suggest in the MMU service?

Multiple responses (n=50)



Graph 16: Illustrating Areas Where Beneficiaries Need Improvement

60% of the respondents reported that no major improvement is needed in the MMU service. At the same time, 40% of the respondents suggested that more diagnostic tests should be made available. This shows that although satisfaction is high, a substantial portion of beneficiaries now expect stronger diagnostic support from the service.

The combined pattern suggests that the MMU is delivering meaningful outcome-level value for beneficiaries, who associate it with reduced illness severity, improved family health, and strong overall service experience. At the same time, the demand for more diagnostics indicates that the intervention has built enough trust and utilisation for service deepening to become the next priority.

During the FGD in Sari, **Savitri Dohohdi** and other participants described the MMU as a useful, regular, and accessible service, but also highlighted the need to strengthen lab testing facilities. Participants specifically noted that blood testing is not always available and that stronger diagnostic support would improve the service's usefulness for the community.

The findings show that beneficiaries place a high value on the MMU's contribution to health improvement and service quality. The evidence also suggests that the next phase of strengthening should focus on enhanced diagnostics so that the intervention can respond to evolving community expectations and deepen its healthcare impact.

Case Study 2

Improved Mobility and Easier Access to Treatment Through the Mobile Medical Unit



Beneficiary Profile

Name: Govind Sinh Dubra

Age: 63 years

Occupation: Small shop owner

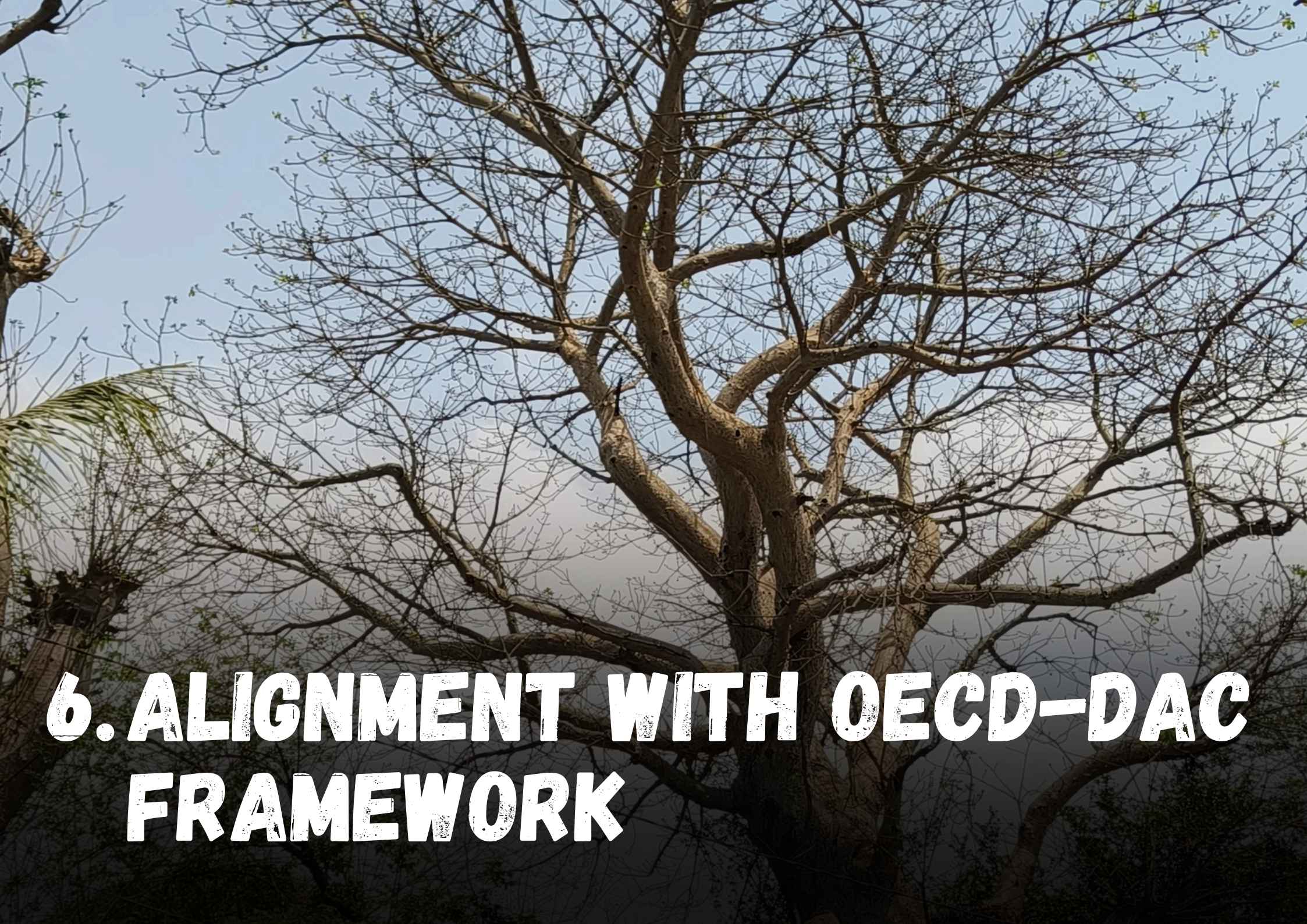
Health Concern: Severe mobility issues for the past 5 to 6 years

Govind Sinh Dubra is a 63-year-old beneficiary who lives with his wife and has no children to support them. For several years, he had been facing serious mobility problems that made it difficult for him to walk even short distances. Because of his age, physical limitations, and limited family support, travelling to health facilities outside the village was extremely difficult. Treatment was therefore not only physically demanding, but also time-consuming and costly.

The introduction of the Mobile Medical Unit brought healthcare services closer to his doorstep. Through the MMU, he began receiving regular medical consultation, free medicines, and follow-up care within or near his community. This reduced the need for repeated travel and made treatment much more accessible.

The MMU has had a significant positive effect on his life. With regular consultation and treatment, his mobility has improved, and he is now able to walk independently. Access to care has become easier because routine treatment is available nearby, without the need for long-distance travel. The free services have also reduced healthcare-related expenditure and saved time that would otherwise have been spent on travel and waiting. Beyond physical improvement, the intervention has also reduced the burden on his wife and improved his day-to-day comfort and confidence.

Govind Sinh Dubra's case highlights the value of the MMU for elderly and vulnerable individuals who face barriers to mobility and access. The intervention has not only improved access to treatment, but has also contributed to a visible improvement in his physical condition and overall quality of life



6. ALIGNMENT WITH OECD-DAC FRAMEWORK

The overall impact assessment findings can be mapped according to the criteria of the OECD-DAC framework: REECIS (Relevance, Effectiveness, Efficiency, Coherence, Impact, and Sustainability) as follows:



Relevance:
The project is highly relevant to the needs of the intervention villages, where timely access to nearby, affordable primary healthcare remains a priority. The need context drafted for the programme shows strong alignment with Gujarat's emphasis on comprehensive primary healthcare closer to communities, routine screening and management of non-communicable diseases, affordable diagnostics, women's health, elderly care, and referral support. This relevance is further strengthened by the district context in Valsad, where the burden of hypertension, diabetes, and anaemia among women points to the need for regular, community-facing health services. In this context, the MMU directly addresses local barriers by bringing consultation, medicines, basic screening, and referral guidance closer to beneficiaries, rather than relying on routine dependence on distant facilities.



Effectiveness:
The project demonstrates strong effectiveness in improving access to and utilisation of basic healthcare at the village level. The findings show that the MMU has become a regularly used source of care, reduced travel and treatment burden, encouraged earlier consultation, improved preventive screening, supported chronic disease monitoring, and made follow-up easier for beneficiaries. The intervention was particularly effective because the service package matched immediate community needs while also creating repeated contact with beneficiaries over time.

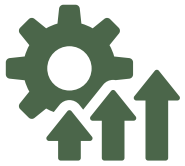


Efficiency:
The project demonstrates efficiency through a simple, functional outreach model built around fixed weekly visits, a practical package of consultations and medicines, basic screening, and repeat follow-up. Rather than depending on one-time camps, the MMU uses a predictable route-based structure that allows beneficiaries to plan visits and continue treatment over time. The use of prescription slips, tracking cards, and regular weekly outreach suggests that project inputs were translated into an operationally practical service model capable of delivering repeated care at the village level.



Coherence:

The project shows strong coherence with national and state health priorities. Its service model aligns well with Ayushman Bharat's Comprehensive Primary Health Care approach under the National Health Mission, which emphasises free primary care, preventive services, screening, and continuity of care. It is also coherent with the national focus on NCD management and elderly care, and with Gujarat's Mukhyamantri Nidan Yojana, which reflects the state's emphasis on affordable diagnostic access.



Impact:

The project has created visible changes in healthcare access, treatment-seeking behaviour, and perceived health outcomes. The findings show that 98% of respondents reported that their travel burden had decreased significantly, and 98% also reported that their spending on basic treatment had decreased significantly. Further, 72% of the respondents said that they now seek treatment much earlier than before, while among applicable respondents, 98% reported that dependence on self-medication or delaying treatment had decreased a lot. In addition, 88% of respondents reported that the seriousness of common illnesses had decreased significantly because treatment is now received earlier, and 96% reported that their own or their family's health had improved significantly because of the MMU. These findings suggest that the project has generated both practical access gains and meaningful behavioural and health-related impact.



Sustainability:

The sustainability of the Mobile Medical Unit lies in the long-term behavioural change and health awareness it has created within the community. Through regular weekly outreach and easy access to consultations, medicines, health advice, and basic screening, beneficiaries have become more aware of the importance of early treatment, preventive check-ups, and timely follow-up for chronic illnesses such as diabetes and hypertension. The intervention has reduced dependence on self-medication and delayed treatment, encouraging people to seek formal healthcare services more regularly. It has also created a sense of comfort and trust toward medical consultation, especially among elderly and vulnerable populations who earlier faced barriers of distance, cost, and inconvenience. This improved health-seeking behaviour, increased awareness, and stronger acceptance of preventive care are likely to continue even beyond the project period, as people are now more conscious of their health and more willing to access available healthcare services, ensuring long-term sustainability of impact.

7. RECOMMENDATIONS



Image 14: Engaging group discussion with beneficiaries at Manekpur

1. Strengthen diagnostic support within the MMU model

The greatest improvement needed, as evidenced by both the survey and qualitative insights, is better access to diagnostics. A sizeable share of beneficiaries specifically requested more diagnostic tests, and field insights also highlighted the need for blood testing and stronger basic screening support. Strengthening diagnostics would improve early detection, make the MMU more clinically useful, and reduce the need for repeated travel for tests.

2. Build a stronger follow-up and referral tracking system

The MMU is already referring serious cases, but the next step is to strengthen the process that follows referral. A more structured referral-tracking process would help identify whether patients reached the higher-level facility, what barriers they faced, and whether additional support is needed. This is especially important for elderly beneficiaries and those with chronic illness or mobility constraints.

3. Deepen the women's health component

Women's health emerged as an important gap, especially around weakness, anaemia, menstrual hygiene, and hesitation in openly discussing health concerns. The programme would benefit from more focused counselling, women-centred awareness sessions, and where possible a more comfortable interaction environment for women. This would help the MMU move beyond general treatment access toward more responsive community healthcare.

4. Conduct more community awareness campaigns and health day observances to expand program reach

The MMU has already built trust in the intervention villages, but stronger community awareness efforts can help improve reach, reinforce preventive behaviour, and deepen community engagement. Periodic awareness campaigns and observance of health-related days, such as Women's Day and diabetes- or hypertension-screening days, can help increase the programme's visibility, encourage earlier care-seeking, and draw more attention to women's health, preventive care, and timely treatment.



Image 15: Women beneficiaries discussing their concerns with a doctor at Manda.

8. CONCLUSION



Image 16: Engaging group discussion with beneficiaries

The assessment indicates that the Mobile Medical Unit, supported by Coromandel and implemented by the Wockhardt Foundation, is playing an important role in improving access to basic healthcare in the intervention villages. The service has moved beyond one-time outreach and appears to have become a trusted, regularly used source of primary care, particularly for elderly beneficiaries, people with chronic conditions, and households for whom distance, travel costs, and delayed treatment were major barriers. The overall pattern across the survey and qualitative evidence shows clear improvements in healthcare access, earlier treatment-seeking, preventive screening, follow-up, and perceived health improvement.

A key strength of the intervention lies in its practical and community-facing design. Fixed weekly visits, free consultations and medicines, basic screening support, and follow-up through prescription slips and tracking cards have together created a service model that beneficiaries can use repeatedly and with confidence. The MMU has also contributed to a visible shift away from delayed treatment, self-medication, and dependence on informal care, while helping connect serious cases to higher facilities when needed. Case-based evidence further shows that the service is especially valuable for vulnerable individuals who need regular care but face mobility and financial constraints in accessing outside facilities.

At the same time, the assessment suggests that the programme has now reached a stage where strengthening service depth will be important. Beneficiary and stakeholder insights point to a clear need for stronger diagnostic support, closer follow-up of referred cases, greater focus on women's health concerns, and continued awareness efforts to deepen preventive health behaviour. Overall, the findings suggest that the MMU has established a strong foundation as a last-mile healthcare intervention in the project area. With focused strengthening in these areas, the programme has the potential to deliver even deeper and more sustained community-level health impact in the future.



Image 17: A doctor attentively listening to a child expressing their concerns.

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